



George Fox University

2024-25 student health insurance

For undergraduates (U.S. and international)

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 undergraduate students taking a minimum of 12 credit hours (excluding DPS) 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 your health plan.

Cost

Coverage Period	Fall 8/16/24 – 12/31/24	Spring & Summer 1/1/2025 – 8/15/2025
Undergraduate student cost	\$1,298	\$2,137

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

Online tools available at PacificSource.com

- Through **InTouch**, 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.
- **Use our health and wellness portal** to work toward health goals. Access the portal via InTouch.
- **Our Provider Directory** will help you locate healthcare providers and facilities. Visit PacificSource.com/GeorgeFox to access the nationwide directory of providers.
- **Print an insurance ID card** by visiting PacificSource.com/IDCard.

Continued >

myPacificSource mobile app

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

Learn more

PacificSource.com/GeorgeFox

Phone

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

Email

StudentHealth@PacificSource.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.

Insurance term glossary

Deductible: The amount you owe for covered services 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.