

Portland State University

2023-2024 Domestic Student Health Insurance

Health Insurance Requirement and Eligibility

Domestic Students

- All registered domestic students taking five (5) or more PSU institutional credits* during Fall, Winter and Spring/Summer 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
- The cost per term is \$1,256 for Fall, Winter and Spring/Summer terms. All students who have the Spring term insurance will automatically be covered through Summer term, for no added cost, regardless of graduation, vacation term, or number of Summer credit hours. The Summer Only rate is \$917.
- The Student Health Insurance Plan can be used worldwide and referrals or use of Center for Student Health and Counseling (SHAC) are not required.
- If you are not enrolled in five or more credit hours by the Waiver deadline, you will not be eligible for the PSU-sponsored Student Health Insurance Plan.

*NOTE: Restricted Differential credits do not apply to the PSU health insurance mandate. These types of credits are mostly study abroad and some continuing education courses. For information:

pdx.edu/student-finance/tuition. Please check the footnotes of your class descriptions or your student account to see whether or not you have been charged.

Withdrawal From School

If you leave PSU for the reason of a covered accident or sickness resulting in a medical leave of absence, you will be eligible for continued coverage under this Plan for only one term during your PSU academic career. For information to see if you qualify, please contact the SHAC Insurance Team at insurancehelp@pdx.edu.

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: pacificsource.com/psu/

How much does it cost?

PREMIUM COSTS AND COVERAGE PERIODS

COVERAGE PERIODS	FALL	WINTER	SPRING/ SUMMER	SUMMER ONLY
	09/20/23 – 01/07/24	01/08/24 – 03/31/24	04/01/24 – 09/19/24	06/24/24 – 09/19/24
Waiver Deadline	10/08/23	01/21/24	04/14/24	07/07/24
Student only	\$1,256	\$1,256	\$1,256	\$917

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

Rates include a premium payable to Academic HealthPlans, Inc. (AHP), as well as administrative fees payable to PSU and AHP. Rates also include Academic Emergency Services provided through 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP).

Where do I go for care?

Think SHAC First! At SHAC you can find high quality, accessible mental health, physical health and dental services – all under one roof! We are committed to creating and maintaining an environment where all people of diverse backgrounds and identities can expect to be valued and treated with respect and dignity.

In addition to in-person appointments, SHAC offers telehealth and telemental health services for PSU Students. Both are considered office visits and are covered by the Student Health Fee.

Most services at SHAC are covered by a per term Student Health Center Fee included in your student tuition (if taking 5 or more credit hours*). Should you incur additional medical or mental health fees, SHAC will bill PacificSource on your behalf and no deductible will be applied.

Questions? Contact SHAC:

Address: 1880 SW 6th Ave UCB 200 Portland, OR
Phone: 503.725.2800
Website: pdx.edu/health-counseling
Email: askshac@pdx.edu



[Learn More!](#)

pdx.edu/health-counseling

What does the plan offer?

This flyer is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The PPO network is Navigator.**

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.

The following Deductibles are applied before Covered Medical Expenses are payable:

In-Network Provider: \$300 per Insured per Policy Year

Out-of-Network Provider: \$600 per Insured per Policy Year

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.

In-Network Provider: \$8,700 per Insured per Policy Year

Out-of-Network Provider: \$17,400 per Insured per Policy Year

BENEFIT CATEGORY	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Physician's Office Visit Expense , Copay is due at time of visit.	100% of the Negotiated Charge after a \$35 Copay per visit including Mental Health	50% of the Recognized Charge after a \$70 Copay per visit
Inpatient Hospitalization , Room and Board Expense, Semi-private room	After a \$250 Copay per admission, 70% of the Negotiated Charge	50% of the Recognized Charge
Emergency Room , Important Note: Please note that as Non-participating Providers that do not have a contract with Pacific-Source, 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.	70% of the Negotiated Charge after a \$250 Copay per visit (Copay waived if admitted)	70% of the Recognized Charge after a \$250 Copay per visit (Copay waived if admitted)
Urgent Care Expenses	100% of the Negotiated Charge after a \$50 Copay per visit	50% of the Recognized Charge after a \$60 Copay per visit
X-Ray and Lab	70% of the Negotiated Charge	50% of the Recognized Charge
Ambulance	After a \$150 Copay per trip, 80% of the Negotiated Charge	After a \$150 Copay per trip, 80% of the Recognized Charge
Surgical Expense	After a \$150 Copay per surgery 70% of the Negotiated Charge	50% of the Recognized Charge
Anesthesia Expense	70% of the Negotiated Charge	70% of the Negotiated Charge
Ambulatory Surgical Expense	70% of the Negotiated Charge	50% of the Recognized Charge
Therapy Expense , For the following types of therapy provided on an outpatient basis: Physical Therapy, Chiropractic Care, Speech Therapy, or Occupational Therapy.	70% of the Negotiated Charge after a \$35 Copay per visit	50% of the Recognized Charge after a \$70 Copay per visit
Mental and Nervous Disorders - Inpatient	70% of the Negotiated Charge after a \$100 Copay per admission	50% of the Recognized Charge
Mental and Nervous Disorders - Outpatient	100% of the Negotiated Charge after a \$35 Copay per visit	50% of the Recognized Charge after a \$70 Copay per visit
Prescription 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 pacificsource.com/psu/ Note: Specialty prescription drugs can only be obtained through Caremark. Please visit PacificSource.com/members/prescription-drug-information for more information about your covered prescription & preventative drug options.	In-Network Provider 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 70% Coinsurance up to \$250 for each Specialty Prescription Drug	Out-of-Network Provider 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 70% Coinsurance up to \$250 for each Specialty Prescription Drug

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