

Waiver Requirements for OSU Graduate Asst./Fellow/Post Doctoral Plan

Pursuant to the requirements stated in the Letter of Offer, graduate assistants with .2FTE (Full Time Employment) or greater, graduate fellows, postdoctoral scholars/fellows and clinical fellows are required to enroll in the OSU Graduate/Fellow/Postdoctoral Insurance Plan (Pacific Source insurance which includes medical, dental & vision services).

Yearly deductible/Plan max/ Out of pocket max	\$600 per person, \$1000 max family / no lifetime max \$1,000 out of pocket max per person at Preferred Providers
Office Visits	90% @ Preferred Providers, subject to yearly deductible.
Outpatient Lab & X-ray	90% @ Preferred Providers, subject to yearly deductible.
Hospital Room & Board, Surgeon, Anesthesia	90% @ Preferred Providers, subject to yearly deductible.
Physical Therapy	90% @ Preferred Providers, subject to yearly deductible.
Mental Health & Substance Abuse	90% @ Preferred Providers, subject to yearly deductible.
Prescription Drugs	\$15, \$25, \$ 35 co-pay for generic, preferred, and non-preferred drugs
Emergency Room	\$50 co-pay then 90% @ Preferred Providers, subject to yearly deductible.
Pregnancy/ Voluntary Termination of Pregnancy	90% @ Preferred Providers, subject to yearly deductible.
Vision	One Exam per year, hardware: glasses or contacts
Dental	\$1,000/yr including exams, cleanings, x-rays, restorative, extractions, oral surgery, crowns, dentures

- International Students must show minimum \$50,000 coverage for Repatriation of Remains and minimum \$50,000 coverage for Medical Evacuation.

New paperwork must be submitted every fall term unless you have a GTA/GRA/fellowship or scholarship during the summer term and no employment gap or change in insurance policy has occurred. Those appointed during terms other than fall term need to turn in the paperwork before the 10th of the first month of the first eligible term.

NOTE: Those who do not submit a waiver during the Open Enrollment period or first month of the term for which their assistantship/fellowship/scholarship begins will be held responsible for enrolling in the OSU Graduate PacificSource Insurance Plan and for authorizing payment of the premium.

DOCUMENTATION

Documentation of such coverage must include the insurance company's name and address, policy number, the name of the individual covered by the policy, the effective dates of the policy, a summary of benefits with any exclusions/limitations, and the maximum amount of coverage per accident and illness and/or in terms of cumulative benefits in English and U.S. dollars. If you change from one policy to another during the year, you are required to submit the new benefit summary for review the month it starts.

LENGTH OF ENROLLMENT/WAIVER ELECTION

The decision to enroll in the PacificSource insurance plan or waive coverage will be effective for one year at a time, until the end of the academic year (whichever comes first), until the assistantship ends or until the private insurance ends. The student's choice to enroll in the graduate plan or waive coverage will remain in effect for all other eligible terms during the same academic year unless otherwise notified. Students who initially waive the plan may qualify to enroll in the plan at a later date under special circumstances (Qualifying event such as loss of coverage). Please contact the insurance office for more details.

Questions? Contact: Graduate Insurance Services Coordinator, Email: osustudent.insurance@oregonstate.edu
OSU Student Health Services, 110 Plageman Bldg., Corvallis, OR 97331
Phone: 541-737-7568, Fax: 541-737-7914
SHS Web site: www.studenthealth.oregonstate.edu/insurance