# George Fox University
# 2024-25 student health insurance

*For graduate students (U.S. and international)*

## Your student health insurance plan includes:

- Gold-level coverage at an affordable rate
- Access to a wide network of providers locally and across the nation
- Wellness-focused coverage
- Member-focused customer service

## Eligibility

All full-time (8 credits or more) in-person graduate students (PsyD, DPT, PA, FTMBA, and MSW) are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is provided. All other graduate programs, online programs, ADP, and special students are ineligible. Please visit PacificSource.com/GeorgeFox to learn more about your plan.

## Cost

| Coverage Period | Fall<br>8/16/2024 – 12/31/2024 | Spring & Summer<br>1/1/2025 – 8/15/2025 |
|---|---|---|
| Graduate student cost | $1,711 | $2,821 |

The amounts above may include fees charged by your school to cover administrative costs associated with offering the health plan.

## Online tools available at PacificSource.com

- Through          our secure website for members, you can view your member ID card, claims, status of prior authorizations, accumulated expenses toward your plan's deductibles, and more.

to work toward health goals. Access the portal via InTouch.

will help you locate healthcare providers and facilities. Visit PacificSource.com/GeorgeFox to access the nationwide directory of providers.

by visiting PacificSource.com/IDCard.

**myPacificSource**

**Phone**
855-274-9814
TTY: 711
We accept all relay calls.

**Email**
StudentHealth@
PacificSource.com

**Group no.**
G0035885

# Benefits at a glance – Navigator network

| | Health and Counseling Center and PacificSource | |
|---|---|---|
| | In-network Providers | Out-of-network Providers |
| **Contract-year deductible** | $500 | $1,000 |
| **Out-of-pocket maximum** | $4,000 | $8,000 |
| **Plan maximum** | Unlimited | |

In-network and out-of-network provider charges accumulate separately.

## Your share of costs

| | In-network Providers | Out-of-network Providers |
|---|---|---|
| **Preventive care (routine physicals, well woman visits, immunizations)** | No deductible, member pays $0 | Not covered |
| **Office visits (primary care and mental health/chemical dependency)** | First 3 visits: No deductible, 0%. Subsequent visits: After deductible, 20%* | After deductible, 40% |
| **Outpatient rehabilitation services** | After deductible, 20% | After deductible, 40% |
| **Inpatient or outpatient surgery/services** | After deductible, 20% | After deductible, 40% |
| **Advanced diagnostic imaging** | After deductible, 20% | After deductible, 40% |
| **Diagnostic and therapeutic radiology and lab** | After deductible, 20% | After deductible, 40% |
| **Urgent care visits** | After deductible, 20% | After deductible, 40% |
| **Emergency room visits** | After deductible, $100 plus 20%** | |
| **Ambulance** | After deductible, 20% | |
| **Chiropractic care (20 visits per school year), acupuncture (12 visits per school year)** | After deductible, 20% | After deductible, 40% |
| **Prescription drugs** (up to a 30-day supply at retail, 31- to 90-day supply through mail order) | Retail pharmacy: Tier 1: No deductible, $20 Tier 2: No deductible, $40 Tier 3: No deductible, $60 Tier 4: No deductible, $60  Mail order: (31- to 90-day supply): Tier 1: No deductible, $50 Tier 2: No deductible, $100 Tier 3: No deductible, $150 | No deductible, 90% |
| **Health and Counseling Center** | Eligible expenses incurred at the Health and Counseling Center are covered at 100%. | |

This is a brief summary of benefits. Refer to the Student Policy for additional information or a further explanation of benefits, limitations, and exclusions.

*First 3 visits per benefit year combined for professional services office and home visits, telehealth visits, and mental health and substance use disorder services office visits.

**Copay applies to ER physician and facility charges only. Copay waived if admitted into hospital. For emergency medical conditions, out-of-network providers are paid at the in-network provider level.

PacificSource
HEALTH PLANS