

# **Oregon State University 2023/24 Student health insurance**

#### for international and INTO OSU 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**

Oregon State University requires all international students registered for a minimum of one on-campus credit to enroll in the OSU Student Health Insurance Plan. All eligible students are automatically enrolled and charged for the OSU Student Health Insurance Plan. Eligible dependents of those enrolled in the plan may participate on a voluntary basis.

If you have equivalent or better coverage under a different insurance company and DO NOT want to take part in the OSU Student Health Insurance Plan, you must complete the waiver process as established by the school. If you DO NOT complete the waiver process or your insurance does not meet the waiver requirements, you will be automatically enrolled and premium charged to your student account.

To waive the OSU Student Health Insurance Plan, visit: StudentHealth.OregonState.edu.

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

#### How much does it cost?

Coverage period	Fall Semester 9/11/23–12/22/23	Winter Semester 12/23/23–3/24/24	Spring Semester (with Summer) 3/25/24–9/10/24	Summer Semester 6/13/24–9/10/24
International/INTO OSU student cost per person	\$1,498	\$1,498	\$1,498	\$1,123
Dependent cost per person	\$1,428	\$1,428	\$1,428	\$1,053
Open enrollment: open – close	9/8/23-10/18/23	12/21/23-1/22/24	3/22/24-4/15/24	6/11/24-7/5/24

Note: The amount stated above includes the student insurance administrative fee of \$70. Dependents are not subject to that fee.

# myPacificSource mobile app

View your PacificSource member ID and coverage info any time you need it. Download our free app from the Amazon, Android™, or Apple® app stores. For more information, visit PacificSource.com/mobile.

#### Learn more

PacificSource.com/OSU

#### **Phone**

855-274-9814 TTY: 711 We accept all relay calls.

#### **Email**

StudentHealth@ PacificSource.com

#### Group no.

G0038976



### Online tools available at PacificSource.com

- Through **InTouch**, our secure website for members, you can view your claims, status of prior authorizations, accumulated expenses toward your plan's deductibles, and more.
- Use our health and wellness portal to work toward health goals. Access the portal via InTouch.
- Our Provider Directory will help you locate healthcare providers and facilities. Visit PacificSource.com/OSU to access the directory of nationwide providers.
- Print an insurance ID card by visiting PacificSource.com/IDCard.



For more information, visit InTouch.PacificSource. com/members

# Benefits at a glance – Navigator network

	In-network Providers	Out-of-network Providers
Contract-year deductible	\$500	\$500
Out-of-pocket limit	\$8,700	None
Plan maximum	Unlimited	

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

#### Your share of costs

	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  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 and acupuncture care (20 visits chiropractic, 12 visits acupuncture)	After deductible, 20%	After deductible, 40%	
Prescription drugs (up to a 30-day supply at retail, 31- to 90-day supply through mail order)	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%		
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 benefit 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.

**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/ resources/learning-center/ glossary.

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

