

**Benefit Year:** 2023 – 2024

**Provider Network:** Navigator

**Who is eligible?** PSU requires all international Students with F-1 and J-1 visa status, and taking 1 or more credits, to have adequate medical insurance coverage. These Students must purchase year-round health insurance coverage through the University even during vacation terms or while out of the country. Sponsored Students, J-1 Students, and Students provided U.S. employer sponsored health insurance may qualify to waive out of the mandatory PSU Health Insurance Plan. To see if you qualify, visit [pdx.edu/health-counseling/international](http://pdx.edu/health-counseling/international). For Dependent coverage and information about enrolling in weekly insurance if on Optional Practical Training (OPT) or extending insurance before or after a term, please go to [psu.myahpcare.com](http://psu.myahpcare.com).

	Per Member Per Week
<b>OPT</b>	\$73.26
<b>Scholars</b>	\$40.84

The premiums above include a fee charged by your school.

This plan has an Actuarial Value of 79.48% which satisfies the gold metal level of the ACA.

**Student Health Center:** Center for Student Health and Counseling (SHAC)

If the Member is a Student of Portland State University, the Student Health Center listed above is considered an In-network provider for covered services. Services provided by the Student Health Center are covered per University guidelines.

Deductible Per Benefit Year	Center for Student Health and Counseling (SHAC)	In-network	Out-of-network
<b>Individual/Family</b>	None/None	\$300/\$600	\$600/\$1,200
Out-of-Pocket Limit Per Benefit Year	Center for Student Health and Counseling (SHAC)	In-network	Out-of-network
<b>Individual/Family</b>	None/None	\$8,700/\$17,400	\$14,000/\$28,000

**Note:** In-network deductible and out-of-pocket limit accumulate separately from the out-of-network deductible and out-of-pocket limit. Even though you may have the same benefit for in-network and out-of-network, your actual costs for services provided out-of-network may exceed this plan's out-of-pocket limit for out-of-network services. In addition, out-of-network providers may in certain situations bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company (called balance billing). Balance billing amounts are not counted toward the out-of-network out-of-pocket limit. For additional information about balance billing or allowable fees, see your student guide.

The member is responsible for any amounts shown above, in addition to the following amounts:

<b>Service/Supply</b>	<b>SHAC Member Pays</b>	<b>In-network Member Pays</b>	<b>Out-of-network Member Pays</b>
<b>Preventive Care</b>			
<b>Well baby/Well child care, ages birth - 21</b>	Not available	No deductible, 0%	After deductible, 50%
<b>Preventive physicals</b>	No deductible, 0%	No deductible, 0%	After deductible, 50%
<b>Preventive STD screening</b>	No deductible, 0%	No deductible, 0%	After deductible, 50%
<b>Well woman visits</b>	No deductible, 0%	No deductible, 0%	After deductible, 50%
<b>Preventive mammograms</b>	Not available	No deductible, 0%	After deductible, 50%
<b>Immunizations</b>	No deductible, 0%	No deductible, 0%	After deductible, 50%
<b>Preventive colonoscopy</b>	Not available	No deductible, 0%	After deductible, 50%
<b>Professional Services</b>			
<b>Office and home visits</b>	No deductible, 0%	After deductible, \$35	After deductible, \$70 plus 50%
<b>Naturopath office visits</b>	Not available	After deductible, \$35	After deductible, \$70 plus 50%
<b>Specialist office and home visits</b>	Not available	After deductible, \$35	After deductible, \$70 plus 50%
<b>Telehealth visits</b>	Not available	After deductible, 0%	After deductible, \$70 plus 50%
<b>Newborn nurse home visits</b>	Not available	No deductible, 0%	After deductible, 50%
<b>Office procedures and supplies</b>	No deductible, 0%	After deductible, 30%	After deductible, 50%
<b>Surgery</b>	No deductible, 0%	After deductible, \$150 plus 30%	After deductible, 50%
<b>Outpatient rehabilitation services</b>	Not available	After deductible, \$35 plus 30%	After deductible, \$70 plus 50%
<b>Acupuncture (12 visits per benefit year)</b>	No deductible, 0%	After deductible, \$35 plus 30%	After deductible, \$70 plus 50%
<b>Chiropractic manipulation/Spinal manipulation (20 visits per benefit year)</b>	Not available	After deductible, \$35 plus 30%	After deductible, \$70 plus 50%
<b>Hospital Services</b>			
<b>Inpatient room and board</b>	Not available	After deductible, \$250 plus 30%	After deductible, 50%
<b>Inpatient rehabilitation services</b>	Not available	After deductible, 30%	After deductible, 50%
<b>Skilled nursing facility care</b>	Not available	After deductible, 30%	After deductible, 50%
<b>Outpatient Services</b>			
<b>Outpatient surgery/services</b>	Not available	After deductible, \$150 plus 30%	After deductible, 50%
<b>Diagnostic imaging – advanced</b>	Not available	After deductible, \$100 plus 30%	After deductible, 50%

<b>Service/Supply</b>	<b>SHAC Member Pays</b>	<b>In-network Member Pays</b>	<b>Out-of-network Member Pays</b>
<b>Diagnostic and therapeutic radiology/laboratory and dialysis – non-advanced</b>	No deductible, 0%	After deductible, 30%	After deductible, 50%
<b>Urgent and Emergency Services</b>			
<b>Urgent care center visits</b>	Not available	After deductible, \$50	After deductible, \$60 plus 50%
<b>Emergency room visits – medical emergency</b>	Not available	After deductible, \$250 plus 30%^	After deductible, \$250 plus 30%^
<b>Emergency room visits – non-emergency</b>	Not available	After deductible, \$250 plus 30%^	After deductible, \$250 plus 30%^
<b>Ambulance, ground</b>	Not available	After deductible, \$150 plus 30%	After deductible, \$150 plus 30%
<b>Ambulance, air</b>	Not available	After deductible, \$150 plus 30%	After deductible, \$150 plus 30%
<b>Maternity Services**</b>			
<b>Physician/Provider services (global charge)</b>	Not available	After deductible, 30%	After deductible, 50%
<b>Hospital/Facility services</b>	Not available	After deductible, \$250 plus 30%	After deductible, 50%
<b>Mental Health and Substance Use Disorder Services</b>			
<b>Office visits</b>	No deductible, 0%	After deductible, \$35	After deductible, \$70 plus 50%
<b>Inpatient care</b>	Not available	After deductible, \$100 plus 30%	After deductible, 50%
<b>Residential programs</b>	Not available	After deductible, \$100 plus 30%	After deductible, 50%
<b>Other Covered Services</b>			
<b>Allergy injections</b>	Not available	After deductible, 30%	After deductible, 50%
<b>Durable medical equipment</b>	No deductible, 0%	After deductible, 30%	After deductible, 50%
<b>Home health services</b>	Not available	After deductible, 30%	After deductible, 50%
<b>Transplants</b>	Not available	After deductible, 30%	After deductible, 50%
<b>Impacted wisdom tooth extraction</b>	No deductible, 0%	After deductible, 30%	After deductible, 30%

**This is a brief summary of benefits. Refer to your student guide for additional information or a further explanation of benefits, limitations, and exclusions.**

^ Copay applies to ER physician and facility charges only. Copay waived if admitted into hospital.

\*\* Medically necessary services, medication, and supplies to manage diabetes during pregnancy from conception through six weeks postpartum will not be subject to a deductible, copayment, or coinsurance.

# Additional information

## What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each family member only until the family deductible has been met. There is no deductible when you use the Center for Student Health and Counseling (SHAC).

Note that there is a separate category for in-network and out-of-network when it comes to meeting your deductible. Only in-network expense applies to the in-network deductible and only out-of-network expense applies to the out-of-network deductible.

## What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered services during the benefit year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of allowed amounts for covered services for the rest of that benefit year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, the individual out-of-pocket limit applies for each member only until the family out-of-pocket limit has been met. Be sure to check your student guide, as there are some charges, such as non-essential health benefits, penalties and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your out-of-pocket limit. Only in-network expense applies to the in-network out-of-pocket limit and only out-of-network expense applies to the out-of-network out-of-pocket limit.

## Payments to providers

Payment to providers is based on the prevailing or allowable fee for covered services. In-network providers accept the allowable fee as payment in full. Services of out-of-network providers could result in out-of-pocket expense in addition to the percentage indicated.

## Prior authorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Prior authorization does not change your out-of-pocket expense for in-network and out-of-network providers. You can search for procedures and services that require prior authorization on our website, [Authgrid.PacificSource.com](https://Authgrid.PacificSource.com) (select Commercial for the line of business).

## Discrimination is against the law

PacificSource Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.