



Eligibility

All registered Oregon Health & Science University (OHSU) domestic and international students in eligible programs are automatically enrolled in the OHSU-sponsored Student Health Insurance Plan unless they choose to submit an online insurance waiver application of comparable coverage. Eligible students will be charged the applicable Health Insurance Fee for each term by the posted Waiver Deadlines of each term.

Insurance Waiver

If you have insurance that is comparable to the OHSU Student Health Insurance Plan offered through a different insurance company (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and DO NOT want to take part in this OHSU Plan, you must complete the online waiver application process by the Waiver Deadline or your student account will be charged. Students only need one approved waiver per academic year. Students must submit separate waivers for medical and dental coverage.

To WAIVE OUT of the medical and dental insurance plans you must complete the online waiver by the waiver deadline. For more information please review the “University Health Plan” page at ohsu.edu/student-health-and-wellness-center.

What’s Included?

- Access to Telehealth/Virtual Visits
- Coverage when traveling
- Academic Emergency Services*

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP), a Risk Strategies Company.

This document contains a summary of your school’s student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at ohsu.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: ohsu.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit ohsu.myahpcare.com/additionalresources

This 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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Navigator**.

Oregon Health & Science University 2024-2025

At 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.

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	\$6,000	\$12,000
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)	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%
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% per visit (Deductible waived)	50% per visit

Rates & Coverage Periods

	SUMMER B 08/01/2025 - 09/21/2024	FALL 09/22/2024 - 01/02/2025	WINTER 01/03/2025 - 03/27/2025	SPRING/ SUMMER 03/28/2025 - 09/21/2025	SPRING 03/28/2025 - 06/30/2025	SUMMER A 06/15/2025 - 09/21/2025
Waiver Period	07/08/2024 - 08/05/2025	08/27/2024 - 10/09/2024	11/27/2024 - 01/08/2025	03/04/2025 - 04/10/2025	N/A	06/03/2025 - 07/01/2025
Student	\$933.68	\$2,183.00	\$2,183.00	\$2,183.00	\$1,704.22	\$1,776.01