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UNIVERSITY  
OF OREGON

## **UO Student Health Benefits Plan Student Guide**

Group No.: G0033725  
UO Student Dental - International  
Effective: 08/10/2026

With Third Party Administrative Services Provided By:



## ***Introduction***

Welcome to your Student Dental Benefits Plan. The University of Oregon established the UO Dental Benefits Plan (referred to as the “Student Plan”) to provide dental coverage to help you and your eligible dependents (listed in the section titled ‘Becoming Eligible’ of the Medical Student Guide) stay well. We encourage you to familiarize yourself with the wide range of benefits and services offered by this Student Plan.

Any words or phrases used in this student guide that appear with an initial capital letter, are defined terms. All such words or phrases are defined in the Definitions Section (see the Table of Contents for exact location). The University of Oregon highly encourages you to read this student guide in its entirety and to ask any questions you may have to ensure you understand your rights, responsibilities, and the benefits available to you under the terms of this Student Plan.

## ***Using this Student Guide***

This student guide will help you understand how this Student Plan works and how to use it. Please read it carefully and thoroughly.

Within this guide you will find Member Benefit Summaries for your dental plan and any other dental benefits provided under the University of Oregon’s Student Plan. The summaries work with this guide to explain this Student Plan. The guide explains the services covered by this Student Plan; the Benefit Summaries tell you how much this Student Plan pays toward expenses and the amount for which you will be responsible.

The UO Student Health Benefits Plan team is available to answer your questions about eligibility, general plan design, and enrollment/termination (call 541-346-2832 or stop by University Health Services). The customer service team at PacificSource is also available to answer questions about Providers, benefits, prior authorizations, and specific claims questions. To contact PacificSource Customer Service, call 1-855-274-9814.

## ***Nature of this Student Plan***

This Student Plan is not an employee welfare benefit plan or an employer-sponsored plan. This Student Plan is not governed by the Employee Retirement Income Security Act (“ERISA”).

This Student Plan is “self-insured,” which means benefits are paid by the University of Oregon and are not guaranteed by a separate insurance company. The University of Oregon, which is also the Plan Administrator, has contracted with the Third Party Administrator to perform certain administrative services related to this Student Plan.

PacificSource Health Plans (“PacificSource”) is the Third Party Administrator and will process Claims, answer dental benefit and Claim questions, and generally provide administrative services to this Student Plan.

As used in this student guide, the word ‘year’ refers to the Student Plan’s Contract Year, as follows: UO Law Students – August 10, 2026 to August 9, 2027 and UO Students (Undergraduate/Non-law Graduate Students) – September 15, 2026 to September 14, 2027. The word ‘lifetime’ as used in this student guide refers to the period of time you participate in this Student Plan or any other student plan offered by the University of Oregon.

Representations not warranties: In the absence of fraud, all statements made by the University of Oregon with respect to this Student Plan will be considered representations and not warranties. No statement made for the purpose of effecting coverage will void the coverage or reduce benefits

unless it is contained in a written document signed by the University of Oregon and a provided to a student.

### ***Retention of Fiduciary Duties***

The University of Oregon has retained all fiduciary duties under this Student Plan, including all interpretations of this Student Plan and the eligibility, benefits and exclusions it contains. This means that the University of Oregon is solely responsible for all final decisions regarding what benefits are or will be covered, both now and in the future. The University of Oregon is solely responsible for the design of this Student Plan. The University of Oregon is solely responsible for setting any and all criteria used to determine enrollment and eligibility.

### ***Governing Law***

This Student Plan must comply with both state and federal law, including required changes occurring after this Student Plan's effective date. Therefore, coverage is subject to change as required by law.

### ***Questions?***

If you have any questions, please contact the Student Health Benefits Team or PacificSource Customer Service staff. Please give them a call, visit them on the Internet, or stop by their offices.

#### **UO Student Health Benefits Team**

General Questions on Eligibility, Enrollment, Plan Design, Premiums:  
1-541-346-2832

#### **Website**

[Health.uoregon.edu/insurance](http://Health.uoregon.edu/insurance)

#### **PacificSource Customer Service Team**

Specific Questions on Claims, Provider Network, Benefits, etc.:  
1-855-274-9814

#### **PacificSource Headquarters**

555 International Way, Springfield, OR 97477  
PO Box 7068, Springfield, OR 97475-0068  
Phone 541-686-1242 or 888-977-9299

#### **Website**

[PacificSource.com/uo](http://PacificSource.com/uo)

*Para asistencia en español, por favor llame al número (866) 281-1464.*

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# ADULT DENTAL BENEFIT SUMMARY

## UO Student Dental Plan for individuals age 19 and older

### International Students

**Benefit Year:** UO Law Students: 8/10/2026 to 8/9/2027

UO Students (Undergraduate/Non-Law Graduate): 9/15/2026 to 9/14/2027

**Who is eligible?** University of Oregon Guidelines

**Provider Network:** UO Exclusive Network

### University Health Services (UHS):

Services provided by University Health Services (UHS) are covered per University guidelines.

This Student 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 the 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).

| Annual Deductible                                                     | Per Person, Per Benefit Year | Per Family, Per Benefit Year |
|-----------------------------------------------------------------------|------------------------------|------------------------------|
| All Providers                                                         | \$150                        | \$450                        |
| Annual Benefit Maximum                                                |                              |                              |
| \$1,000 per Member per Benefit Year. Applies to all Covered Services. |                              |                              |

**The Member is responsible for any amounts shown above, in addition to the following amounts.**

| Service                                                             | University Health Services (UHS) | UO Exclusive Network (In-network Providers) | Out-of-network Providers        |
|---------------------------------------------------------------------|----------------------------------|---------------------------------------------|---------------------------------|
| Class I Services (Covered for Members age 19 and older.)            |                                  |                                             |                                 |
| Bitewing films, full mouth X-rays, cone beam X-rays, and/or panorex | No Deductible, No charge         | No Deductible, No charge                    | No Deductible, No charge        |
| Dental cleaning (Prophylaxis)                                       | No Deductible, No charge         | No Deductible, No charge                    | No Deductible, No charge        |
| Examinations (after hours)                                          | Not available                    | Deductible then 30% Coinsurance             | Deductible then 40% Coinsurance |
| Examinations (During regular office hours)                          | No Deductible, No charge         | No Deductible, No charge                    | No Deductible, No charge        |
| Fluoride (topical and varnish applications)                         | No Deductible, No charge         | No Deductible, No charge                    | No Deductible, No charge        |
| Class II Services (Covered for Members age 19 and older.)           |                                  |                                             |                                 |
| Alveoloplasty                                                       | Deductible then 20% Coinsurance  | Deductible then 30% Coinsurance             | Deductible then 40% Coinsurance |
| Anti-Microbial Agents                                               | Deductible then 20% Coinsurance  | Deductible then 30% Coinsurance             | Deductible then 40% Coinsurance |

|                                                                       |                                    |                                    |                                    |
|-----------------------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Brush biopsies                                                        | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Core build-up                                                         | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Crown re-cement                                                       | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Denture relines                                                       | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Diagnostic Casts                                                      | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Fillings                                                              | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Full mouth debridement                                                | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Palliative Care                                                       | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Periodontal Maintenance and<br>Scaling in presence of<br>inflammation | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Periodontal Scaling and Root<br>Planing                               | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Pin retention of fillings                                             | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Pulp capping                                                          | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Pulpotomy                                                             | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Simple extractions                                                    | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| <b>Class III Services (Covered for Members age 19 and older.)</b>     |                                    |                                    |                                    |
| Bone grafting                                                         | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Bridges                                                               | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Complicated oral surgery                                              | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Crowns                                                                | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Dentures                                                              | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Implants                                                              | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Occlusal guards (night guards)                                        | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Periodontal surgery                                                   | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Replacement of existing<br>Prosthetic Device                          | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Root canal therapy                                                    | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |

|                       |                                    |                                    |                                    |
|-----------------------|------------------------------------|------------------------------------|------------------------------------|
| Tooth desensitization | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Veneers               | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |

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

## Additional information

### What is the annual Deductible?

This Student Plan's dental Deductible is the amount of money that Members pay first, before this Student Plan starts to pay. Members will see that some services are covered by this Student Plan without their needing to meet the Deductible.

The individual Deductible applies if Members enroll without dependents. If a Member and one or more dependents enroll, the individual Deductible applies for each Member only until the family Deductible has been met.

University Health Services, UO Exclusive Network, and out-of-network expenses apply together toward the dental Deductible.

### What is the annual benefit maximum?

The annual benefit maximum is the maximum amount payable by this Student Plan for Covered Services received each Benefit Year.

### Payments to Providers

Payment to Providers is based on the prevailing or contracted PacificSource fee allowance for Covered Services. In-network Providers accept the fee allowance as payment in full. Out-of-network Providers are allowed to Balance Bill any remaining balance that this Student Plan did not cover. Services of Out-of-network Providers could result in out-of-pocket expense in addition to the percentage indicated above.

### Prior authorization

Coverage of certain services and Surgical Procedures requires a Benefit Determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization 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. Prior authorization does not change your out-of-pocket expense for In-network and Out-of-network Providers. You'll find the most current prior authorization list on our website, [PacificSource.com/uo](https://pacificsource.com/uo).

### Discrimination is against the law

Both the University of Oregon and PacificSource Health Plans comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. University of Oregon and PacificSource do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## BECOMING ELIGIBLE

University of Oregon Students who are deemed eligible under the terms and conditions of the UO Student Health Benefits Plan are also eligible for this dental plan. Enrollment in the dental plan is automatic based on enrollment in the medical plan. Please see the Medical Student Guide for information regarding Eligibility and Enrollment of Dependents.

Pediatric dental services are covered for enrolled individuals age 18 and younger on the Comprehensive Pediatric Student Plan. Coverage for pediatric services will end on the last day of the month in which the enrolled individual turns 19. Frequency limits of the Comprehensive Pediatric Student Plan are as required under the Affordable Care Act (ACA). Individuals will automatically be transitioned from the Comprehensive Pediatric Student Plan to this Student Dental Plan.

## EFFECTIVE DATE OF COVERAGE, OPEN ENROLLMENT PERIODS, PAYMENT DEADLINES

Coverage for each International Student who enrolls is effective on the first day of the period in which you are eligible and premium has been paid. The effective date is the first day of the 'Term/Semester Coverage Periods' listed below.

### ***Effective Date of Coverage:***

|                                        | UO Students<br>(Term-Based) | UO Law Students<br>(Semester-Based) |
|----------------------------------------|-----------------------------|-------------------------------------|
| <b>Annual Coverage Period:</b>         | 9/15/2026– 9/14/2027        | 8/10/2026 – 8/09/2027               |
| <b>Term/Semester Coverage Periods:</b> |                             |                                     |
| Fall Term/Semester                     | 9/15/2026 – 12/31/2026      | 8/10/2026 – 1/09/2027               |
| Winter Term                            | 1/01/2027– 3/27/2027        | N/A                                 |
| Spring Term/Semester                   | 3/28/2027 – 9/14/2027       | 1/10/2027 – 8/09/2027               |
| Summer Only                            | 6/13/2027– 9/14/2027        | N/A                                 |

Note: The Spring Term/Semester coverage period includes automatic extension of coverage through the summer term/semester, regardless of whether or not the Student meets any of the eligibility criteria for the summer term/semester.

### ***Open Enrollment Periods & Deadlines:***

International Students may enroll eligible dependents, submit waiver forms, and meet premium payment deadlines during the timeframes noted below.

|                      | UO Students<br>(Term-Based) | UO Law Students<br>(Semester-Based) |
|----------------------|-----------------------------|-------------------------------------|
| <b>Contract Year</b> | 9/15/2026 – 9/14/2027       | 8/10/2026– 8/09/2027                |



| <b>Fall Term/Semester Dates:</b>                                                |                        |                       |
|---------------------------------------------------------------------------------|------------------------|-----------------------|
| Open Enrollment Begins                                                          | 8/01/2026              | 8/01/2026             |
| Compliance Deadline (Payment Deadline, Waiver Deadline, Open Enrollment Closes) | 10/07/2026             | 9/04/2026             |
| Late Waiver/Enrollment Deadline                                                 | 10/30/2026             | 9/25/2026             |
| Coverage Period                                                                 | 9/15/2026 – 12/31/2026 | 8/10/2026 – 1/09/2027 |
| <b>Winter Term Dates:</b>                                                       |                        |                       |
| Open Enrollment Begins                                                          | 12/01/2026             | N/A                   |
| Compliance Deadline (Payment Deadline, Waiver Deadline, Open Enrollment Closes) | 1/13/2027              | N/A                   |
| Late Waiver/Enrollment Deadline                                                 | 2/05/2027              | N/A                   |
| Coverage Period                                                                 | 1/01/2027 – 3/27/2027  | N/A                   |
| <b>Spring Term/Semester Dates:</b>                                              |                        |                       |
| Open Enrollment Begins                                                          | 3/01/2027              | 12/01/2026            |
| Compliance Deadline (Payment Deadline, Waiver Deadline, Open Enrollment Closes) | 4/07/2027              | 1/25/2027             |
| Late Waiver/Enrollment Deadline                                                 | 4/30/2027              | 2/12/2027             |
| Coverage Period                                                                 | 3/28/2027 – 9/14/2027  | 1/10/2027 – 8/09/2027 |
| <b>Summer Term Dates:</b>                                                       |                        |                       |
| Open Enrollment Begins                                                          | 6/01/2027              | N/A                   |
| Compliance Deadline (Payment Deadline, Waiver Deadline, Open Enrollment Closes) | 7/01/2027              | N/A                   |
| Late Waiver/Enrollment Deadline                                                 | 7/23/2027              | N/A                   |
| Coverage Period                                                                 | 6/13/2027– 9/14/2027   | N/A                   |

## **GENERAL STUDENT PLAN PROVISIONS**

### **HIPAA COMPLIANCE STATEMENT**

UO is a hybrid entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This means that some of UO's units and departments are required to comply with HIPAA, to the extent applicable, and some parts are not. Those units and departments that are required to

comply with applicable provisions of HIPAA are called covered components. This Plan and University Health Services (UHS) are covered components. While covered components are required to comply with applicable provisions of HIPAA, they are also required to comply with the Family Educational Rights and Privacy Act (FERPA) and UO policy.

Other departments, such as the Registrar's Office and the Erb Memorial Union, are not required to comply with HIPAA and therefore they are not covered components. However, the confidentiality protections afforded by FERPA still apply to education records maintained in those departments. For more information regarding the protections and rights afforded by FERPA, please visit: <https://registrar.uoregon.edu/records-privacy>.

The below sets forth the rights and protections you have relating to your protected health information (PHI), as that term is defined by HIPAA, disclosed in relation to this Plan and as prescribed by HIPAA.

1. Only the following employees or agents of the University of Oregon will have access to PHI. Those employees who as a part of their job duties: (i) require the information in order to resolve claims, referral, or other benefit issues on behalf of the Members; or (2) require the information to resolve enrollment and payment issues on behalf of this Student Plan;
2. This Plan and UHS have sufficient administrative, physical and technical safeguards in place to protect the privacy of the PHI from any unauthorized use or disclosure in compliance with all applicable state and federal laws;
3. This Plan and UHS shall have a process in place prior to the receipt of any PHI for the sole purpose of investigating and resolving any suspected incidents where PHI has been improperly accessed, used, or disclosed by the Plan or UHS's employee or agent;
4. Neither this Plan nor UHS will disclose PHI other than as permitted or required by law or this Student Plan;
5. This Plan and UHS will ensure that any agent agrees to the same restrictions and conditions that apply to the University with respect to such PHI;
6. This Plan and UHS will not use PHI disclosed by PacificSource for any employment-related action or in connection with any other benefit or employee benefit plan of UO;
7. This Plan and UHS have a written policy for investigating and appropriately reporting any security incidents that relate to PHI to PacificSource;
8. This Plan and UHS will make available PHI in accordance with 45 CFR § 164.524;
9. This Plan and UHS will make PHI available for amendment and incorporate any amendments to PHI in accordance with 45 CFR § 164.526;
10. This Plan and UHS will make available the information required to provide an accounting of disclosure in accordance with 45 CFR § 164.528;
11. This Plan and UHS will make its internal practices, books, and records relating to the use and disclosure of PHI received from this Student Plan available to the Secretary for purposes of determining compliance by this Student Plan with the provisions of 45 CFR § 164.504.

12. This Plan and UHS will return or destroy all PHI received from this Student Plan that the UO still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and
13. This Plan and UHS will ensure that the adequate separation between employees who need access to PHI to perform their assigned job functions and those who do not is established and enforced.

As noted above, the protections described above apply to PHI disclosed by PacificSource to UO as the Plan Sponsor. For information regarding other rights relating to your education records and medical information under FERPA and UO policy, please visit:

<https://registrar.uoregon.edu/records-privacy> (FERPA);

<https://health.uoregon.edu/files/NPP-English-2018.pdf> (Notice of Privacy Practices);

<https://policies.uoregon.edu/III.05.02> (UO policy regarding confidentiality of client/patient health care and survivors' services information.)

**Rescissions.** This Student Plan may Rescind a student's or student's dependents coverage if the student or dependent, or the person seeking coverage on their behalf, performs an act, practice, or omission that constitutes fraud or makes an intentional misrepresentation of a material fact. The student or dependent will be given 30 days' prior written notice of any Rescission of coverage, and offered an opportunity to Appeal that decision.

## **TERM AND TERMINATION – COVERAGE**

- **Students.** Coverage for a student will end on the first of the following events:
  - the date this Student Plan terminates;
  - the date on which the student withdraws from the school because of entering the armed forces of any country;
  - the date that aligns to the student's eligibility as described in the section title, "Becoming Eligible".
- **Dependents.** Coverage for a student's dependent(s) will end when coverage for the student ends. Coverage will end prior to that time in the event of one of the following:
  - the date the student fails to pay any required premium;
  - upon request - on the last day of the coverage period in which the dependent(s) leaves the US, and in accordance with the section above, titled "Dependent Enrollment";
  - for a Dependent Child, on the last day of the coverage period following the child's 26<sup>th</sup> birthday;
  - for a Spouse, the last day of the coverage period in which the marriage ends in divorce or annulment;

- for a Domestic Partner, the earliest to occur of: (a) the date this Student Plan no longer allows coverage for Domestic Partners; or (b) the last day of the coverage period in which the domestic partnership is terminated (the student must provide written notice of such termination to PacificSource).

Termination will not prejudice any claim for a charge that is incurred prior to the date coverage ends.

## **UNDERSTANDING HOW YOUR BENEFITS ARE PAID**

This section of the Student Guide contains information to help you understand the benefits of this Student Plan and how certain aspects of this Student Plan work, including Deductibles, Copayments, Coinsurance, and benefit maximums. For more information, see the benefit summaries for plan details.

### **BENEFIT YEAR**

#### ***Contract Year***

A Contract Year is a 12 month period beginning on the date this Student Plan is issued or the anniversary of the date the Student Plan was issued. Many benefits and provisions in this Student Plan are calculated on a Contract Year basis. Any benefit with a separate maximum benefit (for example, not on a contract year basis) is identified in the Covered Services section of this student guide. Frequency limitations are calculated from the previous date of service or initial placement, unless otherwise specified.

If this Student Plan renews or is modified mid-contract year, the previously satisfied Deductibles, out-of-pocket limits, and benefit maximums will be credited toward the renewed or modified plan.

### **YOUR DEDUCTIBLE**

Except for certain services that do not require satisfaction of the Deductible, this Student Plan will only begin to pay benefits for Covered Services once a Member satisfies the Deductible by incurring a specific amount of expenses during the Benefit Year. The amount that accrues to the Deductible is the Allowable Fee.

Your expenses for the following do not count toward the Deductible and will be your responsibility:

- Charges over the Allowable Fee;
- Charges for non-Covered Services; and
- Charges for any Coinsurance or Copayments.

Covered Services used to satisfy the Deductible also accrue to the annual or Lifetime Maximums, if any apply.

### **YOUR COPAYMENT**

This Student Plan may include a Copayment on certain services or supplies each time you receive a specified service or supply. Copayments are fixed dollar amounts. Any Copayment required will be the lesser of the fixed dollar amount or the Allowable Fee for the service or supply. The Provider will collect any Copayment.

## **YOUR COINSURANCE**

After a Member has satisfied the individual Deductible or the family Deductible, if any applies, this Student Plan may include a Coinsurance payment on certain services or supplies each time the Member receives a specified service or supply. Coinsurance is a percentage of the Allowable Fee. Any Coinsurance required will be based on the lesser of the billed charges or the Allowable Fee. The Provider will bill you and collect any Coinsurance payment.

## **YOUR BENEFIT MAXIMUM**

The benefit maximum is the total amount that this Student Plan will pay for a Member's dental care within the Benefit Year. After a Member has reached the benefit maximum, the Member will be responsible for all subsequent charges for the duration of the Benefit Year.

## **UNDERSTANDING DENTAL NECESSITY**

In order for a service or supply to be covered, it must be both a Covered Service *and* Dentally Necessary.

*Be careful* – just because a treatment is prescribed or recommended by a Provider does not mean it is Dentally Necessary under the terms of this Student Plan. This Student Plan provides coverage only when such care is necessary to treat an Illness or Injury or the service qualifies as preventive care. All treatment is subject to review for Dental Necessity. Review of treatment may involve prior authorization, concurrent review of the continuation of treatment, post-treatment review or any combination of these. A second opinion (at no cost to the Member when requested by this Student Plan) may be required for Dental Necessity determination.

Some Dentally Necessary services are not Covered Services. Dentally Necessary services and supplies that are specifically excluded from coverage under this Student Plan can be found in the Benefit Exclusions section. If you ever have a question about your benefits, contact the PacificSource Customer Service team.

## **UNDERSTANDING EXPERIMENTAL, INVESTIGATIONAL, OR UNPROVEN SERVICES**

This Student Plan does not cover services or treatments that are Experimental, Investigational, or Unproven.

To ensure you receive the highest quality care at the lowest possible cost, PacificSource reviews new and emerging technologies and medications on a regular basis. PacificSource's internal committees make decisions about coverage of these methods and medications based on literature reviews, standards of care and coverage, consultations, and review of evidence-based criteria. You and your Provider may request information regarding PacificSource's criteria for determining these services or treatments.

## **ELIGIBLE PROVIDERS**

This Student Plan provides benefits only for Covered Services and supplies rendered by an eligible Provider. The services or supplies provided by individuals or companies that are not specified as eligible Providers are not eligible for reimbursement under the benefits of this Student Plan. To be eligible, the Providers must be practicing within the scope of their licenses.

# COVERED SERVICES

This section of the Student Guide contains information about the benefits provided under this Student Plan. You are responsible for all charges for services that are not a Covered Service. Covered Services are organized into different classes, starting with preventive care and advancing into specialized dental treatments.

Benefits are eligible for payment only to the extent a charge is, or would be, made for the least costly service or supply appropriate to your dental treatment. Charges in excess of the least costly service or supply appropriate for treatment, or the Allowable Fee, are not covered under this Student Plan and become your responsibility.

If you select a more expensive treatment than is customarily provided, this plan will pay the applicable percentage of the lesser fee. You will be responsible for the balance of the Provider's charges.

As described in the prior section, these services and supplies may require you to satisfy a Deductible, make a Copayment, and/or pay Coinsurance. They may be subject to additional limitations or maximum dollar amounts. For an expense to be eligible for payment, you must be a Member of this plan on the date the expense is incurred and eligible Providers practicing within the scope of their licenses must render the services. A treatment or service may be a Dental Necessity, yet not be a Covered Service. For information about exclusions, see the Benefit Exclusions section.

Subject to all the terms of this plan, the following services and supplies are covered according to the benefit summary.

**These dental services are for Members age 19 and older.**

## CLASS I SERVICES (FOR MEMBERS AGE 19 AND OLDER)

- **Dental cleaning (Prophylaxis)** are limited to a combined total of two procedures per Benefit Year. The limitation for dental cleaning applies to any combination of Prophylaxis and/or Periodontal Maintenance in the Benefit Year.
- **Examinations (routine, problem focused, diagnostic, and comprehensive periodontal exams)** are limited to a combined total of two examinations per Benefit Year. Separate charges for review of a proposed treatment plan or for diagnostic aids are not covered. Re-evaluation, limited, problem focused exams and emergency examinations are covered.
- Adjunctive pre-diagnostic tests (**ViziLite**) to aid in the detection of mucosal abnormalities and **pulp vitality tests** for assessing pulp health are covered.
- **Caries arresting medicament** is limited to one application every six months per tooth.
- **Fluoride (topical or varnish applications)** are limited to a combined total of four applications per Benefit Year.
- **Complete full mouth series of X-rays, a cone beam X-ray, or panorex** are limited to one complete full mouth series of X-rays cone beam X-ray, or panorex in any 36 month period and further limited to one bitewing set in a 12 month period. When an accumulative charge for additional periapical X-rays in a one year period matches that of a complete full mouth series of X-rays, no further benefits for periapical X-rays, cone beam X-rays, complete full mouth series of X-rays, or panorex are available for the remainder of the year.

- Application of **sealants** is limited to one application, per quadrant, per Benefit Year to permanent molars and bicuspid, except for visible evidence of clinical failure.

## **CLASS II SERVICES (FOR MEMBERS AGE 19 AND OLDER)**

- **Antimicrobial agents** are covered.
- **Alveoloplasty** is covered.
- **Brush biopsies** used to aid in the diagnosis of oral cancer are covered.
- **Composite Resin, or Amalgam Restoration (fillings)** are limited to the same tooth once per Benefit Year, up to four surfaces per tooth.
- **Core build-ups** are covered when used to restore a tooth that has been treated endodontically (root canal).
- **Denture relines** are covered only once every 12 months.
- **Diagnostic casts** are covered.
- **Full mouth debridement** is limited to once every 36 months. This procedure is only covered if the teeth have not received a Prophylaxis in the prior 36 months and if an evaluation cannot be performed due to the obstruction by plaque and calculus on the teeth. This procedure is not covered if performed on the same date as a dental cleaning (Prophylaxis or Periodontal Maintenance).
- **Palliative (emergency) treatment of dental pain** is covered.
- **Periodontal Maintenance procedures following active treatment** are limited to combined total of two procedures per Benefit Year. The limitation for dental cleaning applies to any combination of Prophylaxis and/or Periodontal Maintenance in the Benefit Year.
- **Periodontal Scaling, Root Planing, and/or Curettage** is limited to only one procedure per quadrant in any 24 month period. For the purpose of this limitation, eight or fewer teeth existing in one arch will be considered one quadrant.
- **Pin retention** in addition to Restoration (fillings) are covered.
- **Pulp capping** is only covered when there is an exposure to the pulp. These are direct pulp caps. Coverage for indirect pulp caps are covered as part of the Restoration fee and are not covered as a separate charge.
- **Pulpotomy** is only covered for primary teeth.
- **Repair and re-cementing** of crowns is covered.
- **Scaling** in presence of generalized moderate or severe gingival inflammation (full mouth), performed after an oral evaluation) is covered.
- **Simple extractions of teeth** and other minor oral surgery procedures are covered. A separate charge for Alveolectomy performed in conjunction with removal of teeth is not a Covered Service.
- Surgical removal of non-cancerous (**benign**) **oral lesions** are covered.

- Surgery to remove a salivary gland stones (**sialolithotomy**) that block salivary ducts, restoring normal saliva flow and relieving pain or swelling is covered.
- Surgical treatment of **odontogenic cysts (marsupialization)** are covered.
- **Tooth reimplantation and/or stabilization** of an accidentally knocked out (avulsed) or displaced tooth and/or treatment of the surrounding bone (alveolus) are covered.
- The following services for **sedation** are covered when administered by a Provider in their office when used in conjunction with approved oral surgery procedures:
  - Moderate sedation taken by mouth
  - Moderate sedation given by an injection, non-intravenously (IV)

### **CLASS III SERVICES (FOR MEMBERS AGE 19 AND OLDER)**

- **Bone replacement grafts** are covered.
- **Initial cast partial denture, full denture, immediate denture, or overdenture** are limited to the cost of a standard full or cast partial denture. A separate charge for denture adjustments performed within six months of the initial placement is not a Covered Service. Cast Restorations for partial denture Abutment teeth or for splinting purposes are not covered unless the tooth in and of itself requires a Cast Restoration. Fixed partial denture sectioning is not covered.
- **Complicated oral surgery procedures**, such as the removal of impacted teeth, frenulectomy, and frenuloplasty, are limited to procedures that are covered by this Student Plan and have been Predetermined by PacificSource. A separate charge for Alveolectomy performed in conjunction with removal of teeth is not a Covered Service.
- **Crowns** and other cast or laboratory-processed Restorations are limited to the Restoration of any one tooth every five years.
- **Initial fixed bridges or removable cast partials** are covered.
- **Crowns, onlays, bridges.** The completion date is the cementation date (seat date) regardless of the type of cement utilized.
- The following services for **anesthesia and sedation** are covered when administered by a Provider in their office when used in conjunction with approved oral surgery procedures:
  - Deep sedation or general anesthesia
  - General anesthesia with advanced airway support
  - Moderate (IV) sedation
  - Minimal sedation given in the office (single medication taken by mouth)
- **Implants.** Surgical placement and removal of implants are limited to a Lifetime Maximum of one per tooth space for each service. Services must be Predetermined by PacificSource to be covered. Benefits include final crown and implant Abutment over a single implant, final implant-supported bridge Abutment, and implant Abutment or pontic. An alternative benefit per arch of a conventional full or partial denture for the final implant-supported full or partial denture prosthetic device is available.
- **Occlusal guards (night guards)** are covered and eligible for replacement once every two Benefit Years.



- **Replacement of an existing prosthetic device** is only covered when the device being replaced is unserviceable, cannot be made serviceable, and has been in place for at least five years.
- **Root canal therapy** is covered.
- **Periodontal surgery** is limited to procedures that have been Predetermined by PacificSource and accompanied by a periodontal diagnosis and history of conservative (non-surgical) periodontal treatment. Gingivectomy: per quadrant is limited to once per quadrant per 36 month period. Gingivectomy: per one to three teeth is limited to once per quadrant per 36 month period. Gingival flap procedure: per one to three teeth per quadrant is limited to once per site per 36 month period. Localized delivery of chemotherapeutic agents.
- **Provisional crowns** are covered.
- **Scaling and debridement of a single implant** in the presence of peri-implantitis inflammation, bleeding upon probing, is covered.
- **Tooth desensitization** is covered as a separate procedure from other dental treatment.
- **Veneers** are covered for Dentally Necessary treatment not associated with aesthetic dental procedures.

## **BENEFIT EXCLUSIONS**

### **EXCLUDED SERVICES**

This Student Plan does *not* cover the following:

- Aesthetic (cosmetic) dental procedures – Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.
- Alveolectomy when performed in conjunction with tooth extraction – Separate charge not covered.
- Anesthesia when performed in conjunction with a restorative procedure – Separate charge not covered.
- Athletic mouth guards.
- Biopsies or histopathologic exams – A separate charge for a biopsy of oral tissue or histopathologic exam.
- Charges for phone consultations, missed appointments, get acquainted visits, completion of claim forms, or reports PacificSource needs to process claims unless otherwise contracted with the Provider.
- Collection of cultures and specimens.
- Connector bar or stress breaker.
- Core build-ups are not covered unless used to restore a tooth that has been treated endodontically (root canal).

- Cosmetic/reconstructive services and supplies – Procedures, appliances, Restorations, or other services that are primarily for cosmetic purposes (does not apply to emergency services).
- Denture adjustment or relines performed within 12 months of the initial placement.
- Denture replacement due to loss, theft, or breakage, unless otherwise noted in Covered Services.
- Drugs and medications that are prescribed drugs and take-home medicine or supplies distributed by a Provider for any Member. As well as premedication drugs, analgesics (for example, nitrous oxide or non-intravenous sedation), and any other euphoric drugs.
- Educational programs – Instructions and/or training in plaque control and oral hygiene.
- Expense incurred by a Member; not a United States citizen; for services performed within the Student's home country.
- Experimental, Investigational, or Unproven – This Student Plan does not cover services, supplies, protocols, procedures, devices, 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 the PacificSource 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.

- Fractures of the maxilla and mandible – Surgery, services, and supplies provided in connection with the treatment of simple or compound fractures of the maxilla or mandible.
- General anesthesia except when administered by a Provider in connection with oral surgery in their office, unless otherwise noted in Covered Services.
- 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.
- Hospital charges or additional fees charged by the Provider for hospital treatment.
- Hypnotherapy.
- Indirect pulp caps are to be included in the Restoration process, and are not a separate Covered Service.
- Infection control – A separate charge for infection control or sterilization.

- Intra and extra coronal splinting – Devices and procedures for intra and extra coronal splinting to stabilize mobile teeth.
- Mail order or Internet/web based Providers are not eligible Providers.
- Orthodontic services – Treatment of misalignment of teeth and/or jaws, or any ancillary services performed because of orthodontic treatment.
- Orthognathic surgery – Services and supplies to augment or reduce the upper or lower jaw.
- Periodontal probing, charting, and re-evaluations.
- Photographic images.
- Precision attachments.
- Pulpotomies on permanent teeth.
- Removal of clinically serviceable Amalgam Restorations to be replaced by other materials free of mercury, except with proof of allergy to mercury.
- Services covered by the Member's medical plan.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth (other than as specifically noted under the Covered Services section).
- 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 an Immediate Family Member.
- Services or supplies provided outside of the United States, except in cases of emergency.
- Sinus lift grafts to prepare sinus site for implants.
- Space maintainers.
- Stress-breaking or habit-breaking appliances.
- Temporomandibular joint (TMJ) – Services or supplies for treatment of any disturbance of the temporomandibular joint.
- Third party liability, motor vehicle liability, motor vehicle insurance coverage, workers' compensation – Any services or supplies for Illness or Injury for which a third party is responsible or which are payable by such third party or which are payable pursuant to applicable workers' compensation laws, motor vehicle liability, uninsured motorist, underinsured motorist, and Personal Injury Protection (PIP) insurance and any other liability and voluntary medical payment insurance to the extent of any recovery received from or on behalf of such sources, except in a situation where such exclusion is expressly prohibited by state law.

- 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.
- Treatment after coverage ends – Services or supplies a Member receives after the Member's coverage under this Student Plan ends
- Treatment not Dentally Necessary, according to acceptable dental practice, or treatment not likely to have a reasonably favorable prognosis.
- 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.
- Treatment prior to enrollment or satisfaction of an Exclusion Period, if applicable.
- 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 Student Plan.
- ViziLite.
- 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.

## **EXCLUSION PERIODS**

If the benefit summaries provide for an Exclusion Period, Members will need to complete this period before benefits are covered.

The Exclusion Period is waived for Members who are covered under this Student Plan on the Student Plan's original effective date if the Member was continuously covered under a predecessor plan of the University of Oregon.

Initial placement of full or partial dentures, fixed bridges (including acid-etch metal bridges), and implants for the replacement of natural teeth have a 36 month Exclusion Period. However, this Exclusion Period is waived if the natural tooth has been lost or extracted while covered under this Student Plan. You may receive credit towards this Exclusion Period if you have had qualifying dental coverage before enrolling in this Student Plan.

### ***Credit for Prior Coverage***

You can receive credit toward this Student Plan's Exclusion Period for having qualifying dental coverage before enrolling in this Student Plan. To qualify for this credit, there may not have been more than a 63 day gap between your last day of coverage under the previous dental coverage and the first day of coverage under this Student Plan.

To demonstrate Creditable Coverage, a Member may provide the University of Oregon with a Certificate of Creditable Coverage from a prior dental benefit plan. If after making a reasonable effort, a Member is unable to obtain a Certificate of Creditable Coverage or other documentation, PacificSource will attempt to assist in obtaining the proof of coverage.

# UTILIZATION REVIEW

PacificSource has a utilization review program to determine coverage. This program is administered by their Health Services team. Questions regarding Dental Necessity, possible Experimental, Investigational, or Unproven services, appropriate setting, and appropriate treatment are forwarded to the PacificSource Dental Director for review and Benefit Determination.

If you would like information on how we reached a particular utilization review Benefit Determination, please contact the PacificSource Health Services team by phone at 888-691-8209, or by email at [healthservices@pacificsource.com](mailto:healthservices@pacificsource.com).

## PRIOR AUTHORIZATION

Coverage of certain services requires a Benefit Determination by PacificSource before the services are performed. This process is called prior authorization.

Prior authorization is necessary to determine if certain services and supplies are covered under this Student, and if you meet this Student Plan's eligibility requirements.

Your Provider can submit a prior authorization request on your behalf. If your Provider is unable to do so, you may contact PacificSource directly.

PacificSource may ask for more details or require a second opinion before approving coverage. You and/or your Provider are responsible for ensuring PacificSource has all the information needed to make a Benefit Determination.

When services are received from an In-network Provider, the Provider is responsible for contacting PacificSource to obtain prior authorization. If your service is denied as not Medically Necessary and your Provider did not obtain prior authorization, the Provider will be held responsible for the denied expense, and they cannot bill you for these charges.

When services are received from an Out-of-network Provider, the Provider is not responsible for contacting PacificSource to obtain prior authorization. If you choose an Out-of-network Provider for services requiring prior authorization, you are responsible for obtaining the prior authorization before receiving services. If prior authorization is not obtained, you may be responsible for the expense if it is later determined not Medically Necessary. If the service is deemed Medically Necessary, out-of-network benefits (which may involve higher out-of-pocket costs) will apply.

Because of the changing nature of care, PacificSource continually reviews new technologies and standards. Therefore, procedures and services requiring prior authorization are subject to change. You can search for procedures, and services that require prior authorization on the website, [Authgrid.PacificSource.com](https://Authgrid.PacificSource.com) (select Commercial for the line of business). You can search for information about Prescription Drug prior authorization requirements on the website, [PacificSource.com/find-a-drug](https://PacificSource.com/find-a-drug). The prior authorization search tool is not intended to suggest that all the items listed are covered by the benefits of this Student Plan.

*If your treatment does not receive prior authorization, you can still seek treatment, but your Post-service Claim will be subjected to retrospective authorization. If a treatment requires prior authorization but was not received, the Post-service Claim must be submitted within 60 days of the date of service. If the claim is not submitted within 60 days or if the review determines the expenses were either not covered by this Student Plan or were not Dentally Necessary, you will be*

*held responsible for the expense. Remember, any time you are unsure if an expense will be covered, contact the PacificSource Customer Service team before receiving services.*

If more information or a second opinion is needed (at no cost to you if requested by PacificSource on behalf of the Plan Sponsor) you or your Provider may be asked to supply additional documentation before coverage is approved. You will receive confirmation (via letter, fax, or electronic transmission) once PacificSource has made its Benefit Determination. If time is critical, you may be notified by phone, with written follow-up to follow. For more information regarding the timelines for review of Pre-service Review and Post-service Claims, see Benefit and Claim Determinations in the Benefit Determinations and Claims Payment section.

Services and supplies necessary to determine the nature and extent of an Emergency Dental Condition are covered without prior authorization requirements.

PacificSource reserves the right to contract with a third party to perform prior authorization procedures on its behalf and such third parties may impose independently developed, evidence-based criteria for making prior authorization determinations. If you have questions about any third party criteria, please contact the PacificSource Customer Service team.

If your Provider's prior authorization request is denied for reasons such as not Dentally Necessary or as Experimental, Investigational, or Unproven, your Provider may Appeal on your behalf. You also maintain the right to Appeal PacificSource's decision independently of your Provider.

## **PREDETERMINATION**

PacificSource provides a Predetermination service for expensive treatment plans. Prior to receiving treatment, a Member or the Provider may request an estimate of what this Student Plan would pay and what the Member would pay by contacting the PacificSource Customer Service team. This estimate is based on the Member's benefits at the time the request is made and is not a guarantee of payment.

## **INDIVIDUAL/SUPPLEMENTAL BENEFITS**

An individual/supplemental benefit may be available if PacificSource approves coverage for services or supplies that are not a Covered Service under this Student Plan. The decision to allow supplemental benefits will be made by PacificSource on a case-by-case basis. PacificSource and the Member's attending Provider must concur in the request for supplemental benefits in lieu of specified Covered Services before supplemental benefits will be covered. PacificSource's determination to cover and pay, on behalf of the University of Oregon, for supplemental benefits for a Member does not set a precedent for coverage of continued or additional supplemental benefits for a Member. No substitution will be made without the consent of the Member.

## **USING THE PROVIDER NETWORK**

This section explains how this Student Plan's benefits differ when you use In-network and Out-of-network Providers. This information is not meant to prevent you from seeking treatment from any Provider if you are willing to take increased financial responsibility for the charges incurred.

All Providers are independent contractors. The University of Oregon or PacificSource cannot be held liable for any claim for damages or Injuries you experience while receiving care.

Under this Student Plan, you are free to seek care from any Provider without a referral. You may, however, be required to comply with certain procedures, including obtaining prior authorization for certain services or following a pre-approved treatment plan.

## **UNIVERSITY HEALTH SERVICES (UHS)**

The Student Plan provides the highest level of coverage for eligible services received at University Health Services. For specific details about dental coverage, please refer to the Adult Dental Benefit Summary above.

## **IN-NETWORK PROVIDERS (UO EXCLUSIVE NETWORK)**

In-network Providers contract with the University of Oregon, directly or indirectly, to provide services and supplies for an Allowable Fee. In-network Providers bill this Student Plan directly, and PacificSource, on behalf of this Student Plan, pays them directly. When you receive Covered Services or supplies from an In-network Provider, you are only responsible for any applicable Deductibles, Copayments, and/or Coinsurance amounts.

## **OUT-OF-NETWORK PROVIDERS**

When you receive services or supplies from an Out-of-network Provider, your out-of-pocket expense is likely to be higher than if you had used an In-network Provider. If the same services or supplies are available from an In-network Provider, you may be responsible for more than the applicable Deductibles, Copayments, and/or Coinsurance amounts.

### ***Allowable Fee for Out-of-network Providers***

This Student Plan's payment to Out-of-network Providers may be derived from several sources, depending on the service or supply and the service area where it is provided. To calculate the payment to Out-of-network Providers, we determine the Allowable Fee, then subtract the Out-of-network Provider benefits.

### ***Balance Billing***

The Allowable Fee is often less than the Out-of-network Provider's charge. In that case, the difference between the Allowable Fee and the Provider's billed charge is also your responsibility; this difference is called Balance Billing. That amount does not apply toward any cost sharing required by this Student Plan.

## **BENEFIT DETERMINATIONS AND CLAIMS PAYMENT**

### ***How to File a Claim***

Your 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, including the Provider name and address, the Provider tax identification number and National Provider Identifier (NPI), procedure codes, and diagnosis codes. It must also include your name, PacificSource Member ID number, group number, and 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. Failure to submit a claim within 90 days may result in a denial of coverage. If you are unable to submit a claim within 90 days, present the claim with an explanation for consideration for coverage. Claims submitted more than a year following the date of service may be denied as untimely.

### ***Proofs of Loss***

PacificSource, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished by PacificSource within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Student Plan as to proof of loss. Upon receipt of the forms for proof of loss, the claimant then must submit the proofs of loss within 90 days of the date of the loss or as soon as reasonably possible. Proofs of loss include written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

### ***Claims Payment Practices***

Unless additional information is needed to process your claim, PacificSource will make every effort to pay or deny your claim within 30 days of receipt. If a claim cannot be paid within 30 days of receipt because additional information is needed, PacificSource will acknowledge receipt of the claim and explain why payment is delayed.

### ***Benefit and Claim Determinations***

**Benefit Determination** – PacificSource will make a Benefit Determination for healthcare services, including those subject to prior authorizations, within the time period noted in the chart below.

| <b>Benefit Determination</b>                                                                      | <b>Pre-service Review</b> |
|---------------------------------------------------------------------------------------------------|---------------------------|
| Initial determination by PacificSource                                                            | 2 business days           |
| If PacificSource requires additional information, PacificSource will make request within          | 2 business days           |
| Provider or Member must provide requested additional information within                           | 15 business days          |
| Once PacificSource receives the information, decision will be made and written notice sent within | 2 business days           |

**Claim Determination** – PacificSource, on behalf of the University of Oregon, will make a claim determination within the time period noted in the chart below, unless additional information is necessary to process the claim. In that event, PacificSource will send you notice that the claim was received and explain what additional information is necessary to process the claim. If PacificSource does not receive the necessary information within 15 days of the delay notice, PacificSource will either deny the claim or notify you every 45 days while the claim remains under investigation.

| <b>Claim Determination</b>                                                               | <b>Post-service Claim</b> |
|------------------------------------------------------------------------------------------|---------------------------|
| Initial determination by PacificSource                                                   | 30 calendar days          |
| If PacificSource requires additional information, PacificSource will make request within | 30 calendar days          |
| Provider or Member must provide requested additional information within                  | 15 calendar days          |



| <b>Claim Determination</b>                                                                        | <b>Post-service Claim</b> |
|---------------------------------------------------------------------------------------------------|---------------------------|
| Once PacificSource receives the information, decision will be made and written notice sent within | 30 calendar days          |

**Adverse Benefit Determinations** – PacificSource will notify you in writing of a decision to deny, modify, reduce, or terminate payment, coverage authorization or provision of services or benefits.

**Review of Adverse Benefit Determinations** – An Adverse Benefit Determination applied for on a pre-service or post-service basis may be Appealed in accordance with this Student Plan's Appeals procedures. For more information, see the Complaints, Grievances, and Appeals section.

### **Payment of Claims**

PacificSource, on behalf of the University of Oregon, may pay benefits to the Member, the Provider, or both jointly. Neither the benefits of this Student Plan nor a claim for payment of benefits under this Student Plan are assignable in whole or in part to any person or entity.

### ***Questions about Benefit Determinations and Claims***

If you have questions about the status of a Benefit Determination or claim, you are welcome to contact the PacificSource Customer Service team or go online to view the information via the website, **PacificSource.com/uo**.

### ***Benefits Paid in Error***

If PacificSource, on behalf of the University of Oregon, makes a payment to you that you are not entitled to, or pays a person who is not eligible for payment, they may recover the payment. PacificSource may also deduct the amount paid in error from your future benefits.

In the same manner, if PacificSource applies dental expenses to this Student Plan's Deductible that would not otherwise be reimbursable under the terms of this Student Plan; PacificSource may deduct a like amount from the accumulated Deductible amounts and/or recover payment of the dental expense that would have otherwise been applied to the Deductible.

### ***Legal Procedures***

You may not take legal action against the University of Oregon or PacificSource to enforce any provision of this Student Plan until 60 days after your claim is submitted to PacificSource. Also, you must exhaust this Student Plan's claims procedures before filing benefits litigation. You may not take legal action against the University of Oregon or PacificSource more than three years after the deadline for claim submission has expired.

**You must exhaust this Student Plan's Appeal procedures, including but not limited to, seeking an External Review before filing benefits litigation under this Student Plan.**

## **COORDINATION OF BENEFITS**

The Student Plan serves as secondary coverage in coordination of benefits situations. However, this Plan serves as primary coverage when the Member also has coverage through the Oregon Health Plan, other state Medicaid plans, federal health plans, or tribal plans. The Plan is formed under the authority granted by ORS 352.087 and therefore is not subject to the insurance code, including the Coordination of Benefits rules as outline by the Division of Financial Regulation.

## ***Special Provision for National Collegiate Athletic Association (NCAA)-Sanctioned Intercollegiate Sports***

Benefits for services related to participation in UO's NCAA-sanctioned intercollegiate sports are only provided by the Student Plan on a secondary payor basis. This provision does not apply to expenses incurred from the practice or play of intramural or club sports, as such expenses are covered on the same basis as any other Injury.

The Student Plan provides benefits for Injury or Illness resulting from the practice or play of NCAA-Sanctioned Intercollegiate Sports when:

1. The maximum per-Injury limits of insurance coverage provided by the NCAA are reached; or
2. A specific limitation or exclusion in NCAA coverage, or any other coverage provided by the UO Athletic Department for medical expenses incurred from practice or play of intercollegiate sports is applied to an expense that is otherwise eligible under the Student Plan.

In combination with insurance/benefits provided by the UO Athletic Department, this provision assures that intercollegiate athletes do not incur any out-of-pocket expense resulting from the practice or play of NCAA-sanctioned intercollegiate sports.

## **THIRD PARTY LIABILITY**

Third party liability means claims that are the responsibility of someone other than this Student Plan. The liable party may be a person, firm, or corporation. Auto Accidents, slip-and-fall property Accidents, and medical malpractice claims are examples of common third party liability cases.

A third party includes liability and casualty insurance, and any other form of insurance that may pay money to or on behalf of a Member, including but not limited to uninsured motorist coverage, under-insured motorist coverage, premises med-pay coverage, Personal Injury Protection (PIP) coverage, homeowner's insurance, and workers' compensation insurance.

*If you use this Student Plan's benefit for an Illness or Injury you think may involve another party, contact PacificSource right away.*

When PacificSource receives a claim that might involve a third party, they may send you a questionnaire to help determine responsibility.

In all third party liability situations, this Student Plan's coverage is secondary. By enrolling in this Student Plan, you automatically agree to the following terms regarding third party liability situations:

- If this Student Plan pays any claim that you claim is, or that is alleged to be, the responsibility of another party, you will hold the right of recovery against the other party in trust for this Student Plan.
- This Student Plan is entitled to reimbursement for any paid claims out of the recovery from a third party if there is a settlement, judgment, or recovery from any source. This is so regardless of whether the other party or insurer admits liability or fault, or otherwise disputes the relatedness of the claims paid by this Student Plan to the Injury caused by the third party. This Student Plan shall have the first right of reimbursement in advance of all other parties, including

the participant, and a priority to any money recovered from third parties (with the exception of claims arising from motor vehicle Accidents).

- This Student Plan may subtract a proportionate share of the reasonable attorney's fees you incurred from the money you are to pay back to this Student Plan.
- This Student Plan may ask you to take action to recover dental expenses we have paid from the responsible party. This Student Plan may also assign a representative to do so on your behalf. If there is a recovery, this Student Plan will be reimbursed for any expenses or attorney's fees out of that recovery.
- If you receive a third party settlement, that money must be used to pay your related dental expenses incurred both before and after the settlement. If you have ongoing dental expenses after the settlement, this Student Plan may deny your related claims until the full settlement (less reasonable attorney's fees) has been used to pay those expenses (with the exception of claims arising from motor vehicle Accidents).
- You and/or your agent or attorney must agree to keep segregated in its own account any recovery or payment of any kind to you or on your behalf that relates directly or indirectly to an Injury or Illness giving rise to this Student Plan's right of reimbursement or subrogation, until that right is satisfied or released.
- If any of these conditions are not met, then this Student Plan may recover any such benefits paid or advanced for any Illness or Injury through legal action, as well as reasonable attorney fees incurred by this Student Plan.
- Unless Federal Law is found to apply.
- Unless expressly prohibited by state law, this Student Plan's right to reimbursement overrides the made whole doctrine and this Student Plan disclaims the application of the made whole doctrine to the extent permitted by law.

### ***Right of Recovery – Time Limit for Reimbursements***

PacificSource regularly engages in activities to identify and recover claims payments which should not have been paid or applied to Deductible amounts (for example, claims which are duplicate claims, errors, or fraudulent claims). If PacificSource, on behalf of this Student Plan, makes a payment to you that you are not entitled to, or pays a person who is not eligible for payment, PacificSource may recover the payment, on behalf of this Student Plan. PacificSource must request reimbursement within 12 months of the claim payment except under the following circumstance:

- In the case where this Student Plan and/or PacificSource becomes aware of an incorrect payment that was made due to an error, misstatement, misrepresentation, omission, or concealment other than insurance fraud by the Provider or another person, the 12 month time limit begins on the date this Student Plan and/or PacificSource has actual knowledge of the invalid claim, claim overpayment, or other incorrect payment. Regardless of the date upon which this Student Plan and/or PacificSource obtains actual knowledge of an invalid claim, claim overpayment, or other incorrect payment, PacificSource, on behalf of this Student Plan, may not request reimbursement more than 24 months after the payment.

### ***Motor Vehicle and Other Accidents***

In accordance with state law, and notwithstanding the information above, you must provide PacificSource notice, by personal service or by registered or certified mail, if you make a claim or

bring legal action for damages for Injuries against any other person arising from a motor vehicle Accident. If PacificSource, on behalf of this Student Plan, elects to seek reimbursement out of any recovery from such a claim or legal action, PacificSource will provide you with written notice to that effect by personal service or by registered or certified mail within 30 days of receipt of notice from you of such claim or legal action. Further, in such situations, PacificSource, on behalf of this Student Plan, will take no action to reduce payments or subrogate until you receive full compensation for your Injuries and the reimbursement or subrogation is paid only from the total amount of the recovery in excess of the amount that fully compensates you for your Injuries.

If you are involved in a motor vehicle Accident or other Accident, your related dental expenses are not covered by this Student Plan if they are covered by any other type of insurance policy.

This Student Plan may pay your dental claims from the Accident if an insurance claim has been filed with the other insurance company and that insurance has not yet paid.

By enrolling in this Student Plan, you agree to the terms in the previous section regarding third party liability.

### ***On-the-Job Illness or Injury and Workers' Compensation***

This Student Plan does not cover any work-related Illness or Injury that is caused by any for-profit activity, whether through employment or, self-employment. The only exceptions would be if:

- You are the owner, partner, or principal; are Injured in the course of self-employment; and are otherwise exempt from the applicable state or federal workers' compensation insurance program;
- The appropriate state or federal workers' compensation insurance program has determined that coverage is not available for your Injury; or
- You are employed with an Oregon based group, and have timely filed an application for coverage with the State Accident Insurance Fund or other Workers' Compensation carrier and are waiting for determination of coverage from that entity.

The contractual rules for third party liability, motor vehicle and other Accidents, and on-the-job Illness or Injury are complicated and specific. Please contact the PacificSource Third Party Claims team for complete details.

## **COMPLAINTS, GRIEVANCES, AND APPEALS**

### ***Questions, Concerns, or Complaints***

The University of Oregon understands that you may have questions or concerns about your benefits, eligibility, the quality of care you receive, or about a claim determination. PacificSource will try to answer your questions promptly and give you clear, accurate answers based on the criteria adopted by the University of Oregon.

*If you have a question, concern, or Complaint about your coverage, please contact the PacificSource Customer Service team. Many times, their Customer Service team can answer your question or resolve an issue to your satisfaction right away. If you feel your issues have not been addressed, you have the right to submit a Grievance and/or Appeal in accordance with this section.*

Members who do not speak English, have literacy difficulties, or have physical or mental disabilities that impede their ability to file a Grievance and/or Appeal, may contact the PacificSource Customer Service team for assistance. They can usually arrange for a multilingual staff member or interpreter to speak with them in their native language.

## **GRIEVANCE PROCEDURES**

If you or your Authorized Representative are dissatisfied with the availability, delivery, or the quality of dental services; or claims payment, handling, or reimbursement for dental services, you may file a Grievance orally or in writing. Grievances are not Adverse Benefit Determinations and do not establish a right to internal or External Review for a resolution to a Grievance.

PacificSource will attempt to address your Grievance, generally within 30 days of receipt. For more information, see How to Submit Grievances or Appeals section.

## **APPEAL PROCEDURES**

If you believe the University of Oregon, or PacificSource acting on behalf of the University of Oregon, has improperly reduced or terminated a dental item or service, or failed or refused to provide or make a payment in whole or in part for a dental item or service, that is based on any of the reasons listed below, you or your Authorized Representative may Appeal the decision. The request for Appeal must be made in writing and within 180 days of your receipt of the Adverse Benefit Determination. For more information, see How to Submit Grievances or Appeals section. You may Appeal if there is an Adverse Benefit Determination based on a:

- Denial of eligibility for or termination of enrollment in a plan;
- Rescission or cancellation of your Student Plan, whether or not the Rescission has an adverse effect on any particular benefit at the time;
- Imposition of a third party liability, network exclusion, annual benefit limit, or other limitation on otherwise Covered Services or items; or
- Determination that a dental item or service is Experimental, Investigational, Unproven, or not a Dental Necessity, effective or appropriate.

Any staff involved in the initial Adverse Benefit Determination will not be involved in the Internal Appeal.

You or your Authorized Representative may submit additional comments, documents, records and other materials relating to the Adverse Benefit Determination that is the subject of the Appeal. If an Authorized Representative is filing on your behalf, your Appeal is not considered to be filed until such time as PacificSource has received the 'Authorization to Use or Disclose PHI' and the 'Designation of Authorized Representative' forms.

**Request for Expedited Response:** If there is a clinical urgency to do so, you or your Authorized Representative may request in writing or orally, an expedited response to an internal or External Review of an Adverse Benefit Determination. To qualify for an expedited response, your attending Provider must attest to the fact that the time period for making a non-urgent Benefit Determination could seriously jeopardize your life, health, your ability to regain maximum function or would subject you to severe pain that cannot be adequately managed without the dental care service or treatment that is the subject of the request. If your Appeal qualifies for an expedited review and would also qualify for External Review (see External Independent Review) you may request that the internal and External Reviews be performed at the same time.

**External Independent Review:** If your dispute with this Student Plan relates to an Adverse Benefit Determination that a course or plan of treatment is not a Dental Necessity; is Experimental, Investigational, or Unproven; is not an active course of treatment for purposes of continuity of care; or is not delivered in an appropriate dental setting and with the appropriate level of care, you or your Authorized Representative may request an External Review by an independent review organization. PacificSource may require a signed Authorization To Use/Disclose Protected Health Information form within five business days of your external independent review request. This form must be signed to grant the review organization access to health records relevant to the decision. This form is located on the website [PacificSource.com/resources/documents-and-forms](https://www.pacificsource.com/resources/documents-and-forms). For more information, see the How to Submit Grievances or Appeals section.

Your request for an independent review must be made within 180 days of receipt of the Internal Appeal response. External independent review is available at no cost to you, but is generally only available when coverage has been denied for the reasons stated above and only after all Internal Appeal levels are exhausted. You are provided five days to submit additional written information to the independent review organization for consideration during the review.

This Student Plan may agree to waive the requirements of compliance with the Internal Appeals process and have a dispute referred directly to External Review. You shall be deemed to have exhausted the Internal Appeals if this Student Plan fails to strictly comply with its Appeals process and with state and federal requirements for Internal Appeals.

If the independent review organization reverses the Student Plan's decision, PacificSource will apply their decision quickly. However, if the independent review organization stands by this Student Plan's decision, there is no further Appeal available to you.

### ***Timelines for Responding to Appeals***

You will be afforded one level of Internal Appeal and, if applicable to your case, an External Review. PacificSource will acknowledge receipt of an Appeal no later than seven days after receipt. A written decision in response to the Appeal will be made within 30 days after receiving your request to Appeal.

In addition, if your Appeal qualifies for an expedited response, a decision in response to the Appeal will be completed as soon as possible, but no later than 72 hours of receipt of the request.

The above time frames do not apply if the period is too long to accommodate the clinical urgency of a situation, or if you do not reasonably cooperate, or if circumstances beyond your or PacificSource's control prevent either party from complying with the time frame. In the case of a delay, the party unable to comply must give notice of delay, including the specific circumstances, to the other party.

### ***Information Available with Regard to an Adverse Benefit Determination***

The final Adverse Benefit Determination will include:

- A reference to the specific internal rule or guideline PacificSource used in the Adverse Benefit Determination; and
- An explanation of the scientific or clinical judgment for the Adverse Benefit Determination, if the Adverse Benefit Determination is based on Dental Necessity, Experimental, Investigational, or Unproven treatment, or a similar exclusion.

Upon request, PacificSource will provide you with any additional documents, records or information that is relevant to the Adverse Benefit Determination.

## **HOW TO SUBMIT GRIEVANCES OR APPEALS**

Grievances and Appeals can be submitted by you or your Authorized Representative. Grievances can be submitted orally or in writing. Appeals can be submitted in writing. Before submitting a Grievance or Appeal, we suggest you contact PacificSource's Customer Service team with your concerns. Issues can often be resolved at this level. Otherwise, you may file a Grievance or Appeal by contacting:

PacificSource Health Plans  
Attn: Grievance and Appeals  
PO Box 7068  
Springfield, OR 97475-0068

**Emailing** [NewAppeal@PacificSource.com](mailto:NewAppeal@PacificSource.com), with 'Grievance' or 'Appeal' as the subject

Call 888-977-9299

**Faxing** (541) 225-3628

If you are unsure of what to say or how to prepare a Grievance, please contact PacificSource's Customer Service team. They will help you through the Grievance process and answer any questions you have.

## **RESOURCES FOR INFORMATION AND ASSISTANCE**

### ***Assistance in Other Languages***

Student Plan Members who do not speak English, have literacy difficulties, or have physical or mental disabilities may contact PacificSource's Customer Service team for assistance.

### ***Information Available from the University of Oregon and PacificSource***

This Student Plan makes the following disclosure information available to you free of charge. You may contact PacificSource's Customer Service team to request a copy (by mail or electronically) or by visiting the website, [PacificSource.com](http://PacificSource.com). Available disclosure information includes, but not limited to, the following:

A directory of Dental Providers under this Student Plan;

- Information about the drug list (also known as a formulary);
- A copy of the annual report on Complaints and Appeals;
- A summary of Adverse Benefit Determinations and Grievance processes;
- Information about PacificSource's policy for protecting the confidentiality of your information;
- A description (consistent with risk-sharing information required by the Centers for Medicare and Medicaid Services), of any risk-sharing arrangements this Student Plan or PacificSource has with Providers;

- A description of this Student Plan and/or PacificSource's efforts to monitor and improve the quality of dental services;
- Information about how PacificSource checks the credentials of their network Providers, and how you can obtain the names and qualifications of your Dental Providers;
- Information about PacificSource's prior authorization, Predetermination and utilization review procedures; or
- Information about any dental plan offered by PacificSource.

## **RIGHTS AND RESPONSIBILITIES**

*This Student Plan and PacificSource are committed to providing you with the highest level of service in the industry. By respecting your rights and clearly explaining your responsibilities under this Student Plan, we will promote effective dental care.*

### ***Your Rights as a Member:***

- You have a right to receive information about this Student Plan and PacificSource, our services, our Providers, and your rights and responsibilities.
- You have a right to expect clear explanations of this Student Plan benefits and exclusions.
- You have a right to be treated with respect and dignity.
- You have a right to impartial access to dental care without regard to race, religion, gender, national origin, or disability.
- You have a right to honest discussion of appropriate or Dentally Necessary treatment options. You are entitled to discuss those options regardless of how much the treatment costs or if it is covered by this Student Plan.
- You have a right to the confidential protection of your records and personal information.
- You have a right to voice Complaints about this Student Plan or the care you receive, and to Appeal decisions you believe are wrong.
- You have a right to participate with your Provider in decision-making regarding your care.
- You have a right to know why any tests, procedures, or treatments are performed and any risks involved.
- You have a right to refuse treatment and be informed of any possible medical or dental consequences.
- You have a right to refuse to sign any consent form you do not fully understand, or cross out any part you do not want applied to your care.
- You have a right to change your mind about treatment you previously agreed to.



## ***Your Responsibilities as a Member:***

- You are responsible for reading this student guide and all other communications from this Student Plan and PacificSource, and for understanding this Student Plan's benefits. You are responsible for contacting PacificSource Customer Service if anything is unclear to you.
- You are responsible for making sure your Provider obtains prior authorization or Predetermination for any services that require it before you are treated.
- You are responsible for providing the University of Oregon and PacificSource with all the information required to provide benefits under this Student Plan.
- You are responsible for giving your Provider complete information to help accurately diagnose and treat you.
- You are responsible for telling your Providers you are covered by this Student Plan and showing your Member ID card when you receive care.
- You are responsible for being on time for appointments, and contacting your Provider ahead of time if you need to cancel.
- You are responsible for any fees the Provider charges for late cancellations or 'no shows'.
- You are responsible for contacting the University of Oregon or PacificSource if you believe you are not receiving adequate care.
- You are responsible for supplying information to the extent possible that this Student Plan or PacificSource needs in order to administer your benefits or your Providers need in order to provide care.
- You are responsible for following plans and instructions for care that you have agreed to with your Providers.
- You are responsible for understanding your health and dental problems and participating in developing mutually agreed upon goals, to the degree possible.

## **PRIVACY AND CONFIDENTIALITY**

This Student Plan and PacificSource have strict policies in place to protect the confidentiality of your personal information, including dental records. Your personal information is only available to the University of Oregon and PacificSource staff members who need that information to do their jobs.

Disclosure outside this Student Plan or 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 Authorized Representative) before disclosing your personal information outside this Student Plan or PacificSource. An example of one exception is that PacificSource does not need written authorization to disclose information to a designee performing utilization management, quality assurance, or peer review on their behalf. To request receipt of confidential communications in a different manner or at a different address, you will need to complete and return the Oregon Request for Confidential Communication form provided at [PacificSource.com/resources/documents-and-forms](https://pacificsource.com/resources/documents-and-forms).

## ***Updates to Federal Privacy Rules***

In 2026 there were new federal requirements for protecting Substance Use Disorder (SUD) treatment information under 42 CFR Part 2. When PacificSource receives SUD records from a Part 2 program, they use or disclose them only as permitted by law and with appropriate consent, and they do not share those records for legal or administrative proceedings against you without your authorization or a valid court order. You also have additional rights related to these records, including the ability to request restrictions and to obtain an accounting of certain disclosures.

## **PLAN ADMINISTRATION**

### ***Name of Plan:***

University of Oregon Student Dental Plan

### ***Name and Address:***

University of Oregon  
1232 University of Oregon  
Eugene, OR 97403

### ***University of Oregon's Employer Identification / Tax Identification Number:***

46-4727800

### ***Plan Identification Number:***

501

### ***Contract Year:***

UO Law Students: 8/10/2026 to 8/9/2027

UO Students (Undergraduate/Non-Law Graduate): 9/15/2026 to 9/14/2027

### ***Type of Plan:***

Student Dental Plan (self-insured)

### ***Type of Administration:***

This Student Plan is administered by the employees of the University of Oregon and under an administrative services agreement with a third-party administrator.

### ***Name and Address of Third Party Administrator:***

PacificSource Health Plans  
P.O. Box 7068  
Springfield, OR 97475-0068  
Phone: (888) 977-9299  
Fax: (541) 684-5264

### ***Name and Address of Designated Agent for Service of Legal Process:***

Office of General Counsel  
219 Johnson Hall  
1226 University of Oregon  
Eugene, OR 97403

### ***Funding Method and Contributions:***

This Student Plan is self-insured, meaning that benefits are paid from the general assets and/or trust funds of the University of Oregon and are not guaranteed under an insurance policy or contract. The cost of this Student Plan is paid with contributions by the University of Oregon and participating Students. The University of Oregon determines the amount of contributions to this Student Plan, based on estimates of claims and administration costs. The University of Oregon may purchase insurance coverage to guard against excess loss incurred by allowed claims under this Student Plan, but such coverage is not included as part of this Student Plan.

### ***Student Plan Changes***

The terms, conditions, and benefits of this Student Plan may be changed from time to time. The following people have the authority to accept or approve changes or terminate this Student Plan:

- The University of Oregon's board of directors or other governing body; or
- Anyone authorized by the above people to take such action.

These persons are authorized to make changes to the Student Plan on behalf of the University of Oregon.

If this Student Plan terminates and the University of Oregon does not replace the coverage with another plan, the University of Oregon is required by law to advise you in writing of the termination.

## **DEFINITIONS**

Wherever used in this Student Plan, the following definitions apply to the terms listed below, and the masculine includes the feminine and the singular includes the plural. 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.

**Admitted** means any Student who has gone through a formal admissions process to study at the University of Oregon in pursuit of a degree. This is verified by reference to the University of Oregon's Office of the Registrar's records indicating that the Student has a level code equal to 'UG', 'GR', or 'LW' (excluding post-doc scholars, in accordance with ORS 250.370).

**Adverse Benefit Determination** means the University of Oregon's denial, reduction, or termination, or PacificSource's, on behalf of the University of Oregon, failure to provide or to make a payment in whole or in part, for a benefit that is based on this Student Plan's:

- Denial of eligibility for or termination of enrollment in a plan;
- Rescission or cancellation of your coverage;
- Imposition of a third party liability, network exclusion, annual benefit limit or other limitation on otherwise Covered Services or items ;
- Determination that a dental item or service is Experimental, Investigational, Unproven, or not a Dental Necessity, 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 maximum amount this Plan will reimburse Providers. In-network Providers are paid the Contracted Allowable Fee and Out-of-network Providers are paid the Out-of-network Allowable Fee.

- **Contracted Allowable Fee** is an amount this Plan 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.

The Out-of-Network Allowable Fee is based on the Usual, Customary, and Reasonable (UCR) fee. UCR is the fee based on charges being made by Providers in the same service area for similar treatment of similar dental conditions. UCR fees are reviewed by PacificSource annually. An Out-of-network Provider may charge more than the limits established by the 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 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.

**Appeal** means a written request from a Member or, the Member's Authorized Representative, to change a previous decision made by University of Oregon concerning:

- Access to dental benefits, including an Adverse Benefit Determination made pursuant to utilization management;
- Claims payment, handling, or reimbursement for dental services;
- Rescission of the Member's benefit coverage by University of Oregon; and
- Other matters as specifically required by law.

**Authorized Representative** is an individual who by law or by the consent of a Member may act on behalf of the Member. An Authorized Representative must have the Member complete and

execute an 'Authorization to Use or Disclose PHI' form and a 'Designation of Authorized Representative' form, both of which are available at **PacificSource.com/uo**, 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 Member.

**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.

**Benefit Determination** means the activity taken to determine or fulfill the responsibility for provisions under this Student Plan and provide reimbursement for dental care in accordance with those provisions. Such activity may include:

- Eligibility and coverage determinations (including coordination of benefits), and adjudication or subrogation of claims;
- Review of dental services with respect to Dental Necessity (including underlying criteria), coverage under this Student Plan, appropriateness of care, Experimental, Investigational, or Unproven treatment, justification of charges; and
- Utilization review activities, including precertification and prior authorization of services and concurrent and post-service review of services.

**Benefit Summary** is a summary of this Student Plan issued or applied for, not a contract of coverage that includes a list of principle benefits and coverages, and a statement of the limitations and exclusions contained in this Student Plan.

**Benefit Year** refers to the period of time during which benefits accumulate toward benefit maximums and is on a Contract Year basis, beginning on the Student Plan's date of issuance or date of renewal through the last day of that Contract Year.

**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.

**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 the Benefit Summaries.

**Complaint** means an expression of dissatisfaction directly to University of Oregon or PacificSource that is about a specific problem encountered by a Member, or about a Benefit Determination, or an agent acting on behalf of the University of Oregon or PacificSource. It includes a request for action to resolve the problem or change the Benefit Determination. The Complaint does not include an Inquiry.

**Compliance Deadline** means those dates identified as a "Compliance Deadline" in the tables included in the 'Becoming Eligible' section of this document.

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

**Contract Year** means a 12 month period beginning on the date this Student Plan is issued or the anniversary of the date this Student Plan was issued. If changes are made to this Student Plan 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 University of Oregon. A Contract Year may or may not coincide with a calendar year.

**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 the Benefit Summary.

**Covered Service** means a service or supply for which benefits are payable under this Student Plan subject to applicable Deductibles, Copayments, Coinsurance, out-of-pocket limit, or other specific limitations.

**Creditable Coverage** means a Member's prior dental coverage that meets the following criteria:

- There was no more than a 63 day break between the last day of coverage under the previous plan and the first day of coverage under this Student Plan.
- The prior coverage was one of the following types of insurance: group coverage (including Federal Employee Health Benefit Plans and Peace Corps), individual coverage (including student health plans), Medicaid, Medicare, TRICARE, Indian Health Service or tribal organization coverage, state high-risk pool coverage, and/or public dental plans.

**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 dental expense for a Covered Service that must be paid by the Member before the benefits of this Student Plan are applied. A plan may include more than one Deductible.

**Dentally Necessary or Dental Necessity** 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, or expert consensus Provider 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 Illness 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 Provider may recommend or approve a service or supply does not, of itself, make the charge a Covered Service.

**Dependent Children** means the following:

- Biological children;
- Step children;

- Adopted children; a child will be considered a Dependent upon assumption of a legal obligation for total or partial support in anticipation of adoption; and
- Foster children or children for whom you or your Spouse/Domestic Partner are under a current court order to act as legal custodian or guardian.

**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.

**Emergency Dental Condition** means a dental condition manifesting itself by acute symptoms of sufficient severity, including severe pain or infection such that a prudent layperson, who possesses an average knowledge of health and dentistry, could reasonably expect the absence of immediate dental attention to result in:

- Placing the health of the individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

**Exclusion Period** means a period during which specified conditions, treatments, or services are excluded from coverage.

**Experimental, Investigational, or Unproven** means services, supplies, protocols, procedures, devices, drugs or medicines, or the use thereof, that are Experimental, Investigational, or Unproven for the diagnosis and treatment of Illness or Injury.

- Experimental, Investigational, or Unproven services and supplies include, but not limited to, services, supplies, procedures, devices, drugs or medicines, or the use thereof, which at the time they are rendered and for the purpose and in the manner they are being used:

- Have not yet received full U.S. government agency required approval (for example, FDA) for other than Experimental, Investigational, Unproven, or clinical testing;
  - Are not of generally accepted dental practice in this Student Plan's state of issue or as determined by dental advisors, dental associations, and/or technology resources;
  - Are not approved for reimbursement by the Centers for Medicare and Medicaid Services;
  - Are furnished in connection with dental or other research; or
  - Are considered by any governmental agency or subdivision to be Experimental, Investigational, or Unproven, not considered reasonable and necessary, or any similar finding.
- When making decisions about whether treatments are Experimental, Investigational, or Unproven, the University of Oregon and PacificSource relies on the above resources as well as:
    - Expert opinions of specialists and other dental authorities;
    - Published articles in peer-reviewed dental literature;
    - External agencies whose role is the evaluation of new technologies and drugs; and
    - External Review by an independent review organization.
  - The following will be considered in making the determination whether the service is in an Experimental, Investigational, or Unproven status:
    - Whether there is sufficient evidence to permit conclusions concerning the effect of the services on health outcomes;
    - Whether the scientific evidence demonstrates that the services improve health outcomes as much or more than established alternatives;
    - Whether the scientific evidence demonstrates that the services' beneficial effects outweigh any harmful effects; and
    - Whether any improved health outcomes from the services are attainable outside an investigational setting.

**External Review** means the request by an appellant for a determination by an independent review organization at the conclusion of an Internal Appeal.

**Grievance** means a written or oral Complaint submitted by or on behalf of a Member regarding service delivery issues other than denial of payment for services or non-provision of services, including dissatisfaction with care, waiting time for services, Provider or staff attitude or demeanor, or dissatisfaction with service provided by the carrier.

**Immediate Family Member** means:

- Your Dependents, your parents, your parent's Spouse or domestic partner, your siblings, and your half-siblings;
- Your Spouse's or domestic partner's parents, siblings, and half-siblings;



- Your Dependent Child's Spouse or domestic partner; and
- Any other of your relatives by blood or marriage who shares a residence with you.

**Illness** means a sickness, disease, ailment, bodily disorder, and pregnancy.

**In-network Provider** means a Provider that directly or indirectly holds a Provider contract or agreement with the University of Oregon.

**Injury** means bodily trauma or damage that is independent of disease or infirmity. The damage must be caused through external and Accidental means.

**Inquiry** means a written request for information or clarification about any subject matter related to this Student Plan.

**Internal Appeal** means a review by PacificSource of an Adverse Benefit Determination.

**International Exchange/Sponsored Student** means any Student, degree or non-degree seeking, who is approved by the Division of Global Engagement as an exchange or sponsored Student to engage in an approved academic program at the University of Oregon.

**International Student** means any International Exchange/Sponsored Student, or other Student who is Admitted to the University of Oregon and has a visa type of J or F, or other legal non-immigrant status that is approved by the Office of International Affairs.

**Late Waiver/Enrollment Deadline** means those dates identified as a “Compliance Deadline” in the tables included in the ‘Becoming Eligible’ section of this document.

**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 this Student Plan.

**Member** means a Student, dependents of the Student, or individual covered under this Student Plan. In this Student Plan, Member is also referred to as ‘patient’, ‘Member’, or ‘you’.

**Non-returning International Student** means any International Student who has previously attended at least one full term/semester at the University and enrolled for the upcoming term/semester but fails to return to the University and remains outside the US and is verified by the Division of Global Engagement as such.

**Out-of-network Provider** is a Provider that does not directly or indirectly hold a Provider contract or agreement with the University of Oregon.

**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.

**Plan Amendment** is a written attachment that amends, alters or supersedes any of the terms or conditions set forth in this Student guide.

**Post-service Claim** means a request for benefits that involves services you have already received.

**Pre-service Review** means a request for benefits that requires approval by PacificSource in advance (prior authorization) in order for a benefit to be paid.

**Predetermination** means an estimate provided before dental treatment starts that tells you if treatment is covered, the amount this Student Plan will pay, the amount for which you will be responsible, and any alternate treatment options covered by this Student Plan. A Predetermination is not a guarantee of payment and is based on benefits available at the time requested.

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

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

**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.

**Rescind or Rescission** means to retroactively cancel or discontinue coverage under this Student 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 are not limited to, fillings and crowns.

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

**Student** means an individual that meets University of Oregon eligibility guidelines.

**Student Plan** means the University of Oregon Student Dental Benefits Plan explained in this student guide.

**Third Party Administrator** means an organization that processes claims and performs administrative functions on behalf of the Plan Sponsor pursuant to the terms of a contract or agreement. In the case of this Student Plan, the term Third Party Administrator refers solely to PacificSource.

**University** means the University of Oregon (UO).

**University Health Services** means the health center clinic on campus that provides services to Students/Members.

**X-ray** (radiographic image) is a computerized image that provides 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, periapical X-rays, and cephalometric X-rays.