



## Eligibility

All registered Oregon Health & Science University (OHSU) GRU students in eligible programs are eligible for the OHSU Plan. Eligible students who do enroll may also insure their Eligible Dependents.

**At OHSU Health & Wellness Center:** OHSU Health & Wellness Center: Annual Deductible, Copays and Coinsurance are waived for most services rendered at OHSU Health & Wellness Center. Services provided at OHSU Health & Wellness Center include treatment of major and minor illnesses, minor injury care, women's health care (gynecology, contraception, IUDs and pap smears), as well as basic dermatology and orthopedics. Counseling and behavioral health services are also an integral part of our services including counseling for depression, anxiety, grief and crisis intervention. Diagnosis and treatment of a wide range of behavioral health conditions is also offered.

For more information, visit [ohsu.myahpcare.com](http://ohsu.myahpcare.com).

## What's Included?

- Access to Telehealth/Virtual Visits
- Coverage when traveling
- Academic Emergency Services (AES)\*
- PPO is Navigator

## Questions

To view Frequently Asked Questions or submit a request, please visit:  
[help.ahpcare.com](http://help.ahpcare.com)

## Insurance ID Card

To access your ID card, please visit  
[ohsu.myahpcare.com/additionalresources](http://ohsu.myahpcare.com/additionalresources)

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at [ohsu.myahpcare.com](http://ohsu.myahpcare.com) upon approval by federal and state authorities.



## Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge	
Benefit Maximum		Unlimited	
Deductible Per Insured Person, Per Policy Year	\$300	\$600	
Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$2,000	\$4,000	
Room and Board Expense	80% after a \$250 Copay per admission	50%	
Inpatient/Outpatient Surgery	80% after a \$100 Copay	50%	
Physician's Office Visit Expense	100% after a \$25 Copay per visit	50% after a \$40 Copay per visit	
Laboratory and X-Ray Expense	80%	50%	
Emergency Room Visit Copay waived if admitted	80% after a \$250 Copay per visit	80% after a \$250 Copay per visit	
Prescription Drugs (Deductible waived) Up to 30-day supply	OHSU Pharmacy  Tier 1: \$20 Copay Tier 2: \$45 Copay Tier 3: \$70 Copay Tier 4: \$70 Copay	At pharmacies contracting with PacificSource Pharmacy Network  100% after a Tier 1: \$25 Copay Tier 2: \$50 Copay Tier 3: \$75 Copay Tier 4: the lesser of \$250 Copay or 20%	100% after a Tier 1: \$25 Copay Tier 2: \$50 Copay Tier 3: \$75 Copay Tier 4: the lesser of \$250 Copay or 20%
Preventive Care Services For more information, please visit <a href="http://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	100% per visit (Deductible waived)	50% per visit	

## Coverage Periods & Rates

MONTHLY  
09/22/2025 - 09/21/2026

Student	\$615.44
Spouse	\$615.44
Each Child, 3x Max	\$615.44

To view all enrollment and coverage periods available, please visit [ohsu.myahpcare.com](http://ohsu.myahpcare.com)