

Portland Community College 2020/21 Student Health Insurance

for International Students, provided by PacificSource Health Plans

Your Student Health Insurance Plan offers:

- Coverage at an affordable rate
- Access to engaged providers locally and across the nation
- Wellness-focused coverage
- Outstanding customer service

Eligibility

All international students holding an F1 visa through PCC are required to carry medical insurance coverage. Their dependents who are in the US on F2 visas are also eligible. The only exception is students who are being sponsored by a government program that provides medical insurance coverage. All eligible students and their dependents will be covered under the plan.

How much does it cost?

Program	Coverage Dates	Cost for Student	Additional Cost per Spouse or Dependent
International Students	Fall: 9/20/2020-1/3/2021	\$464	\$464
	Winter: 1/4/2021-3/28/2021	\$464	\$464
	Spring: 3/29/2021–6/20/2021	\$464	\$464
	Summer: 6/21/2021-9/19/2021	\$464	\$464

Online Tools Available at PacificSource.com

- Through **InTouch**, our secure website for members, you can view your member ID card, 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.

Continued >

Learn More

PacificSource.com/PCC

Phone

Direct: (541) 225-2741 Toll-free: (855) 274-9814

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Toll-free: (800) 735-2900

Email

StudentHealth@ pacificsource.com

Group No.

G0037205

PacificSource.com



Benefits at a Glance

	PacificSource In-network Providers	Out-of-network Providers	
Contract-year deductible	\$500	\$1,000	
Out-of-pocket limit	\$5,000	\$10,000	
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 services	No deductible	After deductible, 40%
Office visits (primary care, naturopath, specialist, urgent care, and mental health/chemical dependency)	No deductible, \$20	After deductible, \$20 plus 40%
Outpatient rehabilitation services	No deductible, \$20	After deductible, \$20 plus 40%
Inpatient or outpatient surgery/services	After deductible 200/	After deductible, 40%
Advanced diagnostic imaging	— After deductible, 20%	
Diagnostic and therapeutic radiology and lab	After deductible, 20%	After deductible, 40%
Emergency room visits	After deductible, \$100 plus 20%^	After deductible, \$100 plus 20%^
Ambulance	After deductible, 20%	
Prescription drugs (up to a 30-day supply at retail,	Retail pharmacy: Tiers 1–4: 50%	
31- to 90-day supply through mail order)	Mail order pharmacy: Tiers 1–3: 50%	

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.

Coinsurance: Your share of the cost of a covered service (in addition to copays), calculated as a percentage of the service cost.

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

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Stay "InTouch" with your PacificSource coverage, no matter where you are, with our free app. Download our free app from the Amazon, Android™, or Apple® app stores. For more information, visit PacificSource.com/mobile.



[^] Copay waived if admitted into hospital.