



Frequently Asked Questions

2016-2017

How do I know if I am eligible for the Student Health Insurance Plan?

All Domestic students enrolled in 3 or more credit hours and Psychology Graduate students enrolled in 1 or more credit hours are required to participate in the Student Health Insurance Plan. The premium is automatically billed on the tuition billing statement. If a student has comparable coverage a waiver may be completed online prior to the deadline.

All International students and scholars registered/enrolled with VISA status (F-1, J-1 or M-1), who have not been granted permanent residency, are required to be insured under this plan, unless student has comparable coverage and completes an online waiver prior to the deadline. Exception: J-1 students are required to meet their specific waiver requirements as outlined online and also complete an online waiver prior to the deadline.

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

What is my Policy number?

The Pacific University Student Health Insurance Policy number is 2016A4A12. Your Policy number is located on your plan brochure and ID card.

Does this plan meet the new Health Care Reform requirements?

This Student Health Insurance Plan meets the Final Rules related to Student Health Insurance coverage as defined by the Department of Health and Human Services and the Centers for Medicare and Medicaid Services which were published on March 16, 2012.

What is a Qualifying Event?

A qualifying event is when a student or Dependent has a change in status and loses coverage under another Health Care Plan. At that point, they will become eligible to enroll for coverage under the Student Health Insurance Plan provided, within 31 days of the qualifying event, students should send a copy of the Certificate of Creditable Coverage, the completed Qualifying Events Form and the letter of ineligibility to Academic HealthPlans. A change in status due to a qualifying event includes, but is not limited to, loss of a spouse, whether by death, divorce, annulment or legal separation.

What does the insurance cover?

The Pacific University Student Health Insurance Plan covers Injury and Sickness. Some of the benefits include but are not limited to inpatient hospitalization, outpatient doctor's visits, X-rays, laboratory charges, surgery and emergency care. There are limitations and maximums that may apply. Please refer to the "Schedule of Benefits" section in the Pacific University Student Health Insurance Plan brochure. This will provide specific details regarding your Policy.

How do I get an ID card?

You should receive an ID card in a few weeks after your enrollment. If you lose your card, you can download a Letter of Coverage from 2016-2017 Benefit tab on this site. You can also email a request for a replacement card at: info@ahpcare.com.



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Can I go to any doctor?

Yes, you may go to any doctor you choose. However, the Pacific University Student Health Insurance Plan uses Cigna PPO for its Provider Network. This network consist of facilities and doctors who have joined together to offer their services at reduced rates. Expenses may be less in the provider network than charges from non-network providers. For a list of local doctors, please go to: pacificu.myahpcare.com and look under the Benefits tab and click on “Find a Doctor or Hospital”.

Does this Policy pay all medical bills in full?

Covered Expenses for the Policy Year are payable at 80% (Preferred Provider) and 60% (Non-Preferred Provider), unless otherwise specified in the Policy maximum. There are specific benefit limitations and exclusions on the Policy as well. Please go to pacificu.myahpcare.com to review the brochure for more details.

How do I renew my insurance?

Students meeting eligibility requirements are automatically enrolled in the plan and premium is automatically billed on their tuition billing statement unless they provide proof of comparable coverage by the deadline provided by the school. Renewal notices are not mailed to the students.

How do I file a claim?

Submit all medical and hospital bills incurred to Cigna, PO Box 188061, Chattanooga, TN 37422-8061, for processing within 90 days of treatment. The claim procedure is listed on the back of your ID card. **Claim Forms are not required.**

If I have questions, who should I call?

If you have questions regarding enrollment, premium or claims and benefits, please call Academic HealthPlans at (855) 856-2383.