

OHSU Student Group Insurance for 2007-08 Academic Year
Provided by: ODS Insurance Companies
(OHSU Student Health website: www.ohsu.edu/academic/acad/health)

Medical Coverage Summary

All Schools and All Campuses

Medical Benefit Schedule	80% in network, 100% after OOPM	60% out of network, 100% after OOPM
Hospital Stay Coverage	80% in network provider	60% out of network provider
Annual Deductible	\$250 per Individual / \$750 per Family / ER deductible not included	
Emergency Room (ER)	\$50 deductible/visit, 80% benefit	\$50 deductible/visit, 60% benefit
Medical Out of Pocket Max (OOPM)	\$1,000 per Academic Year per Individual, deductible not included	
Lab/X-Ray (not MRI, CAT, PET; US)	\$10 co-pay per network provider per day (deductible waived)	60% out of network provider, 100% after OOPM (deductible applies)
MRI, CAT, PET & Ultra Sound	80% in network, 100% after OOPM (deductible applies)	60% out of network, 100% after OOPM (deductible applies)
Lifetime Maximum	\$1,000,000 per Individual while insured by ODS	
Prescription Drug (RX)	Co-pay: \$0 certain drugs / \$0 Generic Oral Contraceptives / \$15 Generic / \$25 Preferred / \$50 Non-Preferred / Mail Order all drugs: 90 day supply for 2 co-pays	
RX Out of Pocket Maximum	\$1,000 per Year per Individual	
Deductible applies unless stated otherwise above.		

Dental Coverage Summary

SOM: Medical, Medical Graduate, PhD, MPH, Biomedical Informatics & Physician Assistants / Allied Health:
Radiation Therapy & Dietetic Interns

Plan Year Maximum	\$1,000 annual benefit per Individual	
Annual Deductible	\$50 per Individual	\$100 per Individual
Class 1 Services - Preventative Care	Covered at 100%	Covered at 100%
Class 2 Services - Basic Care	Covered at 80%	Covered at 50%
Class 3 Services – Major Care	Covered at 50%	Covered at 50%
Plan pays 50% on Class 3 services only, includes crowns and inlays, In and Out of Network Providers		

Vision Coverage Summary

SOM: Medical, Medical Graduate, PhD, MPH, Biomedical Informatics & Physician Assistants / Allied Health:
Radiation Therapy & Dietetic Interns

Vision Care Provider	Any licensed Ophthalmologist, Optician or Optometrist
Benefit: eye examination (including refraction), lenses (single vision, bifocal, trifocal or contacts), frames	\$300 for any covered expense or combination of covered expenses per benefit period
Benefit Period for Vision	Once every 24 months if age 17 or older and once every 12 months for those under age 17
Limitations*	Only one pair of lenses or glasses per benefit period
Direct out of Pocket Expenses	Any amount(s) over the limits listed
*See ODS Vision Care Benefits V100 plan summary for additional details.	

Please note that this a brief outline of coverage only. This document is intended to provide only an overview of the benefits provided to OHSU Students.

Enrollment in Dental and Vision plans are elected by school. See OHSU Student Health Service website for specific information about the plans that are applicable to you. www.ohsu.edu/academic/acad/health

Please see 2007-2008 Student Handbook, group contract or ODS Companies website for more information regarding benefits, limitations and other provisions, including mental illness; chemical dependency; well-child visits; immunizations. www.odscompanies.com/ohsustudents