

# Oregon Health & Science University 2020-2021 Student Health Insurance Plan



## 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](https://ohsu.edu/student-health-and-wellness-center).

Please view the complete brochure online at [ohsu.myahpcare.com](https://ohsu.myahpcare.com) for full details of participation in the plan.

## Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services



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

**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.

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited
Deductible	Preferred Care: \$ 300 per Insured per Policy Year Non-Preferred Care: \$ 600 per Insured per Policy Year
Out-of-Pocket Maximum	Preferred Care: \$ 6,000 per Insured per Policy Year Non-Preferred Care: \$12,000 per Insured per Policy Year

BENEFIT CATEGORY	Preferred Care	Non-Preferred Care
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on the Recognized Charge</i>
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 <i>Copay waived if admitted</i>	80% after a \$250 Copay per visit	80% after a \$250 Copay per visit
Prescription Drugs  OHSU Pharmacy ( <i>deductible waived</i> ): \$20 Copay per Generic Drug \$45 Copay per Preferred Brand Name Drug \$70 Copay per Non-Preferred Brand Name Drug	<i>At pharmacies contracting with PacificSource Pharmacy Network</i> 100% after a \$25 Copayment per Preferred Generic Drug \$50 Copayment per Preferred Brand Name Drug \$75 Copayment per Non-Preferred Brand Name Drug 20% up to \$250 per Specialty Drug	100% after a \$25 Copayment per Preferred Generic Drug \$50 Copayment per Preferred Brand Name Drug \$75 Copayment per Non-Preferred Brand Name Drug
Preventive Care Services <i>For more information, please visit <a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a></i>	100% per visit ( <i>deductible waived</i> )	50% per visit

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS					
Coverage Periods	Summer B	Fall	Winter	Spring/Summer	Summer A
	08/01/2020 through 09/21/2020	09/22/2020 through 01/03/2021	01/04/2021 through 03/28/2021	03/29/2021 through 09/21/2021	06/15/2021 through 09/21/2021
Open Enrollment	07/08/2020 through 08/16/2020	08/24/2020 through 10/11/2020	12/14/2020 through 01/24/2021	03/03/2021 through 04/18/2021	06/01/2021 through 07/05/2021
Waiver Deadline	08/16/2020	10/11/2020	01/24/2021	04/18/2021	07/05/2021
Student	\$ 735.09	\$ 1,692.58	\$ 1,692.58	\$ 1,692.58	\$ 1,381.48

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

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](https://ohsu.myahpcare.com).