

Boise State University 2018/19 Student Health Insurance



for International Students

Your Student Health Insurance Plan offers:

- No deductibles or co-insurance for care received at Boise State University Health Services
- Access to engaged providers locally and across the nation
- Wellness-focused coverage
- Outstanding customer service

To learn more about PacificSource, visit PacificSource.com/why-pacificsource.

Eligibility

This plan covers international students (and their spouses and dependents) attending Boise State University. The premium is automatically billed on the tuition billing statement.

Eligible dependents of students enrolled in the plan may participate in the plan on a voluntary basis. Contact PacificSource at 4StudentHealth.com for enrollment information.

Cost

Program	Coverage Dates	Cost for Student	Additional Cost per Spouse or Dependent*
International Students	Fall: 8/1/18 - 12/31/18	\$610	\$610
	Spring: 1/1/19 - 5/31/19	\$610	\$610
	Summer: 6/1/19 - 7/31/19	\$244	\$244

*Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis. Visit PacificSource.com/BoiseState to access the enrollment form and payment information. For questions specific to enrolling dependents please contact 4StudentHealth.com.

Learn More

4StudentHealth.com

Phone

Direct: (541) 225-2741
Toll-free: (855) 274-9814

TTY

Toll-free: (800) 735-2900

Email

StudentHealth@pacificsource.com

Group No.

G0037239



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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/BoiseState to access the directory of nationwide providers.
- **Print an Insurance ID card** by visiting PacificSource.com/BoiseState.

Benefits at a Glance

	University Health Services	In-network and Out-of-network Providers
Contract-year deductible	NA	\$0
Out-of-pocket limit	NA	\$2,500
Family out-of-pocket limit	NA	\$12,500
Plan maximum	Unlimited	Unlimited

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

Your Share of Costs

Service	University Health Services	In-network Providers	Out-of-network Providers
Preventive services	\$0	\$0	20%
Office visits (primary and urgent care)	\$0	\$20	20%
Mental health/chemical dependency (MHCD) office visits	\$0	\$20	20%
Outpatient habilitation/rehabilitation services (30 visits per year)	NA	\$20	20%
Inpatient habilitation/rehabilitation services	NA	\$100	20%
Inpatient or outpatient surgery/services	NA	\$100	20%
Diagnostic and therapeutic radiology and lab	NA	\$0	20%
Emergency room visits	NA		\$100
Ambulance	NA		\$100
Chiropractic manipulations	NA	\$20	20%
Prescription drugs (90-day Rx available)	NA	Tier 1, Tier 2, Tier 3: No deductible, 50% for a 30-day supply	

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

Insurance Term Glossary

Deductible: The amount you owe for covered healthcare services 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.

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.

[^]Co-pay applies to ER physician and facility charges only. Co-pay waived if admitted into hospital. For emergency medical conditions, out-of-network providers are paid at the in-network provider level.

Student Health Insurance brokered by Relation Insurance Services (800) 537-1777.



Benefit Limitations and Exclusions

Excluded Services

This is not a complete list of exclusions. See your Student Guide for a more detailed list:

- Acute care, rehabilitative, diagnostic testing except as specified as a covered service in this policy; for mental or nervous conditions and substance abuse or addiction services not recognized by the American Psychiatric and American Psychological Associations.
- Immunizations when recommended for or in anticipation of exposure through travel or work.
- Inpatient or outpatient custodial care; or for inpatient or outpatient services consisting mainly of educational therapy, behavioral modification, self-care, or self-help training, except as specified as a covered service in this policy.
- Mental health treatments for conditions as listed in the current Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association which, according to the DSM, are not attributable to a mental health disorder or disease.
- Over-the-counter medications or nonprescription drugs. Does not apply to tobacco cessation medications covered under USPSTF guidelines.
- Psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present.
- Recreation therapy – Outpatient.
- Rehabilitation – Functional capacity evaluations, work hardening programs, vocational rehabilitation, community reintegration services, and driving evaluations and training programs.