Who is eligible? University of Oregon Guidelines

Provider Network: UO Exclusive Network and PacificSource (PSN)

Student Health Center: University Health Center (UHC)

If the member is a student of or member of the University of Oregon, the Student Health Center listed above is considered a participating provider for covered services. Services provided by the Student Health Center are covered per University guidelines. Note: UO students who are eligible to receive services at Portland State University - Center for Student Health and Counseling (SHAC) will receive the same level of benefits as those received at the University Health Center (UHC). To receive this benefit, these students must print an itemized statement from the SHAC Patient Portal and mail it to PacificSource (mail to: PacificSource Health Plans, Attn: Claims, P.O. Box 7068, Springfield, OR 97475-0068) for reimbursement.

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>Per Person, Per Contract Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Health Center</td>
<td>None</td>
</tr>
<tr>
<td>UO Exclusive Network &amp; PacificSource Network (PSN) Participating Providers</td>
<td>$300</td>
</tr>
<tr>
<td>Non-participating Providers</td>
<td>$1000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Limit</th>
<th>Per Person, Per Contract Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHC, UO Exclusive Network Participating Providers, and PacificSource Network (PSN) Participating Providers</td>
<td>$3,000</td>
</tr>
<tr>
<td>Non-participating Providers</td>
<td>$6,350</td>
</tr>
</tbody>
</table>

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

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

The member is responsible for the above deductible and the following amounts:
<table>
<thead>
<tr>
<th>Service</th>
<th>University Health Center:</th>
<th>UO Exclusive Participating Providers:</th>
<th>Tier Two PacificSource Network (PSN) Participating Providers:</th>
<th>Non-participating Providers:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well child exams, ages birth - 21</td>
<td>Not available</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Routine physicals</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Routine STD screening</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Well woman visits</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Routine mammograms</td>
<td>Not available</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Immunizations</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Routine colonoscopy</td>
<td>Not available</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Professional Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office and home visits</td>
<td>No charge*</td>
<td>$20 co-pay/visit*</td>
<td>$35 co-pay/visit*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Naturopath office visits</td>
<td>Not available</td>
<td>Not available</td>
<td>$35 co-pay/visit*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Specialist office and home visits</td>
<td>No charge*</td>
<td>$30 co-pay/visit*</td>
<td>$45 co-pay/visit*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Office procedures and supplies</td>
<td>No charge*</td>
<td>Deductible then 10% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Surgery</td>
<td>No charge*</td>
<td>Deductible then 10% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Outpatient rehabilitation services</td>
<td>No charge*</td>
<td>$20 co-pay/visit*</td>
<td>$35 co-pay/visit*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient room and board</td>
<td>Not available</td>
<td>Deductible then 10% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Inpatient rehabilitation services</td>
<td>Not available</td>
<td>Deductible then 10% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Skilled nursing facility care</td>
<td>Not available</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td><strong>Outpatient Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient surgery/services</td>
<td>Not available</td>
<td>Deductible then 10% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Advanced diagnostic imaging</td>
<td>Not available</td>
<td>$200 co-pay/visit*</td>
<td>$200 co-pay/visit then 20% co-insurance*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Diagnostic and therapeutic radiology/lab and dialysis</td>
<td>No charge*</td>
<td>10% co-insurance*</td>
<td>20% co-insurance*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td><strong>Urgent and Emergency Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent care center visits</td>
<td>Not available</td>
<td>$30 co-pay/visit*</td>
<td>$45 co-pay/visit*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Emergency room visits – medical emergency</td>
<td>Not available</td>
<td>$200 co-pay/visit*^</td>
<td>$200 co-pay/visit*^</td>
<td>$200 co-pay/visit*^</td>
</tr>
<tr>
<td>Service</td>
<td>University Health Center:</td>
<td>UO Exclusive Participating Providers:</td>
<td>Tier Two PacificSource Network (PSN) Participating Providers:</td>
<td>Non-participating Providers:</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Emergency room visits – non-emergency</td>
<td>Not available</td>
<td>$200 co-pay/visit then 10% co-insurance**^</td>
<td>$200 co-pay/visit then 20% co-insurance**^</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Ambulance, ground</td>
<td>Not available</td>
<td>$200 co-pay/trip then 10% co-insurance*</td>
<td>$200 co-pay/trip then 20% co-insurance*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Ambulance, air</td>
<td>Not available</td>
<td>Not available</td>
<td>$200 co-pay/trip then 20% co-insurance**+</td>
<td>Deductible then 40% co-insurance+</td>
</tr>
<tr>
<td>Maternity Services **</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician/Provider services (global charge)</td>
<td>Not available</td>
<td>Deductible then 10% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Hospital/Facility services</td>
<td>Not available</td>
<td>Deductible then 10% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Mental Health/Chemical Dependency Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visits</td>
<td>No charge*</td>
<td>$20 co-pay/visit*</td>
<td>$35 co-pay/visit*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Inpatient care</td>
<td>Not available</td>
<td>Deductible then 10% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Residential programs</td>
<td>Not available</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Other Covered Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy injections</td>
<td>Not available</td>
<td>Deductible then 10% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>No charge*</td>
<td>Deductible then 10% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Home health services</td>
<td>Not available</td>
<td>Deductible then 10% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>No charge*</td>
<td>Not available</td>
<td>$35 co-pay/visit*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Chiropractic manipulation</td>
<td>Not available</td>
<td>Not available</td>
<td>$35 co-pay/visit*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Transplants</td>
<td>Not available</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
</tbody>
</table>

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

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

* Not subject to annual deductible.

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

+ Non-participating air ambulance coverage is covered at 200 percent of the Medicare allowance. You may be held responsible for the amount billed in excess. Contact Customer Service with questions.
**Additional Information**

**What is the annual deductible?**

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

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

**What is the out-of-pocket limit?**

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

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

**Payments to providers**

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

**Preauthorization**

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called ‘preauthorization’. Preauthorization is necessary to determine if certain services and supplies are covered under this Student Plan, and if you meet the Student Plan’s eligibility requirements. You’ll find the most current preauthorization list on our website, PacificSource.com/uo.
This Student Plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This benefit includes some drugs required by federal healthcare reform. To check which tier your prescription falls under, call Customer Service or visit PacificSource.com/uo.

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

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

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

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

Each time a covered pharmaceutical is dispensed, you are responsible for the amounts below:
<table>
<thead>
<tr>
<th>Preventive Drugs:</th>
<th>Tier 1:</th>
<th>Tier 2:</th>
<th>Tier 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Health Center Retail Pharmacy (UHC)^</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to a 30 day supply:</td>
<td>No charge*</td>
<td>$5 co-pay*</td>
<td>$20 co-pay*</td>
</tr>
<tr>
<td><strong>Participating Retail Pharmacy^</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to a 30 day supply:</td>
<td>No charge*</td>
<td>$15 co-pay*</td>
<td>$35 co-pay*</td>
</tr>
<tr>
<td><strong>Participating Mail Order Pharmacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to a 30 day supply:</td>
<td>No charge*</td>
<td>$15 co-pay*</td>
<td>$35 co-pay*</td>
</tr>
<tr>
<td><strong>Non-participating Pharmacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regardless of tier or day(s) supply:</td>
<td>Not Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tier 4 Specialty Drugs – Participating Specialty Pharmacy</strong>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to a 30 day supply:</td>
<td></td>
<td>$60 co-pay*</td>
<td></td>
</tr>
<tr>
<td><strong>Tier 4 Specialty Drugs – Not filled through Participating Specialty Pharmacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regardless of tier or day(s) supply:</td>
<td>Not Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Compound Drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to a 30 day supply:</td>
<td></td>
<td>$60 co-pay*</td>
<td></td>
</tr>
</tbody>
</table>

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

*Not subject to annual medical deductible.

> Select medications available for a 90 day supply.

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

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

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

If your physician prescribes a brand name contraceptive due to medical necessity it may be subject to preauthorization for coverage at no charge.

See the student guide for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.
The following shows the vision benefit available under this Student Plan for enrolled for all vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Co-payment and/or co-insurance for covered charges apply to the medical plan’s out-of-pocket limit.

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

**Member Responsibility**

<table>
<thead>
<tr>
<th>Service/Supply</th>
<th>Participating Providers</th>
<th>Non-Participating Providers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled Members Age 18 and Younger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye exam</td>
<td>No charge*</td>
<td>Medical Deductible then 25% co-insurance</td>
</tr>
<tr>
<td>Vision hardware or Contact Lenses</td>
<td>No charge* for one pair per year for frames and/or lenses</td>
<td>Medical Deductible then 25% co-insurance for frames and/or lenses</td>
</tr>
</tbody>
</table>

* Not subject to annual medical deductible.

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

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

**Exclusions**

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

Important information about the vision benefits

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

Participating Providers

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

Paying for Services

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

Sales and Special Promotions

Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because participating providers already discount their services through their contract with PacificSource, this Student Plan’s participating provider benefits cannot be combined with any other discounts or coupons. Members can use the Student Plan’s participating provider benefits, or use their non-participating provider benefits to take advantage of a sale or coupon offer. If members do take advantage of a special offer, the participating provider may treat them as an uninsured customer and require full payment in advance. Members can then send the claim to PacificSource themselves, and be reimbursed according to their non-participating provider benefits.
**Who is eligible?** University of Oregon Guidelines

**Provider Network:** U of O Direct Provider Contracts

**Student Health Center: University Health Center (UHC)**

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

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.

This Student Plan covers dental services for enrolled individuals age 18 and younger as required under the Affordable Care Act.

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>Per Person, Per Contract Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Providers</td>
<td>None</td>
</tr>
<tr>
<td>Non-participating Providers</td>
<td>$750</td>
</tr>
</tbody>
</table>

**Out-of-Pocket Limit**

See your medical benefit summary.

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

<table>
<thead>
<tr>
<th>Service</th>
<th>University Health Center (UHC)</th>
<th>Participating Providers</th>
<th>Non-participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Class I Services (Covered for enrolled individuals age 18 and younger.)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examinations (During regular office hours)</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Examinations (after hours)</td>
<td>Not available</td>
<td>30% co-insurance*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Dental cleaning (Prophylaxis)</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Dental cleaning (Periodontal maintenance)</td>
<td>20% co-insurance*</td>
<td>30% co-insurance*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Topical fluoride</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Fluoride varnish</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Sealants</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Anti-Microbial Agents</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Diagnostic Casts</td>
<td>No charge*</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
</tbody>
</table>

**Class II Services** *(Covered for enrolled individuals age 18 and younger.)*

<table>
<thead>
<tr>
<th>Service</th>
<th>20% co-insurance*</th>
<th>30% co-insurance*</th>
<th>40% co-insurance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td>Deductible then</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pin retention of fillings</td>
<td>Deductible then</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple extractions</td>
<td>Deductible then</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal scaling and root planing</td>
<td>Deductible then</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crown re-cement</td>
<td>Deductible then</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full mouth debridement</td>
<td>Deductible then</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denture relines</td>
<td>Deductible then</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brush biopsies</td>
<td></td>
<td>30% co-insurance*</td>
<td></td>
</tr>
<tr>
<td>Nitrous Oxide</td>
<td></td>
<td>30% co-insurance*</td>
<td></td>
</tr>
<tr>
<td>Complicated oral surgery</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td></td>
</tr>
<tr>
<td>Pulp capping</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td></td>
</tr>
<tr>
<td>Alveoloplasty</td>
<td></td>
<td>30% co-insurance*</td>
<td></td>
</tr>
<tr>
<td>Periodontal surgery</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td></td>
</tr>
<tr>
<td>Pulpotomy</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td></td>
</tr>
<tr>
<td>Tooth desensitization</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td></td>
</tr>
<tr>
<td>Root canal therapy</td>
<td></td>
<td>50% co-insurance*</td>
<td></td>
</tr>
<tr>
<td>Core build-up</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td></td>
</tr>
</tbody>
</table>

**Class III Services** *(Covered for enrolled individuals age 18 and younger.)*

<table>
<thead>
<tr>
<th>Service</th>
<th>40% co-insurance*</th>
<th>50% co-insurance*</th>
<th>50% co-insurance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowns</td>
<td>Deductible then</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replacement of existing prosthetic device</td>
<td></td>
<td>50% co-insurance*</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Coverage</td>
<td>50% co-insurance*</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Dentures</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Bridges</td>
<td>40% co-insurance*</td>
<td>50% co-insurance*</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Implants</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Bone grafting</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Veneers</td>
<td>40% co-insurance*</td>
<td>50% co-insurance*</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Night guards</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Orthodontia for medically necessary reasons for enrolled individual’s age 18 and younger</td>
<td>Not available</td>
<td>50% co-insurance*</td>
<td>Deductible then 50% co-insurance</td>
</tr>
</tbody>
</table>

This is a brief summary of benefits. Refer to the student guide for additional information or a further explanation of benefits, limitations, and exclusions.
* Not subject to annual deductible.

**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.

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

**What is the out-of-pocket limit?**

The out-of-pocket limit is the most a member will pay for covered medical and pediatric dental expenses during the contract year. Once the out-of-pocket limit has been met, the Student Plan will pay 100 percent of covered charges for the rest of that contract year. Members should be sure to check the student guide, as there are some charges, such as non-essential health benefits, penalties and balance billed amounts that do not count toward the out-of-pocket limit.

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

**Payments to providers**

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

**Preauthorization**

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