

Pacific University 2020-2021 Student Health Insurance Plan



Eligibility

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.

Program	Coverage Dates	Waiver Deadline	Cost for Student
Fall Annual (Domestic/International)	08/01/2020 - 07/31/2021	07/06/2020 - 08/13/2020	\$ 2,997.00
Athletics & Other Early Entry	06/01/2020 - 07/31/2020	04/15/2020 - 06/15/2020	\$ 501.00
MBA (Graduating)	08/01/2020 - 12/31/2020	07/06/2020 - 08/13/2020	\$ 1,256.00
Physician Asst. 1 yr , 2yr	05/01/2020 - 04/30/2021	04/15/2020 - 05/15/2020	\$ 2,997.00
Physician Asst. (Graduating)	05/01/2020 - 12/31/2020	04/15/2020 - 05/15/2020	\$ 2,011.00
Physician Asst. (Spring Starts)	01/01/2021 - 04/30/2021	12/01/2020 - 01/13/2021	\$ 986.00
Spring New Starts	01/01/2021 - 07/31/2021	12/01/2020 - 01/13/2021	\$ 1,741.00

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.

Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Pacific University 2020-2021

Student Health Insurance Plan

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.

BENEFIT MAXIMUMS & DEDUCTIBLES			
	Pacific Student Health Ctr/ Pacific Physical Therapists	In-Network Providers	Out-of-Network Providers
Benefit Maximum	Unlimited	Unlimited	Unlimited
Deductible (per Policy Year)	N/A	\$300	\$550
Out-of-Pocket Limit (per Policy Year)	N/A	\$5,000	\$10,000

BENEFIT CATEGORY	Student Health Center	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on Negotiated Charge</i>	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on Recognized Charge</i>
Hospital Room and Board Expense	N/A	80% after Deductible	60% after Deductible
Inpatient/Outpatient Surgery	N/A	80% after Deductible	60% after Deductible
Physician, specialist including Consultants Office Visits	100%	80% after a \$25 Copayment (deductible waived)	60% after Deductible
Diagnostic Testing	N/A	80% after Deductible	60% after Deductible
Emergency Services Expense (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% after Deductible
Mental Health & Substance Abuse Treatment Office Visits	100%	80% after a \$10 Copayment (deductible waived)	60% after Deductible
Outpatient Physical, Occupational, Speech, and Cognitive Therapies <i>including Cardiac and Pulmonary Therapy</i>	100%	80% after Deductible	60% after Deductible
Prescription Drugs (deductible waived)	100%	At pharmacies contracting with Aetna: 100% after a \$20 Copayment per Preferred Generic Drug \$40 Copayment per Preferred Brand-Name Drug \$65 Copayment per Non-Preferred Brand-Name Drug \$65 Copayment per Specialty Drugs	50% after a \$20 Copayment per Preferred Generic Drug \$40 Copayment per Preferred Brand-Name Drug \$65 Copayment per Non-Preferred Brand-Name Drug
*Preventive Services (deductible waived) For more information, please visit healthcare.gov/preventive-care-benefits/	100%	100%	60%