



Oregon State University

2019/20 Student Health Insurance

for Voluntary Students

Your Student Health Insurance Plan Offers:

- Coverage at an affordable rate
- Access to a wide network of providers locally and across the nation
- Wellness-focused coverage
- Member-focused customer service

Eligibility and Cost

Domestic students are eligible for the Oregon State University Student Health Insurance Plan on a voluntary basis if they are an enrolled student at Oregon State University (six credit hours for undergraduate students; three credit hours for graduate students).

E-campus students with the following criteria have the option to enroll in the OSU Student Health Insurance Plan:

- Student must be degree-seeking.
- Undergraduate students must take a minimum of six credits.
- Graduate students must take a minimum of three credits.
- Student must be living on campus or within a 50 mile radius from the Corvallis campus.
- Student must opt in to the OSU Health Fee.

Postdoctoral Fellows, PharmD, and Vet Residents are eligible for the OSU Student Health Insurance Plan on a voluntary basis.

To enroll in coverage, visit PacificSource.com/OSU. You will need to complete an enrollment request, either online or paper, depending on your student classification. Payment is due at time of enrollment.

Eligible dependents of those enrolled in the plan may participate on a voluntary basis.

Please view a complete Student Guide at PacificSource.com/OSU for full details.

How much does it cost?

Coverage Period	Fall 9/11/19 – 12/24/19	Winter 12/25/19 – 3/21/20	Spring (with Summer) 3/22/20 – 9/10/20	Summer 6/11/20 – 9/10/20
Domestic, E-campus, Pharmacy Student/Dependent Cost Per Person	\$903	\$903	\$903	\$681
Open Enrollment: Open – Close	9/9/19 – 10/11/19	12/16/19 – 1/17/20	3/9/20 – 4/10/20	6/8/20 – 7/10/20
Coverage Period	9/11/19 – 9/10/20			
Postdoctoral Fellow, Vet Residents, Visiting Scholar Student/Dependent Cost Per Person	\$225.75/month			

Note: The amount stated above does not include the student insurance administrative fee, which will be charged directly to your student account. This fee is \$35 per term or \$8.75 per month for students only.

Continued >

Learn More

PacificSource.com/OSU

Phone

Direct: (541) 225-2741

Toll-free: (855) 274-9814

TTY

Toll-free: (800) 735-2900

Email

[StudentHealth@
PacificSource.com](mailto:StudentHealth@PacificSource.com)

Group No.

G0038976

PacificSource.com



Online Tools Available at **PacificSource.com**

- Through **InTouch**, our secure website for members, you can view your claims, status of preauthorizations, accumulated expenses toward your plan's deductibles, and more.
- CaféWell** is a secure, online health engagement portal with personalized guidance and support to live a healthier life. Access CaféWell via InTouch.
- Our Provider Directory** will help you locate healthcare providers and facilities. Visit **PacificSource.com/StudentHealth** to access the directory of nationwide providers.
- Print an insurance ID card** by visiting **PacificSource.com/idcard**.

Benefits at a Glance

	In-network Providers	Out-of-network Providers
Contract-year deductible per person	\$500	\$500
Out-of-pocket limit per person	\$6,000	None
Plan maximum	Unlimited	

In-network and out-of-network provider charges accumulate separately.

Your Share of Costs

Service	In-network Providers	Out-of-network Providers
Preventive care (routine physicals, well woman visits, immunizations)	No deductible, member pays \$0	After deductible, 40%
Office visits (primary care, naturopath, specialist, urgent care, and mental health/chemical dependency)	After deductible, 20%	After deductible, 40%
Outpatient rehabilitation services	After deductible, 20%	After deductible, 40%
Inpatient or outpatient surgery/services	After deductible, 20%	After deductible, 40%
Advanced diagnostic imaging	After deductible, 20%	After deductible, 40%
Diagnostic and therapeutic radiology and lab	After deductible, 20%	After deductible, 40%
Emergency room visits	After deductible, \$150 plus 20%^	
Ambulance	After deductible, 20%	
Chiropractic manipulations	After deductible, 20%	After deductible, 40%
Prescription drugs (up to a 30-day supply at retail, 31- to 90-day supply through mail order)	Retail pharmacy: Tier 1: No deductible, the lesser of \$30 or 50% Tier 2: No deductible, the lesser of \$100 or 50% Tier 3, 4: No deductible, the lesser of \$200 or 50% OSU Pharmacy: Tier 1–4: No deductible, 20%	Not covered

Student Health Services (SHS) **The deductible is waived for covered services provided at SHS.**

Dental and vision services are also included with your student insurance.

Visit **PacificSource.com/OSU** for more information.

This is a brief summary of benefits. Refer to the Student Policy for additional information or a further explanation of benefits, limitations, and exclusions.

Insurance Term Glossary

Deductible: The amount you owe for healthcare services your health insurance or plan covers before your health insurance or plan begins to pay.

Contract Year: The 12-month period on which your insurance plan operates.

Co-insurance: Your share of the cost of a covered service (in addition to co-pays), calculated as a percentage of the service cost.

For more definitions, visit **PacificSource.com/glossary.aspx**.

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[^]Co-pay applies to ER physician and facility charges only. Co-pay waived if admitted into hospital. For emergency medical conditions, out-of-network providers are paid at the in-network provider level.