

Pacific University - Master of Fine Arts



All students enrolled in three (3) or more credit hours, Psychology Graduate students enrolled in one (1) or more credit hours, and Music Therapy 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

Voluntary Dental and Vision Options

Coverage when traveling

Academic Emergency Services*

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans.

Pacific University 2022-2023

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

MFA (FALL START)

06/01/22 - 12/31/22

Waiver Deadline

04/15/2022 - 05/16/22

Student

\$ 2,082

MFA (SPRING STARTS)

01/01/23 - 05/31/23

Waiver Deadline

12/01/22 - 01/13/23

Student

\$ 1,492

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.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Aetna.

BENEFITS (deductible applies unless otherwise stated below)

STUDENT HEALTH CENTER & INTERPROFESSIONAL CLINIC

Payments are based on the Negotiated Charge

IN-NETWORK PROVIDER

Payments are based on the Negotiated Charge

OUT-OF-NETWORK PROVIDER

Payments are based on the Recognized Charge

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)

For more information, please visit healthcare.gov/preventive-care-benefits

100%

100%

60%

Prescription Drugs (deductible waived)

At pharmacies contracting with Aetna

100%

100% after a Preferred Generic Drug: \$20 Copayment

Preferred Brand-Name Drug: \$40 Copayment

Non-Preferred Brand-Name Drug: \$65 Copayment

Specialty Drug: \$65 Copayment

50% after a Preferred Generic Drug: \$20 Copayment
Preferred Brand-Name Drug: \$40 Copayment
Non-Preferred Brand-Name Drug: \$65 Copayment