

Oregon Health & Science University

Graduate Research Union Student Health Insurance Plan 2023-2024

Eligibility

All registered Oregon Health & Science University (OHSU) GRU students in eligible programs are eligible for the OHSU Plan. Eligible students who do enroll may also insure their Eligible Dependents.

At OHSU Health & Wellness Center: 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.



Benefits (Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge
Benefit Maximum	Unlimited	
Deductible Per Insured Person, Per Policy Year	\$300	\$600
Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$2,000	\$4,000
Room and Board Expense	80% after a \$250 Copay per admission	50%
Inpatient/Outpatient Surgery	80% after a \$100 Copay	50%
Physician's Office Visit Expense	100% after a \$25 Copay per visit	50% after a \$40 Copay per visit
Laboratory and X-Ray Expense	80%	50%
Emergency Room Visit Copay waived if admitted	80% after a \$250 Copay per visit	80% after a \$250 Copay per visit
Prescription Drugs (Deductible waived)	OHSU Pharmacy	At pharmacies contracting with PacificSource Pharmacy Network
	Tier 1: \$20 Copay Tier 2: \$45 Copay Tier 3: \$70 Copay Tier 4: \$70 Copay	100% after a Tier 1: \$25 Copay Tier 2: \$50 Copay Tier 3: \$75 Copay Tier 4: the lesser of \$250 Copay or 80%
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% per visit (Deductible waived)	50% per visit

Rates & Coverage Periods

	MONTHLY 09/22/23 - 09/21/24
Student	\$551.34
Spouse	\$551.34
Each Child, 3x Max	\$551.34

More Information

For full details of participation in the plan, please view the complete brochure online at: ohsu.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit ohsu.myahpcare.com/additionalresources

This 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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Voyager**.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of PacificSource.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at ohsu.myahpcare.com.