

Portland State University

2026-2027 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 one (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 \$1,189 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 \$848.
- 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 hours 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: pacificsource.com/psu/

How much does it cost?

PREMIUM COSTS AND COVERAGE PERIODS				
COVERAGE PERIODS	FALL	WINTER	SPRING/ SUMMER	SUMMER ONLY
	09/20/2026 – 01/03/2027	01/04/2027 – 03/28/2027	03/29/2027 – 09/19/2027	06/29/2027 – 09/19/2027
Waiver Deadline	10/11/2026	01/17/2027	04/11/2027	07/04/2027
Student only	\$1,189	\$1,189	\$1,189	\$848
Dependent Enrollment Deadline	10/11/2026	01/17/2027	04/11/2027	07/04/2027
Spouse only	\$1,189	\$1,189	\$1,189	\$848
Per Child only, 2x Max¹	\$1,189	\$1,189	\$1,189	\$848

¹Coverage for two (2) or more children are calculated at the child rate times two (2).

Rates include premium payable to Academic HealthPlans, Inc. (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, Inc. (AHP), Part of the Brown & Brown Team.

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.

Most services at SHAC are covered by a per term Student Health Center Fee included in your student tuition (if taking five (5) or more credit hours*). Should you incur additional medical or mental health 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

*Restricted Differential credits do not apply to the insurance mandate and SHAC fee.



This material is for information only and is not an offer or invitation to contract. Health insurance plans contain exclusions, limitations and benefit maximums. Providers are independent contractors and are not agents of PacificSource or AHP. Provider participation may change without notice. PacificSource or AHP does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change. Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

[Learn More!](#)

pdx.edu/health-counseling

What does the plan offer?

This flyer is for informational purposes only and does not constitute an offer of coverage, a contract, or medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at psu.myahpcare.com upon approval by federal and state authorities. **The PPO network is a Navigator.**

What is Deductible?

Your plan 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).

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.

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

In-Network Provider: \$8,700 per Insured per Policy Year
\$17,400 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 \$35 Copay per visit including Mental Health	50% of the Recognized Charge after a \$70 Copay per visit
Inpatient Hospitalization, Room and Board Expense, Semi-private room	After a \$250 Copay per admission, 75% 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.	75% of the Negotiated Charge after a \$250 Copay per visit (Copay waived if admitted)	75% of the Recognized Charge after a \$250 Copay per visit (Copay waived if admitted)
Urgent Care Expenses	100% of the Negotiated Charge after a \$50 Copay per visit	50% of the Recognized Charge after a \$60 Copay per visit
X-Ray and Lab	75% of the Negotiated Charge	50% of the Recognized Charge
Ambulance	After a \$150 Copay per trip, 75% of the Negotiated Charge	After a \$150 Copay per trip, 75% of the Recognized Charge
Surgical Expense	After a \$150 Copay per surgery 75% of the Negotiated Charge	50% of the Recognized Charge
Anesthesia Expense	75% of the Negotiated Charge	75% of the Negotiated Charge
Ambulatory Surgical Expense	After a \$150 Copay per surgery 75% 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.	75% of the Negotiated Charge after a \$35 Copay per visit	50% of the Recognized Charge after a \$70 Copay per visit
Mental and Nervous Disorders - Inpatient	75% of the Negotiated Charge after a \$100 Copay per admission	50% of the Recognized Charge
Mental and Nervous Disorders - Outpatient	100% of the Negotiated Charge after a \$35 Copay per visit	50% of the Recognized Charge after a \$70 Copay per visit

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. Note: Specialty prescription drugs can only be obtained through Caremark.
To learn more about your prescription benefits visit pacificsource.com/psu
Please visit PacificSource.com/members/prescription-drug-information for more information about your covered prescription & preventative drug options.

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 80% Coinsurance up to \$250 for each Specialty Prescription Drug

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 80% Coinsurance up to \$250 for each Specialty Prescription Drug