

# Portland State University

## 2024-2025 Scholars Health Insurance

### Health Insurance Requirement and Eligibility

All international scholars possessing and maintaining a current passport and valid J-1 visa status and engaged in educational activities, who are temporarily located outside their home country and have not been granted permanent residency status are required to purchase this insurance plan unless proof of comparable coverage is furnished.

#### Scholars must be actively engaged in their Program Objective.

Scholars who enroll may also insure their Dependents. Eligible Dependents are the Scholar's legal spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

The eligibility date for Dependents shall be determined in accordance with the following:

- If the Scholar has Dependents on the date he or she is eligible for insurance;
- If the Scholar acquired a Dependent after the Effective Date, such Dependent becomes eligible:
  - A) On the date the Scholar acquires a legal spouse or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
  - B) On the date the Scholar acquired a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Scholar.

Dependent enrollment on this plan is voluntary.

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, 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:  
[psuweeklyscholars.myahpcare.com](https://psuweeklyscholars.myahpcare.com)



### How much does it cost?

#### SCHOLAR & DEPENDENT PLAN COST

Weekly Rate (7 Calendar Days), Available From:  
09/20/2024 – 09/19/2025

Scholar only \$41.00

NOTE: Costs below are in addition to the scholar premium.  
Dependents must be enrolled for the same term of coverage as scholar.  
Dependent enrollment in this plan is voluntary.

Spouse only \$41.00

Each Child \$41.00

Rates include a 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), a Risk Strategies Company.



### How to Enroll

- Go to [pdx.edu/international-scholars/insurance-enrollment](https://pdx.edu/international-scholars/insurance-enrollment)

### Enroll Now!

- Go to [psuweeklyscholars.myahpcare.com](https://psuweeklyscholars.myahpcare.com)

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.

## 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 Navigator.**

### 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).

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: \$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
<b>Physician's Office Visit Expense</b> , 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
<b>Inpatient Hospitalization</b> , Room and Board Expense, Semi-private room	After a \$250 Copay per admission, 70% of the Negotiated Charge	50% of the Recognized Charge
<b>Emergency Room</b> , 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.	70% of the Negotiated Charge after a \$250 Copay per visit (Copay waived if admitted)	70% of the Recognized Charge after a \$250 Copay per visit (Copay waived if admitted)
<b>Urgent Care Expenses</b>	100% of the Negotiated Charge after a \$50 Copay per visit	50% of the Recognized Charge after a \$60 Copay per visit
<b>X-Ray and Lab</b>	70% of the Negotiated Charge	50% of the Recognized Charge
<b>Ambulance</b>	After a \$150 Copay per trip, 70% of the Negotiated Charge	After a \$150 Copay per trip, 70% of the Recognized Charge
<b>Surgical Expense</b>	After a \$150 Copay per surgery 70% of the Negotiated Charge	50% of the Recognized Charge
<b>Anesthesia Expense</b>	70% of the Negotiated Charge	70% of the Negotiated Charge
<b>Ambulatory Surgical Expense</b>	70% of the Negotiated Charge	50% of the Recognized Charge
<b>Therapy Expense</b> , For the following types of therapy provided on an outpatient basis: Physical Therapy, Chiropractic Care, Speech Therapy, or Occupational Therapy.	70% of the Negotiated Charge after a \$35 Copay per visit	50% of the Recognized Charge after a \$70 Copay per visit
<b>Mental and Nervous Disorders - Inpatient</b>	70% of the Negotiated Charge after a \$100 Copay per admission	50% of the Recognized Charge
<b>Mental and Nervous Disorders – Outpatient</b>	100% of the Negotiated Charge after a \$35 Copay per visit	50% of the Recognized Charge
<b>Prescription Drug Expense</b> 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 <a href="https://psuweeklyscholars.myahpcare.com">psuweeklyscholars.myahpcare.com</a> . Note: Specialty prescription drugs can only be obtained through Caremark. Please visit <a href="https://PacificSource.com/drug-list">PacificSource.com/drug-list</a> for more information about your covered prescription & preventative drug options	<b>In-Network Provider Pharmacy:</b> (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 70% Coinsurance up to \$250 for each Specialty Prescription Drug  <b>Out-of-Network Provider Pharmacy:</b> (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, and 70% Coinsurance up to \$250 for each Specialty Prescription Drug	