



# George Fox University 2024-25 student health insurance

*For graduate students (U.S. and international)*

myPacifiSource

## Your student health insurance plan includes:

- Gold-level 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

All full-time (8 credits or more) in-person graduate students (PsyD, DPT, PA, FTMBA, and MSW) are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is provided. All other graduate programs, online programs, ADP, and special students are ineligible. Please visit [PacifiSource.com/GeorgeFox](https://PacifiSource.com/GeorgeFox) to learn more about your plan.

## Cost

Coverage Period	Fall 8/16/2024 – 12/31/2024	Spring & Summer 1/1/2025 – 8/15/2025
Graduate student cost	\$1,711	\$2,821

The amounts above may include fees charged by your school to cover administrative costs associated with offering the health plan.

## Online tools available at [PacifiSource.com](https://PacifiSource.com)

- Through our secure website for members, you can view your member ID card, claims, status of prior authorizations, accumulated expenses toward your plan's deductibles, and more. [PacifiSource.com/GeorgeFox](https://PacifiSource.com/GeorgeFox) to work toward health goals. Access the portal via InTouch. [PacifiSource.com/GeorgeFox](https://PacifiSource.com/GeorgeFox) will help you locate healthcare providers and facilities. Visit [PacifiSource.com/GeorgeFox](https://PacifiSource.com/GeorgeFox) to access the nationwide directory of providers. [PacifiSource.com/GeorgeFox](https://PacifiSource.com/GeorgeFox) by visiting [PacifiSource.com/IDCard](https://PacifiSource.com/IDCard).

## Phone

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

## Email

[StudentHealth@PacifiSource.com](mailto:StudentHealth@PacifiSource.com)

## Group no.

G0035885



## Benefits at a glance – Navigator network

	Health and Counseling Center and PacificSource	
	In-network Providers	Out-of-network Providers
Contract-year deductible	\$500	\$1,000
Out-of-pocket maximum	\$4,000	\$8,000
Plan maximum	Unlimited	

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

## Your share of costs

	In-network Providers	Out-of-network Providers
Preventive care (routine physicals, well woman visits, immunizations)	No deductible, member pays \$0	Not covered
Office visits (primary care and mental health/chemical dependency)	First 3 visits: No deductible, 0%. Subsequent visits: After deductible, 20%*	After deductible, 40%
Outpatient rehabilitation services	After deductible, 20%	After deductible, 40%
Inpatient or outpatient surgery/services	After deductible, 20%	After deductible, 40%
Advanced diagnostic imaging	After deductible, 20%	After deductible, 40%
Diagnostic and therapeutic radiology and lab	After deductible, 20%	After deductible, 40%
Urgent care visits	After deductible, 20%	After deductible, 40%
Emergency room visits	After deductible, \$100 plus 20%**	
Ambulance	After deductible, 20%	
Chiropractic care (20 visits per school year), acupuncture (12 visits per school year)	After deductible, 20%	After deductible, 40%
Prescription drugs (up to a 30-day supply at retail, 31- to 90-day supply through mail order)	Retail pharmacy: Tier 1: No deductible, \$20 Tier 2: No deductible, \$40 Tier 3: No deductible, \$60 Tier 4: No deductible, \$60  Mail order: (31- to 90-day supply): Tier 1: No deductible, \$50 Tier 2: No deductible, \$100 Tier 3: No deductible, \$150	No deductible, 90%
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.

\*First 3 visits per benefit year combined for professional services office and home visits, telehealth visits, and mental health and substance use disorder services office 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.

## InTouch for Members



Create your InTouch account or log in using the code above, or at [InTouch.PacificSource.com/members](https://InTouch.PacificSource.com/members).

## Insurance term glossary

**Out-of-pocket maximum**  
The amount you owe for covered services before your health insurance or plan begins to pay.

