

Pacific University



All students enrolled in three (3) or more credit hours and Psychology Graduate students enrolled in one (1) or more credit hours are required to participate in the Student Health Insurance Plan. The premium is automatically billed on the tuition billing statement. If a student has comparable coverage, a waiver may be completed online prior to the deadline. If you would like to waive, please visit pacificu.myahpcare.com/waiver.

Family members are not eligible for coverage under this student plan.

Please view a complete brochure at pacificu.myahpcare.com for full details on participating.



Administered by Academic HealthPlans



Brokered by AssuredPartners



(503) 357-3154 Option 5

Aetna is the Preferred Provider and will provide maximum benefits at lowest cost

Access to Virtual Visits and Behavioral Health

Coverage when traveling

Academic Emergency Services

Pacific University 2021-2022

This 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 Aetna PPO.**

MAXIMUMS & DEDUCTIBLES	PACIFIC STUDENT HEALTH CENTER/ INTERPROFESSIONAL CLINIC	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum		Unlimited	
Deductible Per Policy Year	N/A	\$300	\$550
Out-of-Pocket Maximum Per Policy Year	N/A	\$5,000	\$10,000

COVERAGE & COST	
Fall Annual (DOM/INTL)	08/01/21 - 07/31/22
Waiver Deadline	07/06/21 - 08/13/21
Student	\$3,275.00
Education - Hybrid Programs	06/01/21 - 07/31/21
Waiver Deadline	04/15/21 - 06/15/21
Student	\$610.00
MBA (Graduating)	08/01/21 - 12/31/21
Waiver Deadline	07/06/21 - 08/13/21
Student	\$1,417.00
Physician Asst. 1 yr, 2 yr	05/01/21 - 04/30/22
Waiver Deadline	04/15/21 - 05/15/21
Student	\$3,275.00
Physician Asst. (Graduating)	05/01/21 - 12/31/21
Waiver Deadline	04/15/21 - 05/15/21
Student	\$2,222.00
Physician Asst. (Spring Starts)	01/01/22 - 04/30/22
Waiver Deadline	12/01/21 - 01/13/22
Student	\$1,128.00
Spring New Starts	01/01/22 - 07/31/22
Waiver Deadline	12/01/21 - 01/13/22
Student	\$1,933.00

To view all enrollment and coverage periods available, please visit pacificu.myahpcare.com

Late waiver submissions are subject to a \$75 late fee and will automatically be applied to your student account.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at pacificu.myahpcare.com

BENEFITS <small>(deductible applies unless otherwise stated below)</small>		
STUDENT HEALTH CENTER & INTERPROFESSIONAL CLINIC <small>Payments are based on the Negotiated Charge</small>	IN-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Recognized Charge</small>
Hospital Room and Board Expense		
N/A	80%	60%
Inpatient/Outpatient Surgery		
N/A	80%	60%
Physician, Specialist including Consultants Office Visits		
100%	80% after a \$25 Copayment (deductible waived)	60%
Diagnostic Testing		
N/A	80%	60%
Hospital Emergency Room (deductible waived)		
N/A	80% after a \$50 Copayment	80% after a \$50 Copayment
Urgent Care		
N/A	80% after a \$25 Copayment (deductible waived)	60%
Mental Health & Substance Abuse Treatment Office Visits		
100%	80% after a \$10 Copayment (deductible waived)	60%
Outpatient Physical, Occupational, Speech, and Cognitive Therapies, including Cardiac and Pulmonary Therapy		
100%	80%	60%
Preventive Services (deductible waived) <small>For more information, please visit healthcare.gov/preventive-care-benefits/</small>		
100%	100%	60%
Prescription Drugs (deductible waived)		
	At pharmacies contracting with Aetna	
	100% after a \$20 Copayment per Preferred Generic Drug	50% after a \$20 Copayment per Preferred Generic Drug
100%	\$40 Copayment per Preferred Brand-Name Drug	\$40 Copayment per Preferred Brand-Name Drug
	\$65 Copayment per Non-Preferred Brand-Name Drug	\$65 Copayment per Non-Preferred Brand-Name Drug
	\$65 Copayment per Specialty Drug	