Reed College
2025/26 Student health insurance

For international undergraduate students

Your student health insurance plan offers:

- Coverage at an affordable rate
- Access to a wide network of providers locally and across the nation
- Member-focused customer service

Eligibility and cost

All degree-seeking and visiting undergraduate students must carry medical insurance coverage comparable to that offered through the school's Student Health Insurance Plan. Unless specifically waived, students will automatically be covered under the Student Health Insurance Plan, and premiums will be charged to their student account with the school for the fall and spring semesters (summer coverage is included with spring semester coverage).

To waive coverage, a student **must** complete a waiver annually providing proof of current insurance coverage. Coverage for Fall may be waived online through Waive.PacificSource.com/Reed, by September 2, 2025. Coverage for Spring must be waived by January 26, 2026.

How much does it cost?

Coverage Period	Fall Semester 8/15/2025 - 12/31/2025	Spring Semester (with summer) 1/1/2026 - 8/14/2026
Cost	$1,344	$1,344

Continued >

myPacificSource mobile app

View your PacificSource member ID and coverage info any time. Download our free app from the Google Play or or Apple® app stores, or visit PacificSource.com/mobile.

Learn more

PacificSource.com/students

Phone

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

Email

StudentHealth@PacificSource.com

Group No.

G0035865

PacificSource HEALTH PLANS

Helpful online tools

- **Setup your account on our mobile app:** PacificSource.com/mobile
- **Find doctors and locations:** PacificSource.com/find-a-doctor.
  Select "Navigator" from the list of provider networks when doing a search.
- **Print your insurance ID card:** PacSrc.co/printable-ID.

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 visits	**First 3 visits:** No deductible, $5 **Subsequent visits:** No deductible, $25*	After deductible, 50%
Urgent care and naturopath 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	After deductible, 20%	After deductible, 50%
Advanced diagnostic imaging		
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)	

*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.

Set up your account at InTouch.PacificSource.com/members

Glossary

Deductible:
The dollar amount you pay out-of-pocket for covered services before your health insurance plan begins to pay for your care.

Coinsurance:
The amount you owe for a covered healthcare service or prescription, calculated as a percentage of the allowed service amount.

For more definitions, visit PacificSource.com/glossary.

Student health insurance brokered by USI Insurance Services, **800-251-4246**.

Dental and vision included for members through age 18 only. Visit PacificSource.com/students 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.