

Portland State University

2019-2020 Domestic Student Health Insurance

Health Insurance Requirement and Eligibility

Domestic Students

All registered domestic students taking 5 or more in-load non-restricted differential* Portland State University (PSU) credit hours or more during Fall, Winter and Spring/Summer combined terms are **automatically enrolled** in the PSU-sponsored Student Health Insurance Plan unless they choose to submit an approved online insurance waiver of comparable coverage. Eligible students will be charged a Health Insurance Fee of **\$890** for each of the following terms: Fall, Winter, Spring/Summer combined. Students only need one approved waiver per academic year. All students who have the student health insurance plan during **Spring term 2020**, will be covered until 11:59pm on **September 19, 2020**, regardless of summer credit hours. This means that if you have paid the Spring/Summer combined charge, you will have continuous coverage throughout the Summer term, regardless of taking classes, traveling, or graduating. Please check the website for updates on the summer insurance charges if **Summer 2020** is the student's first term at PSU: www.pdx.edu/shac.

If you are not enrolled in five or more in-load credit hours by the Waiver Deadline, you will not be eligible for the PSU-sponsored Student Health Insurance Plan.

**NOTE: Restricted Differential credits, including some continuing education, most study abroad and TV/Video or Satellite classes are not eligible for the Student Health Fee which gives access to the Center for Student Health & Counseling (SHAC), and are also not eligible for this insurance plan. If you have questions about the types of credits you are taking, visit: <https://www.pdx.edu/student-financial/restricted-differential-tuition>*

Withdrawal From School

If you leave Portland State University for the reason of a covered accident or sickness resulting in a University approved Medical Leave of Absence, you will be eligible for continued coverage under this Plan for only the first term immediately following your leave, provided you have approval by your school and any applicable regulatory authority, and you were enrolled in this Plan for the Fall, Winter and/or Spring/Summer term previous to your leave. Please note enrollment in the Summer only term does not entitle you to medical leave of absence coverage for the Fall term. Enrollment must be initiated by the student and is not automatic. All applicable enrollment deadline dates apply. You must pay the applicable insurance premium. A maximum of one term of medical leave will be granted by Portland State University during your academic career. Contact insurancehelp@pdx.edu for more information.

Please make sure you understand your school's credit hour and other requirements for enrolling in this plan. PacificSource Health Plans reserves the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the plan may be terminated in accordance with its terms and applicable law.

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: www.PacificSource.com/psu.

USI INSURANCE SERVICES PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at <http://www.usi.com/privacy>.

How much does it cost?

| DOMESTIC STUDENT PLAN COST | | | | |
|----------------------------|-----------------------------|-------------------------------|---|--|
| TERM | FALL 9/20/19 - 1/5/20 | WINTER 1/6/20 - 3/29/20 | SPRING/ SUMMER 3/30/20 - 9/19/20 | SUMMER ONLY 6/21/20 - 9/19/20 |
| Waiver Deadline | 10/13/19 | 1/19/20 | 4/12/20 | 7/5/20 |
| Student only | \$890.00 | \$890.00 | \$890.00 | \$659.00 |

Note: coverage is for domestic students only. Domestic dependents are not covered.

Rates include a premium payable to PacificSource Health Plans, as well as administrative fees payable to PSU and USI Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.



Where do I go for care?

When you need care, consider the PSU Center for Student Health & Counseling (SHAC) on campus as your first stop. SHAC can provide many of the routine health services you need. Most services at SHAC are covered by a per term Student Health Fee included in your student tuition (for those taking 5 or more non-Restricted Differential credit hours). Should you incur additional medical or counseling fees, SHAC will bill PacificSource on your behalf and no deductible will be applied.

SHAC provides high-quality, accessible, medical, counseling and dental services to PSU students. SHAC has an incredible staff of licensed health care professionals who are all dedicated to keeping you healthy so you can stay in the classroom and focus on learning.

Located at 1880 SW 6th Avenue, Suite 200, University Center Building
(503) 725-2800 • www.pdx.edu/shac

You may visit any licensed health care provider directly for covered services, however, when you select a Preferred Provider, you will generally have less out of pocket expense for your care. Referrals from SHAC are not required for covered services received outside of SHAC. For more information, visit: <https://pacificsource.com/psu>.

What does the plan offer?

This is a [brief description](#) of the Student Health Plan underwritten by PacificSource Health Plans. For information regarding the full Student Guide (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call PacificSource at (855) 274-9814 or send an email to StudentHealth@pacificsource.com. You will be able to obtain a copy of the full Student Guide as soon as it is available. If any discrepancy exists between this Benefit Summary and the Policy, the Student Guide will govern and control the payment of benefits.

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| <p>Annual Deductible Per visit or admission deductibles do not apply toward satisfying the plan Deductible. Your Annual Deductible is waived for all services rendered at SHAC.</p> | <p>The following Deductibles are applied before Covered Medical Expenses are payable: Preferred Care: \$300 per Insured per Policy Year Non-Preferred Care: \$600 per Insured per Policy Year</p> | |
| <p>Out of Pocket Maximums Once the Individual Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year, up to any benefit maximum that may apply. Coinsurance, Deductibles, Copays and Prescription Drug expenses apply to the Out-of-Pocket Limit. Services that do not apply toward satisfying the Out-Of-Pocket Limit: expenses that are not Covered Medical Expenses; expenses for Designated Care penalties, and other expenses not covered by this Plan.</p> | <p>Preferred Care: \$6,000 per Insured per Policy Year Non-Preferred Care: \$12,000 per Insured per Policy Year</p> | |
| | PREFERRED CARE | NON-PREFERRED CARE |
| <p>Physician's Office Visit Expense, Copay is due at time of visit.</p> | 100% of the Negotiated Charge after a \$25 Copay per visit | 50% of the Recognized Charge after a \$40 Copay per visit |
| <p>Inpatient Hospitalization, Room and Board Expense, Semi-private room</p> | After a \$250 Copay per admission, 80% of the Negotiated Charge | 50% of the Recognized Charge |
| <p>Emergency Room, Important Note: Please note that as Non-participating Providers that do not have a contract with PacificSource, the provider may not accept payment of your cost share (your deductible and Coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan.</p> | 80% of the Negotiated Charge after \$250 Copay per visit (Copay waived if admitted) | 80% of the Recognized Charge after \$250 Copay per visit (Copay waived if admitted) |
| <p>Urgent Care Expenses</p> | 100% of the Negotiated Charge after a \$30 Copay per visit | 50% of the Recognized Charge after a \$50 Copay per visit |
| <p>X-Ray and Lab</p> | 80% of the Negotiated Charge | 50% of the Recognized Charge |
| <p>Ambulance</p> | After a \$100 Copay per trip, 80% of the Negotiated Charge | After a \$100 Copay per trip, 80% of the Recognized Charge |
| <p>Surgical Expense</p> | After a \$100 Copay per surgery 80% of the Negotiated Charge | 50% of the Recognized Charge |
| <p>Anesthesia Expense</p> | 80% of the Negotiated Charge | 80% of the Negotiated Charge |
| <p>Ambulatory Surgical Expense</p> | 80% of the Negotiated Charge | 50% of the Recognized Charge |
| <p>Therapy Expense, For the following types of therapy provided on an outpatient basis: Physical Therapy, Chiropractic Care, Speech Therapy, or Occupational Therapy.</p> | 80% of the Negotiated Charge after a \$25 Copay per visit | 50% of the Recognized Charge after a \$40 Copay per visit |
| <p>Mental and Nervous Disorders - Inpatient</p> | 80% of the Negotiated Charge after \$100 Copay per admission | 50% of the Recognized Charge |
| <p>Mental and Nervous Disorders - Outpatient</p> | 100% of the Negotiated Charge after a \$25 Copay per visit | 50% of the Recognized Charge |
| <p>Prescribed Drug Expense 30 Day Supply. Contraceptives (that do not have a generic alternate) covered at 100%. Please Note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. To learn more about your prescription benefits visit www.PacificSource.com/PSU. Note: Specialty prescription drugs can only be obtained through Caremark. Please visit https://PacificSource.com/drug-list for more information about your covered prescription & preventative drug options.</p> | <p>Preferred Care Pharmacy: (Deductible waived) 100% of the Negotiated Charge following a \$25 Copay for each Generic, \$50 Copay for each Preferred Brand Name, \$75 Copay for each Non-Preferred Brand Name, and 20% Coinsurance up to \$250 for each Specialty Prescription Drug</p> <p>Non-Preferred Care Pharmacy: (Deductible waived) 100% of the Recognized Charge following a \$25 Copay for each Generic, \$50 Copay for each Preferred Brand Name, \$75 Copay for each Non-Preferred Brand Name</p> | |

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