

# Reed College 2024/25 Student health insurance

#### for MALS students

## **Your student health insurance plan offers:**

- 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 and cost**

All graduate students are strongly encouraged, but not required, to purchase student health insurance. To enroll, visit <a href="Enroll-PacificSource.com/ReedMALS">Enroll-PacificSource.com/ReedMALS</a>. Payment is due at time of enrollment. Enrollment periods are stated in the table below.

**Please note:** Graduate students must re-enroll each semester. The premium is paid directly to PacificSource at time of enrollment via credit card, debit card, or bank withdrawal.

#### How much does it cost?

Coverage Period	Fall Semester 8/15/24–12/31/24	Spring Semester 1/1/25–5/31/25	Summer Semester 6/1/25–8/14/25
Cost	\$1,897.50	\$2,061.50	\$1,024
Enrollment Period	7/15/24–9/15/24	12/1/24–2/1/25	5/1/25-7/1/25

## Online tools available at PacificSource.com

- Through **InTouch**, our secure website for members, you can view your ID card, claims, status of prior authorizations, accumulated expenses toward your plan's deductibles, and more.
- Use our health and wellness portal to work toward your health goals. Access the portal via InTouch.
- Our Provider Directory will help you locate healthcare providers and facilities.
   Visit PacificSource.com/StudentHealth to access our directory of nationwide providers.
- Print your insurance ID card by visiting InTouch.PacificSource.com/Members/IDCard/Printable.

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# myPacificSource mobile app

View your PacificSource member ID and coverage info any time you need it. Download our free app from the Amazon, Android™, or Apple® app stores. For more information, visit PacificSource.com/mobile.

#### Learn more

PacificSource.com/ StudentHealth

#### **Phone**

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

#### **Email**

StudentHealth@ PacificSource.com

### **Group No.**

G0035865



## **Benefits at a glance**

**Provider Network: Navigator** 

	In-network providers	Out-of-network providers
Contract-year deductible	\$300	\$900
Out-of-pocket limit	\$3,500	\$10,500
Plan maximum	Unlimited	

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

#### Your share of costs

	In-network providers	Out-of-network providers
Routine physicals	No deductible, member pays \$0	After deductible, 50%
Well woman visits		
Immunizations		
Office and naturopath visits	First 3 visits: No deductible, \$5 Subsequent visits: No deductible, \$25*	After deductible, 50%
Urgent care visits	No deductible, \$25	After deductible, 50%
Specialist office visits	No deductible, \$50	After deductible, 50%
Mental health/chemical dependency (MHCD) office visits	First 3 visits: No deductible, \$5 Subsequent visits: No deductible, \$20*	No deductible, \$20
Outpatient rehabilitation services	No deductible, \$25	After deductible, 50%
Inpatient or outpatient surgery/services  Advanced diagnostic imaging	After deductible, 20%	After deductible, 50%
Diagnostic and therapeutic radiology and lab	Member pays \$0 up to the first \$400, then 20% after deductible	After deductible, 50%
Emergency room visits	No deductible, \$200**	
Ambulance	After deductible, 20%	
Chiropractic manipulations and acupuncture care (20 visits chiropractic, 12 visits acupuncture)	No deductible, \$25	After deductible, 50%
Prescription drugs (up to a 30-day supply at retail)	Tier 1: No deductible, \$20 Tier 2: No deductible, \$35 Tier 3: No deductible, \$55 Specialty Drugs Tier 4: No deductible, \$80 (Drugs on the PacificSource Preventive Drug List have \$0 copay and are not subject to contract-year deductible)	

Dental and vision included for members through age 18 only. Visit PacificSource.com/StudentHealth for benefit information.

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

- \*The combined first three visits are for each benefit year and apply to professional services office and home visits, telehealth visits, and mental health and substance use disorder services 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.



For more information, visit InTouch.PacificSource.com/members

## 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.

Coinsurance: Your share of the cost of a covered service (in addition to copays), calculated as a percentage of the service cost.

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

Student Health Insurance brokered by USI Insurance Services, 800-251-4246.

