



# 2025-2026

## Oregon Health & Science University

### Student Health Insurance Plan

[ohsu.myahpcare.com](http://ohsu.myahpcare.com)

The Oregon Health & Science University student health insurance plan is underwritten by PacificSource Health Plans also referred to PacificSource. You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: [ohsu.myahpcare.com](http://ohsu.myahpcare.com)

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

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# IMPORTANT CONTACTS

BENEFITS & CLAIMS QUESTIONS	TO FIND A DOCTOR OR HEALTH CARE PROVIDER	OHSU STUDENT HEALTH & WELLNESS CENTER	ELIGIBILITY, COVERAGE, AND GENERAL QUESTIONS
<p>PacificSource Health Plans P.O. Box 7068 Springfield, OR 97475 1 (855) 274-9814 (toll-free) <a href="mailto:studenthealth@pacificsource.com">studenthealth@pacificsource.com</a> <a href="http://ohsu.myahpcare.com">ohsu.myahpcare.com</a></p> <p>Underwritten By: PacificSource Health Plans Policy #G0033731</p>	<p>PacificSource Navigator Network 1 (855) 274-9814 or direct to Pharmacy Services 1 (541) 225-3784 <a href="http://ohsu.myahpcare.com">ohsu.myahpcare.com</a></p>	<p>(503) 494-8665, Option 1 <a href="http://ohsu.edu/education/student-health-and-wellness-center">ohsu.edu/education/student-health-and-wellness-center</a></p> <p><b>24/7 EMERGENCY TRAVEL ASSISTANCE</b> Academic Emergency Services 1 (855) 873-3555 Toll-free within the U.S. 1 (610) 263-4660 Outside the U.S. <a href="mailto:assistance@ahpcare.com">assistance@ahpcare.com</a></p>	<p>Academic HealthPlans, Inc. <a href="http://ohsu.myahpcare.com">ohsu.myahpcare.com</a> <a href="http://help.myahpcare.com">help.myahpcare.com</a></p> <p>Plan Brokered by: Academic HealthPlans, Inc. OR License No. 100168556</p>

**NOTICE:** PacificSource has strict policies in place to protect the confidentiality of your personal information, including your medical records. Your personal information is only available to the PacificSource staff members who need that information to do their jobs.

Disclosure outside PacificSource is allowed only when necessary to provide your coverage, or when otherwise allowed by law. Except when certain statutory exceptions apply, state law requires us to have written authorization from you (or your representative) before disclosing your personal information outside PacificSource. An example of one exception is that we do not need written authorization to disclose information to a designee performing utilization management, quality assurance, or peer review on our behalf.

To obtain a copy of our notice describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit [ohsu.myahpcare.com](http://ohsu.myahpcare.com).

## WHEN COVERAGE BEGINS

Coverage under the Plan once premium has been collected will become effective at 12:01 AM **on the later of**, but **no sooner than**:

- The Policy effective date;
- The beginning date of the term for which premium has been paid;
- The day after the online enrollment is complete and premium payment is received by Academic HealthPlans, Authorized Agent or University.

The below enrollments will be allowed a **31 day** grace period from the term start date to enroll whereby the effective date will be backdated a maximum of **31 days**. No policy shall ever start prior to the term start date:

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within **31 days** of the prior policy termination date.

## WHEN COVERAGE ENDS

Insurance of all Insured Persons ends at 11:59 PM **on the earlier of**:

- Date the Policy terminates for all Insured Persons; or
- End of the period of coverage for which premium has been paid; or
- Date the Insured Person ceases to be eligible for the insurance; or
- Date the Insured Person enters military service.
- In the event there is overlapping coverage under the same Group number, the policy with the earliest effective date will stay in force through its termination date and the subsequent policy will go into effect immediately afterward with no gap in coverage.

## HEALTH INSURANCE REQUIREMENT AND ELIGIBILITY

### Eligibility Requirement

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the OHSU Student Health Insurance Plan. These students must provide Academic HealthPlans with proof that they have lost insurance through another group (certificate and letter of ineligibility) within **31 days** of the qualifying event.

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first **31 consecutive days** following their effective date for the term purchased, and/ or pursuant to their visa requirements for the period for which coverage is purchased, except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or Academic HealthPlans for details.

### Domestic & International Students

No dependent coverage is offered through this plan.

All registered Oregon Health & Science University (OHSU) domestic and international students in eligible programs are automatically enrolled in the OHSU-sponsored Student Health Insurance Plan unless they choose to submit an online insurance waiver application of comparable coverage. Eligible students will be charged the applicable Health Insurance Fee for each term by the posted Waiver Deadlines of each term. Students who have been approved for a medical and/or dental waiver will be waived through **09/21/2026**.

### Graduate Research Union Students

All registered Oregon Health & Science University (OHSU) domestic and international students in eligible programs are eligible for the OHSU-sponsored Student Health Insurance Plan.

Please make sure you understand your school's credit hour and other requirements for enrolling in this plan. PacificSource Health Plans reserve the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the plan may be terminated or rescinded in accordance with its terms and applicable law.

### Withdrawal From School

If you leave OHSU for reason of a covered accident or sickness resulting in a University approved Medical Leave of Absence, you will be eligible for continued coverage under this Plan for only the first term immediately following your leave, provided you have approval by your school and any applicable regulatory authority, and you were enrolled in this Plan for the term previous to your leave. Enrollment must be initiated by the student and is not automatic. All applicable enrollment deadline dates apply. You must pay the applicable insurance premium. A maximum of one term of medical leave will be granted by OHSU during your academic career.

## INSURANCE WAIVER INFORMATION

### Domestic & International Students

If you have insurance that is comparable to the OHSU Student Health Insurance Plan offered through a different insurance company (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and DO NOT want to take part in this OHSU Plan, you must complete the online waiver application process by the Waiver Deadline or your student account will be charged. Students only need one approved waiver per academic year (08/01/2025 – 09/21/2026). Students must submit separate waivers for medical and dental coverage.

If you do not have insurance no action is required. You will automatically be enrolled in the OHSU PacificSource Student Policy each term you are eligible, Summer B, Fall, Winter, Spring/Summer, Summer A, and your student account will be charged.

To WAIVE OUT of the medical and dental insurance plans you must complete the online waiver by the waiver deadline. For more information please review the “University Health Plan” page at [ohsu.edu/education/student-health-and-wellness-center](http://ohsu.edu/education/student-health-and-wellness-center).

## PLAN COST

Rates include Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

### DOMESTIC & INTERNATIONAL STUDENT PLAN COST

#### MEDICAL + VISION

TERM	SUMMER B 08/01/2025 - 09/21/2025	FALL 09/22/2025 - 01/02/2026	WINTER 01/03/2026 - 03/27/2026	SPRING/ SUMMER 03/28/2026 - 09/21/2026	SPRING 03/28/2026 - 06/30/2026	SUMMER A 06/15/2026 - 09/21/2026
WAIVER DEADLINE	08/15/2025	10/09/2025	01/08/2026	04/10/2026	N/A	07/01/2026
STUDENT	\$983.60	\$2,302.00	\$2,302.00	\$2,302.00	\$1,797.51	\$1,873.60

NOTE: Coverage is for students only. Dependents are not covered.

### DOMESTIC & INTERNATIONAL STUDENT PLAN COST

#### DENTAL

TERM	SUMMER B 08/01/2025 - 09/21/2025	FALL 09/22/2025 - 01/02/2026	WINTER 01/03/2026 - 03/27/2026	SPRING/ SUMMER 03/28/2026 - 09/21/2026	SPRING 03/28/2026 - 06/30/2026	SUMMER A 06/15/2026 - 09/21/2026
STUDENT	\$47.69	\$111.00	\$111.00	\$111.00	\$86.57	\$89.93

### GRADUATE RESEARCH UNION PLAN COST

#### MEDICAL + VISION

TERM	Monthly Rate 09/22/2025 - 09/21/2026
EMPLOYEE	\$615.44

### GRADUATE RESEARCH UNION PLAN COST

#### DENTAL

TERM	Monthly Rate 09/22/2025 - 09/21/2026
EMPLOYEE	\$27.75

## PREMIUM REFUND/CANCELLATION

Refund requests should be directed to Academic HealthPlans at [help.myahpcare.com](http://help.myahpcare.com).

A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

1. If you withdraw from school within the first **14 days** of the coverage period, you will receive a full refund of the insurance premium provided that you did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after **14 days** of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium.
2. If you enter the armed forces of any country you will not be covered under the Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled.

## OHSU STUDENT HEALTH & WELLNESS CENTER

The OHSU Student Health & Wellness Center serves all eligible OREGON HEALTH & SCIENCE UNIVERSITY students. Services provided at OHSU Student 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. You will not be subject to any copay, coinsurance or your deductible when you seek services at OHSU Student Health & Wellness Center.

### LOCATION

**Primary Care, Baird Hall, Room 18**

**Behavioral Health and Wellness. Room 6, Marquam Hill Campus**

### CURRENT HOURS

**Mondays, 7:00 AM - 5:00 PM**

**Tuesdays, 7:00 AM - 7:00 PM**

**Wednesdays, 8:00 AM - 5:00 PM**

**Thursdays, 8:00 AM - 7:00 PM**

**Fridays, 7:00 AM - 5:00 PM**

### APPOINTMENTS

**1 (503) 494-8665, Option 1 or via MY CHART**

### OTHER INFORMATION

**Website: [ohsu.edu/education/student-health-and-wellness-center](http://ohsu.edu/education/student-health-and-wellness-center)**

**Student insurance questions and scheduling: [shw@ohsu.edu](mailto:shw@ohsu.edu)**

**Nursing and pre-entrance immunization questions: [shwcompliance@ohsu.edu](mailto:shwcompliance@ohsu.edu)**

**Fax: 1 (503) 494-2958**

### CLOSEST HOSPITALS IN CASE OF EMERGENCY

**IN THE EVENT OF AN EMERGENCY, CALL 911**

#### OHSU

1 (503) 494-8311  
3181 SW Sam Jackson Park Rd.  
Portland, OR 97239

#### LEGACY GOOD SAMARITAN HOSPITAL

1 (503) 413-7074  
1015 NW 22nd Ave.  
Portland, OR 972110

### STUDENT HEALTH CENTERS AT DISTANCE CAMPUSES

#### MONMOUTH CAMPUS

1 (503) 838-8313  
345 N. Monmouth Ave.  
Monmouth, OR 97361

#### ASHLAND CAMPUS

1 (541) 552-6136  
1250 Siskiyou Blvd.  
Ashland, OR 97520

#### CORVALLIS CAMPUS

1 (541) 737-9355  
201 Plageman Bldg.  
Corvallis, OR 97331

#### INTEGRATED STUDENT HEALTH CENTER

1 (541) 885-1800  
3201 Campus Drive  
Klamath Falls, OR 97601

#### LA GRANDE CAMPUS

1 (541) 962-3524  
One University Blvd.  
La Grande, OR 97850

## NAVIGATOR NETWORK

PacificSource has arranged for you to access the PacificSource Navigator Network. It is to your advantage to utilize an In-Network Provider because savings can be achieved from the Contracted Allowable Fee these providers have agreed to accept as payment for their services. Students are responsible for informing their providers of potential out-of-pocket expenses for a referral to both an In-Network Provider and an Out-of-Network Provider. In-Network Providers are independent contractors and are neither employees nor agents of either University or PacificSource. To find an In-Network Provider, you can use PacificSource's online provider directory located at [ohsu.myahpcare.com](http://ohsu.myahpcare.com).

## COORDINATION OF BENEFITS

If the Enrollee is insured under more than one group health plan, the benefits of this Plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Enrollee under any auto insurance, Workers' Compensation, Medicare, or other coverage. This Plan pays in accordance with the rules set forth in the Policy.

## ID CARDS

Medical ID cards may be shipped before or shortly after your policy effective date. Providers need the ID number shown on your ID card to identify you, verify your coverage and bill PacificSource. You do not need an ID card to be eligible to receive benefits; if you need medical attention before receiving your ID card, benefits will be payable according to the Policy. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claim. You can also print your ID cards at: [ohsu.myahpcare.com](http://ohsu.myahpcare.com) or access an ID card on your mobile device using the [myPacificSource mobile app](#).

## MEMBER WEB: INTOUCH FOR MEMBERS

### Got Questions? Get Answers with InTouch

As a PacificSource insurance member, you have access to InTouch, your secure member website, with access to your insurance information and a wealth of health and wellness resources. You can take full advantage of the interactive website to complete a variety of self-service transactions online 24 hours a day. You can also stay "InTouch" no matter where you are with the free Mobile App available both on iPhone® and Android™ at: [ohsu.myahpcare.com](http://ohsu.myahpcare.com).

### By logging into InTouch, you can:

- Use the Treatment Cost Navigator to run estimates for future healthcare expenses
- Look up coverage information and review benefit summaries
- Check the status of a claim and access your claim history
- View Explanation of Benefits (EOB) statements for paid claims
- Order new and print temporary ID cards
- Access health and wellness resources
- Find a provider, hospital, or urgent care center

### How do I register?

- Go to [pacificsource.com/members/individuals/about-intouch](http://pacificsource.com/members/individuals/about-intouch)
- Have your PacificSource Member ID card handy
- Click on the Register Now link
- Follow the onscreen instructions

### Need help with registering onto InTouch?

Technical Assistance is available toll free, Monday through Friday at 1 (855) 274-9814. Hours are 7 AM - 5 PM PST.



## SCHEDULE OF BENEFITS

The Plan will pay benefits in accordance with any applicable Oregon State Insurance Law(s).

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>INDIVIDUAL DEDUCTIBLE</b>	\$300	\$600
<b>FAMILY DEDUCTIBLE</b>	\$600	\$1,200

**Annual Deductibles:** The above Deductibles are applied before Covered Medical Expenses are payable: unless specifically noted below.

<b>ANNUAL OUT-OF-POCKET MAXIMUM - STUDENT</b>	\$6,000	\$12,000
<b>INDIVIDUAL OUT-OF-POCKET MAXIMUM - GRADUATE RESEARCH UNION</b>	\$2,000	\$4,000
<b>FAMILY OUT-OF-POCKET MAXIMUM - GRADUATE RESEARCH UNION</b>	\$4,000	\$8,000

**NOTE:** Once the Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year, up to any benefit maximum that may apply.

Coinsurance, Deductibles, Copays and Prescription Drug expenses apply to the Out-of-Pocket Limit. Services that do not apply towards satisfying the Out-of-Pocket Limit: expenses that are not Covered Medical Expenses; expenses for Designated Care penalties, and other expenses not covered by this Plan.

<b>COINSURANCE</b>	80% of the Negotiated Charge	50% of the Recognized Charge
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### Preventive Care

In compliance with Federal Health Care Reform legislation, Coinsurance, Deductibles, Copays and Prescription Drug expenses are waived for In-Network Provider Covered Medical Expenses rendered as part of the following benefit types:

- Routine Physical Exam Expense (Office Visits)
- Pap Smear Screening Expense
- Mammogram Expense
- Routine Screening for Sexually Transmitted Disease Expense
- Routine Colorectal Cancer Screening
- Routine Prostate Cancer Screening Expense
- Preventive Care Immunizations (Facility or Office Visits)
- Well Woman Preventive Visits (Office Visits)
- Screening & Counseling Services (Office Visits) as illustrated under the Routine Physical Exam benefit type
- Routine Cancer Screenings (Outpatient)
- Prenatal Care (Office Visits)
- Comprehensive Lactation Support and Counseling Services (Facility or Office Visits)
- Breast Pumps & Supplies
- Family Contraceptive Counseling Services (Office Visits)
- Female Voluntary Sterilization (Inpatient and Outpatient)
- Pediatric Preventive Vision and Dental Service
- Female Contraceptives Generic Prescription Drugs
- FDA-Approved Female Generic Emergency Contraceptives

For a complete of the services that fall within the preventive care benefits, please visit the USPSTF website, [uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations](http://uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations) or the HRSA website, [hrsa.gov/womens-guidelines](http://hrsa.gov/womens-guidelines) (note that these websites may change). In compliance with Oregon State Mandate(s) the Policy Year Deductible is also waived for: Maternal Diabetic Services from conception to **6 weeks** post-partum. **Your Annual deductible, coinsurance and copays will also be waived for all services rendered at OHSU Student Health & Wellness Center.**

PREVENTIVE CARE	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Well Baby/Well child care ages birth - 21	100%	50%
Preventive Physicals	100%	50%
Preventive STD Screening	100%	50%
Well Woman Visits	100%	50%
Preventive Mammograms	100%	50%
Preventive Colonoscopy	100%	50%
PROFESSIONAL SERVICES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Office and Home Visits	100% after a \$25 Copay	50% after a \$40 Copay
Naturopath Office Visits	100% after a \$25 Copay	50% after a \$40 Copay
Specialist Office and Home Visits	100% after a \$25 Copay	50% after a \$40 Copay
Telehealth Visits	100% after a \$25 Copay	50% after a \$40 Copay
Office Procedures and Supplies	80%	50%
Surgery	80% after a \$100 Copay	50%
Outpatient Rehabilitation Services	80% after a \$25 Copay	50% after a \$40 Copay
Chiropractic Manipulation Visit Limit of 20 Visits Per Plan Yr.	80% after a \$25 Copay	50% after a \$40 Copay
Acupuncture	80% after a \$30 Copay	50%
Newborn Nurse Home Visits	100%	50%
HOSPITAL SERVICES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Inpatient Room and Board	80% after a \$250 Copay	50%
Inpatient Rehabilitation Services	80%	50%
Skilled Nursing Facility Care	80%	50%
OUTPATIENT SERVICES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Outpatient Surgery/Services	80% after a \$100 Copay	50%
Advanced Diagnostic Imaging	80% after a \$100 Copay	50%
Diagnostic and Therapeutic Radiology/Lab and Dialysis	80%	50%
URGENT AND EMERGENCY SERVICES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Urgent Care Center Visits	100% after a \$30 Copay	50% after a \$50 Copay
Emergency Room Visits - Medical Emergency	80% after a \$250 Copay	80% after a \$250 Copay

Emergency Room Visits - Non-Emergency		80% after a \$250 Copay	80% after a \$250 Copay		
Ambulance, Ground		80% after a \$100 Copay	80% after a \$100 Copay		
Ambulance, Air		80% after a \$100 Copay	80% after a \$100 Copay		
MATERNITY SERVICES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER			
Physician/Provider Services (Global Charge)		80%	50%		
Hospital/Facility Services		80% after a \$250 Copay	50%		
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER			
Office Visits		100% after a \$25 Copay	100% after a \$25 Copay		
Inpatient Care		80% after a \$100 Copay	80% after a \$100 Copay		
Residential Programs		80% after a \$100 Copay	80% after a \$100 Copay		
OTHER COVERED SERVICES	In-Network Provider	Out-of-Network Provider			
Allergy Injections		80%	50%		
Durable Medical Equipment		80%	50%		
Home Health Services		80%	50%		
Transplants		80%	50%		
PHARMACY BENEFITS (DEDUCTIBLE DOES NOT APPLY)	TIER 1	TIER 2	TIER 3	TIER 4	
In-Network Retail Pharmacy Up to a 30 Day Supply		\$25 Copay	\$50 Copay	\$75 Copay	The Lesser of \$250 Copay or 20% Coinsurance
In-Network Mail Order Pharmacy Up to a 30 Day Supply		\$25 Copay	\$50 Copay	\$75 Copay	The Lesser of \$250 Copay or 20% Coinsurance
In-Network Mail Order Pharmacy 31 - 90 Day Supply		\$50 Copay	\$100 Copay	\$150 Copay	The Lesser of \$500 Copay or 20% Coinsurance
OHSU pharmacies Up to a 30 Day Supply		\$20 Copay	\$45 Copay	\$70 Copay	\$70
Compound Drugs Up to a 30 Day Supply				\$75 Copay	

## ADDITIONAL DISCOUNTS AND SERVICES

As a member of the Plan, you can also take advantage of additional discounts and programs such as fitness discounts and weight management programs. These are not underwritten by PacificSource and are NOT insurance. The member is responsible for the full cost of the discounted services. Please note that these programs are subject to change without notice. To learn more about these additional services and search for providers visit: [ohsu.myahpcare.com](http://ohsu.myahpcare.com).

## VISION BENEFITS

The following shows the vision benefits (including vision exams, lenses, and frames when applicable) available under this plan for enrolled members when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the enrolled member turns 19. Copayment and/or coinsurance for covered charges apply to the medical plan's out-of-pocket limit.

If charges for a service or supply are less than the amount allowed, the benefit will be equal to the actual charge. If charges for a service or supply are greater than the amount allowed, the expense above the allowed amount is the member's responsibility and will not apply toward the member's medical out-of-pocket limit.

SERVICE/SUPPLY - ENROLLED MEMBERS AGE 18 AND YOUNGER	In-Network Provider	Out-of-Network Provider	
Eye Exam	\$10 Copay per visit	No charge up to \$40 maximum then 100% coinsurance	
Vision Hardware	No Charge	No charge for one pair per year up to \$75 then 100% coinsurance for frames and/or lenses	
SERVICE/SUPPLY - ENROLLED MEMBERS AGE 19 AND OLDER		IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Eye Exam	\$10 Copay per visit	No charge up to \$40 maximum then 100% coinsurance	
Vision Hardware		No charge up to \$150 maximum, then 100% coinsurance	

## VISION BENEFIT LIMITATIONS

### Benefit Limitations: enrolled members age 18 and younger

- One vision exam every contract year.
- Vision hardware includes one pair of glasses (lenses and frames) or contacts (lenses and fitting) once per contract year.

### Benefit Limitations: enrolled members age 19 and older

- One vision exam every contract year.
- Vision hardware includes glasses (lenses and frames) and/or contacts (lenses and fitting).

### Exclusions

- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by an employer.
- Expenses covered under any workers' compensation law.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Medical or surgical treatment of the eye.
- Nonprescription lenses.
- Plano contact lenses.
- Services or supplies not listed as covered expenses.
- Services or supplies received before this plan's coverage begins or after it ends.
- Special procedures, such as orthoptics or vision training.
- Visual analysis that does not include refraction.

## IMPORTANT INFORMATION ABOUT YOUR VISION BENEFITS

Your PacificSource health plan includes coverage for vision services. To make the most of those benefits, it's important to keep in mind the following:

### **In-Network Providers:**

PacificSource is able to add value to your vision benefits by contracting with a network of vision providers. Those providers offer vision services at discounted rates, which are passed on to you in your benefits.

### **Paying for Services:**

Please remember to show your current PacificSource member ID card whenever you use your plan's benefits. PacificSource's provider contracts require in-network providers to bill PacificSource directly whenever you receive covered services and supplies. Providers will verify your vision benefits.

In-network providers should not ask you to pay the full cost in advance. They may only collect your share of the expense up front, such as co-payments and amounts over your plan's allowances. If you are asked to pay the entire amount in advance, tell the provider you understand they have a contract with PacificSource and they should bill PacificSource directly.

### **Sales and Special Promotions (sales and promotions are not considered insurance):**

Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because in-network providers already discount their services through their contract with PacificSource, your plan's in-network provider benefits cannot be combined with any other discounts or coupons. You can use your plan's in-network provider benefits, or you can use your plan's out-of-network provider benefits to take advantage of a sale or coupon offer.

If you do take advantage of a special offer, the in-network provider may treat you as an uninsured customer and require full payment in advance. You can then send the claim to PacificSource yourself, and we will reimburse you according to your plan's out-of-network provider benefits.

## DENTAL BENEFITS

This dental plan covers the following services when performed by a licensed dentist, dental hygienist or denturist to the extent that they are operating within the scope of their license as required under law in the state of issuance, and when determined to be necessary, usual, and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury, including masticatory function (chewing of food).

In-network dentists contract with PacificSource to furnish dental services and supplies for a set fee. That fee is called the contracted allowable fee. In-network providers agree not to collect more than the contracted allowable fee. When you use an in-network provider, you will pay only the in-network provider amounts below. If you choose not to use an in-network provider, or don't have access to one, reimbursement is based on the contracted allowable fee. If charges exceed the allowable fee, the excess charges are your responsibility.

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>DEDUCTIBLE PER CONTRACT YEAR</b>	\$50	\$100
<b>BENEFIT MAXIMUM PER CONTRACT YEAR</b>	\$1,500 per person. Applies to all covered services.	

These dental services are for enrolled individuals age 19 and older. *Dental services are also offered to enrolled individual age 18 and under. Contact PacificSource for more information on pediatric dental benefits.*

This dental plan covers the following services when performed by an eligible provider, and when determined to be necessary by the generally accepted standards of dental practice for the prevention or treatment of oral disease or for accidental injury, including masticatory function (chewing of food). Covered services may also be provided by a dental hygienist or denturist to the extent that they are operating within the scope of their license as required under state law.

Covered dental services are organized into different classes, starting with preventive care and advancing into specialized dental treatments.

CLASS I SERVICES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Examinations	100% (no deductible)	100% (no deductible)
Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex	100% (no deductible)	100% (no deductible)
Dental cleaning (prophylaxis and periodontal maintenance)	100% (no deductible)	100% (no deductible)
Fluoride (topical or varnish applications)	100% (no deductible)	100% (no deductible)
Brush biopsies	100% (no deductible)	100% (no deductible)
CLASS II SERVICES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Fillings	80%	50%
Simple extractions	80%	50%
Periodontal scaling and root planing	80%	50%
Full mouth debridement	80%	50%
Complicated oral surgery	80%	50%
Pulp capping	80%	50%

Pulpotomy	80%	50%
Root canal therapy	80%	50%
Periodontal surgery	80%	50%
Tooth desensitization	80%	50%
CLASS III SERVICES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Crowns	50%	50%
Dentures	50%	50%
Bridges	50%	50%
Replacement of existing prosthetic device	50%	50%
Implants	50%	50%
MISCELLANEOUS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Emergency Office Visit	50%	50%

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

## NECESSITY ACCORDING TO DENTAL PRACTICE

The benefits of this dental plan are paid only toward the covered expense of necessary diagnosis or treatment according to acceptable dental practice. This is true even though the service or supply is not specifically excluded. All treatment is subject to review for necessity according to acceptable dental practice. Review of treatment may involve prior approval, concurrent review of the continuation of treatment, post-treatment review or any combination of these. Just because a dentist may prescribe, order, recommend, or approve a service or supply does not, of itself, make the charge a covered expense.

## BENEFIT DESCRIPTIONS

**Preventive Care Services:** Benefits include expenses for a routine physical exam performed by a physician, physician assistant, or nurse practitioner.

A routine physical exam is a medical exam given by a physician, physician assistant, or nurse practitioner, for a reason other than to diagnose or treat a suspected or identified injury or sickness. Included as a part of the exam are:

- Routine vision and hearing screenings given as part of the routine physical exam,
- X-rays, lab, and other tests given in connection with the exam, and
- Materials for the administration of immunizations for infectious disease and testing for tuberculosis.

In addition to any state regulations or guidelines regarding mandated Routine Physical Exam services, Covered Medical Expenses include services rendered in conjunction with evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force. For females, screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration.

These services may include but are not limited to:

- Screening and counseling services, such as: Interpersonal and domestic violence; Sexually Transmitted Diseases; and Humane Immune Deficiency Virus (HIV) infections.
- Screening for gestational diabetes.
- X-rays, lab, and other tests given in connection with the exam.
- Immunizations for infectious diseases and the materials for administration of immunizations that have been recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

**IMPORTANT NOTE:** For details on the frequency and age limits that apply to Routine Physical Exams and Routine Cancer Screenings, a covered person may contact his or her physician, by logging onto InTouch for Members, via website [ohsu.myahpcare.com](http://ohsu.myahpcare.com) or calling the toll-free number on the back of the ID card.

**Screening and Counseling Services:** Covered Medical Expenses include charges made by a physician in an individual or group setting for the following:

by a PacificSource approved program. Specific nicotine replacement therapy will be covered according to the program's description. Tobacco cessation related medication will be covered to the same extent this policy covers other prescription medications.

**NOTE:** Office visits for tobacco cessation do not have a visitation limit. Tobacco product means a substance containing tobacco or nicotine including:

- Cigarettes;
- Cigars;
- Smoking tobacco;
- Chewing tobacco;
- Snuff;
- Smokeless tobacco; and
- Candy-like products that contain tobacco.

**Limitations:** Unless specified above, not covered under this Screening and Counseling Services benefit are charges incurred for: Services which are covered to any extent under any other part of this Plan.

**Family Planning Expense:** For females with reproductive capacity, Covered Medical Expenses include those

**Limitations:** Unless specified above, not covered under this Screening and Counseling Services benefit are charges incurred for: Services which are covered to any extent under any other part of this Plan.

**Family Planning Expense:** For females with reproductive capacity, Covered Medical Expenses include those charges incurred for services and supplies covered under this benefit must be approved by the Food and Drug Administration (FDA). Coverage includes counseling services on contraceptive methods provided by a physician, obstetrician, or gynecologist. Such counseling services are Covered Medical Expenses when provided in either a group or individual setting. The following contraceptive methods are covered expenses under this benefit:

- **Voluntary Sterilization:** Covered expenses include charges billed separately by the provider for female voluntary sterilization procedures and related services and supplies including, but not limited to, tubal ligation and sterilization implants. Additionally, vasectomy for males is covered at 100% for in-network providers. Covered expenses under this Preventive Care benefit would not include charges for a voluntary sterilization procedure to the extent that the procedure was not billed separately by the provider or because it was not the primary purpose of a confinement.

**Limitations:** Unless specified above, not covered under this benefit are charges for:

- Services which are covered to any extent under any other part of this Plan;
- Services which are for the treatment of an identified illness or injury;
- Services that are not given by a physician or under his or her direction;
- Psychiatric, psychological, personality or emotional testing or exams;
- Any contraceptive methods that are only “reviewed” by the FDA and not “approved” by the FDA;
- Male contraceptive methods or devices;
- The reversal of voluntary sterilization procedures, including any related follow-up care.

**IMPORTANT NOTE:** Brand-Name Prescription Drug or Devices will be covered at 100% of the Negotiated Charge, including waiver of the Annual Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.

**Therapy Expense:** Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis. Benefits for these types of therapies are payable for Covered Medical Expenses, on the same basis as any other sickness:

- **Physical Therapy**
- **Chiropractic Care:** Limited to 20 visits per plan year. Expenses for Chiropractic Care are Covered Medical Expenses, if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.
- **Speech Therapy:** Services for Speech Therapy will only be allowed when needed to correct stuttering, hearing loss, peripheral speech mechanism problems, and deficits due to neurological disease or injury. Speech and/or cognitive therapy for acute illnesses and injuries are covered up to one year post injury when the services do not duplicate those provided by other eligible providers, including occupational therapists or neuropsychologists. This exclusion does not apply if medically necessary as part of a treatment plan.
- **Inhalation Therapy**
- **Cardiac Rehabilitation**
- **Occupational Therapy**
- **Chemotherapy:** Covered Medical Expenses for Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility. Covered Medical Expenses also include expenses for administration of chemotherapy and visits by a health care professional to administer the chemotherapy.

**Allergy Testing and Treatment Expense:** Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services. Covered Medical Expenses include, but are not limited to, charges for the following:

- Laboratory tests
- Physician office visits, including visits to administer injections, prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication
- Other medically necessary supplies and services

**Maternity Expense:** Covered Medical Expenses include inpatient care of the covered person and any newborn child for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery.

Any decision to shorten such minimum coverage shall be made by the Attending Physician, in consultation with the mother. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training in breast or bottle-feeding.

Prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures of a high-risk pregnancy, Maternity Expenses, and Complications of Pregnancy are payable on the same basis as any other Sickness.

**Prenatal Care:** Prenatal care will be covered for services received by a pregnant female in a physician's, obstetrician's, or gynecologist's office but only to the extent described below. Coverage for prenatal care under this benefit is limited to pregnancy-related physician office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure and fetal heart rate check).

**Comprehensive Lactation Support and Counseling Services:** Covered Medical Expenses will include comprehensive lactation support (assistance and training in breast feeding) and counseling services provided to females during pregnancy and in the post-partum period by a certified lactation support provider. The "post-partum period" means the 60 day period directly following the child's date of birth. Covered expenses incurred during the post-partum period also include the purchase of non-hospital grade breast feeding equipment.

Lactation support and lactation counseling services are covered expenses when provided in either a group or individual setting.

**Well Newborn Nursery Care Expense:** Benefits include charges for routine care of a covered person's newborn as follows:

- Hospital charges for routine nursery care during the mother's confinement,
- Physician's charges for circumcision, and
- Physician's charges for visits to the newborn child in the hospital and consultations.

**Pap Smear Screening Expense:** Covered Medical Expenses include one routine annual Pap smear screening (or an alternative cervical cancer screening test when recommended by a physician or a health care provider), and an FDA-approved human papillomavirus screening test.

**Mammogram Expense:** Covered Medical Expenses include coverage for mammograms for screening or diagnostic purposes upon referral of a nurse practitioner, certified nurse-midwife, physician assistant, or physician.

Benefits will be paid for Expenses incurred for the following:

- Annually for women 18 years of age or older or at any time when recommended by a women's healthcare provider for the purpose of checking for lumps and other changes for early detection and prevention of breast cancer.

**Human Organ Transplant Expense:** The organ or tissue donation and facility is covered. Travel and housing expenses for the recipient and one caregiver are limited to \$5,000 per transplant. Preauthorization required for all transplant expenses.

## EXCLUSIONS AND LIMITATIONS

- This plan does not cover the following:
  - Abdominoplasty for any indication.
  - Academic skills training. This exclusion does not apply if the program, training, or therapy is part of a treatment plan for a pervasive developmental disorder.
  - Adolescent wilderness treatment programs.
  - Aesthetic (cosmetic) dental procedures – Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.
  - Antimicrobial agents – Localized delivery of antimicrobial agents into diseased crevicular tissue via a controlled release vehicle.
  - Athletic injuries sustained while competing or practicing for a professional or semiprofessional athletic contest.
  - A version therapy.
  - Biofeedback (other than as specifically noted under the Covered Services section).
  - Charges for missed appointments, get acquainted visits, completion of claim forms, or reports PacificSource needs to process claims unless otherwise contracted with the Provider.
  - Charges that are the responsibility of a third party who may have caused the Illness or Injury, or other insurers covering the incident (such as workers' compensation insurers, automobile insurers, and general liability insurers).
  - Chelation therapy including associated infusions of vitamins and/or minerals, except as Medically Necessary for the treatment of selected medical conditions and medically significant heavy metal toxicities.
  - Computer or electronic equipment for monitoring asthmatic, similar medical conditions, or related data.
  - Connector bar or stress breaker.
  - Cosmetic/reconstructive services and supplies – Services and supplies, including drugs, rendered primarily for cosmetic/reconstructive purposes (does not apply to Emergency Services). Cosmetic/reconstructive services and supplies are those performed primarily to improve the body's appearance and not primarily to restore impaired function of the body, unless the area needing treatment is a result of a Congenital Anomaly or gender dysphoria.
  - Court-ordered sex offender treatment programs.
  - Day care or Custodial Care, including non-skilled care and helping with activities of daily living, except as specified above in conjunction with Home Healthcare or Hospice Care.
  - Dental examinations and treatment, for Members age 19 and older, to prevent, diagnose, or treat diseases or conditions of the teeth and supporting tissues or structures, including treatment that restores the function of teeth.
  - Denture replacement due to loss, theft, or breakage, unless otherwise noted in Covered Services.
  - Diabetic shoes and shoe modifications.
  - Drugs and biologicals that can be self-administered (including injectables) are excluded from the medical benefit, except those provided in a Hospital, emergency room, or other institutional setting, or as outpatient Chemotherapy and dialysis, which are covered. Covered drugs and biologicals that can be self-administered are otherwise available under the pharmacy benefit, subject to plan requirements.
  - Educational or correctional services or sheltered living provided by a school or halfway house, except outpatient services received while temporarily living in a shelter.
  - Electronic Beam Tomography (EBT).
  - Equine/animal therapy.

- Equipment commonly used for nonmedical purposes and/or marketed to the general public.
- Equipment used primarily in athletic or recreational activities. This includes exercise equipment for stretching, conditioning, strengthening, or relief of musculoskeletal problems.
- Expense incurred by a Member; not a United States citizen; for services performed within the Student's home country; if the Student's home country has a socialized medicine program.
- Expense incurred for Injury resulting from the play or practice of athletics and intramurals. Experimental, Investigational, or Unproven – This plan does not cover services, supplies, protocols, procedures, devices, Chemotherapy, drugs or medicines, or the use thereof that are Experimental, Investigational, or Unproven for the diagnosis and treatment of the Member. This limitation also excludes treatment that, when and for the purpose rendered: has not yet received recognized compendia support (for example, UpToDate, Lexicomp, FDA) for other than Experimental, Investigational, or Unproven, or clinical testing; is not of generally accepted medical practice in your plan's state of issuance or as determined by medical advisors, medical associations, and/or technology resources; is not approved for reimbursement by the Centers for Medicare and Medicaid Services; is furnished in connection with medical or other research; or is considered by any governmental agency or subdivision to be Experimental, Investigational, or Unproven, not reasonable and necessary, or any similar finding.

If you or your Provider have any concerns about whether a course of treatment will be covered, we encourage you to contact our Customer Service team. We will arrange for medical review of your case against our criteria, and notify you of whether or not the proposed treatment will be covered.

- Eye exercises and eye refraction, therapy, and procedures.
- Eye orthoptics, vision therapy, and procedures intended to correct refractive errors.
- Fitness or exercise programs and health or fitness club memberships.
- Foot care (routine) – Services and supplies for corns and calluses of the feet, conditions of the toenails other than infection, hypertrophy, or hyperplasia of the skin of the feet, and other routine foot care, except in the case of Members being treated for diabetes mellitus.
- Gingivectomy, gingivoplasty, or crown lengthening in conjunction with crown preparation or fixed bridge services done on the same date of service.
- Gnathological recordings, occlusal equilibration procedures, or similar procedures.
- Growth hormone injections or treatments, except to treat documented growth hormone deficiencies.
- Homeopathic medicines or homeopathic supplies.
- Hypnotherapy.
- Immunizations when recommended for, or in anticipation of, exposure through work.
- Indirect pulp caps are to be included in the Restoration process, and are not a separate Covered Service.
- Infertility – Surgery to reverse voluntary sterilization, sexual dysfunction, and services, supplies, and drugs for in vitro fertilization.
- Instructional or educational programs, except National Diabetes Prevention Programs, diabetes self-management programs when Medically Necessary.
- Intra and extra coronal splinting – Devices and procedures for intra and extra coronal splinting to stabilize mobile teeth.
- Jaw – Services or supplies for developmental or degenerative abnormalities of the jaw, malocclusion, dental implants, improving placement of dentures, Prosthetic Devices for treatment of TMJ conditions, and artificial larynx.
- Maintenance supplies and equipment not unique to medical care.
- Massage or massage therapy, even as part of a physical therapy program.
- Mattresses and mattress pads unless Medically Necessary to heal pressure sores.

- Mental health treatment related to the following are excluded: court-mandated psychological evaluations for child custody determinations; voluntary mutual support groups; mental examinations for the purpose of adjudication of legal rights; psychological testing and evaluations not provided as an adjunct to treatment or diagnosis of a Behavioral Health Condition; stress management, parenting skills, or family education; and assertiveness training.
- Modifications to vehicles or structures to prevent, treat, or accommodate a medical condition.
- Motion analysis, including videotaping and 3-D kinematics, dynamic surface and fine wire electromyography, including Provider review.
- Myeloablative high dose Chemotherapy, except when the related transplant is specifically covered under the transplantation provisions of this plan.
- Naturopathic supplies.
- Nicotine related disorder treatment, other than those covered through Tobacco Cessation Program services.
- Obesity services and bariatric surgery – All services, medications, and supplies for weight reduction control and all categories of obesity, regardless of the medical conditions that may be caused or exacerbated by excess weight, including food supplementation, behavior modification, and self-help programs. Bariatric surgery and other gastric restrictive procedures, or the revision of these procedures.

Obesity screening and counseling for children and adults is covered through your primary care provider. For more information, see dietary or nutritional counseling in the Professional Services section.

- Oral/facial motor therapy for strengthening and coordination of speech-producing musculature and structures, except as Medically Necessary in the restoration or improvement of speech following a traumatic brain Injury or for Members diagnosed with a pervasive developmental disorder.
- Orthodontic services – Repair or replacement of orthodontic appliances.
- Orthodontic services – Treatment of misalignment of teeth and/or jaws, or any ancillary services performed because of orthodontic treatment, except as specified in the Covered Services section.
- I Orthognathic surgery – Services and supplies to augment or reduce the upper or lower jaw, except to repair an Accidental Injury or for removal of a malignancy, including reconstruction of the jaw.
- Orthopedic shoes and shoe modifications.
- Over-the-counter non-Prescription Drugs, unless included on your Drug List or is otherwise listed as a Covered Service in this student guide. Does not apply to tobacco cessation medications covered under USPSTF guidelines.
- Panniculectomy (removal of panniculus, or excess skin, from lower abdomen) for any indication.
- Periodontal probing, charting, and re-evaluations.
- Personal items such as telephones, televisions, and guest meals during a stay at a Hospital or other inpatient facility.
- Photographic images.
- Physical or eye examinations required for administrative purposes such as participation in athletics, admission to school, or by an employer.
- Precision attachments.
- Private nursing service.
- Programs that teach a person to use medical equipment, care for family members, or self-administer drugs or nutrition, except for diabetic education benefit.
- Psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present.
- Pulpotomies on permanent teeth.
- Recreation therapy – outpatient.

- Rehabilitation – Functional capacity evaluations, work hardening programs, vocational rehabilitation, community reintegration services, and driving evaluations and driving training programs, except as Medically Necessary in the restoration or improvement of speech following a traumatic brain injury or for Members diagnosed with a pervasive development disorder.
- Removal of clinically serviceable Amalgam Restorations to be replaced by other materials free of mercury, except with proof of allergy to mercury.
- Replacement costs for worn or damaged Durable Medical Equipment that would otherwise be replaceable without charges under warranty or other agreement.
- Screening tests – Services and supplies, including imaging and screening exams performed for the sole purpose of screening and not associated with specific diagnoses and/or signs and symptoms of disease or of abnormalities on prior testing (including, but not limited to, total body CT imaging, CT colonography, and bone density testing). This does not include preventive care screenings listed in the Preventive Care Services section.
- Self-help health or instruction or training programs.
- Sensory integration training. This exclusion does not apply if the program, training, or therapy is part of a treatment plan for a pervasive developmental disorder.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth.
- Services or supplies covered under any plan or program established by a domestic or foreign government or political subdivision, unless such exclusion is prohibited by law.
- Services or supplies not listed as a Covered Service, unless required under federal or state law.
- Services or supplies with no charge, or for which the Member is not legally required to pay, or for which a Provider or facility is not licensed to provide even though the service or supply may otherwise be eligible. This exclusion includes any service provided by the Member, or any licensed professional that is directly related to the Member by blood or marriage.
- Services required by state law as a condition of maintaining a valid driver license or commercial driver license.
- Services, supplies, and equipment not involved in diagnosis or treatment but provided primarily for the comfort, convenience, alteration of the physical environment, or education of a patient. This includes appliances like adjustable power beds sold as furniture, air conditioners, air purifiers, room humidifiers, heating and cooling pads, home blood pressure monitoring equipment, light boxes, conveyances other than conventional wheelchairs, whirlpool baths, spas, saunas, heat lamps, tanning lights, and pillows.
- Sexual disorders – Services or supplies for the treatment of erectile or sexual dysfunction, unless defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders.
- Sinus lift grafts to prepare sinus site for implants.
- Snoring – Services or supplies for the diagnosis or treatment of snoring, except when attributed to the diagnosis of sleep apnea.
- Social skills training. This exclusion does not apply if the program, training, or therapy is part of a treatment plan for a pervasive developmental disorder.
- Stress-breaking or habit-breaking appliances.
- Support groups.
- Temporomandibular joint (TMJ) – Related services, medications, or treatment for associated myofascial pain including physical or orofacial therapy. Advice or treatment, including physical therapy and/or orofacial therapy, either directly or indirectly for temporomandibular joint dysfunction, myofascial pain, or any related appliances. For related provisions, see jaw and orthognathic surgery in this section and in the Professional Services section.

- Tooth transplantation – Services and supplies provided in connection with tooth transplantation, including re-implantation from one site to another, splinting, and/or stabilization. This exclusion does not relate to the re-implantation of a tooth into its original socket after it has been avulsed.
- Transplants – Any services, treatments, or supplies for the transplantation of stem cells or any human body organ or tissue, except as expressly provided under the provisions of this plan for covered transplantation expenses.
- Treatment after insurance ends – Services or supplies a Member receives after the Member's coverage under this plan ends. The only exception is for Class III Services ordered and fitted before enrollment ends and are placed within 31 days after enrollment ends.
- Treatment not Dentally Necessary, according to acceptable dental practice, or treatment not likely to have a reasonably favorable prognosis.
- Treatment not Medically Necessary – Services or supplies that are not Medically Necessary for the diagnosis or treatment of an Illness or Injury.
- Treatment of any Illness or Injury resulting from an illegal occupation or attempted felony, or treatment received while in the custody of any law enforcement other than with the local supervisory authority while pending disposition of charges.
- Treatment of any work-related Illness or Injury except as described in the On-the-Job Illness or Injury and Workers' Compensation section.
- Treatment prior to enrollment.
- Unwilling to release information – Charges for services or supplies for which a Member is unwilling to release medical, dental, or eligibility information necessary to determine the benefits covered under this plan.
- War-related conditions – The treatment of any condition caused by or arising out of an act of war, armed invasion, or while in the service of the armed forces unless not covered by the Member's military or veterans coverage.

## DEFINITIONS

Wherever used in this plan, the following definitions apply to the masculine and feminine, and singular and plural forms of terms. Other terms are defined where they are first used in the text.

**Abutment** is a tooth used to support a prosthetic device (bridges, partials, or overdentures). With an implant, an abutment is a device placed on the implant that supports the implant crown.

**Accident** means an unforeseen or unexpected event causing injury that requires medical attention.

**Adverse benefit determination** means PacificSource's denial, reduction, or termination of a healthcare item or service, or PacificSource's failure or refusal to provide or to make a payment in whole or in part for a healthcare item or service that is based on PacificSource's:

- Denial of eligibility for or termination of enrollment in a healthcare plan;
- Rescission or cancellation of a plan or coverage;
- Imposition of a Third Party Liability, network exclusion, annual benefit limit, or other limitation on otherwise covered services or items;
- Determination that a healthcare item or service is experimental, investigational, unproven, or not a dental necessity or medically necessary, effective, or appropriate; or
- Determination that a course or plan of treatment that a member is undergoing is an active course of treatment for purposes of continuity of care.

**Allowable Fee** is the dollar amount established by PacificSource for reimbursement of charges for specific services or supplies provided by out-of-network providers. PacificSource uses several sources to determine the allowable fee.

- **Contracted Allowable Fee** is an amount PacificSource agrees to pay an In-network Provider for a given service or supply through direct or indirect contract.
- **Out-of-network Allowable Fee** is the dollar amount established by PacificSource for reimbursement of charges for specific services or supplies provided by Out-of-network Providers. PacificSource uses several sources to determine the out-of-network Allowable Fee. Depending on the service or supply and the Service Area in which it is provided, the out-of-network Allowable.

Fee may be based on data collected from the Centers for Medicare and Medicaid Services (CMS), contracted vendors, other nationally recognized databases, or PacificSource, as documented in PacificSource's payment policy.

An Out-of-network Provider may charge more than the limits established by the out-of-network Allowable Fee. Charges that are eligible for reimbursement, but exceed the out-of-network Allowable Fee, are the Member's responsibility. For more information, see the Out-of-network Providers section.

**Alveolectomy** is the removal of bone from the socket of a tooth.

**Amalgam** is a silver-colored material used in restoring teeth.

**Ambulatory surgical center** means a facility licensed by the appropriate state or federal agency to perform surgical procedures on an outpatient basis.

**Appeal** means a written or verbal request from an enrollee or, if authorized by the enrollee, the enrollee's authorized representative, to change a previous decision made by PacificSource concerning:

- Access to healthcare benefits, including an adverse benefit determination made pursuant to utilization management;
- Claims payment, handing or reimbursement for healthcare services;
- Rescissions of enrollee's benefit coverage by PacificSource; and
- Other matters as specifically required by law.

**Approved clinical trials** are Phase I, II, III, or IV clinical trials for the prevention, detection, or treatment of cancer or another life-threatening condition or disease, or:

- Funded by the National Institutes of Health, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the Centers for Medicare and Medicaid Services, the United States Department of Defense, or the United States Department of Veterans Affairs;
- Supported by a center or cooperative group that is funded by the National Institutes of Health, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the Centers for Medicare and Medicaid Services, the United States Department of Defense, or the United States Department of Veteran Affairs;
- Conducted as an investigational new drug application, an investigational device exemption or a biologics license application subject to approval by the FDA; or
- Exempt by federal law from the requirement to submit an investigational new drug application to the FDA.

**Authorized Representative** is an individual who by law or by the consent of a person may act on behalf of the person. An authorized representative must have the enrollee complete and execute an Authorization to Use / Disclose PHI form and a Designation of Authorized Representative form, both of which are available at [pacificsource.com/OHSU](http://pacificsource.com/OHSU), and which will be supplied to you upon request. These completed forms must be submitted to PacificSource before PacificSource can recognize the authorized representative as acting on behalf of the enrollee.

**Balance billing** means the difference between the out-of-network allowable fee and the provider's billed charge. Out-of-network providers may bill the member this amount unless otherwise stated in the Allowable Fee for Out-of-network Providers.

**Behavioral health assessment** means an evaluation by a behavioral health clinician, in person or using telemedicine, to determine a patient's need for immediate crisis stabilization.

**Behavioral health crisis** means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate outpatient treatment in an emergency department or admission to a hospital to prevent a serious deterioration in the individual's mental or physical health.

**Benefit determination** means the activity taken to determine or fulfill PacificSource's responsibility for provisions under this healthcare plan and provide reimbursement for healthcare in accordance with those provisions. Such activity may include:

- Eligibility and coverage determinations (including coordination of benefits), and adjudication or subrogation of healthcare claims;
- Review of healthcare services with respect to medical or dental necessity (including underlying criteria), coverage under the healthcare plan, appropriateness of care, experimental, investigational, or unproven treatment, justification of charges; and
- Utilization review activities, including precertification and preauthorization of services and concurrent and retrospective review of services.

**Cardiac rehabilitation** refers to a comprehensive program that generally involves medical evaluation, prescribed exercise, and cardiac risk factor modification. Education, counseling, and behavioral interventions are sometimes used as well. Phase I refers to inpatient services that typically occur during hospitalization for heart attack or heart surgery. Phase II refers to a short-term outpatient program, usually involving ECG-monitored exercise. Phase III refers to a long-term program, usually at home or in a community-based facility, with little or no ECG monitoring.

**Cast restoration** includes crowns, inlays, onlays, and other restorations made to fit a patient's tooth that are made at a laboratory and cemented onto the tooth.

**Clinical Related Injury** means any incident which exposes a covered person acting as a student in a clinical capacity, at the time of the incident, to sickness that requires testing and/or treatment. Incidents include, but not limited to, needle sticks, unprotected exposure to blood and body fluid, and unprotected exposure to highly contagious pathogens.

**Coinsurance** means a defined percentage of the allowable fee for covered services and supplies the member receives. It is the percentage the member is responsible for, not including copays and deductibles. The coinsurance amounts the member is responsible for are listed in your Schedule of Benefits.

**Complaint** means an expression of dissatisfaction directly to PacificSource that is about a specific problem encountered by a member, or about a benefit determination by PacificSource, or an agent acting on behalf of PacificSource. It includes a request for action to resolve the problem or change the benefit determination. The complaint does not include an inquiry.

**Composite resin** is a tooth-colored material used in restoring teeth.

**Congenital anomaly** means a condition existing at or from birth that is a significant deviation from the common form or function of the body, whether caused by a hereditary or developmental defect or disease. The term significant deviation is defined to be a deviation which impairs the function of the body and includes, but not limited to, the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be congenital anomalies.

**Contract year** means a 12 month period beginning on the date the insurance contract is issued or the anniversary of the date the insurance contract was issued. If changes are made to the insurance contract on a date other than the anniversary of issuance, a new contract year may start on the date the changes become effective if so agreed by PacificSource and the Policyholder. A contract year may or may not coincide with a calendar year.

**Contracted allowable fee** is an amount PacificSource agrees to pay an in-network provider for a given service or supply through direct or indirect contract.

**Copayment (also referred to as copay)** is a fixed, up-front dollar amount the member is required to pay for certain covered services. The copay applicable to a specific covered service is listed under that specific benefit in your Schedule of Benefits.

**Covered expense** is an expense for which benefits are payable under this plan subject to applicable deductibles, copayments, coinsurance, out-of-pocket limit, or other specific limitations.

**Curettage** is the scraping and cleaning of the walls of a real or potential space, such as a gingival pocket or bone, to remove pathological material.

**Deductible** means the portion of the healthcare expense that must be paid by the member before the benefits of this plan are applied. A plan may include more than one deductible.

**Dental emergency** means the sudden and unexpected onset of a condition, or exacerbation of an existing condition, requiring necessary care to control pain, swelling or bleeding in or around the teeth and gums. Such emergency care must be provided within 48 hours following the onset of the emergency and includes treatment for acute infection, pain, swelling, bleeding, or injury to natural teeth and oral structures. The emergency care does not include follow-up care such as, but not limited to, crowns, root canal therapy, or prosthetic benefits.

**Dental Provider or Dentist** means a licensed doctor of dental surgery (D.D.S.) or a licensed doctor of medical dentistry (D.M.D.).

**Dentally necessary** means those services and supplies that are required for diagnosis or treatment of illness or injury and that are:

- Consistent with the symptoms or diagnosis and treatment or prevention of the condition;
- Consistent with generally accepted standards of good dental practice in the policy's state of issuance, or expert consensus dentist opinion published in peer-reviewed dental literature, or the results of clinical outcome trials published in peer-reviewed dental literature;
- As likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any other service or supply, both as to the disease or injury involved and the patient's overall health condition;
- Not for the convenience of the member or a provider of services or supplies; and
- The least costly of the alternative services or supplies that can be safely provided.

The fact that a dentist may recommend or approve a service or supply does not, of itself, make the charge a covered expense.

**Dependent children** means any natural, step, adopted, or eligible child you, your spouse, or your domestic partner are legally obligated to support or contribute support. This may include eligible dependent children for which you are the court appointed legal custodian or guardian. Eligible dependent children may be covered under the plan only if they meet the eligibility requirements of the plan.

**Domestic partner** means an individual that meets the following definition:

- **Registered domestic partner** means an individual, age 18 or older, who is joined in a domestic partnership, and whose domestic partnership is legally registered in any state.
- Unregistered domestic partner means an individual of same or opposite gender who is joined in a domestic partnership with the student and meets the following criteria:
  - Is age 18 or older;
  - Not related to the student by blood closer than would bar marriage in the state where they have permanent residence and are domiciled;
  - Shares jointly the same permanent residence with the student for at least six months immediately preceding the date of application to enroll and intent to continue to do so indefinitely;
  - Has an exclusive domestic partnership with the student and has no other domestic partner;
  - Does not have a legally binding marriage nor has had another domestic partner within the previous six months; and
  - Was mentally competent to consent to contract when the domestic partnership began and remains mentally competent.

**Drug List (also known as a formulary)** is a list of covered medications used to treat various medical conditions. PacificSource uses a variety of drug lists. Please refer to [pacificsource.com/OHSU](http://pacificsource.com/OHSU) to determine which drug list applies to your coverage. The drug lists are developed and maintained by a committee of regional healthcare providers, including doctors, who are not employed by PacificSource.

**Durable medical equipment** means equipment that can withstand repeated use; is primarily and customarily used to serve a medical purpose rather than convenience or comfort; is generally not useful to a person in the absence of an illness or injury; is appropriate for use in the home; and is prescribed by a physician. Examples of durable medical equipment include, but not limited to, hospital beds, wheelchairs, crutches, canes, walkers, nebulizers, commodes, suction machines, traction equipment, respirators, TENS units, and hearing aids.

**Durable medical equipment supplier** means a PacificSource contracted provider or a provider that satisfies the criteria in the Medicare Qualify Standards for Suppliers of Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) and Other Items and Services section.

**Elective surgery or procedure** refers to a surgery or procedure for a condition that does not require immediate attention and for which a delay would not have a substantial likelihood of adversely affecting the health of the patient.

**Eligible dental provider** means a dentist, oral surgeon, endodontist, orthodontist, periodontist, or pedodontist. Eligible provider may also include a denturist or dental hygienist to the extent that they operate within the scope of their license.

**Emergency medical condition** means a medical condition:

- That manifests itself by acute symptoms of sufficient severity, including severe pain that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would:
  - Place the health of a person, or an unborn child in the case of a pregnant woman, in serious jeopardy;
  - Result in serious impairment to bodily functions; or
  - Result in serious dysfunction of any bodily organ or part.
- With respect to a pregnant woman who is having contractions, for which there is inadequate time to affect a safe transfer to another hospital before delivery or for which a transfer may pose a threat to the health or safety of the woman or the unborn child.
- That is a behavioral health crisis.

**Emergency medical screening exam** means the medical history, examination, ancillary tests, and medical determinations required to ascertain the nature and extent of an emergency medical condition.

**Emergency services** means, with respect to an emergency medical condition:

- An emergency medical screening exam or behavioral health assessment that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition; and
- Such further medical examination and treatment as are required under 42 U.S.C. 1395dd to stabilize the patient to the extent the examination and treatment are within the capability of the staff and facilities available at a hospital.

**Endorsement** is a written attachment that alters and supersedes any of the terms or conditions set forth in this plan.

**Essential health benefits** are services defined as such by the Secretary of the U.S. Department of Health and Human Services. Essential health benefits fall into the following categories:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Laboratory services;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Pediatric services, including oral and vision care;
- Prescription drugs;
- Preventive and wellness services and chronic disease management; and
- Rehabilitation and habilitation services and devices.

**Experimental, investigational, or unproven procedures** means services, supplies, protocols, procedures, devices, chemotherapy, drugs or medicines, or the use thereof, that are experimental, investigational, or unproven for the diagnosis and treatment of illness, injury, or disease.

**External appeal or review** means the request by an appellant for an independent review organization to determine whether or not PacificSource's internal appeal decisions are correct.

**Generic drugs** are drugs that, under federal law, require a prescription by a licensed physician (M.D. or D.O.) or other licensed medical provider, and are not brand name medications. By law, generic drugs must have the same active ingredients as the brand name medications and are subject to the same standards of their brand name counterparts. Generic drugs must be approved by the FDA through an Abbreviated New Drug Application and generally cannot be limited to a single manufacturer.

**Geographical area** – PacificSource has direct and indirect provider contracts to offer services to members in specific geographic regions. PacificSource also has an agreement with a nationwide provider network to offer medical services to members while traveling throughout the United States.

**Global charge** means a lump sum charge for maternity care that includes prenatal care, labor and delivery, and post-delivery care. Ante partum services such as amniocentesis, cordocentesis, chorionic villus sampling, fetal stress test, fetal non-stress test, lab, radiology, maternal, and fetal echography are not considered part of global maternity services and are reimbursed separately.

**Grievance** means a written complaint submitted by a member or an authorized representative of a member regarding:

- The availability, delivery, or quality of a healthcare service; or
- Claims payment, handling or reimbursement for healthcare services and, unless the member has not submitted a request for an internal appeal, the complaint is not disputing an adverse benefit determination.

**Habilitation services and devices** means healthcare services and devices that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services and devices may include physical and occupational therapy, speech-language pathology, and other services and devices for people with disabilities in a variety of inpatient and/or outpatient settings.

**Hearing aid** means any non-disposable, wearable instrument or device designed to aid or compensate for impaired human hearing and any necessary ear mold, part, attachments, or accessory for the instrument or device, except batteries and cords.

**Hearing assistive technology systems** means devices used with or without hearing aids or cochlear implants to improve the ability of a user with hearing loss to hear in various listening situations, such as being located a distance from a speaker, in an environment with competing background noise or in a room with poor acoustics or reverberation.

**Home health care** means services provided by a licensed home health agency in the member's place of residence that is prescribed by the member's attending physician as part of a written plan of care. Services provided by home health care include:

- Home health aide services;
- Hospice therapy;
- Medical supplies and equipment suitable for use in the home;
- Medically necessary personal hygiene, grooming and dietary assistance;
- Nursing;
- Occupational therapy;
- Physical therapy; and
- Speech therapy.

**Homebound** means the ability to leave home only with great difficulty, with absences infrequently and of short duration. Infants and toddlers will not be considered homebound without medical documentation that clearly establishes the need for home skilled care. Lack of transportation is not considered sufficient medical criterion for establishing that a person is homebound.

**Hospital** means an institution licensed as a general hospital or intermediate general hospital by the appropriate state agency in the state in which it is located.

**Illness** includes a physical or mental condition that results in a covered expense. Physical illness is a disease or bodily disorder. Mental illness is a psychological disorder that results in pain or distress and substantial impairment of basic or normal functioning.

**In-network provider** means a physician, healthcare professional, dentist, oral surgeon, endodontist, orthodontist, periodontist, pedodontist, denturist, dental hygienist, hospital, medical facility, or supplier of medical supplies that directly or indirectly holds a provider contract or agreement with PacificSource.

**Incurred expense** means charges of a healthcare provider for services or supplies for which the member becomes obligated to pay. The expense of a service is incurred on the day the service is rendered, and the expense of a supply is incurred on the day the supply is delivered.

**Infertility** means:

- Male: Low sperm counts or the inability to fertilize an egg; or
- Female: The inability to conceive or carry a pregnancy to 12 weeks.

**Injury** means bodily trauma or damage that is independent of disease or infirmity. The damage must be caused solely through external and accidental means and does not include muscular strain sustained while performing a physical activity. For information regarding muscular strain, see illness in this section.

**Inquiry** means a written request for information or clarification about any subject matter related to the member's healthcare plan.

**Internal appeal** means a review by PacificSource of an adverse benefit determination made by PacificSource.

**Lifetime maximum or lifetime benefit** means the maximum benefit that will be provided toward the expenses incurred by any one person while the person is covered by a PacificSource insurance plan issued to you. If any covered expense that includes a lifetime maximum benefit amount is deemed to be an essential health benefit as determined by the Secretary of the U.S. Department of Health and Human Services, the lifetime maximum amount will not apply to that covered expense in accordance with the standards established by the Secretary.

**Mastectomy** is the surgical removal of all or part of a breast or a breast tumor suspected to be malignant.

**Medical supplies** means items of a disposable nature that may be essential to effectively carry out the care a physician has ordered for the treatment or diagnosis of an illness, injury, or disease. Examples of medical supplies include, but not limited to, syringes and needles, splints and slings, ostomy supplies, sterile dressings, elastic stockings, enteral foods, drugs, or biologicals that must be put directly into the equipment in order to achieve the therapeutic benefit of the durable medical equipment or to assure the proper functioning of this equipment (for example, Albuterol for use in a nebulizer).

**Medically necessary** means those services and supplies that are required for diagnosis or treatment of illness, injury, or disease and that are:

- Consistent with the symptoms or diagnosis and treatment of the condition;
- Consistent with generally accepted standards of good medical practice in your plan's state of issue, or expert consensus physician opinion published in peer-reviewed medical literature, or the results of clinical outcome trials published in peer-reviewed medical literature;
- As likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any other service or supply, both as to the illness, injury, or disease involved and the patient's overall health condition;
- Not for the convenience of the member or a provider of services or supplies; and
- The least costly of the alternative services or supplies that can be safely provided. When specifically applied to a hospital inpatient, it further means that the services or supplies cannot be safely provided in other than a hospital inpatient setting without adversely affecting the patient's condition or the quality of medical care rendered.

Services and supplies intended to diagnose or screen for a medical condition in the absence of signs or symptoms, or of abnormalities on prior testing, including exposure to infectious or toxic materials or family history of genetic disease, are not considered medically necessary under this definition.

**Member** means an individual insured under a PacificSource health plan.

**Mental health and/or substance use disorder healthcare facility** means a corporate or governmental entity or other provider of services for the care and treatment of substance use disorders and/or mental or nervous conditions which is licensed or accredited by The Joint Commission or the Commission on Accreditation of Rehabilitation Facilities for the level of care which the facility provides.

**Mental health and/or substance use disorder healthcare program** means a particular type or level of service that is organizationally distinct within a mental health and/or substance use disorder healthcare facility.

**Mental health and/or substance use disorder healthcare provider** means a person that has met the applicable credentialing requirements, is otherwise eligible to receive reimbursement under the plan, and is:

- A healthcare facility;
- A residential program or facility where appropriately licensed or accredited by The Joint Commission or the Commission on Accreditation of Rehabilitation Facilities;
- A day or partial hospitalization program;
- An outpatient service; or
- An individual behavioral health or medical professional authorized for reimbursement under state law.

**Mental or nervous conditions** means all disorders defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

**Orthotic devices** means rigid or semi-rigid devices supporting a weak or deformed leg, foot, arm, hand, back, neck, or restricting or eliminating motion in a diseased or injured leg, foot, arm, hand, back, or neck. Benefits for orthotic devices include orthopedic appliances or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body. An orthotic device differs from a prosthetic in that, rather than replacing a body part, it supports and/or rehabilitates existing body parts. Orthotic devices are usually customized for an individual's use and are not appropriate for anyone else. Examples of orthotic devices include, but not limited to, Ankle Foot Orthosis (AFO), Knee Ankle Foot Orthosis (KAFO), Lumbosacral Orthosis (LSO), and foot orthotics.

**Out-of-network provider** is a provider of covered services or supplies that does not directly or indirectly hold a provider contract or agreement with PacificSource.

**Periapical x-ray** is an x-ray of the area encompassing or surrounding the tip of the root of a tooth.

**Periodontal maintenance** is a periodontal procedure for patients who have previously been treated for periodontal disease. In addition to cleaning the visible surfaces of the teeth (as in prophylaxis) surfaces below the gum line are also cleaned. This is a more comprehensive service than a regular cleaning (prophylaxis).

**Periodontal scaling and root planing** means the removal of plaque and calculus deposits from the root surface under the gum line.

**Physical/occupational therapy** is comprised of the services provided by (or under the direction and supervision of) a licensed physical or occupational therapist. Physical/occupational therapy includes emphasis on examination, evaluation, and intervention to alleviate impairment and functional limitation and to prevent further impairment or disability.

**Physician** means a state-licensed Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.).

**Physician assistant** is a person who is licensed by an appropriate state agency as a physician assistant.

**Policyholder** is the plan administrator that offers this plan to its eligible students and student family members.

**Physical/occupational therapy** is comprised of the services provided by (or under the direction and supervision of) a licensed physical or occupational therapist. Physical/occupational therapy includes emphasis on examination, evaluation, and intervention to alleviate impairment and functional limitation and to prevent further impairment or disability.

**Physician** means a state-licensed Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.).

**Physician assistant** is a person who is licensed by an appropriate state agency as a physician assistant.

**Policyholder** is the plan administrator that offers this plan to its eligible students and student family members.

**Practitioner** means Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Doctor of Dental Surgery (D.D.S.), Doctor of Dental Medicine (D.M.D.), Doctor of Podiatry Medicine (D.P.M.), Doctor of Chiropractic (D.C.), Doctor of Optometry (O.D.), Licensed Nurse Practitioner (including Certified Nurse Midwife (C.N.M.) and Certified Registered Nurse Anesthetist (C.R.N.A.)), Registered Physical Therapist (R.P.T.), Speech Therapist, Occupational Therapist, Psychologist (Ph.D.), Licensed Clinical Social Worker (L.C.S.W.), Licensed Professional Counselor (L.P.C.), Licensed Marriage and Family Therapist (LMFT), Licensed Psychologist Associate (LPA), Physician Assistant (PA), Audiologist, Acupuncturist, Naturopathic Physician, Licensed Massage Therapist, and Pharmacist.

**Prescription drugs** are drugs that, under federal law, require a prescription by a licensed physician (M.D. or D.O.) or other licensed medical provider.

**Preventive Care** means a program of healthcare designed for the prevention and/or reduction of illness by providing such services as regular physical examinations as defined in the Dictionary of Insurance Terms, Sixth Edition.

**Prophylaxis** is a cleaning and polishing of all teeth.

**Prosthetic devices (excluding dental)** means artificial limb devices or appliances designed to replace, in whole or in part, an arm or a leg. Benefits for prosthetic devices include coverage of devices that replace all or part of an internal or external body organ, or replace all or part of the function of a permanently inoperative or malfunctioning internal or external organ, and are furnished on a physician's order. Examples of prosthetic devices include, but not limited to, artificial limbs, cardiac pacemakers, prosthetic lenses, breast prosthesis (including mastectomy bras), and maxillofacial devices.

**Pulpotomy** is the removal of a portion of the pulp, including the diseased aspect, with the intent of maintaining the vitality of the remaining pulpal tissue by means of a therapeutic dressing.

**Radiographic Image** means any x-ray or computerized image of the teeth and jaws that provide information for detecting, diagnosing, and treating conditions that can threaten oral and general health. It includes cone beam x-rays, bitewing x-rays, single film x-rays, intraoral x-rays, extraoral x-rays, panoramic x-rays, and cephalometric x-rays.

**Rehabilitation services** means healthcare services and devices that help a person keep, get back, or improve skills and functioning for daily living to overcome or recover from an illness or diagnosis that is covered by this healthcare plan. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

**Rescind or rescission** means to retroactively cancel or discontinue coverage under this healthcare plan for reasons other than failure to timely pay required premiums toward the cost of coverage.

**Restoration** is the treatment that repairs a broken or decayed tooth. Restorations include, but not limited to, fillings and crowns.

**Routine costs of care** mean costs for medically necessary services or supplies which would normally be covered by the healthcare plan if the member were not enrolled in an approved clinical trial.

**Schedule of Benefits** is a summary of the plan issued or applied for, not a contract of insurance that includes a list of principle benefits and coverages, and a statement of the limitations and exclusions contained in the plan.

**Skilled nursing facility or convalescent home** means an institution that provides skilled nursing care under the supervision of a physician, provides 24 hour nursing service by or under the supervision of a registered nurse (R.N.), and maintains a daily record of each patient. Skilled nursing facilities must be licensed by an appropriate state agency and approved for payment of Medicare benefits to be eligible for reimbursement.

**Specialized treatment facility** means a facility that provides specialized short-term or long-term care. The term specialized treatment facility includes ambulatory surgical centers, birthing centers, substance use disorders day treatment facilities, hospice facilities, inpatient rehabilitation facilities, mental health and/or substance use disorders healthcare facilities, organ transplant facilities, psychiatric day treatment facilities, residential treatment facilities, skilled nursing facilities, substance use disorders treatment facilities, and urgent care treatment facilities.

**Specialty drugs** are high dollar oral, injectable, infused, or inhaled biotech medications prescribed for the treatment of chronic and/or genetic disorders with complex care issues that have to be managed. The major conditions these drugs treat include, but not limited to, cancer, HIV/AIDS, hemophilia, hepatitis C, multiple sclerosis, Crohn's disease, rheumatoid arthritis, and growth hormone deficiency.

**Specialty pharmacies** specialize in the distribution of specialty drugs and providing pharmacy care management services designed to assist patients in effectively managing their condition.

**Spouse** means any individual who is legally married under current state law.

**Stabilize** means to provide medical treatment as necessary to ensure that, within reasonable medical probability, no material deterioration of an emergency medical condition is likely to occur during or to result from the transfer of the patient from a facility; and with respect to a pregnant woman who is in active labor, to perform the delivery, including the delivery of the placenta.

**Step therapy** means a program that requires the member to try lower-cost alternative medications (Step 1 drugs) before using more expensive medications (Step 2 or 3 drugs). The program will not cover a brand name, or second-line medication, until less expensive, first-line/generic medications have been tried first.

**Student** means an individual that meets College/University eligibility guidelines.

**Student Health Center** means the health center on campus that provides services to students, many of which are covered by the Policyholders student health fee and are provided at no cost to the student.

**Substance use disorder** means the addictive relationship with any drug or alcohol characterized by either a physical or psychological relationship, or both, that interferes with the individual's social, psychological, or physical adjustment to common problems on a recurring basis. Substance use disorder does not include addiction to, or dependency on, tobacco products or foods.

**Substance use disorder treatment facility** means a treatment facility that provides a program for the treatment of substance use disorders pursuant to a written treatment plan approved and monitored by a physician or addiction counselor licensed by the state; and is licensed or approved as a treatment center by the department of public health and human services, is licensed by the state where the facility is located.

**Surgical procedure** means any of the following listed operative procedures:

- Procedures accomplished by cutting or incision;
- Suturing of wounds;
- Treatment of fractures, dislocations, and burns;
- Manipulations under general anesthesia;
- Visual examination of the hollow organs of the body including biopsy, or removal of tumors or foreign body;
- Procedures accomplished by the use of cannulas, needling, or endoscopic instruments; or
- Destruction of tissue by thermal, chemical, electrical, laser, or ultrasound means.

**Telemedical** is the use of technology for exchange of information when medically necessary.

**Tobacco cessation program** means a program recommended by a physician that follows the United States Public Health Services guidelines for tobacco cessation. Tobacco cessation program includes education and medical treatment components designed to assist a person in ceasing the use of tobacco products.

**Tobacco use** means use of tobacco on average four or more times per week within the past six months. This includes all tobacco products. Tobacco use does not include religious or ceremonial use of tobacco by American Indians and/or Alaska Natives.

**Urgent care treatment facility** means a healthcare facility whose primary purpose is the provision of immediate, short-term medical care for minor, but urgent, medical conditions.

**Usual, customary, and reasonable fee (UCR)** is the dollar amount established by PacificSource for reimbursement of eligible charges for specific services or supplies provided by out-of-network providers. PacificSource uses several sources to determine UCR. Depending on the service or supply and the geographical area in which it is provided, UCR may be based on data collected from the Centers for Medicare and Medicaid Services (CMS), contracted vendors, other nationally recognized databases, or PacificSource, as documented in PacificSource's payment policy. An out-of-network provider may charge more than the limits established by the definition of UCR. Charges that are eligible for reimbursement, but exceed the UCR, are the member's responsibility.

**Women's healthcare provider** means an obstetrician, gynecologist, physician assistant, naturopathic physician, nurse practitioner specializing in women's health, physician, or other provider practicing within the scope of their license.



# EMERGENCY ASSISTANCE SERVICES: ACADEMIC EMERGENCY SERVICES

## Academic Emergency Services:

**1 855-873-3555** (Toll-free within the U.S.)

**1 (610) 263-4660** (Outside the U.S.)

Email: [assistance@ahpcare.com](mailto:assistance@ahpcare.com)

[aes.myahpcare.com](http://aes.myahpcare.com)

As a participant in the student health plan, you have access to the emergency travel services and benefits when you are traveling over 100 miles from home or outside your home country.

## Emergency Medical Evacuation, Repatriation and Emergency Family Assistance Services

- Medical Evacuation, Unlimited
- Medically Repatriation, Unlimited
- Repatriation of Mortal Remains, Unlimited; up to a maximum of \$3,000 for the immediate family to use for expenses associated with traveling to a funeral or actual funeral related expenses such as an urn, casket, coffin, burial or funeral expenses and up to a maximum of \$2,500 for air travel expenses for a family member/companion
- Emergency Family Travel Arrangement for a family member or friend to visit student, up to \$10,000 with 3-day hospitalization, limit to \$300 per day for lodging and a limit to \$50 per day for daily meals
- Return of Dependent Children, up to \$5,000, if left unattended
- Emergency Family Reunion Arrangements, up to \$10,000, in the event of illness or death of family member
- Return of Personal Belongings, up to \$1,000 in the event of evacuation or death
- Accidental Death and Dismemberment, \$25,000

## Medical, Travel, Safety and Legal Assistance

- Pre-travel information portal
- Physician referrals outside of the U.S.
- Medical monitoring during an emergency evacuation to ensure adequate care
- Prescription assistance
- Luggage lost in transit
- Passport replacement assistance
- Emergency travel arrangements
- Emergency translation assistance and/or interpreter referral
- Legal referral

## Additional Benefits

- Political Emergency and Natural Disaster Evacuation Coverage
- Emergency Family Travel, 3-Day Threshold

## Academic Emergency Services are available to you 24 hours a day, 7 days a week.

Simply call the number above to get access to knowledgeable assistance coordinators who will help you navigate any unfamiliar cultures or circumstances.

\*\*Benefits and services described above are available when you are traveling over 100 miles from home or outside your home country, this 100 mile limitation does not apply to the Accidental Death & Dismemberment benefit and the Repatriation of Mortal Remains benefit.

All services must be arranged and paid through the Academic Services program provider in order for the benefits to apply. There is no claims process for reimbursement of self-paid expenses, unless otherwise noted in program. Terms, limitations, and conditions apply to all services and benefits. Academic Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent from Academic HealthPlans.

## CLAIM PROCEDURE

Your In-Network Provider will file claims with PacificSource. All you need to do is show your ID card to the In-Network Provider.

If you receive care from an Out-of-Network Provider, the provider may submit the claim to PacificSource for you. If not, you are responsible for sending the claim to PacificSource for processing. Your claim must include a copy of your provider's itemized bill. It must also include your name, ID number and/or the patient's name. If you were treated for an accidental injury, please include the date, time, place, and circumstances of the accident.

All claims for benefits should be turned in to PacificSource within **90 days** of the date of service. If it is not possible to submit a claim within **90 days**, turn in the claim with an explanation as soon as possible. In some cases PacificSource may accept the late claim. We will never pay a claim that was submitted **more than a year** after the date of service.

PacificSource has the sole right to pay benefits to the Enrollee, the provider, or both jointly. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed, according to the benefits of your Student Health Insurance Plan.

All claims should be sent to:

**PacificSource Health Plans**

Attn: Claims Department

P.O. Box 7068, Springfield, OR 97475-0068

1 (541) 225-2741 or 1 (855) 274-9814 (toll-free)

Customer Service Representatives are available 7:00 AM to 5:00 PM (PST), Monday through Friday, for any questions. Claim forms can be obtained by calling the number above or by visiting [ohsu.myahpcare.com](http://ohsu.myahpcare.com).

## PRESCRIPTION DRUG CLAIM PROCEDURE

When obtaining a covered prescription, please present your ID card to an InNetwork Pharmacy, along with your applicable Copayment. The pharmacy will bill PacificSource for the cost of the drug, plus a dispensing fee, less the Copayment amount.

When you need to fill a prescription, and do not have your ID card with you, you may obtain your prescription from an In-Network Pharmacy, and be reimbursed by submitting a completed Prescription Drug claim form. You will be reimbursed for the covered medications using the PacificSource contracted amount for the medication, less your copayment. For a prescription claim form, go to [ohsu.myahpcare.com](http://ohsu.myahpcare.com).

Prescriptions from an Out-of-Network Pharmacy must be paid for in full at the time of service and submitted for reimbursement.

## HOW TO APPEAL A CLAIM

In the event an Enrollee disagrees with how a claim was processed, he or she may request a review of the decision. The Enrollee's requests must be made in writing within **180 days** of the date of the Explanation of Benefits (EOB). The Enrollee's request must include why he or she disagrees with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, physician's office notes, operative reports, physician's letter of medical necessity, etc.).

Please submit all requests to:

**PacificSource Health Plans**

Attn: Appeals

P.O. Box 7068, Springfield, OR 97475-0068

This material is for information only and is not an offer or invitation to contract. Health insurance plans contain exclusions, limitations and benefit maximums. Providers are independent contractors and are not agents of PacificSource. Provider participation may change without notice. PacificSource does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

**NOTICE:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

#### **IMPORTANT NOTE**

The Oregon Health & Science University Student Health Insurance Plan is underwritten by PacificSource Health Plans and administered by Academic HealthPlans, a Risk Strategies Company.