MEDICAL BENEFIT SUMMARY

Comprehensive Medical Plan
International Students

Who is eligible? University of Oregon Guidelines

Provider Network: University Exclusive Network and PacificSource (PSN)

Student Health Center: University Health Center (UHC)

If the member is a student of or member of the University of Oregon, the Student Health Center listed above is considered a participating provider for covered services. Services provided by the Student Health Center are covered per University guidelines.

Annual Deductible	**Per Person, Per Contract Year**	**Per Family, Per Contract Year**
University Health Center	None	None
UO Exclusive Network & PacificSource Network (PSN) Participating Providers	$200	$600
Non-participating Providers	$1000	$3,000
Out-of-Pocket Limit	**Per Person, Per Contract Year**	**Per Family, Per Contract Year**
UHC, UO Exclusive Network, and PacificSource Network (PSN) Participating Providers	$3,000	$6,000
Non-participating Providers	$6,350	$12,700

Please note: Your actual costs for services provided by a non-participating provider may exceed this Student Plan's out-of-pocket limit for non-participating services. In addition, non-participating providers can bill you for the difference between the amount charged by the provider and the amount allowed by the Student Plan, and this amount is not counted toward the non-participating out-of-pocket limit. Even though you may have the same benefit for participating and non-participating providers, you may still be responsible for any amounts that a non-participating provider charges that are over the Plan's allowable fee. Please see 'allowable fee' in the definitions section of your policy.

Participating provider deductible and out-of-pocket limit accumulates separately from the non-participating provider deductible and out-of-pocket limit.

The member is responsible for the above deductible and the following amounts:

Service	University Health Center:	UO Exclusive Participating Providers:	Tier Two PacificSource Network (PSN) Participating Providers:	Non-participating Providers:
Preventive Care				
Well child exams, ages birth - 21	Not available	No charge*	No charge*	Not Covered
Routine physicals	No charge*	No charge*	No charge*	Not Covered
Routine STD screening	No charge*	No charge*	No charge*	Not Covered
Well woman visits	No charge*	No charge*	No charge*	Not Covered
Routine mammograms	Not available	No charge*	No charge*	Not Covered
Immunizations	No charge*	No charge*	No charge*	Not Covered
Routine colonoscopy	Not available	No charge*	No charge*	Not Covered
Professional Services				
Office and home visits	No charge*	$20 co-pay/visit*	$35 co-pay/visit*	Deductible then 40% co-insurance
Naturopath office visits	Not available	Not available	$35 co-pay/visit*	Deductible then 40% co-insurance
Specialist office and home visits	No charge*	$30 co-pay/visit*	$45 co-pay/visit*	Deductible then 40% co-insurance
Office procedures and supplies	No charge*	Deductible then 10% co-insurance	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Surgery	No charge*	Deductible then 10% co-insurance	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Outpatient rehabilitation services	No charge*	$20 co-pay/visit*	$35 co-pay/visit*	Deductible then 40% co-insurance
Hospital Services				
Inpatient room and board	Not available	Deductible then 10% co-insurance	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Inpatient rehabilitation services	Not available	Deductible then 10% co-insurance	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Skilled nursing facility care	Not available	Not available	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Outpatient Services				
Outpatient surgery/services	Not available	Deductible then 10% co-insurance	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Advanced diagnostic imaging	Not available	$200 co-pay/visit*	$200 co-pay/visit then 20% co-insurance*	Deductible then 40% co-insurance
Diagnostic and therapeutic radiology/lab and dialysis	No charge*	10% co-insurance*	20% co-insurance*	Deductible then 40% co-insurance
Urgent and Emergency Services				
Urgent care center visits	Not available	$30 co-pay/visit*	$45 co-pay/visit*	Deductible then 40% co-insurance
Emergency room visits – medical emergency	Not available	$200 co-pay/visit*^	$200 co-pay/visit*^	$200 co-pay/visit*^
Emergency room visits – non-emergency	Not available	$200 co-pay/visit then 10% co-insurance*^	$200 co-pay/visit then 20% co-insurance*^	Deductible then 40% co-insurance

Service	University Health Center:	UO Exclusive Participating Providers:	Tier Two PacificSource Network (PSN) Participating Providers:	Non-participating Providers:
Ambulance, ground	Not available	$200 co-pay/trip then 10% co-insurance*	$200 co-pay/trip then 20% co-insurance*	Deductible then 40% co-insurance
Ambulance, air	Not available	Not available	$200 co-pay/trip then 20% co-insurance*+	Deductible then 40% co-insurance+
Maternity Services **				
Physician/Provider services (global charge)	Not available	Deductible then 10% co-insurance	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Hospital/Facility services	Not available	Deductible then 10% co-insurance	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Mental Health/Chemical Dependency Services				
Office visits	No charge*	$20 co-pay/visit*	$35 co-pay/visit*	Deductible then 40% co-insurance
Inpatient care	Not available	Deductible then 10% co-insurance	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Residential programs	Not available	Not available	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Other Covered Services				
Allergy injections	No charge*	Deductible then 10% co-insurance	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Durable medical equipment	No charge*	Deductible then 10% co-insurance	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Home health care	Not available	Deductible then 10% co-insurance	Deductible then 20% co-insurance	Deductible then 40% co-insurance
Chiropractic manipulation and Acupuncture	No charge*	Not available	$35 co-pay/visit*	Deductible then 40% co-insurance
Transplants	Not available	Not available	Deductible then 20% co-insurance	Deductible then 40% co-insurance

This is a brief summary of benefits. Refer to your student guide for additional information or a further explanation of benefits, limitations, and exclusions.

^ Co-pay applies to ER physician and facility charges only. Co-pay waived if admitted into hospital.

* Not subject to annual deductible.

** Medically necessary services, medication, and supplies to manage diabetes during pregnancy from conception through six weeks postpartum will not be subject to a deductible, co-payment, or co-insurance.

+ Please note that non-participating air ambulance coverage is covered at 200 percent of the Medicare allowable. Contact Customer Service with questions.

Additional Information

What is the annual deductible?

This Student Plan's deductible is the amount of money that you pay first, before this Student Plan starts to pay. You'll see that many services, especially preventive care, are covered by the Student Plan without you needing to meet the deductible.

Note that there is a separate category for participating and non-participating providers when it comes to meeting your deductible. Only participating provider expense applies to the participating provider deductible, and only non-participating provider expense applies to the non-participating provider deductible.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered medical expenses during the contract year. Once the out-of-pocket limit has been met, the Student Plan will pay 100 percent of covered charges for the rest of that contract year less any non-participating provider co-payments.

Note that there is a separate category for participating and non-participating providers when it comes to meeting your out-of-pocket limit. Only participating provider expense applies to the participating provider out-of-pocket limit, and only non-participating provider expense applies to the non-participating provider out-of-pocket limit

Payments to providers

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Participating providers accept the fee allowance as payment in full. Non-participating providers are allowed to balance bill any remaining balance that your Student Plan did not cover. Services of non-participating providers could result in out-of-pocket expense in addition to the percentage indicated above.

Preauthorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called 'preauthorization'. Preauthorization is necessary to determine if certain services and supplies are covered under this Student Plan, and if you meet the Student Plan's eligibility requirements. You'll find the most current preauthorization list on our website, PacificSource.com/uo.

PHARMACY BENEFIT SUMMARY

Comprehensive Pharmacy Plan
International Students
Drug List: ODL

This Student Plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This benefit includes some drugs required by federal healthcare reform. To check which tier your prescription falls under, call Customer Service or visit PacificSource.com/uo.

The amount you pay for covered prescriptions at participating and non-participating pharmacies applies toward this Student Plan's participating medical out-of-pocket limit, which is shown on the Medical Benefit Summary. The co-payment and/or co-insurance for prescription drugs obtained from a participating or non-participating pharmacy are waived during the remainder of the contract year in which you have satisfied the medical out-of-pocket limit.

PREVENTIVE LIST OF DRUGS

The prescription benefit includes certain outpatient drugs as a preventive benefit at no charge*.It also includes specific generic drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from coming back after recovery. Preventive drugs do not include drugs for treating an existing illness, injury or condition.

CONTRACEPTIVES

Any deductible, co-payment, and/or co-insurance amounts are waived for Food and Drug Administration (FDA) approved contraceptive methods for all women with reproductive capacity, as supported by the Health Resources and Services Administration (HRSA), when provided by a participating pharmacy. If a generic exists, preferred brand contraceptives will remain subject to regular pharmacy plan benefits unless deemed medically necessary by your attending provider. Request for formulary exceptions must be made by the provider by contacting our Pharmacy Services team by telephone, fax, or online. When no generic exists, preferred brands are covered at no cost. If a generic becomes available, the preferred brand will no longer be covered under the preventive care benefit unless deemed medically necessary by your attending provider.

If an initial three month supply is tried, then a twelve month refill of the same contraceptive is covered, regardless if the initial prescription was covered under this plan. This supply is subject to your prescription benefits, including but not limited to the required co-payment, deductible, and mail order benefit.

Each time a covered pharmaceutical is dispensed, you are responsible for the amounts below:

	Preventive Drugs:	Tier 1:	Tier 2:	Tier 3:
Student Health Center Retail Pharmacy(UHC)^				
Up to a 30 day supply:	No charge*	$5 co-pay*>	$15 co-pay*	$30 co-pay*
Participating Retail Pharmacy^				
Up to a 30 day supply:	No charge*	$15 co-pay*	$25 co-pay*	$40 co-pay*
Participating Mail Order Pharmacy				
Up to a 30 day supply:	No charge*	$15 co-pay*	$25 co-pay*	$40 co-pay*
Non-participating Pharmacy				
Regardless of tier or day(s) supply:	Not Covered			
Tier 4 Specialty Drugs – Participating Specialty Pharmacy* **				
Up to a 30 day supply:	$40 co-pay*			
Tier 4 Specialty Drugs – Not filled through Participating Specialty Pharmacy				
Regardless of tier or day(s) supply:	Not Covered			
Compound Drugs**				
Up to a 30 day supply:	Same as Retail Tier 3			

^Remember to show your PacificSource ID card each time you fill a prescription at a retail pharmacy. If your ID card is not used, the benefits will be the same as the Non-Participating pharmacy benefit.

**Not subject to annual medical deductible.*

>Select medications available for a 90 day supply.

***Compounded medications are subject to a Prior Authorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medications are on the applicable formulary.*

****Specialty is covered for the first fill via participating retail pharmacy and the UHC. All subsequent fills must be done through the participating specialty pharmacy providers.*

MAC B - Unless the prescribing provider requires the use of a brand name drug, the prescription will automatically be filled with a generic drug when available and permissible by state law. If you receive a brand name drug when a generic is available, you will be responsible for the brand name drug's co-payment and/or co-insurance plus the difference in cost between the brand name drug and its generic equivalent. If your prescribing provider requires the use of a brand name drug, the prescription will be filled with the brand name drug and you will be responsible for the brand name drug's co-payment and/or co-insurance. The cost difference between the brand name and generic drug does not apply toward the medical plan's out-of-pocket limit. This does not apply to tobacco cessation medications covered under USPSTF guidelines.

See the student guide for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.

PEDIATRIC VISION BENEFIT SUMMARY

Pediatric Vision

The following shows the vision benefit available under this Student Plan for enrolled for all vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Co-payment and/or co-insurance 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 plan deductible or out-of-pocket limit.

Member Responsibility

Service/Supply	Participating Providers	Non-Participating Providers:
Enrolled Members Age 18 and Younger		
Eye exam	No charge*	Medical Deductible then 25% co-insurance
Vision Hardware		
Vision hardware or Contact Lenses	No charge* for one pair per year for non-collection frames and/or lenses	Medical Deductible then 25% co-insurance for non-collection frames and/or lenses

* Not subject to annual medical deductible.

Benefit Limitations: enrolled members age 18 and younger

'Collection' lenses and/or frames refers to brand name hardware when comparable non-brand/non-collection lenses and/or frames are available. Collection glasses (lenses and frames) are not covered.

- One routine ophthalmologic exam with refraction, as well as dilation every contract year.
- One pair of glasses (lenses and frames) per contract year or Contact lenses in lieu of eyeglasses.
    - Lens coverage includes the following:
        - Glass or plastic lenses;
        - All lens powers (single vision, bifocal, trifocal, lenticular); and
        - fashion and gradient tinting, oversized and glass-grey #3 prescription sunglass lenses, as well as polycarbonate lenses, anti-reflective and scratch resistant coatings.
    - Contact lens coverage includes the following:
        - Medically necessary contact lenses for Keratoconus, Pathological Myopia, Aphakia, Anisometropia, Aniseikonia, Aniridia, Corneal Disorders, Post-traumatic Disorders, Irregular Astigmatism; and
        - Low Vision services.

Exclusions

- Lenses, frames, or contact lenses, for enrolled members age 19 and older.
- Special procedures such as orthoptics or vision training.
- Special supplies such as nonprescription sunglasses and subnormal vision aids.
- Plano contact lenses.
- Replacement of lost, stolen, or broken lenses or frames.
- Duplication of spare eyeglasses or any lenses or frames.
- Nonprescription lenses.
- Visual analysis that does not include refraction.
- Services or supplies not listed as covered expenses.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Expenses covered under any worker's compensation law.
- Services or supplies received before this plan's coverage begins or after it ends.
- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by the employer.
- Medical or surgical treatment of the eye.

Important information about the vision benefits

This Student Plan includes coverage for vision services. To make the most of those benefits, it is important to keep in mind the following:

Participating Providers

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

Paying for Services

Members should remember to show their current PacificSource ID card whenever they use their vision benefits. The PacificSource provider contracts require participating providers to bill PacificSource directly whenever members receive covered services and supplies. Providers will verify member vision benefits. Participating providers should not ask members to pay the full cost in advance. They may only collect the member's share of the expense up front, such as co-payments and amounts over the Student Plan's allowances. If members are asked to pay the entire amount in advance, they should tell the provider they understand the provider has a contract with PacificSource and the provider should bill PacificSource directly.

Sales and Special Promotions

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 participating providers already discount their services through their contract with PacificSource, this Student Plan's participating provider benefits cannot be combined with any other discounts or coupons. Members can use the Student Plan's participating provider benefits, or use their non-participating provider benefits to take advantage of a sale or coupon offer. If members do take advantage of a special offer, the participating provider may treat them as an uninsured customer and require full payment in advance. Members can then send the claim to PacificSource themselves, and be reimbursed according to their non-participating provider benefits.