

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.

Please view the complete brochure online at 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*



*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.

Oregon Health & Science University 2021-2022

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, co-pays 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 | | |
|--|---------------------|-------------------------|
| | In-Network Provider | Out-of-Network Provider |
| 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 |

| BENEFIT CATEGORY <i>A deductible applies unless otherwise stated below.</i> | In-Network Provider | Out-of-Network Provider |
|---|---|--|
| | <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 Co-pay per admission | 50% |
| Inpatient/Outpatient Surgery | 80% after a \$100 Co-pay | 50% |
| Physician's Office Visit Expense | 100% after a \$25 Co-pay per visit | 50% after a \$40 Co-pay per visit |
| Laboratory and X-Ray Expense | 80% | 50% |
| Emergency Room Visit Co-pay waived if admitted | 80% after a \$250 Co-pay per visit | 80% after a \$250 Co-pay per visit |
| Prescription Drugs OHSU Pharmacy (deductible waived): Generic: \$20 Co-pay Preferred Brand Name : \$45 Co-pay Non-Preferred Brand Name: \$70 Co-pay | At pharmacies contracting with PacificSource Pharmacy Network 100% after a Generic: \$25 Co-pay Preferred Brand Name: \$50 Co-pay Non-Preferred Brand Name: \$75 Co-pay Specialty Drug: 20% up to \$250 | 100% after a Generic: \$25 Co-pay Preferred Brand Name: \$50 Co-pay Non-Preferred Brand Name: \$75 Co-pay |
| Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/ | 100% per visit (deductible waived) | 50% per visit |

| 2021-2022 PREMIUM COSTS AND COVERAGE PERIODS | | | | | |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|
| Coverage Periods | Summer B | Fall | Winter | Spring/Summer | Summer A |
| | 08/01/21 - 09/21/21 | 09/22/21 - 01/02/22 | 01/03/22 - 03/27/22 | 03/28/22 - 09/21/22 | 06/15/22 - 09/21/22 |
| Waiver Deadline | 07/05/21- 08/16/21 | 08/23/21 - 10/11/21 | 12/13/21 - 01/24/22 | 03/07/22 - 04/18/22 | 06/06/22 - 07/05/22 |
| Student | \$ 727.79 | \$ 1,703.65 | \$ 1,703.65 | \$ 1,703.65 | \$ 1,386.08 |

