

George Fox University 2016/17 Student Health Insurance

Coverage for
Domestic Students

Group number: G0035885

Your Student Health Insurance Plan Offers:

- Coverage at an affordable rate
- Access to engaged providers locally and across the nation
- Wellness-focused coverage
- Outstanding customer service*

Eligibility and Cost

All Undergraduate students (excluding DPS) and all full-time Graduate students are automatically enrolled in this insurance plan at registration unless proof of comparable coverage is provided. Please visit PacificSource.com/GeorgeFox to learn more about this health plan.

How much does it cost?

Coverage Period:	Fall 8/16/16 – 12/31/16	Spring/ Summer 1/1/17 – 8/15/17	Summer (full-time MAT only) 6/11/17 – 8/15/17
Domestic Student Cost:	\$646	\$1,064	\$309

Note: The amounts stated above include certain fees charged by your school. For example, the fees may include your school's administrative costs associated with offering this health plan.

Online Tools Available at PacificSource.com

Through **InTouch**, our secure website for members, you can view your claims, status of preauthorizations, accumulated expenses toward your plan's deductibles, and more.

CaféWell is a secure online health engagement portal with personalized guidance and support to live a healthier life. Access CaféWell via InTouch.

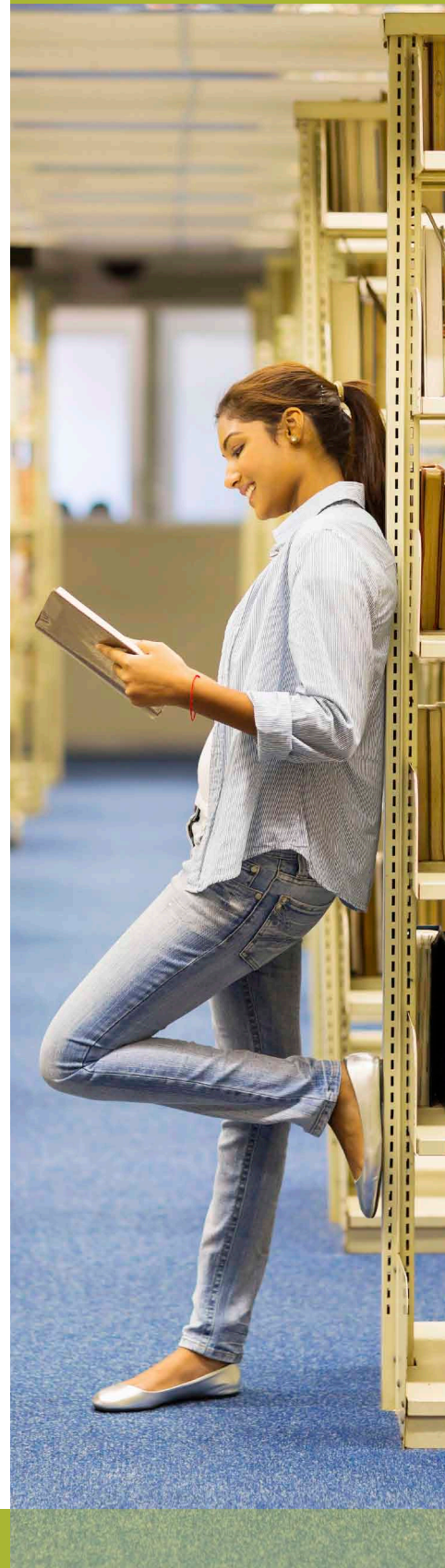
Our Provider Directory will help you locate healthcare providers and facilities. Visit PacificSource.com/GeorgeFox to access the directory and nationwide providers.

Print a temporary Insurance ID card if you need to order prescriptions or access medical services before your new ID card arrives. Visit PacificSource.com/idcard.

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*To view current customer satisfaction data, visit PacificSource.com/performance.



George Fox University 2016/17 Student Health Insurance—Domestic & MAT Students

Benefits at a Glance

	Health and Counseling Center and PacificSource Network Participating Providers	Non-participating Providers
Contract-year Deductible	\$250	\$500
Out-of-Pocket Limit	\$3,500	\$7,000
Plan Maximum	Unlimited	

Participating and non-participating provider charges accumulate separately.

Examples of Your Share of Costs

Service	PacificSource Network Providers	Non-participating Providers
Routine physicals	No charge*	Not covered
Well woman visits	No charge*	Not covered
Immunizations	No charge*	Not covered
Office and naturopath visits	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Urgent care visits	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Specialist office visits	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Mental health/chemical dependency (MHCD) office visits	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Outpatient rehabilitation services	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Inpatient or outpatient surgery/ services	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Advanced Diagnostic Imaging	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Diagnostic and therapeutic radiology and lab	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Emergency room visits	Deductible then \$100 co-pay/visit plus 20% co-insurance^	Deductible then \$100 co-pay/visit plus 20% co-insurance^
Ambulance	Deductible then 20% co-insurance	Deductible then 20% co-insurance
Chiropractic manipulations	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Prescription Drug: Up to a 30-day supply through retail, mail order, or specialty pharmacy	Generic Tier 1: \$20 co-pay* Preferred Tier 2: \$40 co-pay* Non-preferred Tier 3: \$40 co-pay* Specialty: same as above Mail order: same as above (31- to 90-day supply, Tier 1 \$50, Tier 2 and 3 \$100) Drugs <i>not</i> through a participating specialty pharmacy: 90% co-insurance	
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.

* Not subject to contract-year deductible.

^ Co-pay applies to ER physician and facility charges only. Co-pay waived if admitted into hospital. For emergency medical conditions, non-participating providers are paid at the participating provider level.



myPacificSource Mobile App

Stay "InTouch" with your PacificSource coverage, no matter where you are, with our free app. Download our free app from the Amazon, Android™, or Apple® app stores. For more information, visit PacificSource.com/mobile.

Insurance Term Glossary

Deductible: The amount you owe for healthcare services your health insurance or plan covers before your health insurance or plan begins to pay.

Contract Year: The 12-month period on which your insurance plan operates.

For more definitions, visit PacificSource.com/glossary.aspx.

Learn more at
[PacificSource.com/
GeorgeFox](http://PacificSource.com/GeorgeFox)

Or contact:

StudentHealth@pacificsource.com

(541) 225-2741

(855) 274-9814

7:00 a.m. to 5:00 p.m. (M–F)

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