

Oregon Health & Science University 2021-2022

Graduate Research Union Student Health Insurance Plan



Eligibility

All registered Oregon Health & Science University (OHSU) domestic and international students in eligible programs are automatically enrolled in the OHSU-sponsored Student Health Insurance Plan.

PLAN BASICS

This flyer 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.

At OHSU Health & Wellness Center: Annual deductible, copays and coinsurance are waived for most services rendered at OHSU Health & Wellness Center. Services provided at OHSU Health & Wellness Center include treatment of major and minor illnesses, minor injury care, women's health care (gynecology, contraception, IUDs and pap smears), as well as basic dermatology and orthopedics. Counseling and behavioral health services are also an integral part of our services including counseling for depression, anxiety, grief and crisis intervention. Diagnosis and treatment of a wide range of behavioral health conditions is also offered.

The PPO network is Voyager.

BENEFIT MAXIMUMS & DEDUCTIBLES

	In-Network Provider	Out-of-Network Provider
Benefit Maximum	Unlimited	
Deductible Per Insured Person, Per Policy Year	\$ 300	\$ 600
Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$ 3,000	\$ 6,000

2021-2022 MEDICAL MONTHLY PLAN COST & COVERAGE PERIODS

COVERAGE PERIODS	Annual 09/22/21 - 09/21/22
Student	\$ 447.98
Spouse	\$ 447.98
Each Child, 3x Max	\$ 447.98

BENEFIT CATEGORY

A deductible applies unless otherwise stated below.

	In-Network Provider <i>Payments are based on the Negotiated Charge</i>	Out-of-Network Provider <i>Payments are based on the Recognized Charge</i>
Room and Board Expense	80% after a \$250 Co-pay per admission	50%
Inpatient/Outpatient Surgery	80% after a \$100 Co-pay	50%
Physician's Office Visit Expense	100% after a \$25 Co-pay per visit	50% after a \$40 Co-pay per visit
Laboratory and X-Ray Expense	80%	50%
Emergency Room Visit Co-pay waived if admitted	80% after a \$250 Co-pay per visit	80% after a \$250 Co-pay per visit
Prescription Drugs <u>OHSU Pharmacy (deductible waived):</u> Generic: \$20 Co-pay Preferred Brand Name : \$45 Co-pay Non-Preferred Brand Name: \$70 Co-pay	<i>At pharmacies contracting with PacificSource Pharmacy Network</i> 100% after a Generic: \$25 Co-pay Preferred Brand Name: \$50 Co-pay Non-Preferred Brand Name: \$75 Co-pay Specialty Drug: 20% up to \$250	100% after a Generic: \$25 Co-pay Preferred Brand Name: \$50 Co-pay Non-Preferred Brand Name: \$75 Co-pay
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% per visit <i>(deductible waived)</i>	50% per visit

