

Portland State University

2021-2022 International Student Health Insurance

Health Insurance Requirement and Eligibility

International Students

- Portland State University (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.
- The cost per term is \$1,009.00 for Fall, Winter, and Spring/Summer terms. All students who have the Spring term insurance will automatically be covered through Summer term, for no added cost, regardless of graduation, vacation term, or number of Summer credit hours. The Summer Only rate is \$772.00.
- For dependent coverage, please go to psu.myahpcare.com. For information about enrolling in weekly insurance if on Optional Practical Training (OPT) or extending insurance before or after a term, please contact insurancehelp@pdx.edu.
- The Student Health Insurance Plan can be used worldwide and referrals or use of SHAC are not required.
- 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.

Withdrawal From School

If you leave PSU for the reason of a covered accident or sickness resulting in a medical leave of absence, you will be eligible for continued coverage under this Plan for only one term during your PSU academic career. For information to see if you qualify, please contact the SHAC Insurance Team at insurancehelp@pdx.edu.

Please make sure you understand your school's credit hour and other requirements for enrolling in this plan. PacificSource Health Plans reserves the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the plan may be terminated in accordance with its terms and applicable law.

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: psu.myahpcare.com



How much does it cost?

| PREMIUM COSTS AND COVERAGE PERIODS | | | | |
|--------------------------------------|--------------------------|----------------------------|----------------------------------------|-------------------------------------|
| COVERAGE PERIODS | FALL 9/20/21 – 1/2/22 | WINTER 1/3/22 – 3/27/22 | SPRING/ SUMMER 3/28/22 – 9/19/22 | SUMMER ONLY 6/20/22 – 9/19/22 |
| Waiver Deadline | 10/10/21 | 1/16/22 | 4/10/22 | 7/3/22 |
| Student only | \$1,009.00 | \$1,009.00 | \$1,009.00 | \$772.00 |
| Dependent Enrollment Deadline | 10/10/21 | 1/16/22 | 4/10/22 | 7/3/22 |
| Spouse only | \$1,009.00 | \$1,009.00 | \$1,009.00 | \$772.00 |
| Per Child only | \$1,009.00 | \$1,009.00 | \$1,009.00 | \$772.00 |

Rates include a premium payable to Academic HealthPlans (AHP), as well as administrative fees payable to PSU and AHP. Rates also include Academic Emergency Services provided through 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.



Where do I go for care?

Think SHAC First! At SHAC you can find high quality, accessible mental health, physical health and dental services - all under one roof! We are committed to creating and maintaining an environment where all people of diverse backgrounds and identities can expect to be valued and treated with respect and dignity.

Telehealth Services: SHAC also now offers telehealth and telemental health services for PSU students. Telehealth visits are considered office visits, and are covered by the Student Health Fee. To learn more about SHAC telehealth services, visit pdx.edu/health-counseling/telehealth-services.

Most services at SHAC are covered by a per term Student Health Center Fee included in your student tuition (if taking 5 or more credit hours*). Should you incur additional medical or counseling fees, SHAC will bill PacificSource on your behalf and no deductible will be applied.

Questions? Contact SHAC:

Address: 1880 SW 6th Ave. UCB 200 Portland, OR
Phone: 503.725.2800
Website: pdx.edu/health-counseling
Email: askshac@pdx.edu

In the community: You may visit any licensed health care provider directly for covered services, however, when you select a Preferred Provider, you will generally have less out of pocket expense for your care. Referrals from SHAC are not required for covered services received outside of SHAC. For more information, visit: psu.myahpcare.com

[Learn More!](#)

psu.myahpcare.com

What does the plan offer?

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.**

Annual Deductible

Per visit or admission deductibles do not apply toward satisfying the plan Deductible.

Your Annual Deductible is waived for all services rendered at SHAC.

The following Deductibles are applied before Covered Medical Expenses are payable:

In-Network Provider: \$300 per Insured per Policy Year

Out-of-Network Provider: \$600 per Insured per Policy Year

Out of Pocket Maximums

Once the Individual Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year, up to any benefit maximum that may apply. Coinsurance, Deductibles, Copays and Prescription Drug expenses apply to the Out-of-Pocket Limit. Services that do not apply toward satisfying the Out-Of-Pocket Limit: expenses that are not Covered Medical Expenses; expenses for Designated Care penalties, and other expenses not covered by this Plan.

**In-Network Provider: \$7,000 per Insured per Policy Year
\$14,000 per Family per Policy Year**

**Out-of-Network Provider: \$14,000 per Insured per Policy Year
\$28,000 per Family per Policy Year**

| BENEFIT CATEGORY | IN-NETWORK PROVIDER | OUT-OF-NETWORK PROVIDER |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Physician's Office Visit Expense , Copay is due at time of visit. | 100% of the Negotiated Charge after a \$25 Copay per visit | 50% of the Recognized Charge after a \$40 Copay per visit |
| Inpatient Hospitalization , Room and Board Expense, Semi-private room | After a \$250 Copay per admission, 80% of the Negotiated Charge | 50% of the Recognized Charge |
| Emergency Room , Important Note: Please note that As Non-participating Providers that do not have a contract with PacificSource, the provider may not accept payment of your cost share (your deductible and Coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. | 80% of the Negotiated Charge after \$250 Copay per visit (Copay waived if admitted) | 80% of the Recognized Charge after \$250 Copay per visit (Copay waived if admitted) |
| Urgent Care Expenses | 100% of the Negotiated Charge after a \$30 Copay per visit | 50% of the Recognized Charge after a \$50 Copay per visit |
| X-Ray and Lab | 80% of the Negotiated Charge | 50% of the Recognized Charge |
| Ambulance | After a \$100 Copay per trip, 80% of the Negotiated Charge | After a \$100 Copay per trip, 80% of the Recognized Charge |
| Surgical Expense | After a \$100 Copay per surgery 80% of the Negotiated Charge | 50% of the Recognized Charge |
| Anesthesia Expense | 80% of the Negotiated Charge | 80% of the Negotiated Charge |
| Ambulatory Surgical Expense | 80% of the Negotiated Charge | 50% of the Recognized Charge |
| Therapy Expense , For the following types of therapy provided on an outpatient basis: Physical Therapy, Chiropractic Care, Speech Therapy, or Occupational Therapy. | 80% of the Negotiated Charge after a \$25 Copay per visit | 50% of the Recognized Charge after a \$40 Copay per visit |
| Mental and Nervous Disorders - Inpatient | 80% of the Negotiated Charge after \$100 Copay per admission | 50% of the Recognized Charge |
| Mental and Nervous Disorders - Outpatient | 100% of the Negotiated Charge after a \$25 Copay per visit | 50% of the Recognized Charge |
| Prescription Drug Expense 30 Day Supply. Contraceptives (that do not have a generic alternate) covered at 100%. Please Note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non- Participating Pharmacy. To learn more about your prescription benefits visit psu.myahpcare.com . Note: Specialty prescription drugs can only be obtained through Caremark. Please visit PacificSource.com/drug-list for more information about your covered prescription & preventative drug options. | <p>In-Network Provider Pharmacy: (Deductible waived) 100% of the Negotiated Charge following a \$25 Copay for each Generic, \$50 Copay for each Preferred Brand Name, \$75 Copay for each Non-Preferred Brand Name, and 20% Coinsurance up to \$250 for each Specialty Prescription Drug</p> <p>Out-of-Network Provider Pharmacy: (Deductible waived) 100% of the Recognized Charge following a \$25 Copay for each Generic, \$50 Copay for each Preferred Brand Name, \$75 Copay for each Non-Preferred Brand Name 20% Coinsurance up to \$250 for each Specialty Prescription Drug</p> | |

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