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UNIVERSITY  
OF OREGON

**UO Student Health Benefits Plan  
Student Guide**

Group No.: G0033725  
Comprehensive Medical - International  
Effective: 08/10/2022

With Third Party Administrative Services Provided By:



## ***Introduction***

Welcome to your Student Health Benefits Plan. The University of Oregon established the UO Student Health Benefits Plan (referred to as the “Student Plan”) to provide health coverage to help you and your eligible dependents (listed in the section titled ‘Becoming Eligible’) stay well, and assist you in case of illness, injury, or disease. 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 medical plan and any other health 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, manage its network of Health Care Providers, answer medical 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, 2022 to August 9, 2023 and UO Students (undergraduate/non-law graduate Students) – September 15, 2022 to September 14, 2023. 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 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 (800) 624-6052

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

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

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# MEDICAL BENEFIT SUMMARY

## Comprehensive Medical Plan International Students

**Benefit Year:** UO Law Students: 8/10/2022 to 8/9/2023  
UO Students (Undergraduate/Non-Law Graduate): 9/15/2022 to 9/14/2023

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

**Provider Network:** UO Exclusive Network and Navigator Network

### University Health Services (UHS):

**If the Member is a Student of the University of Oregon, then University Health Services is considered an In-Network Provider for Covered Services.** Services provided by University Health Services (UHS) 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 University Health Services (UHS). 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.

Annual Deductible	Per Person, Per Benefit Year	Per Family, Per Benefit Year
University Health Services	None	None
UO Exclusive Network & Navigator Network (In-network Providers)	\$300	\$900
Out-of-network Providers	\$1,000	\$3,000
Out-of-Pocket Limit	Per Person, Per Benefit Year	Per Family, Per Benefit Year
UHS, UO Exclusive Network, and Navigator Network (In-network Providers)	\$5,000	\$10,000
Out-of-network Providers	\$10,000	\$12,700

**Please note:** Your actual costs for services provided by an Out-of-network Provider may exceed this Student Plan's out-of-pocket limit for out-of-network services. In addition, Out-of-network Providers may in certain circumstances bill you for the difference between the amount charged by the Provider and the amount allowed by the Student Plan (called Balance Billing), and this amount is not counted toward the out-of-network out-of-pocket limit. Even though you may have the same benefit for In-network and Out-of-network Providers, you may still be responsible for any amounts that an Out-of-network Provider charges that are over the Plan's Allowable Fee. Please see Allowable Fee and Balance Billing in the definitions section of this student guide.

In-network Provider Deductible and out-of-pocket limit accumulates separately from the Out-of-network Provider Deductible and out-of-pocket limit.

**The Member is responsible for the above Deductible and the following amounts:**

<b>Service</b>	<b>University Health Services:</b>	<b>UO Exclusive Network (In-network Providers):</b>	<b>Navigator Network (In-network Providers):</b>	<b>Out-of-network Providers:</b>
<b>Preventive Care</b>				
Well child exams, ages birth - 21	Not available	No Deductible, No charge	No Deductible, No charge	Not Covered
Preventive physicals	No Deductible, No charge	No Deductible, No charge	No Deductible, No charge	Not Covered
Preventive STD screening	No Deductible, No charge	No Deductible, No charge	No Deductible, No charge	Not Covered
Well woman visits	No Deductible, No charge	No Deductible, No charge	No Deductible, No charge	Not Covered
Preventive mammograms	Not available	No Deductible, No charge	No Deductible, No charge	Not Covered
Immunizations	No Deductible, No charge	No Deductible, No charge	No Deductible, No charge	Not Covered
Preventive colonoscopy	Not available	No Deductible, No charge	No Deductible, No charge	Not Covered
<b>Professional Services</b>				
Office and home visits	No Deductible, No charge	No Deductible, \$25 Copay/visit	No Deductible, \$40 Copay/visit	Deductible then 50% Coinsurance
Naturopath office visits	Not available	Not available	No Deductible, \$40 Copay/visit	Deductible then 50% Coinsurance
Specialist office and home visits	No Deductible, No charge	No Deductible, \$35 Copay/visit	No Deductible, \$50 Copay/visit	Deductible then 50% Coinsurance
Telehealth	No Deductible, No charge	No Deductible, \$25 Copay/visit	No Deductible, \$40 Copay/visit	Deductible then 50% Coinsurance
Office procedures and supplies	No Deductible, No charge	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
Surgery	No Deductible, No charge	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
Outpatient Rehabilitation Services	No Deductible, No charge	No Deductible, \$25 Copay/visit	No Deductible, \$40 Copay/visit	Deductible then 50% Coinsurance
Outpatient Habilitation Services	No Deductible, No charge	No Deductible, \$25 Copay/visit	No Deductible, \$40 Copay/visit	Deductible then 50% Coinsurance
<b>Hospital Services</b>				
Inpatient room and board	Not available	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
Inpatient Rehabilitation Services	Not available	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
Inpatient Habilitation Services	Not available	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
Skilled Nursing Facility care	Not available	Not available	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
<b>Outpatient Services</b>				
Outpatient surgery/services	Not available	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance

<b>Service</b>	<b>University Health Services:</b>	<b>UO Exclusive Network (In-network Providers):</b>	<b>Navigator Network (In-network Providers):</b>	<b>Out-of-network Providers:</b>
Advanced Diagnostic Imaging	No Deductible, No charge	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
Diagnostic and therapeutic radiology/lab and dialysis	No Deductible, No charge	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
<b>Urgent and Emergency Services</b>				
Urgent care center visits	Not available	No Deductible, \$50 Copay/visit	No Deductible, \$75 Copay/visit	Deductible then 50% Coinsurance
Emergency room visits – medical emergency	Not available	No Deductible, \$300 Copay/visit <sup>^</sup>	No Deductible, \$300 Copay/visit <sup>^</sup>	No Deductible, \$300 Copay/visit <sup>^</sup>
Emergency room visits – non-emergency	Not available	No Deductible, \$300 Copay/visit then 10% Coinsurance <sup>^</sup>	No Deductible, \$300 Copay/visit then 20% Coinsurance <sup>^</sup>	Deductible then 50% Coinsurance
Ambulance, ground	Not available	No Deductible, \$300 Copay/trip then 10% Coinsurance	No Deductible, \$300 Copay/trip then 20% Coinsurance	Deductible then 50% Coinsurance
Ambulance, air	Not available	Not available	No Deductible, \$300 Copay/trip then 20% Coinsurance	Deductible then 50% Coinsurance+
<b>Maternity Services **</b>				
Physician/Provider services (Global Charge)	Not available	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
Hospital/Facility services	Not available	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
<b>Mental Health and Substance Use Disorder Services*</b>				
Office visits	No Deductible, No charge	No Deductible, \$25 Copay/visit	No Deductible, \$40 Copay/visit	Deductible then 50% Coinsurance
Inpatient care	Not available	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
Residential programs	Not available	Not available	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
<b>Other Covered Services</b>				
Allergy injections	Not available	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
Durable Medical Equipment	No Deductible, No charge	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
Home Healthcare	Not available	Deductible then 10% Coinsurance	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance
Acupuncture	No Deductible, No charge	No Deductible, \$25 Copay/visit	No Deductible, \$40 Copay/visit	Deductible then 50% Coinsurance

Service	University Health Services:	UO Exclusive Network (In-network Providers):	Navigator Network (In-network Providers):	Out-of-network Providers:
Chiropractic manipulation/spinal manipulation	Not available	Not available	No Deductible, \$40 Copay/visit	Deductible then 50% Coinsurance
Transplants	Not available	Not available	Deductible then 20% Coinsurance	Deductible then 50% Coinsurance

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

- ^ Copay applies to ER physician and facility charges only. Copay waived if admitted into Hospital.
- \*\* Medically Necessary services, medication, and supplies to manage diabetes during pregnancy from conception through six weeks postpartum will not be subject to a Deductible, Copayment, or Coinsurance.
- + Out-of-network air ambulance coverage is covered at 200 percent of the Medicare allowance. You may be held responsible for the amount billed in excess. Contact the PacificSource Customer Service team with questions.
- \* This Student Plan complies with all federal laws and regulations related to the Mental Health Parity and Addiction Equity Act of 2008. Cost-sharing for Mental Health and Substance Use Disorder Services will be paid at the same cost-sharing as those Medical/Surgical benefits that fall within the same classification and sub-classification. Please contact the PacificSource Customer Service Team or the UO Student Health Benefits Team 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. The individual Deductible applies if you enroll without Dependents. If you and one or more Dependents enroll, the individual Deductible applies for each Member only until the family Deductible has been met.

Note that there is a separate category for In-network and Out-of-network Providers when it comes to meeting your Deductible. Only In-network Provider expense applies to the In-network Provider Deductible, and only Out-of-network Provider expense applies to the Out-of-network Provider Deductible.

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

The out-of-pocket limit is the most you'll pay for Covered Services during the Benefit Year. Once the out-of-pocket limit has been met, the Student Plan will pay 100 percent of allowed amounts for Covered Services for the rest of that Benefit Year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, the individual out-of-pocket limit applies for each Member only until the family out-of-pocket limit has been met.



Note that there is a separate category for In-network and Out-of-network Providers when it comes to meeting your out-of-pocket limit. Only In-network Provider expense applies to the In-network Provider out-of-pocket limit, and only Out-of-network Provider expense applies to the Out-of-network Provider out-of-pocket limit.

### **Payments to Providers**

Payment to Providers is based on the prevailing Allowable Fee for Covered Services. In-network Providers accept the Allowable Fee as payment in full. Out-of-network Providers are allowed to Balance Bill any remaining balance that your 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 medical 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://www.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.

# PHARMACY BENEFIT SUMMARY

## Comprehensive Pharmacy Plan International Students Drug List: ODL

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

The amount you pay for covered prescriptions at in-network pharmacies applies toward this Student Plan's in-network medical out-of-pocket limit, which is shown on the Medical Benefit Summary. The Copayment and/or Coinsurance for Prescription Drugs obtained from an in-network pharmacy are waived during the remainder of the Benefit Year in which you have satisfied the medical out-of-pocket limit.

### AFFORDABLE CARE ACT STANDARD PREVENTIVE NO COST DRUG LIST

The prescription benefit includes preventive care drugs at no cost and are not subject to a Deductible or MAC penalties. This benefit includes some drugs required by the Affordable Care Act, including tobacco cessation drugs. These drugs are identified on the Drug List as Tier 0.

### EXPANDED (PREVENTIVE) NO COST DRUG LIST

The prescription benefit includes certain outpatient drugs as a preventive benefit at no charge. This includes specific drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from progressing. Preventive drugs are taken to help avoid many illnesses and conditions. You can get a list of covered preventive drugs by contacting the PacificSource Customer Services team or visit [PacificSource.com/uo](http://PacificSource.com/uo) to view the Expanded (Preventive) No Cost Drug List.

### CONTRACEPTIVES

Contraceptives approved by the Food and Drug Administration (FDA) are covered as recommended by the Health Resources and Services Administration (HRSA), U.S. Preventive Services Task Force (USPSTF), and the Centers for Disease Control and Prevention (CDC). Any Deductibles, Copayments, and/or Coinsurance amounts are waived if filled at an in-network pharmacy.

If an initial three month supply is tried, then a 12 month refill of the same contraceptive is covered at an in-network pharmacy in accordance with pharmacy benefits, regardless if the initial prescription was filled under this Student Plan.

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

	Preventive Drugs:	Tier 1:	Tier 2:	Tier 3:	Tier 4***:
<b>University Health Services Pharmacy (UHS)<sup>^***</sup></b>					
Up to a 30 day supply:	No Deductible, No charge	No Deductible, \$10 Copay>	No Deductible, \$25 Copay*	No Deductible, \$50 Copay*	Deductible then 50% Coinsurance

	Preventive Drugs:	Tier 1:	Tier 2:	Tier 3:	Tier 4***:
<b>In-network Retail Pharmacy<sup>^***</sup></b>					
Up to a 30 day supply:	No Deductible, No charge	No Deductible, \$15 Copay	No Deductible, \$50 Copay*	No Deductible, \$75 Copay*	Deductible then 50% Coinsurance
<b>In-network Mail Order Pharmacy<sup>^</sup></b>					
Up to a 30 day supply:	No Deductible, No charge	No Deductible, \$15 Copay	No Deductible, \$50 Copay*	No Deductible, \$75 Copay*	Deductible then 50% Coinsurance
<b>Out-of-network Pharmacy</b>					
Regardless of tier or day(s) supply:	Not Covered				
<b>Compound Drugs – In-network Retail or Mail Order Pharmacy<sup>^**</sup></b>					
Up to a 30 day supply:	Deductible then 50% Coinsurance				

*<sup>^</sup>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 out-of-network pharmacy benefit.*

*>Select medications available for a 90 day supply.*

*\*In-network formulary prescription insulin is not subject to a Deductible and may not exceed \$75 per 30 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 in-network retail pharmacy<sup>^</sup> and UHS. All subsequent fills must be done through the in-network 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 Copayment and/or Coinsurance 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 Copayment and/or Coinsurance. 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 formulary tobacco cessation medications or bowel prep kits covered under USPSTF guidelines.*

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

# PEDIATRIC VISION BENEFIT SUMMARY

## Pediatric Vision

The following shows the vision benefit available under this Student Plan for all vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the enrolled Member turns 19. Medical Deductible, Copayment and/or Coinsurance for Covered Services apply to the medical plan's out-of-pocket limit.

### Member Responsibility

Service/Supply	In-network Providers	Out-of-network Providers:
<b>Enrolled Members Age 18 and Younger</b>		
Eye exam	No Deductible, No charge	Medical Deductible then 25% Coinsurance
Vision hardware or Contact Lenses	No Deductible, No charge for one pair per Benefit Year for frames or lenses	Medical Deductible then 25% Coinsurance for frames or lenses

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

- One routine ophthalmologic exam with refraction, as well as dilation every Benefit Year.
- One pair of glasses (lenses and frames) per Benefit Year or Contacts (lenses and fitting) 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 Services.
- 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:

#### **In-network 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 In-network Providers to bill PacificSource directly whenever Members receive Covered Services and supplies. Providers will verify Member vision benefits. In-network 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 Copayments 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 In-network Providers already discount their services through their contract with PacificSource, this Student Plan's In-network Provider benefits cannot be combined with any other discounts or coupons. Members can use the Student Plan's In-network Provider benefits, or use their Out-of-network Provider benefits to take advantage of a sale or coupon offer. If Members do take advantage of a special offer, the In-network 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 Out-of-network Provider benefits.

# PEDIATRIC DENTAL BENEFIT SUMMARY

## Comprehensive Pediatric Dental Plan International Students

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

**Provider Network:** UO Exclusive Network

**University Health Services (UHS):**

**If the Member is a Student of the University of Oregon, then University Health Services is considered an In-network Provider for Covered Services.** 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).

**This Student Plan covers dental services for enrolled individuals age 18 and younger as required under the Affordable Care Act. Coverage for pediatric services will end on the last day of the month in which the enrolled individual turns 19.**

Annual Deductible	Per Person, Per Benefit Year
All Providers	\$150
Out-of-Pocket Limit	
See your Medical Benefit Summary.	

**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
<b>Class I Services (Covered for enrolled individuals age 18 and younger.)</b>			
Examinations (During regular office hours)	No Deductible, No charge	No Deductible, No charge	No Deductible, No charge
Examinations (after hours)	Not available	No Deductible, 30% Coinsurance	Deductible then 40% Coinsurance
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
Dental cleaning (Periodontal Maintenance)	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
Space maintainers	Not available	No Deductible, 50% Coinsurance	Deductible then 50% Coinsurance

Sealants	No Deductible, No charge	No Deductible, No charge	No Deductible, No charge
<b>Class II Services (Covered for enrolled individuals age 18 and younger.)</b>			
Fillings	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Simple extractions	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Periodontal Scaling and Root Planing	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Brush biopsies	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Crown re-cement	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Full mouth debridement	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Pulp capping	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Pulpotomy	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Palliative Care	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
Diagnostic Casts	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Denture relines	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Alveoloplasty	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Core build-up	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Tooth desensitization	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Pin retention of fillings	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Nitrous Oxide	Not available	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
<b>Class III Services (Covered for enrolled individuals age 18 and younger.)</b>			
Crowns	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Root canal therapy	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Complicated oral surgery	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Bridges	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Periodontal surgery	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Implants	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance

Replacement of existing Prosthetic Device	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Veneers	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Night guards	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Dentures	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Bone grafting	Not available	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Orthodontia for Medically Necessary reasons for enrolled individuals age 18 and younger	Not available	Deductible then 50% Coinsurance	Deductible then 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.

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

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

The out-of-pocket limit is the most a Member will pay for Covered Services during the Benefit Year. Once the out-of-pocket limit has been met, the Student Plan will pay 100 percent of allowed amounts for Covered Services for the rest of that Benefit 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 In-network and Out-of-network Providers when it comes to meeting the out-of-pocket limit. Only In-network Provider expense applies to the In-network Provider out-of-pocket limit. Only Out-of-network Provider expense applies to the Out-of-network Provider out-of-pocket limit.

### 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.



## **Predetermination**

Coverage of certain dental services and Surgical Procedures are by review. When a planned dental service exceeds \$300, this Student Plan recommends a Predetermination to determine if certain services and supplies are covered under this Student Plan, and if you meet the Student Plan's eligibility requirements. Predeterminations are not a guarantee of payment and do not change your out-of-pocket expense.

## **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://www.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

## PLAN ENROLLMENT/WAIVER OVERVIEW

### *Health Plan Requirement*

All University of Oregon International Students and eligible dependents are required by the University of Oregon to have health plan coverage that meets the University's established criteria. International Students must enroll any eligible dependents and pay all premiums or submit a waiver request form prior to the published Compliance Deadlines.

### *Student Eligibility*

The Student Plan is available to University of Oregon International Students who (i) are not studying in their home country for the entirety of the coverage period, and (ii) meet one or more of the following criteria during a coverage period (listed in the section below titled "Effective Date of Coverage"):

- Enrolled in one or more University courses, or
- Admitted to and actively enrolled in a University-approved study abroad program as designated by Global Education Oregon, or
- Approved by the Division of Global Engagement or the American English Institute to take vacation or medical leave from the University and meet the criteria defined in the section titled "Vacation/Medical Leave" below, or
- Meet standards for qualifying post-baccalaureate students, which means individuals who have been post-baccalaureate students for two years or less and who are enrolled in a minimum of 12 credits per academic term during those two years.

If the University determines that an International Student is not eligible for the Student Plan, then coverage for the Student and any eligible dependents will be cancelled retroactively to the beginning of the non-eligible coverage period. Any incurred claims are ineligible and will be denied. Please contact the Student Health Benefits Team with questions about eligibility for the Student Plan.

### *Enrollment Process*

International Students who are eligible for the Student Plan will be automatically enrolled in and billed for the Student Plan. The Division of Global Engagement may identify and initiate the enrollment process for International Students that were not automatically enrolled. The deadline for enrollment is 5 pm on the Late Waiver/Enrollment Deadline. Timely enrollment and payment of premiums will result in retroactive coverage to the effective date of the coverage period. Although Students receive retroactive coverage from the effective date, certain benefits, including prescriptions, cannot be processed until a Student is enrolled in the Student Plan. For that reason, it is recommended that Students enroll in the Student Plan as soon as possible.

### *Vacation/Medical Leave*

Any International Student who is verified by the Division of Global Engagement or the American English Institute as being on an approved medical leave or vacation term will be automatically enrolled in the Student Plan. International Students may only receive medical leave coverage for the remainder of the Contract Year in which they began the approved medical leave.

### *Change of Status*

International Students are responsible for notifying the Student Health Benefits Team of any change in their University enrollment status, eligibility, other insurance coverage, or local address within 10 days of such change.

### *Costs of Coverage*

International Students are responsible for paying all costs associated with coverage (premiums include a UO SHBP administrative fee). Costs will be billed directly to the Student's University account. Failure to pay these costs by 5 pm on the Compliance Deadline will result in a late payment fee of \$100 and the placement of an academic hold on the Student's account. Students may be granted an approved late payment plan, in which case, their late payment fee will be refunded if full payment is made prior to the end of the current effective coverage period.

### *Refund Policy*

Any International Student who leaves the University prior to the effective date of coverage and notifies the UO Student Health Benefits Team about their leave will be refunded all costs (including premiums and the UO SHBP administrative fee) and terminated from the Student Plan.

### *Leave of Absence/Early Withdrawal/Complete Withdrawal*

Any International Student who is verified by the Division of Global Engagement and notifies the UO Student Health Benefits Team of a leave of absence or early/complete withdrawal after the effective date of coverage but prior to the Compliance Deadline will be eligible for a pro-rated refund of premiums (including the UO SHBP administrative fee). The Student will be covered by the Student Plan through the end of the month in which the request for refund was submitted.

Any International Student who leaves the University after the Compliance Deadline will not be eligible for a refund of any costs (including premiums or the UO SHBP administrative fee) and will continue to have coverage for the remainder of the term/semester in which they were previously enrolled.

### *Non-returning International Students*

Non-returning International Students who notify the UO Student Health Benefits Team before the current Compliance Deadline will be eligible for a full refund of premiums (including the UO SHBP administrative fee). Their coverage will be terminated from the Student Plan

retroactively to the effective date of the current coverage period and any claims incurred are ineligible and will be denied.

Non-returning International Students who notify the UO Student Health Benefits Team after the current Compliance Deadline and before the end of the current coverage period will be charged a cancellation fee of \$75. Their coverage will be terminated from the Student Plan retroactively to the effective date of the current coverage period and any claims incurred are ineligible and will be denied.

Non-returning International Students who notify the UO Student Health Benefits Team after the current coverage period will not be eligible for a refund of any costs (including premiums or the UO SHBP administrative fee) and their coverage will not be terminated for the previous coverage period.

### *Waiver Submission*

International Students who wish to waive out of the Student Plan must submit a complete and accurate waiver request form prior to the Compliance Deadline. The waiver request form, plus proof of insurance (copy of health insurance ID card or insurance policy), must be submitted to the Student Health Benefits Team prior to the published deadlines. A waiver will not be granted if (i) information provided is inaccurate or cannot be verified, (ii) the Student has already incurred pharmacy claims, or (iii) the alternate plan does not meet the University's waiver criteria, as defined on University Health Services' website. If the waiver is approved, the Student will receive a full refund of premiums (including the UO SHBP administrative fee). The Student's coverage will be terminated retroactively to the effective date of the coverage period for the term/semester and any claims incurred are ineligible and will be denied.

### *Late Waiver Submission:*

International Students may be eligible for a Late Waiver from the Student Plan if the Student submits a complete and accurate waiver request form after the Compliance Deadline, but prior to 5 pm on the Late Waiver/Enrollment Deadline. If the waiver is approved, the Student will receive a full refund of premiums (and late fee, if applicable), but will **not** be eligible for a refund of the UO SHBP administrative fee. The Student's coverage will be terminated retroactively to the effective date of the coverage period for the term/semester and any claims incurred are ineligible and will be denied.

International Students may be eligible for a Late Waiver from the Student Plan if the University initiated an appointment of the Student to a graduate employee position on or after the Late Waiver/Enrollment Deadline and the International Student enrolls in the health plan provided by the Graduate Teaching Fellows Federation ("GTFF"). Once the waiver is approved, the Student's coverage will be terminated retroactively to the effective date of the coverage period for the term/semester and any claims incurred are ineligible and will be denied. Any University Health Services Pharmacy claims received by the Student Plan will be transferred to the Student's University account for payment. The Student will be responsible for payment of those claims, as well as any claims from other pharmacies, and subsequent submission to the GTFF plan for possible reimbursement.

## *Family Members – Enrollment Process*

Unless an approved waiver is on file, International Students are required to enroll any eligible family members who are present in the US with them in the Student Plan. The following family members are eligible for coverage as dependents:

- The Student's legal Spouse or Domestic Partner.
- The Student's, the Student's Spouse's, or the Student's Domestic Partner's Dependent Children under age 26 regardless of the child's place of residence, marital status, or financial dependence on the Student.
- The Student's, the Student's Spouse's, or the Student's Domestic Partner's unmarried Dependent Children age 26 or over who are mentally or physically disabled. To qualify as dependents, they must have been continuously unable to support themselves since turning age 26 because of a mental or physical disability. This Student Plan requires documentation of the disability from the child's physician, and will review the case before determining eligibility for coverage.

No family or household members other than those listed above are eligible to enroll under this Student Plan. Students may be required to submit legal documentation to confirm the status of the dependent.

International Students who are enrolling their eligible dependents are making an election for the remainder of the Contract Year, based on the Student's eligibility. Eligible dependents cannot enroll or waive independently from the primary International Student's status. Covered dependents may be dropped from coverage at the end of the current coverage period only if they are leaving the US and provide proof of such departure to the UO SHBP Department.

To enroll a dependent, the International Student must submit a 'Dependent Enrollment Form' within 31 days of the dependent's arrival in the USA or the date they become eligible described below, under "New Dependents - Qualifying Events". For existing dependents, completion of the enrollment process prior to the Compliance Deadline will result in retroactive coverage to the beginning of the coverage period. For any dependent who is not enrolled prior the Compliance Deadline or arrives in the United States after the Compliance Deadline, their effective date of coverage will be the date the form was submitted.

Students will be required to pay the full premium for the entire coverage period for each dependent, regardless of the effective date of the dependent's coverage. If an International Student fails to enroll eligible dependents in the Student Plan within 31 days, a \$100 late fee will be applied in addition to any required premiums.

### *New Dependents - Qualifying Events*

Requests for enrollment of a new dependent due to a qualifying event must be received within 31 days of the qualifying event. A claim for maternity care is not considered notification for the purpose of enrolling a newborn child. Coverage for a newly eligible dependent due to the following events will begin on the date of the event.

- Birth of a newborn Dependent Child;

- Placement of an adopted or foster child;
- Marriage or domestic partnership;
- Guardianship; or
- Qualified medical child support order (QMCSO).

This Student health plan complies with a QMCSO issued by a state court or state child support agency. A QMCSO is a judgment, decree, or order, including approval of a settlement agreement, which provides for health benefit coverage for the child of a member.

## 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:*

	<b>UO Students (Term-Based)</b>	<b>UO Law Students (Semester-Based)</b>
<b>Annual Coverage Period:</b>	9/15/2022 – 9/14/2023	8/10/2022 – 8/09/2023
<b>Term/Semester Coverage Periods:</b>		
Fall Term/Semester	9/15/2022 – 12/31/2022	8/10/2022 – 1/14/2023
Winter Term	1/01/2023 – 4/1/2023	N/A
Spring Term/Semester	4/2/2023 – 9/14/2023	1/15/2023 – 8/09/2023
Summer Only	6/18/2023– 9/14/2023	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.

	<b>UO Students (Term-Based)</b>	<b>UO Law Students (Semester-Based)</b>
<b>Contract Year</b>	9/15/2022 – 9/14/2023	8/10/2022 – 8/09/2023
<b>Fall Term/Semester Dates:</b>		
Open Enrollment Begins	8/01/2022	8/01/2022
Compliance Deadline (Payment Deadline, Waiver Deadline, Open Enrollment Closes)	10/05/2022 at 5:00 pm	9/02/2022 at 5:00 pm
Late Waiver/Enrollment Deadline	10/28/2022 at 5:00 pm	9/23/2022 at 5:00 pm
Coverage Period	9/15/2022 – 12/31/2022	8/10/2022 – 1/14/2023
<b>Winter Term Dates:</b>		
Open Enrollment Begins	12/01/2022	N/A
Compliance Deadline (Payment Deadline, Waiver Deadline, Open Enrollment Closes)	1/18/2023 at 5:00 pm	N/A
Late Waiver/Enrollment Deadline	2/10/2023 at 5:00 pm	N/A
Coverage Period	1/01/2023 – 4/01/2023	N/A
<b>Spring Term/Semester Dates:</b>		
Open Enrollment Begins	3/01/2023	12/01/2022
Compliance Deadline (Payment Deadline, Waiver Deadline, Open Enrollment Closes)	4/12/2023 at 5:00 pm	1/27/2023 at 5:00 pm
Late Waiver/Enrollment Deadline	5/05/2023 at 5:00 pm	2/17/2023 at 5:00 pm
Coverage Period	4/02/2023 – 9/14/2023	1/15/2023 – 8/09/2023
<b>Summer Term Dates:</b>		
Open Enrollment Begins	6/01/2023	N/A
Compliance Deadline (Payment Deadline, Waiver Deadline, Open Enrollment Closes)	7/05/2023 at 5:00 pm	N/A
Late Waiver/Enrollment Deadline	7/28/2023 at 5:00 pm	N/A
Coverage Period	6/18/2023 – 9/14/2023	N/A

## *Termination Due to Non-Payment of Premiums*

International Students who fail to pay their premiums before the last day of each coverage period will be terminated from the plan at the end of that coverage period. In addition, an academic hold will be placed on the Student's University account per plan rules (see Costs of Coverage section). Coverage will not be restored unless the Student pays all past due premiums and any late fees before the Late Waiver/Enrollment Deadline for the next coverage period. Students who lose coverage due to non-payment of premiums and do not have an approved waiver are out of compliance with the conditions of their University academic enrollment and UO policy and will be reported to the Division of Global Engagement for non-compliance.

# 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 the 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 describe 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.

**Disclosure of PHI and PII.** In compliance with state and federal law, UO policy and in accordance with the below restrictions and obligations, PacificSource may, at the request of the UO, and the University of Oregon may disclose PHI or electronic PHI ("ePHI") relating to the Members on this Student Plan to the University of Oregon to allow the University of Oregon to perform Plan Administration functions as that term is defined by 45 C.F.R. § 164.504(a), and/or personally identifiable information (PII) from your education records, as defined by the Family Educational Rights and Privacy Act (FERPA)

Only employees or agents of the University of Oregon who may receive or have access to PHI are those who require the information in order to resolve claims, referral, or other benefit issues on behalf of the Members; or those who require it to resolve enrollment and payment

issues on behalf of this Student Plan; and only those for whom such work is part of their job description. The University of Oregon 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 University of Oregon's employee or agent.

The University of Oregon certifies and agrees to the following:

- The University of Oregon has sufficient administrative, physical and technical safeguards in place to protect the privacy of the PHI and PII from any unauthorized use or disclosure in compliance with all applicable state and federal laws;
- No PHI or PII shall be used or disclosed other than as permitted or required by this Student Plan or as required by law;
- Ensure that any agent agrees to the same restrictions and conditions that apply to the parties with respect to such PHI and PII;
- No PHI shall be used in employment-related actions or in connection with any other benefit or employee benefit plan of the University of Oregon;
- The University of Oregon has a written policy for investigating and appropriately reporting any security incidents that relate to PHI or PII to PacificSource;
- The University of Oregon shall make available PHI in accordance with 45 CFR § 164.524 and education records available in accordance with FERPA;
- The University of Oregon shall make available PHI for amendment and incorporate any amendments to PHI in accordance with 45 CFR § 164.526.;
- The University of Oregon shall make available the information required to provide an accounting of disclosure in accordance with 45 CFR § 164.528 and/or FERPA;
- The University of Oregon shall 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. The University of Oregon shall also make the same available if required for compliance review under FERPA;
- University of Oregon shall return or destroy all PHI and PII received from this Student Plan that the University of Oregon still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made; and
- The University of Oregon shall ensure that the adequate separation between employees who need access to PHI or PII to perform their assigned job functions and those who do not is established and enforced.

The provisions and restrictions described in this section relate solely to Student health information created or maintained at University Health Services or at PacificSource. For information regarding the University's practices relating to education records created or maintained by other University departments, please visit <https://registrar.uoregon.edu/records-privacy>

# USING THE PROVIDER NETWORK

This Student Plan's benefits vary depending on where you receive care and services. In this section, you can find explanations for how your benefits will be applied and how your out-of-pocket expenses may vary depending on the Provider you see. The Medical Benefit Summary includes the different tiers and network names, as well as the different reimbursement levels and cost-sharing for those different tiers (for example, University Health Services, In-network Providers, 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 healthcare 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 medical care. Members have the right to choose their Providers.

## UNIVERSITY HEALTH SERVICES (UHS)

The Student Plan provides 100% coverage for Medically Necessary, eligible services received at University Health Services.

## IN-NETWORK PROVIDERS (UO EXCLUSIVE & NAVIGATOR NETWORKS)

In-network Providers contract with PacificSource or the University of Oregon to furnish medical services and supplies to Members enrolled in this Student Plan for a set fee. That fee is called the Allowable Fee.

In-network Providers agree not to collect more than the Allowable Fee. In-network Providers bill PacificSource directly, and they pay them directly. When you receive Covered Services or supplies from an In-network Provider, you are only responsible for the amounts stated in your Benefit Summaries. Depending on this Student Plan, those amounts can include Deductibles, Copayments, and/or Coinsurance payments.

PacificSource contracts directly and/or indirectly with In-network Providers throughout their networks' Service Area. PacificSource also has agreements with nationwide Provider networks. These Providers outside their Service Area are also considered PacificSource In-network Providers under this Student Plan.

It is not safe to assume that when you are treated at an in-network facility, all services are performed by In-network Providers. Whenever possible, you should arrange for professional services, such as surgery and anesthesiology to be provided by an In-network Provider. Doing so will help you maximize your benefits and limit your out-of-pocket expenses.

### *Risk-sharing Arrangements*

By agreement, an In-network Provider may not bill a Member for any amount in excess of the Allowable Fee. However, the agreement does not prohibit the Provider from collecting Copayments, Deductibles, Coinsurance, and non-Covered Services from the member.

## SHARED DECISION MAKING

Shared decision making (SDM) is a collaborative process that allows Members and their Providers to make healthcare decisions together, taking into account the best scientific evidence available, as well as the Member's values and preferences. SDM honors both the Provider's expert knowledge and the Member's right to be fully informed of all care options and the potential harms and benefits. This process provides Members with the support they need to make the best decisions about their care, while allowing Providers to feel confident in the care they prescribe. For certain procedures, Members may be required to complete SDM tools for review with their Providers in order to receive the highest level of benefits.

Under this Student Plan, you are free to seek care from Providers other than your PCP without a referral.

In addition to the In-network Providers for this Student Plan, PacificSource has agreements with a number of medical centers and specialized treatment programs. If you need services for which PacificSource has Provider contracts, you will be required to use the contracted Providers for your treatment to be covered at the Student Plan's highest benefit level.

## 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 Deductible, co-payment, and/or Coinsurance amounts stated in your Benefit Summaries.

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

PacificSource'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, PacificSource determines the Allowable Fee, then subtracts 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 count toward this Student Plan's out-of-pocket limit. It also does not apply toward any cost sharing required by this Student Plan.

### *Example of Provider Payment*

The following provides an example of how a payment could be made for In-network or Out-of-network Providers.

This Student Plan will pay 80 percent of the Allowable Fee for In-network Providers and 60 percent of the Allowable Fee for Out-of-network Providers. The benefits would appear as follows:

In-network Provider	Out-of-network Provider
Payment: After Deductible, Member pays 20% of the Allowable Fee.	Payment: After Deductible, Member pays 40% of the Allowable Fee and the balance of billed charges (see Balance Billing).

In this example, the Provider’s charge for a service is \$5,000 and the Allowable Fee for an In-network Provider is \$4,000. This example assumes that the Member has met this Student Plan’s Deductible during the Benefit Year, but has not yet met the out-of-pocket limit for the Benefit Year:

**In-network Provider:**

This Student Plan would pay 80 percent of the Allowable Fee and the Member would pay 20 percent of the Allowable Fee, as follows:

Amount the In-Network Provider must discount (Allowable Fee):	\$1,000
Amount this Student Plan pays (80% of the \$4,000 Allowable Fee):	\$3,200
<b>Amount the Member pays (20% of the \$4,000 Allowable Fee):</b>	<b>\$800</b>
Total:	\$5,000

**Out-of-network Provider:**

This Student Plan would pay 60 percent of the Allowable Fee. (For this example, \$4,000 is also the charge upon which the Out-of-Network Provider’s Allowable Fee is established.) Because the Out-of-Network Provider does not accept the Allowable Fee and may charge more, the Member would pay 40 percent of the Allowable Fee, plus the \$1,000 difference between the Out-of-Network Provider’s billed charges and the Allowable Fee, as follows:

Amount this Student Plan pays (60% of the \$4,000 Allowable Fee):	\$2,400
<b>Amount the Member pays (40% of the \$4,000 Allowable Fee and the \$1,000 difference between the billed charges and the Allowable Fee):</b>	<b>\$2,600</b>
Total:	\$5,000

This Student Plan’s actual benefits may vary, so please review the Benefit Summaries and Covered Services section to determine how your benefits are paid. Please remember that the Allowable Fee may vary for a Covered Service depending upon the selected Provider.

**COVERAGE WHILE TRAVELING**

This Student Plan is powered by the network shown at the beginning of your Medical Benefit Summary. You can save out-of-pocket expense by using an In-network Provider in your Service Area. When you need medical services outside of your network, you can save out-of-pocket expense by using the Providers identified on the website at [PacificSource.com/uo](http://PacificSource.com/uo).

### *Non-emergency Care While Traveling*

To find an In-network Provider outside the regions covered by your network, go to the [PacificSource.com/uo](https://www.PacificSource.com/uo) website.

Non-emergency care outside the United States is covered for full-time Students attending college outside the United States for three or more months, except for international covered Members when receiving treatment or services within your home country.

- If you access care through an In-network Provider, this Student Plan's In-network Provider benefits will apply.
- If an In-network Provider is available but you choose to use an Out-of-network Provider, this Student Plan's Out-of-network Provider benefits will apply.
- When abroad, this Student Plan's In-network Provider benefits will apply for Covered Services.

### *Emergency Services While Traveling*

In medical emergencies (see Covered Services – Emergency Services section), this Student Plan pays benefits at the In-network Provider level regardless of your location. Your expense for Covered Services are based on the Allowable Fee. If you are admitted to a Hospital as an inpatient following the stabilization of your emergency condition, your physician or Hospital should contact the PacificSource Health Services team at (888) 691-8209 as soon as possible to make a Benefit Determination on your admission. If you are admitted to an out-of-network Hospital, you may be required to transfer to an in-network facility once your condition is Stabilized in order to continue receiving benefits at the In-network Provider level.

## FINDING IN-NETWORK PROVIDER INFORMATION

You can find up-to-date In-network Provider information:

- Ask your healthcare Provider if they are an In-network Provider for your network.
- On the website, [PacificSource.com/uo](https://www.PacificSource.com/uo) Go to Find a Doctor or Drug to easily look up In-network Providers, specialists, behavioral health Providers, and Hospitals. You can also print your own customized directory.
- Contact the PacificSource Customer Service team. Their staff can answer your questions about specific Providers.

## EPIDEMIC

PacificSource will work in conjunction with local authorities and health systems to coordinate in the communication of health services to assist you with accessing care in the event of an epidemic. Critical care and Emergency Services are given the highest priority.

## TERMINATION OF PROVIDER CONTRACTS

PacificSource will use best efforts to notify you within 30 days of learning about the termination of a PacificSource Provider contractual relationship if you have received services in the previous six months from such a Provider when:

- A Provider terminates a contractual relationship with PacificSource in accordance with the terms and conditions of the agreement;
- A Provider terminates a contractual relationship with an organization under contract with PacificSource; or
- PacificSource terminates a contractual relationship with an individual Provider or the organization with which the Provider is contracted in accordance with the terms and conditions of the agreement.

Note: On the date a Provider's contract with PacificSource terminates, they become an Out-of-network Provider and any services you receive from them will be paid at the percentage shown in the Out-of-network Provider column of your Benefit Summaries. To avoid unexpected costs, be sure to verify each time you see your Provider that they are still participating in the network.

## COVERED SERVICES

### *Understanding Medical and Dental Necessity*

In order for a service or supply to be covered, it must be both a Covered Service and Medically/Dentally Necessary. Be careful – just because a treatment is prescribed or recommended by a Provider does not mean it is Medically/Dentally Necessary under the terms of this Student Plan. Remember, just because a service or supply is a covered benefit under this Student Plan does not necessarily mean all billed charges will be paid.

All treatment is subject to review for Medical/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 PacificSource or the University of Oregon) may be required for a Medical/Dental Necessity determination.

Medically Necessary services and supplies that are excluded from coverage under this Student Plan can be found in the Benefit Limitations and Exclusions section, as well as the section on Prior authorization. If you ever have a question about this Student Plan, contact PacificSource's Customer Service team.



### *Understanding Experimental, Investigational, or Unproven Services*

Except for specified preventive care services, the benefits of this Student Plan are paid only toward the Covered Services of Medically Necessary diagnosis or treatment of Illness, Injury, or disease. This is true even though the service or supply is not specifically excluded. All treatment is subject to review for Medical Necessity. Review of treatment may involve prior authorization, concurrent review of the continuation of treatment, post-treatment review or any combination of these. For additional information, see 'Medically Necessary' and 'Dentally Necessary' in the Definitions section.

Be careful. Your Provider could prescribe services or supplies that are not covered under this Student Plan. Remember, just because a service or supply is a covered benefit does not mean all related charges will be paid.

New and emerging medical procedures, medications, treatments, and technologies are often marketed to the public or prescribed by physicians before FDA approval, or before research is available in qualified peer-reviewed literature to show they provide safe, long term positive outcomes for patients.

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 and their Health Services team 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.

### *Eligible Healthcare Providers*

This Student Plan provides benefits only for Covered Services and supplies rendered by an eligible Provider, Hospital or Specialized Treatment Facility, DurableMedical Equipment Supplier, or other licensed Provider as specifically stated in this Student Plan. 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. For additional information, see 'Provider, Specialized Treatment Facility, and Durable Medical Equipment Supplier in the Definitions section.

To be eligible, the Provider must also be practicing within the scope of their license. For example although an Optometrist is an eligible Provider for vision exams, they are not eligible to provide chiropractic services.

### *After Hours and Emergency Care*

If you have a medical emergency, always go directly to the nearest emergency room, or call 911 for help. If you are facing a non-life-threatening emergency, contact your Provider's office, or go to an Urgent Care facility. Urgent Care facilities are listed in the online Provider directory website, PacificSource.com/uo. Simply enter your city and state or Zip code, then select Urgent Care in the 'Specialty Category' field. It is not safe to assume that when you are treated at an in-network urgent care facility, all services are performed by In-network Providers.

You have access to a Nurse line through University Health Services, which you can access by calling 541-346-2770 at any hour, on any day of the week.

### *Appropriate Setting*

It is important to have services provided in the most suitable and least costly setting. For example, if you go to the Emergency Room to have a throat culture instead of going to a doctor's office or Urgent Care facility it could result in higher out-of-pocket expenses for you.

Covered Services must be performed in the least costly setting where they can be provided safely. If a procedure can be done safely in an outpatient setting, but is performed in a Hospital inpatient setting, this Student Plan will only pay what it would have paid for the procedure on an outpatient basis.

### *Your Annual Out-of-Pocket Limit*

This Student Plan has an out-of-pocket limit provision to protect you from excessive healthcare expenses. The Medical Benefit Summary shows this Student Plan's annual out-of-pocket limits for In-network and/or Out-of-network Providers. If you incur covered expenses over those amounts, this Student Plan will pay 100 percent of Allowable Fee for eligible charges for the remainder of the Benefit Year.

Your expenses for the following do not count toward the annual out-of-pocket limit:

- Charges over the Allowable Fee for services of Out-of-network Providers;
- Dental charges in excess of the least costly service or supply appropriate for treatment;
- Covered dental expenses age 19 and over;
- Charges over the usual, customary, and reasonable fee; or
- Incurred charges that exceed amounts allowed under this Student Plan.

Charges that do not count toward the out-of-pocket limit or that are not covered by this Student Plan will continue to be your responsibility even after the out-of-pocket limit is reached.

## PLAN BENEFITS

This Student Plan provides benefits for the following services and supplies as outlined on your Benefit Summaries. The following list of benefits is exhaustive. These services and supplies may require you to satisfy a Deductible, make a Copayment, and/or pay Coinsurance, and they may be subject to additional limitations or maximum dollar amounts (maximum dollar amounts do not apply to Essential Health Benefits). For a medical expense to be eligible for payment, you must be covered under this Student Plan on the date the expense is incurred. Please refer to your Benefit Summaries and the Benefit Limitations and Exclusions section for more information.

## ESSENTIAL HEALTH BENEFITS

This Plan covers the Essential Health Benefits as defined by the Secretary of the U.S. Department of Health and Human Services. Annual and Lifetime Maximum dollar limits will not be applied for any service that is an Essential Health Benefit.

## PREVENTIVE CARE SERVICES

This Student Plan covers the following preventive care services when provided by a physician, physician assistant, or nurse practitioner. Preventive care services provided out-of-network are not covered.

- **Preventive physicals** including appropriate screening radiology and laboratory tests and other screening procedures for Members age 22 and older are covered once per Benefit Year. Screening exams and laboratory tests may include, but are not limited to, depression screening for all adults including pregnant and postpartum women, blood pressure checks, weight checks, occult blood tests, urinalysis, complete blood count, prostate exams, cholesterol exams, stool guaiac screening, EKG screens, blood sugar tests, and tuberculosis skin tests.

Only laboratory tests and other diagnostic testing procedures related to the preventive physical exam are covered by this benefit. Any laboratory tests and other diagnostic testing procedures ordered during, but not related to, a preventive physical examination are not covered by this preventive care benefit. Please see Outpatient Services in this section.

- **Well woman visits**, including the following:
  - One **preventive gynecological exam** each Benefit Year for women 18 and over. Exams may include Pap smear, pelvic exam, breast exam, blood pressure check, and weight check. Covered lab services are limited to occult blood, urinalysis, and complete blood count.
  - **Preventive mammograms** for women as recommended:
    - There is no Deductible, Copayment, and/or Coinsurance for in-network mammograms that are considered 'preventive' according to the guidelines of the U.S. Preventive Services Task Force (USPSTF).
    - Diagnostic mammograms for any woman desiring a mammogram for medical cause. The Deductibles, Copayments, and/or Coinsurance stated in your Medical Benefit Summary for 'Outpatient Services – Diagnostic and therapeutic radiology/lab and dialysis' apply to diagnostic mammograms related to the ongoing evaluation or treatment of a medical condition.
  - **Pelvic exams and Pap smear exams** for women 18 to 64 years of age annually, or at any time when recommended by a Women's Healthcare Provider.
  - **Breast exams** annually for women 18 years of age or older or at any time when recommended by a Women's Healthcare Provider for the purpose of checking for lumps and other changes for early detection and prevention of breast cancer.

**Members have the right to seek care from obstetricians and gynecologists for Covered Services without preapproval, prior authorization, or referral.**

- **Colorectal cancer screening** exams and lab work tests assigned a grade 'A' or 'B' by the USPSTF which includes the following:
  - A colonoscopy, including removal of polyps during the screening procedure if a positive result on any fecal test assigned either a grade 'A' or 'B';
  - A fecal occult blood test;
  - A flexible sigmoidoscopy; or
  - A double contrast barium enema.

A colonoscopy performed for preventive screening purposes is considered to be a preventive service according to the guidelines of the USPSTF that have a rating of 'A' or 'B' for age 45 and older. The Deductible, Copayment, and/or Coinsurance stated in the Medical Benefit Summary for 'Preventive Care – Preventive colonoscopy' applies to colonoscopies that are considered 'preventive' according to the guidelines of the USPSTF.

A colonoscopy performed for screening purposes on individuals at 'high risk' under age 45 is also considered a preventive service. An individual is at high risk for colorectal cancer if the individual has:

- Family medical history of colorectal cancer;
- Prior occurrence of cancer or precursor neoplastic polyps;
- Prior occurrence of a chronic digestive disease condition such as inflammatory bowel disease;
- Crohn's disease or ulcerative colitis; or
- Other predisposing factors.

A colonoscopy that is not required to be covered as preventive under ACA, or is performed for the evaluation or treatment of a known medical condition, is paid at no cost share when provided by an In-network Provider.

- **Prostate cancer screening**, including a digital rectal examination and a prostate-specific antigen test.
- **Well baby/well child care exams** for Members age 21 and younger according to the following schedule:
  - At birth: One standard in-Hospital exam
  - Ages 0-2: 12 additional exams during the first 36 months of life
  - Ages 3-21: One exam per Benefit Year

Only laboratory tests and other diagnostic testing procedures related to a well baby/well child care exam are covered by this benefit. Any laboratory tests and other diagnostic

testing procedures ordered during, but not related to, a well baby/well child care exam are not covered by this preventive care benefit. Please see Outpatient Services in this section.

- Age-appropriate childhood and adult **immunizations** for primary prevention of infectious diseases as recommended and adopted by the USPSTF, the Centers for Disease Control and Prevention, American Academy of Pediatrics, American Academy of Family Physicians, or a similar standard-setting body. Benefits do not include immunizations for more elective, Experimental, Investigational, Unproven, or discretionary reasons (for example, travel).
- **Tobacco cessation program services** are covered at no charge only when provided by a PacificSource approved program. Prescribed tobacco cessation related medication will be covered to the same extent this Student Plan covers other prescription medications.

Any Deductible, Copayment, and/or Coinsurance amounts stated in your Benefit Summaries are waived for the following recommended preventive care services when provided by an In-network Provider:

- Services that have a rating of 'A' or 'B' from the USPSTF;
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC);
- Preventive care and screening for infants, children, and adolescents supported by the Health Resources and Services Administration (HRSA); and
- Preventive care and screening for women supported by the HRSA that are not included in the USPSTF recommendations.

The A and B list for preventive services can be found on the USPSTF website at: [uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations](https://uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations)

The list of women's preventive services can be found on the HRSA website at: <https://www.hrsa.gov/womens-guidelines-2019>

For Members who do not have Internet access, please contact PacificSource Customer Service at the number shown on the second page of this student guide for a complete description of the preventive services lists.

USPSTF recommendations include recommendations regarding breast cancer screening, mammography, and prevention. Cancer risk-reducing medications are covered according to USPSTF recommendations, at no cost, subject to reasonable medical management.

## PEDIATRIC DENTAL PLAN BENEFITS

### COVERED DENTAL SERVICES

Pediatric dental services are covered for enrolled individuals age 18 and younger. Coverage for pediatric services will end on the last day of the month in which the enrolled individual turns 19. Frequency limits are as required under the Affordable Care Act (ACA).

## CLASS I SERVICES (For Enrolled Individuals Age 18 and Younger)

- Benefits for **dental cleaning (Prophylaxis and Periodontal Maintenance)** are limited to a combined total of two procedures per Member per Benefit Year. The limitation for dental cleaning applies to any combination of Prophylaxis and/or Periodontal Maintenance in the Benefit Year. A separate charge for periodontal charting is not a covered benefit. Periodontal Maintenance is not covered when performed within three months of Periodontal Scaling, Root Planing, and/or Curettage.
- Benefits for **examinations** (routine, problem focused, and other diagnostic exams) are limited to a combined total of two examinations per Member per Benefit Year. Separate charges for review of a proposed treatment plan or for diagnostic aids, such as diagnostic lab tests (other than brush biopsies), are not covered. Emergency examinations are covered.
- Benefits for **fluoride (topical or varnish applications)** are limited to a combined total of four applications per Benefit Year.
- Benefits for a **full mouth series of X-rays, a cone beam X-ray, or panorex** are limited to one complete full mouth series, 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, no further benefits for periapical X-rays, cone beam X-rays, complete full mouth series X-rays, or panorex are available for the remainder of the year.
- Benefits for the application of **sealants** are limited to one application, per quadrant, per Benefit Year to permanent molars and bicuspid, except for visible evidence of clinical failure.
- Benefits for **space maintainers** are covered.

## CLASS II SERVICES (For Enrolled Individuals Age 18 and Younger)

- **Anti-microbial agents** are covered
- Benefits for **brush biopsies** used to aid in the diagnosis of oral cancer are covered.
- Benefits for **Core build-ups** are covered.
- **Diagnostic casts** are covered.
- This Student Plan will pay for a **filling** on a tooth surface only once per Benefit Year. Three or more surface fillings are limited to one per surface per Benefit Year.
- Benefits for **full mouth debridement** are limited to once every 24 months. This procedure is only covered if the teeth have not received a Prophylaxis in the prior 24 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).

- Benefits for **general anesthesia** administered by a Dentist in a dental office in conjunction with approved oral surgery procedures are covered.
- Benefits for administration of **nitrous oxide** are covered.
- Benefits for **oral pre-medication anesthesia for conscious sedation** are covered.
- **Palliative care** is covered.
- Benefits for **Periodontal Scaling, Root Planing, and/or Curettage** are 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.
- Benefits for **pin retention of fillings** are covered.
- Benefits for **pulp capping** are payable only 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.
- Benefits for a **Pulpotomy** are payable only for deciduous teeth.
- **Simple extractions of teeth** and other minor oral surgery procedures are covered.
- Benefits for **subsequent denture relines** are provided only once every 12 months.
- Benefits for **tooth desensitization** are covered.
- Benefits for **crown re-cement** are covered.

### CLASS III SERVICES (For Enrolled Individuals Age 18 and Younger)

- Benefits for **Bone replacement grafts** to prepare sockets for implants after tooth extraction are covered.
- Benefits for an initial **cast partial denture, full denture, immediate denture, or overdenture** are limited to the cost of a standard full or cast partial denture. Charges for denture adjustments and repairs are covered. 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.
- Benefits for **crowns** and other cast or laboratory processed Restorations are limited to the Restoration of any one tooth every 60 months. If a tooth can be restored with a material such as Amalgam or Composite Resin, covered charges are limited to the cost of Amalgam or non-laboratory Composite Resin Restoration even if another type of Restoration is selected by the patient and/or Dentist.
- Benefits for the surgical placement and removal of **implants** are limited to once per lifetime per tooth space for each service for Members. 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.

- Benefits for an initial **fixed bridge or removable cast partial** are covered. Benefits for temporary full or partial dentures must be predetermined by PacificSource.
- The completion date for **crowns, onlays, and bridges** is the cementation date (seat date) regardless of the type of cement utilized.
- Benefits for **night guards** are covered.
- Benefits for the **replacement of an existing Prosthetic Device** are provided only when the device being replaced is unserviceable, cannot be made serviceable, and has been in place for at least 60 months.
- Benefits for **root canal therapy** are covered.
- **Complicated oral surgery procedures**, such as the removal of impacted teeth, frenulectomy, and frenulosplasty, are limited to procedures that are covered by this Student Plan and have been predetermined by PacificSource.
- Benefits for **periodontal surgery** are limited to procedures that have been predetermined by PacificSource and accompanied by a periodontal diagnosis and history of conservative (non-surgical) periodontal treatment.
- Benefits for **veneers** are covered for non-cosmetic purposes only. Benefits are limited to once per tooth per 60 month period.

## PEDIATRIC ORTHODONTIA

- Orthodontia is covered for enrolled individuals age 18 and younger or for Members with diagnosis of cleft palate and/or cleft lip whose treatment began prior to turning age 19 and was not completed prior to turning age 19. Prior authorization and a treatment plan are required by PacificSource.

## PEDIATRIC VISION SERVICES

This Student Plan covers the following services for individuals age 18 and younger. Coverage for pediatric services will end on the last day of the month in which the enrolled individual turns 19.

- **Preventive vision examinations** are covered on this Student Plan. Benefits are subject to the Deductible, limitations, Copayment, and/or Coinsurance stated in your Vision Benefit Summary.
- **Vision hardware** including glasses (lenses and frames) or contacts (lenses and fitting) are covered on this Student Plan. Benefits are subject to the Deductible, limitations, Copayment, and/or Coinsurance stated in your Vision Benefit Summary.



## PROFESSIONAL SERVICES

This Student Plan covers the following professional services when Medically Necessary:

- Services of a **physician (M.D., D.O., naturopath, or other Provider practicing within the scope of their license)**, for diagnosis or treatment of Illness, Injury, or disease.
- Services of a licensed **physician assistant** under the supervision of a physician.
- Services of a **nurse practitioner**, including certified registered nurse anesthetist (C.R.N.A.) and certified nurse midwife (C.N.M.), or other Provider practicing within the scope of their license, for Medically Necessary diagnosis or treatment of Illness, Injury, or disease.
- **Urgent care services** provided by a physician. 'Urgent care' means services for an unforeseen Illness, Injury, or disease that requires treatment within 24 hours to prevent serious deterioration of a patient's health. Urgent conditions are normally less severe than medical emergencies. Examples of conditions that could need urgent care are sprains and strains, vomiting, cuts, and headaches.
- **Outpatient Rehabilitation Services** provided by a licensed physical therapist, occupational therapist, speech language pathologist, physician, or other practitioner licensed to provide Physical, Occupational, or speech Therapy within the scope of the Provider's license. Covered Services are for the purpose of restoring certain functional losses due to disease, Illness, or Injury only and do not include maintenance services. Covered Services for outpatient Rehabilitation Services are limited to a combined maximum of 30 visits per Benefit Year and are subject to review for Medical Necessity. Additional treatment may be considered when criteria for individual benefits are met.
  - Services for speech therapy will only be allowed when needed to correct stuttering, hearing loss, peripheral speech mechanism problems, and deficits due to neurological disease or Injury. Speech and/or cognitive therapy for acute Illnesses, and Injuries are covered up to one year post Injury when the services do not duplicate those provided by other eligible Providers, including occupational therapists or neuropsychologists. This exclusion does not apply if Medically Necessary as part of a treatment plan.
  - Outpatient pulmonary rehabilitation programs are covered when prescribed by a physician for patients with severe chronic lung disease that interferes with normal daily activities despite optimal medication management.
  - For related provisions, see 'motion analysis', 'vocational rehabilitation', and 'oral/facial motor therapy' under 'Excluded Services – Types of Treatments' in the Benefit Limitations and Exclusions section.
- **Outpatient Habilitation Services** provided by a licensed physical therapist, occupational therapist, speech language pathologist, physician, or other practitioner licensed to provide Physical, Occupational, or speech Therapy within the scope of the Provider's license. Covered Services for outpatient Habilitation Services are limited to a combined maximum of 30 visits per Benefit Year and are subject to review for Medical Necessity. Additional treatment may be considered when criteria for individual benefits are met.

- Services for speech therapy will only be allowed when needed to correct stuttering, hearing loss, peripheral speech mechanism problems, and deficits due to neurological disease or Injury. Speech and/or cognitive therapy for acute Illnesses and Injuries are covered up to one year post Injury when the services do not duplicate those provided by other eligible Providers, including occupational therapists or neuropsychologists. This exclusion does not apply if Medically Necessary as part of a treatment plan.
- For related provisions, see ‘speech therapy’ and ‘temporomandibular joint’ under ‘Excluded Services – Types of Treatments’ in the Benefit Limitations and Exclusions section.
- Services of a licensed audiologist for Medically Necessary **audiological (hearing) tests**.
- Services of a Dentist or physician to treat **Injury of the jaw or natural teeth**. Except for the initial examination, services for treatment of an Injury to the jaw or natural teeth require prior authorization to be covered.
- Services of a Dentist or physician for **orthognathic (jaw) surgery** as follows:
  - When Medically Necessary to repair an Accidental Injury; or
  - For removal of a malignancy, including reconstruction of the jaw.
- Services of a board-certified or board-eligible **genetic counselor** for evaluation of genetic disease.
- Medically Necessary **Telehealth services** for health services covered by this Student Plan when provided in person by a healthcare professional.
- Services for **chiropractic manipulation/spinal manipulation** are covered. The benefit for chiropractic manipulation/spinal manipulation is limited to 20 visits per Benefit Year.
- Services for **acupuncture** are covered. The benefit for acupuncture is limited to 12 visits per Benefit Year.

## HOSPITAL AND SKILLED NURSING FACILITY SERVICES

- This Student Plan covers Medically Necessary **Hospital inpatient services**. Charges for a Hospital room are covered up to the Hospital’s semi-private room rate except when a private room is determined to be necessary. Charges for a private room are covered if the attending physician orders hospitalization in an intensive care unit, coronary care unit, or private room for Medically Necessary isolation. Coverage includes eligible services provided by a Hospital owned or operated by the state, or any state approved mental health and developmental disabilities program.

This Student Plan does not cover charges for rental of telephones, radios, or televisions, or for guest meals or other personal items.

- Services of **Skilled Nursing Facilities and Convalescent Homes** are covered for up to 60 days per Benefit Year. Services must be Medically Necessary and are

subject to admission notification and concurrent review. Confinement for Custodial Care is not covered.

- **Inpatient Rehabilitation Services** are covered when Medically Necessary to restore and improve lost body functions after Illness, Injury, or disease. These services must be consistent with the condition being treated, and must be part of a formal written treatment program prescribed by a physician and subject to prior authorization by PacificSource. Benefits are subject to prior authorization and concurrent review by PacificSource for Medical Necessity.

Total Covered Services for inpatient rehabilitation are limited to a maximum of 30 days per Benefit Year subject to review for Medical Necessity. Additional treatment may be considered when criteria for individual benefits are met. Recreation therapy is only covered as part of an inpatient admission.

- **Inpatient Habilitation Services** are covered when Medically Necessary to help a person keep, restore, or improve skills and functioning for daily living related to skills that have been lost or impaired because a person was sick, injured or disabled. These services must be consistent with the condition being treated, and must be part of a formal written treatment program prescribed by a physician and subject to prior authorization by PacificSource. Benefits are subject to prior authorization and concurrent review by PacificSource for Medical Necessity.

Total Covered Services for inpatient Habilitation Services are limited to a maximum of 30 days per Benefit Year subject to review for Medical Necessity. Additional treatment may be considered when criteria for individual benefits are met.

Recreation therapy is only covered as part of an inpatient admission.

## OUTPATIENT SERVICES

Outpatient services are medical services that take place without being admitted to the Hospital. This Student Plan covers the following outpatient services:

- **Advanced Diagnostic Imaging procedures** that are Medically Necessary for the diagnosis of Illness, Injury, or disease. For purposes of this benefit, Advanced Diagnostic Imaging procedures include CT scans, MRI's, PET scans, CATH labs and nuclear cardiology studies. In all situations and settings (excluding emergency room services), benefits require prior authorization and are subject to the Deductibles, Copayments, and/or Coinsurance stated in your Medical Benefit Summary for Outpatient Services – Advanced Diagnostic Imaging. Please note that the Copayment for these services is 'per test'. For example, if separate MRIs are performed on different regions of the back, there will be a Copayment charged for each region imaged.
- **Diagnostic radiology and laboratory procedures** provided or ordered by a physician, nurse practitioner, alternative care Provider, or physician assistant. These services may be performed or provided by laboratories, radiology facilities, Hospitals, and physicians, including services in conjunction with office visits.
- **Emergency room services.** The emergency room benefit stated in your Medical Benefit Summary covers only physician and Hospital facility charges in the emergency room. The benefit does not cover further treatment provided on referral from the emergency room.

Emergency Medical Screening and Emergency Services, including any diagnostic tests necessary for emergency care (including radiology, laboratory work, CT scans and MRI's) are subject to the Deductibles, Copayments, and/or Coinsurance stated in your Medical Benefit Summary for either 'Outpatient Services – Diagnostic and therapeutic radiology/lab and dialysis' or 'Outpatient Services – Advanced Diagnostic Imaging', depending on the specific service provided.

For Emergency Medical Conditions, Out-of-network Providers are paid at the In-network Provider level.

- **Surgery** and other outpatient services. Benefits are based on the setting where services are performed.
  - For surgeries or outpatient services performed in a physician's office, the benefit stated in your Medical Benefit Summary for 'Professional Services – Office procedures and supplies' applies.
  - For surgeries or outpatient services performed in an Ambulatory Surgical Center or outpatient Hospital setting, both the benefits shown on your Medical Benefit Summary for 'Professional Services – Surgery' and the 'Outpatient Services – Outpatient surgery/services' apply.
- **Therapeutic radiology services, Chemotherapy, and renal dialysis** provided or ordered by a physician. Covered Services include a prescribed, orally administered anticancer medication used to kill or slow the growth of cancerous cells. Absent an Allowable Fee amount based on the Medicare allowable, benefits for Members who are receiving renal dialysis are limited to 125 percent of the current Medicare allowable amount for In-network and Out-of-network Providers. In all situations and settings, benefits are subject to the Deductibles, Copayments, and/or Coinsurance stated in your Medical Benefit Summary for Outpatient Services – Diagnostic and therapeutic radiology/lab and dialysis.
- Other Medically Necessary **diagnostic services** provided in a Hospital or outpatient setting, including testing or observation to diagnose the extent of a medical condition.

## EMERGENCY SERVICES

For Emergency Medical Conditions (see Definitions section), this Student Plan covers services and supplies necessary to evaluate and treat an emergency condition.

***If you need immediate assistance for a medical emergency, call 911. If you have an Emergency Medical Condition, you should go directly to the nearest emergency room or appropriate facility. Emergency and non-emergency services are subject to the Deductibles, Copayments, and/or Coinsurance stated in your Medical Benefit Summary.***

If you are admitted to an out-of-network Hospital after your emergency condition is Stabilized, you may be required to transfer to an in-network facility in order to continue receiving benefits at the In-network Provider level.

## MATERNITY SERVICES

Maternity means, in any one pregnancy, all prenatal services including complications and miscarriage, delivery, postnatal services provided within six weeks of delivery, and routine nursery care of a newborn child. Maternity services are covered subject to the Deductibles, Copayments, and/or Coinsurance stated in your Medical Benefit Summary.

Medically Necessary services, medication, and supplies to manage diabetes during pregnancy, from conception through six weeks postpartum, will not be subjected to a Deductible, Copayment, or Coinsurance.

Services of a physician or other Provider practicing within the scope of their license for **pregnancy**. Services are subject to the same payment amounts, conditions, and limitations that apply to similar expenses for Illness.

*Please contact the PacificSource Customer Service team as soon as you learn of your pregnancy. Their team will explain this Student Plan's maternity benefits and help you enroll in the free prenatal care program.*

This Student Plan provides **routine nursery care** of a newborn while the mother is hospitalized and eligible for pregnancy-related benefits under this Student Plan if the newborn is also eligible and enrolled in this Student Plan.

**Special Information about Childbirth** – This Student Plan covers Hospital inpatient services for childbirth according to the Newborns' and Mothers' Health Protection Act of 1996. This Student Plan does not restrict the length of stay for the mother or newborn child to less than 48 hours after vaginal delivery, or to less than 96 hours after Cesarean section delivery. Your Provider is allowed to discharge you or your newborn sooner than that, but only if you both agree. For childbirth, your Provider does not need to prior authorize your Hospital stay with PacificSource.

## MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

This Student Plan covers Medically Necessary crisis intervention, diagnosis, and treatment of Mental Health Conditions and Substance Use Disorders including chemical dependency detoxification by a Mental Health and/or Substance Use Disorder Healthcare Provider or Mental Health and/or Substance Use Disorder Healthcare Program or Mental Health and/or Substance Use Disorder Healthcare Facility, except as otherwise excluded in this Student Plan. Mental health office visits include coverage for ADD, ADHD, and dyslexia. Services are also covered when provided by a qualified Provider for covered diagnoses when the Member is in a Skilled Nursing Facility. Refer to the Benefit Limitations and Exclusions section for more information on services not covered by your plan.

### *Medical Necessity and Appropriateness of Treatment*

- As with all medical treatment, Mental Health and Substance Use Disorders treatment is subject to review for Medical Necessity and/or appropriateness. Review of treatment may involve pre-service review, concurrent review of the continuation of treatment, post-treatment review, or a combination of these. PacificSource will notify the patient and

patient's Provider when a treatment review is necessary to make a determination of Medical Necessity.

- Medication management by a licensed physician (such as a psychiatrist) does not require review.
- Treatment of Substance Use Disorder and related disorders is subject to placement criteria established by the American Society of Addiction Medicine.

### *Mental Health Parity and Addiction Equity Act of 2008*

This Student Plan complies with all federal laws and regulations related to the Mental Health Parity and Addiction Equity Act of 2008. Treatment of Substance Use Disorder and related disorders is subject to placement criteria established by the current edition of the American Society of Addiction Medicine.

## HOME HEALTH AND HOSPICE SERVICES

- This Student Plan covers **Home Healthcare**. Covered Services include services by a licensed Home Health Agency providing skilled nursing; Physical, Occupational, and speech Therapy; and medical social work services. Private duty nursing is not covered.
- **Home infusion services** are covered. This benefit covers parenteral nutrition, medications, and biologicals (other than immunizations) that cannot be self-administered. Benefits are paid at the percentage stated in your Medical Benefit Summary for Home Healthcare.
- This Student Plan covers **hospice services**. Hospice services, including respite care, are intended to meet the physical, emotional, and spiritual needs of the patient and family during the final stages of illness and dying, while maintaining the patient in the home setting. Services are intended to supplement the efforts of an unpaid caregiver. Hospice benefits do not cover services of a primary caregiver such as a relative or friend, or private duty nurse. Care is provided for a terminally ill Member subject to review for Medical Necessity.

This Student Plan covers respite care provided in a nursing facility to provide relief for the primary caregiver, subject to a Lifetime Maximum benefit of 30 days. A Member must be enrolled in a hospice program to be eligible for respite care benefits.

The Member retains the right to all other services provided under this Student Plan, including active treatment of non-terminal illnesses, except for services of another Provider that duplicate the services of the hospice team.

## DURABLE MEDICAL EQUIPMENT

- This Student Plan covers **Prosthetic and Orthotic Devices** that are Medically Necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that are not solely for comfort or convenience. Benefits also include coverage for any repair or replacement of a Prosthetic or Orthotic Device that is determined Medically

Necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that is not solely for comfort or convenience.

- This Student Plan covers **Durable Medical Equipment** prescribed exclusively to treat medical conditions. Covered equipment includes crutches, wheelchairs, orthopedic braces, home glucose meters, equipment for administering oxygen, and non-power assisted prosthetic limbs and eyes. Durable Medical Equipment must be prescribed by a licensed M.D., D.O., N.P., P.A., D.D.S., D.M.D., or D.P.M. to be covered. This Student Plan does not cover equipment commonly used for nonmedical purposes, for Physical or Occupational Therapy, or prescribed primarily for comfort. Please see Benefit Limitations and Exclusions section for information on items not covered. The following limitations apply to Durable Medical Equipment:
  - The cost of Durable Medical Equipment that is not considered an Essential Health Benefit is covered up to \$5,000 per Benefit Year. Examples of Essential Health Benefits are Prosthetics and Orthotic Devices, oxygen and oxygen supplies, diabetic supplies, wheelchairs, breast pumps, and medical foods for the treatment of inborn errors of metabolism.
  - This benefit covers the cost of either purchase or rental of the equipment for the period needed, whichever is less. Repair or replacement of equipment is also covered when necessary, subject to all conditions and limitations of this Student Plan. If the cost of the purchase, rental, repair, or replacement is over \$1,000, prior authorization by PacificSource is required.
  - Only expenses for Durable Medical Equipment, or Prosthetic and Orthotic Devices that are provided by a PacificSource contracted Provider or a Provider that satisfies the criteria of the Medicare fee schedule for Suppliers of Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) and Other Items and Services are eligible for reimbursement.
  - Purchase, rental, repair, lease, or replacement of a power-assisted wheelchair (including batteries and other accessories) requires prior authorization by PacificSource and is payable only in lieu of benefits for a manual wheelchair.
  - The Durable Medical Equipment benefit also covers lenses to correct a specific vision defect resulting from a severe medical or surgical problem, such as stroke, neurological disease, trauma, or eye surgery other than refraction procedures. Coverage is subject to the following limitations:
    - The medical or surgical problem must cause visual impairment or disability due to loss of binocular vision or visual field defects (not merely a refractive error or astigmatism) that requires lenses to restore some normalcy to vision.
    - The maximum allowance for glasses (lenses and frames), or contact lenses in lieu of glasses, is limited to one pair per Benefit Year when surgery or treatment is performed on either eye. Other limitations, such as exclusions for extra lenses, other hardware, tinting of lenses, eye exercises, or vision therapy, also apply.
    - Benefits for subsequent Medically Necessary vision corrections to either eye (including an eye not previously treated) are limited to the cost of lenses only.

- Reimbursement is subject to the Deductible, Copayment, and/or Coinsurance stated in your Medical Benefit Summary for Durable Medical Equipment and is in lieu of, and not in addition to any other vision benefit payable.
- Hearing Aids, Hearing Assistive Technology Systems, and ear molds are provided in accordance with state and federal law. Contact the PacificSource Customer Service team for specific coverage requirements. The Durable Medical Equipment benefit covers one Hearing Aid per hearing impaired ear every 36 months or more frequently if modification to an existing Hearing Aid will not meet the needs of the member.
- Medically Necessary treatment for sleep apnea and other sleeping disorders is covered when prior authorized by PacificSource. Coverage of oral devices includes charges for consultation, fitting, adjustment, follow-up care, and the appliance. The appliance must be prescribed by a physician specializing in evaluation and treatment of obstructive sleep apnea, and the condition must meet criteria for obstructive sleep apnea.
- Manual and electric breast pumps are covered at no cost once per pregnancy when purchased or rented from an In-network licensed Provider, or purchased from a retail outlet. Hospital-grade breast pumps are not covered.
- Wigs following Chemotherapy or Radiation Therapy are covered up to one synthetic wig per Benefit Year.

## TRANSPLANT SERVICES

This Student Plan covers certain Medically Necessary organ and tissue transplants including supplies, treatment and facility fees for both donors and recipients: bone marrow, peripheral blood stem cell and high-dose Chemotherapy; corneal transplants; heart; heart – lungs; intestine; kidney; kidney – pancreas; liver; lungs; and pancreas whole organ transplantation. It also covers the cost of acquiring organs or tissues needed for covered transplants and limited travel expenses for the patient, subject to certain limitations.

Except for corneal transplants which do not require prior authorization, all pre-transplant evaluations, services, treatments, and supplies for transplant procedures require prior authorization by PacificSource.

This Student Plan only covers transplants of human body organs and tissues. Transplants of artificial, animal, or other non-human organs and tissues are not covered.

Expenses for the acquisition of organs or tissues for transplantation are covered only when the transplantation itself is covered under this Student Plan, and is subject to the following limitations:

- Benefits are limited to the selection, removal of the organ, storage, and transportation of the organ or tissue.
- Testing of related or unrelated donors for a potential living related organ donation is payable at the same percentage that would apply to the same testing of an insured recipient.



- Expense for acquisition of cadaver organs is covered, payable at the same percentage and subject to the same limitations, if any, as the transplant itself.
- Medical services required for the removal and transportation of organs or tissues from living donors are covered. Coverage of the organ or tissue donation is payable at the same percentage as the transplant itself if the recipient is a Member of this Student Plan.
  - If the donor is not a Member of this Student Plan, only those complications of the donation that occur during the initial hospitalization are covered, and such complications are covered only to the extent that they are not covered by another health plan or government program. Coverage is payable at the same percentage as the transplant itself.
  - If the donor is a Member of this Student Plan, complications of the donation are covered as any other illness would be covered.
- Transplant related services, including human leukocyte antigen (HLA) typing, sibling tissue typing, and evaluation costs, are considered transplant expenses and accumulate toward any transplant benefit limitations and are subject to PacificSource's Provider contractual agreements. (See Payment of Transplant Benefits below.)

Travel and housing expenses for the recipient and one caregiver are limited to \$5,000 per transplant. Travel and living expenses are not covered for the donor.

#### *Payment of Transplant Benefits*

If a transplant is performed at an in-network Center of Excellence transplantation facility, covered charges of the facility are subject to this Student Plan's In-network Provider Transplant benefit. If the contract with the facility includes the services of the medical professionals performing the transplant (such as physicians, nurse practitioners, and anesthesiologists), those charges are also subject to this Student Plan's In-network Provider Transplant benefit. If the professional fees are not included in the contract with the facility, then those benefits are provided according to your Medical Benefit Summary.

Transplant services that are not received at an in-network Center of Excellence and/or services of out-of-network medical professionals are paid at the Out-of-network Provider percentages stated in your Medical Benefit Summary. The maximum benefit payment for transplant services of Out-of-network Providers is 125 percent of the Medicare allowance.

## PRESCRIPTION DRUGS

This Student Plan covers certain prescription medications included on your Drug List. Please refer to the website for an up-to-date list of drugs and other information about your prescription benefit. If you have any questions about your coverage, please contact the PacificSource Customer Service team. See your Pharmacy Benefit Summary for your specific benefit information.

## **Prescription Drug List Tiers**

This Student Plan's Prescription Drug List (also known as formulary) includes drugs that are used to treat all medically recognized conditions that are not otherwise excluded by your benefits. All formulary drugs are placed on a tier. Formularies are reviewed and updated monthly, and a drug may be added, removed, or moved to a higher or lower tier. The lower the tier number the lower your cost will be. We will notify you prior to making any change that may impact your care.

- Expanded (Preventive) No-cost Drug List is comprised of certain preventive outpatient drugs. This list is a separate benefit from the preventive service drugs covered under the ACA.
- Tier 0 – Affordable Care Act Standard Preventive No-cost Drug List is comprised of preventive drugs, including tobacco cessation drugs, mandated to be covered under the ACA and are offered at no charge when provided by an In-network Provider.
- Tier 1 is comprised of medications that are mostly Generic Drugs.
- Tier 2 is comprised of preferred medications that are mostly brand name drugs.
- Tier 3 is comprised of non-preferred medications that are mostly brand name drugs. This tier can contain some Specialty Drugs.
- Tier 4 is comprised of medications that are mostly Specialty Drugs.

See the Pharmacy Benefit Summary for cost sharing information.

## **Drug Discount Programs**

Some medications may qualify for third party Copayment assistance programs that could lower your out-of-pocket costs for those products. For any such medication where third party Copayment assistance is used, the Member shall not receive credit toward their Deductible or out-of-pocket limit for any Copayment or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

## **University Health Services Pharmacy**

To use this Student Plan's pharmacy benefits at the highest benefit level, you must show the pharmacy plan number on your PacificSource ID card at the University Health Services Pharmacy. This Student Plan's pharmacy benefits can only be accessed through the pharmacy plan number printed on your PacificSource ID card. That plan number allows the pharmacy to collect the appropriate Deductibles, Copayments, and/or Coinsurance amounts from you and bill PacificSource electronically for the balance.

## **Retail Pharmacy Network**

To use this Student Plan's pharmacy benefits at the highest benefit level, you must show the pharmacy plan number on your PacificSource ID card at the in-network pharmacy. This Student Plan's pharmacy benefits can only be accessed through the pharmacy plan number printed on your PacificSource ID card. That plan number allows the pharmacy to

collect the appropriate Deductibles, Copayments, and/or Coinsurance amounts from you and bill PacificSource electronically for the balance.

### **Mail Order Service**

*This Student Plan includes an in-network mail order service for Prescription Drugs. Questions about this Student Plan's in-network mail order pharmacy may be directed to the PacificSource Customer Service team. Forms and instructions for using the mail order service are available on the website, [PacificSource.com/uo](http://PacificSource.com/uo).*

### **Specialty Drug Program**

PacificSource contracts with a Specialty Pharmacy provider for high-cost injectable medications and biotech drugs. A pharmacist-led Care Team provides individual follow-up care and support to covered Members with prescriptions for Specialty Drugs by providing them strong clinical support, as well as the best overall value for these specific medications. The Care Team also provides comprehensive disease education and counseling, assesses patient health status, and offers a supportive environment for patient Inquiries.

Fills of Specialty Drugs are limited to a 30 day supply and must be filled at our exclusive network Specialty Pharmacy, University Health Services, or the UO Exclusive Network. More information is available on the website, [PacificSource.com/uo](http://PacificSource.com/uo). Specialty Drugs are designated with SP on the Drug List available on our website. Specialty Drugs are not available through the in-network retail pharmacy or non-contracted Specialty Pharmacies without prior authorization. All subsequent fills must be through our exclusive network Specialty Pharmacy provider.

### **Medication Synchronization Program**

To ensure your medication is effective, it is important to take it exactly as prescribed. This can be challenging if you take multiple medications that refill at different times and require many trips to the pharmacy. Through the medication synchronization program, your ongoing prescriptions can be coordinated so refills are ready at the same time. If you wish to have your medication refills synchronized, please ask your doctor or pharmacist to contact the PacificSource Pharmacy Services team at (844) 877-4803, or email [pharmacy@pacificsource.com](mailto:pharmacy@pacificsource.com). They will work with your Providers to evaluate your options and develop your synchronization plan.

### **No Duplication of Services**

Medications and supplies covered under this Student Plan's pharmacy benefit are in place of, not in addition to, those same covered supplies under this Student Plan's medical benefit.

### **Diabetic Supplies**

*Refer to the applicable Drug List on the website, [PacificSource.com/uo](http://PacificSource.com/uo) to see which diabetic supplies are only covered under this Student Plan's pharmacy benefit. Some diabetic supplies, such as glucose monitoring devices, may only be covered under this Student Plan's medical benefit. Diabetic testing supplies are subject to plan quantity limits.*

## **Contraceptives**

Contraceptives approved by the Food and Drug Administration (FDA) are covered as recommended by the HRSA, USPSTF, and CDC. Any Deductibles, Copayments, and/or Coinsurance amounts are waived if filled at an in-network pharmacy.

If an initial three month supply is tried, then a twelve month refill of the same contraceptive is covered at an in-network pharmacy in accordance with pharmacy benefits, regardless if the initial prescription was covered under this Student Plan. This supply is subject to this Student Plan pharmacy's benefits, including but not limited to the required Copayment, Deductible, and mail order benefit.

A 90 day supply of contraceptives will only be covered when filled via the University Health Services Pharmacy.

## **Orally Administered Anticancer Medications**

Orally administered anticancer medications used to kill or slow the growth of cancerous cells are available. Copayments for orally administered anticancer medication are applied on the same basis as for other drugs.

## **Limitations and Exclusions**

- This Student Plan only covers drugs prescribed by an eligible healthcare Provider prescribing within the scope of their professional license. This Student Plan does not cover the following:
  - Drugs for any condition excluded under this Student Plan.
  - Some Specialty Drugs that are not self-administered are not covered by this Student Plan's pharmacy benefit, but may be covered under this Student Plan's medical office supply benefit. For a list of drugs that are covered under this Student Plan's medical benefit and which require prior authorization, please refer to the Medical Drug and Diabetic Supply formulary on the website, [PacificSource.com/uo](http://PacificSource.com/uo).
  - Some immunizations may be covered under either this Student Plan's medical or pharmacy benefit. Vaccines covered under this Student Plan's pharmacy benefit include, but not limited to: influenza, hepatitis B, herpes zoster (shingles), and pneumococcal. Most other immunizations must be provided by your doctor under this Student Plan's medical benefit.
  - Some drugs and all devices to treat erectile or sexual dysfunction unless defined in the 'Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DMS-5)'.
  - Drugs used as a preventive measure against hazards of travel.
  - Vitamins, minerals, and dietary supplements, except for prescription prenatal vitamins and fluoride products, and for services that have a rating of 'A' or 'B' from the USPSTF, some restrictions may apply.
  - Drugs provided to an international covered Member in their home country.

- Certain drugs require prior authorization (PA), which means PacificSource will need to review documentation from your Provider before a drug will be covered. An up-to-date list of drugs requiring prior authorization, along with all of their requirements, is available on the website, [PacificSource.com/uo](http://PacificSource.com/uo).
- Certain drugs are subject to Step Therapy (ST) protocols, which means this Student Plan may require you to try a pre-requisite drug before this Student Plan will pay for the requested drug. An up-to-date list of drugs requiring Step Therapy, along with all of the requirements, is available on the website, [PacificSource.com/uo](http://PacificSource.com/uo).
- Certain drugs have quantity limits (QL), which means this Student Plan will generally not pay for quantities above the FDA approved maximum dosing without an approved exception. An up-to-date list of drugs with quantity limits is available on the website, [PacificSource.com/uo](http://PacificSource.com/uo).
- This Student Plan has limitations on the quantity of medication that can be filled or refilled. This quantity depends on the type of pharmacy you are using and the days' supply of the prescription.
  - Retail pharmacies: you can get up to a 30 day supply.
  - Mail order pharmacies: you can get up to a 30 day supply.
  - Specialty Pharmacies: you can get up to a 30 day supply.
  - University Health Services Pharmacy: you can get up to a 30 day supply, with the exception of contraceptives which are available up to a 90 day supply.
- For drugs purchased at in-network pharmacies without using the PacificSource pharmacy benefits, reimbursement is limited to the in-network contracted rates. This means you may not be reimbursed the full cash price you pay to the pharmacy.
- Out-of-network pharmacy charges are not eligible for reimbursement.
- Prescription Drug benefits are subject to this Student Plan's coordination of benefits provision. (For more information, see Claims Payment – Coordination of Benefits in this student guide.)
- For most prescriptions, you may refill your prescription only after 75 percent of the previous supply has been taken. This is calculated by the number of days that have elapsed since the previous fill and the days' supply entered by the pharmacy. PacificSource will generally not approve early refills, except under the following circumstances:
  - The request is for ophthalmic solutions or gels which are susceptible to spillage.
  - The Member will be on vacation in a location that does not allow for reasonable access to a network pharmacy for subsequent refills. The Member will be limited to two vacation overrides per Benefit Year, not to exceed the times and criteria noted here. The Member will be allowed up to a 90 day supply if requested prior to a UO study abroad or other UO school program need, or if requested in May or June to allow for summer coverage. 90 day allowed via the University Health Services Pharmacy or mail

order only, unless circumstance requires urgent fill. During all other times of year, the Member will be allowed up to a 30 day supply per vacation override.

All early refills are subject to standard Copayments and are reviewed on a case by case basis.

### **Formulary Exception and Coverage Determination Process**

Requests for formulary exceptions can be made by the Member or Provider by contacting the PacificSource Pharmacy Services by telephone, fax, or on-line. Standard exception requests are determined within 72 hours, expedited requests are determined within 24 hours. Formulary exceptions and coverage determinations must be based on Medical Necessity, and information must be submitted to support the Medical Necessity including all of the following:

- Documented intolerance or failure to the formulary alternatives for the submitted diagnosis;
- Formulary drugs were tried with an adequate dose and duration of therapy;
- Formulary drugs were not tolerated or were not effective;
- Formulary or preferred drugs would reasonably be expected to cause harm or not produce equivalent results as the requested drug;
- The requested drug therapy is evidenced-based and generally accepted medical practice; and
- Special circumstances and individual needs, including the availability of service Providers in the patient's region.

### **OTHER COVERED SERVICES, SUPPLIES, AND TREATMENTS**

- This Student Plan covers services of a state certified ground or air **ambulance** when private transportation is medically inappropriate because the acute medical condition requires paramedic support. Benefits are provided for emergency ambulance service and/or transport to the nearest facility capable of treating the condition. Air ambulance service is covered only when ground transportation is medically or physically inappropriate. Reimbursement to out-of-network air ambulance services are based on 200 percent of the Medicare allowance. In some cases, the Medicare allowance may be significantly lower than the Provider's billed amount. The Provider may hold you responsible for the amount they bill in excess of the Medicare allowance, as well as applicable Deductibles and Coinsurance. Nonemergency ground or air ambulance between facilities requires prior authorization.
- This Student Plan covers **biofeedback** to treat migraine headaches, urinary incontinence, or other conditions for which biofeedback is not deemed Experimental, Investigational, or Unproven. Benefits are limited to a Lifetime Maximum of 10 sessions.
- This Student Plan covers **blood transfusions**, including blood products, blood storage, and services and supplies of a blood bank.
- This Student Plan covers removal, repair, or replacement of **breast prostheses** due to a contracture or rupture, but only when the original prosthesis was for a Medically Necessary

Mastectomy. Prior authorization by PacificSource is required, and eligibility for benefits is subject to the following criteria:

- The contracture or rupture must be clinically evident by a physician’s physical examination, imaging studies, or findings at surgery;
  - This Student Plan covers removal, repair, and/or replacement of the prosthesis;
  - Removal, repair, and/or replacement of the prosthesis is not covered when recommended due to an autoimmune disease, connective tissue disease, arthritis, allergenic syndrome, psychiatric syndrome, fatigue, or other systemic signs or symptoms.
- As required by the Women’s Health and Cancer Rights Act of 1998 this Student Plan covers **breast reconstruction** in connection with a Medically Necessary Mastectomy. Coverage is provided in a manner determined in consultation with the attending physician and patient for:
    - All stages of reconstruction of the breast on which the Mastectomy was performed;
    - Surgery and reconstruction of the other breast to produce a symmetrical appearance;
    - Prostheses; and
    - Treatment of physical complications of the Mastectomy, including lymphedema.

Benefits for breast reconstruction are subject to all terms and provisions of this Student Plan, including Deductibles, Copayments, and/or Coinsurance stated in your Medical Benefit Summary.

- This Student Plan covers **Cardiac Rehabilitation** as follows:
  - Phase I (inpatient) services are covered under inpatient Hospital benefits.
  - Phase II (short-term outpatient) services are covered subject to the Deductible, Copayments, and/or Coinsurance amounts stated in your Medical Benefit Summary for diagnostic and therapeutic radiology/lab and dialysis. Benefits are limited to services provided in connection with a Cardiac Rehabilitation exercise program that does not exceed a Lifetime Maximum of 36 visits and are considered reasonable and necessary.
  - Phase III (long-term outpatient) services are not covered.
- This Student Plan covers **child abuse medical assessments**, which include the taking of a thorough medical history, a complete physical examination and interview by or under the direction of a licensed physician or other licensed healthcare professional trained in the evaluation, diagnosis, and treatment of child abuse. Child abuse medical assessments are covered when performed at a community assessment center. Community assessment center means a neutral, child-sensitive community-based facility or service Provider to which a child from the community may be referred to receive a thorough child abuse medical assessment for the purpose of determining whether the child has been abused or neglected.

- This Student Plan covers single or bilateral **cochlear implants** when Medically Necessary including programming and reprogramming.
- This Student Plan covers IUD, diaphragm, and cervical cap **contraceptives and contraceptive devices** along with their insertion or removal, as well as hormonal contraceptives including injections, formulary oral, patches, and rings prescribed by your physician or a pharmacist. Contraceptive drugs, devices, or products that are approved by the FDA and on the formulary are covered by your plan when prescribed. Over-the-counter contraceptive drugs approved by the FDA, purchased without a prescription are reimbursable by the plan. Contraceptive devices that can be obtained over the counter without a prescription, such as condoms, are not covered unless they are prescribed by the Member's Provider.
- In the following situations, this Student Plan covers **cosmetic or reconstructive surgery**:
  - When necessary to correct a functional disorder; or
  - When necessary due to a Congenital Anomaly; or
  - When necessary because of an Accidental Injury or Illness, or to correct a scar or defect that resulted from treatment of an Accidental Injury or Illness; or
  - When necessary to correct a scar or defect on the head or neck that resulted from a covered surgery.

Prior authorization by PacificSource is required for some cosmetic and reconstructive surgeries covered by this plan. For information on breast reconstruction, see 'breast prostheses' and 'breast reconstruction' in this section.

- This Student Plan covers dental and orthodontic services for the treatment of **craniofacial anomalies** when Medically Necessary to restore function. Coverage includes but is not limited to physical disorders identifiable at birth that affect the bony structure of the face or head, such as a cleft palate, cleft lip, craniosynostosis, craniofacial microsomia and Treacher Collins syndrome. Coverage is limited to the least costly clinically appropriate treatment. Cosmetic procedures and procedures to improve on the normal range of functions are not covered.
- This Student Plan provides coverage for certain **diabetic equipment, supplies, and training** as follows:
  - Diabetic supplies other than insulin and syringes (such as lancets, test strips, and glucostix) are covered subject to the Deductibles, Copayments, and/or Coinsurance stated in your Medical Benefit Summary for Durable Medical Equipment. You may purchase those supplies from any retail outlet and send your receipts to PacificSource, along with your name and Member ID number. PacificSource will process the claim.
  - Insulin pumps are covered subject to prior authorization by PacificSource.
  - Diabetic insulin and syringes are covered under your Prescription Drug benefit. Formulary lancets and test strips are also available under that prescription benefit in lieu of those covered supplies under the medical plan.



- This Student Plan covers outpatient and self-management training and education for the treatment of diabetes, subject to the Deductibles, Copayments, and/or Coinsurance for office visits stated in your Medical Benefit Summary. To be covered, the training must be provided by a licensed healthcare professional with expertise in diabetes.
- This Student Plan covers Medically Necessary Telehealth services, via two-way electronic communication, provided in connection with the treatment of diabetes.
- This Student Plan covers **dietary or nutritional counseling** services for diabetic education and management of anorexia nervosa or bulimia nervosa if provided by a qualified Provider or as required under ACA for obesity. Coverage for other diagnoses will be determined by Medical Necessity review.
- This Student Plan covers nonprescription **elemental enteral formula** ordered by a physician for home use. Formula is covered when Medically Necessary to treat severe intestinal malabsorption and the formula comprises a predominant or essential source of nutrition. Coverage is subject to the Deductibles, Copayments, and/or Coinsurance stated in your Medical Benefit Summary for Durable Medical Equipment.
- This Student Plan covers routine **foot care** for patients with diabetes mellitus.
- This Plan covers Medically Necessary **gender affirming** surgery and related procedures, including hormone therapy for Members ages 18 and older. Members under age 18 require consent from their legal guardian. Prior to seeking services for this benefit, contact PacificSource for prior authorization and eligibility.
- **Hospitalization for dental procedures** is covered when the patient has another serious medical condition that may complicate the dental procedure, such as serious blood disease, unstable diabetes, or severe cardiovascular disease, or the patient is physically or developmentally disabled with a dental condition that cannot be safely and effectively treated in a dental office. Coverage requires prior authorization by PacificSource, and only charges for the facility, anesthesiologist, and assistant physician are covered. Hospitalization because of the patient's apprehension or convenience is not covered.
- This Student Plan covers treatment for **inborn errors of metabolism** involving amino acid, carbohydrate, and fat metabolism for which widely accepted standards of care exist for diagnosis, treatment, and monitoring, including quantification of metabolites in blood, urine or spinal fluid or enzyme or DNA confirmation in tissues. Coverage includes expenses for diagnosing, monitoring and controlling the disorders by nutritional and medical assessment, including but not limited to clinical visits, biochemical analysis and medical foods used in the treatment of such disorders. Nutritional supplies are covered subject to the Deductibles, Copayments, and/or Coinsurance stated in your Medical Benefit Summary for Durable Medical Equipment.
- **Injectable drugs and biologicals** administered by a physician are covered when Medically Necessary for diagnosis or treatment of Illness, Injury, or disease. This benefit does not include immunizations (see Preventive Care Services in this section), drugs, or biologicals that can be self-administered or are dispensed to a patient.
- This Student Plan covers **maxillofacial prosthetic services** when prescribed by a physician as necessary to restore and manage head and facial structures. Coverage is

provided only when head and facial structures cannot be replaced with living tissue, and are defective because of disease, trauma, or birth and developmental deformities. To be covered, treatment must be necessary to control or eliminate pain or infection or to restore functions such as speech, swallowing, or chewing. Coverage is limited to the least costly clinically appropriate treatment, as determined by the physician. Cosmetic procedures and procedures to improve on the normal range of functions are not covered. Dentures and artificial larynx are also not covered.

- For **pediatric dental care requiring general anesthesia**, this Student Plan covers the facility charges of a Hospital or Ambulatory Surgery Center. Benefits are limited to one visit per Benefit Year, and are subject to prior authorization by PacificSource.
- **Post-Mastectomy care** is covered for Hospital inpatient care for a period of time as determined by the attending physician and, in consultation with the patient, determined to be Medically Necessary following a Mastectomy, a lumpectomy, or a lymph node dissection for the treatment of breast cancer.
- The **Routine Costs of Care associated with Approved Clinical Trials** are covered. Benefits are only provided for Routine Costs of Care associated with Approved Clinical Trials. Expenses for services or supplies that are not considered Routine Costs of Care are not covered. For more information, see 'Routine Costs of Care' in the Definitions section. A 'qualified individual' is someone who is eligible to participate in an Approved Clinical Trial. If an In-network Provider is participating in an Approved Clinical Trial, the qualified individual may be required to participate in the trial through that In-network Provider if the Provider will accept the individual as a participant in the trial. If the Member has an adverse outcome from an Approved Clinical Trial, those Medically Necessary services are covered.
- **Scheduled and/or non-emergent medical care outside of the United States** is covered for full-time Students attending college outside the United States for three or more months, with the exception of the member's home country.
- **Sleep studies** are covered when ordered by a pulmonologist, neurologist, otolaryngologist, internist, family practitioner, or certified sleep medicine specialist.
- Treatment of **temporomandibular joint syndrome (TMJ)** for medical reasons only. All TMJ-related services, including but not limited to diagnostic and Surgical Procedures, must be Medically Necessary. All Surgical Procedures must be prior authorized, and all procedures other than the following must be prior authorized: office visits, out-patient radiology, Physical Therapy, and chiropractic manipulations and acupuncture. Services are covered only when Medically Necessary due to a history of advanced pathologic process (arthritic degeneration) or in the case of severe acute trauma. Benefits for the treatment of TMJ and all related services are subject to the Deductible, Copayment, and/or Coinsurance stated in the Medical Benefit Summary for related services.
- This Student Plan covers Medically Necessary therapy and services for the treatment of **traumatic brain Injury**.
- This Student Plan covers **tubal ligation and vasectomy** procedures.
- **Circumcision** is covered regardless of age or Medical Necessity. This benefit is limited to one circumcision per Member per lifetime.

- This Student Plan covers Weight Watchers benefits up to an annual maximum of \$100 per calendar year.

You must be enrolled in this Student Plan at the time of your first and last meeting to qualify for reimbursement. You must complete a minimum of ten weeks during a consecutive four month period during the Benefit Year. Participation verification is required. To be eligible for reimbursement, the 'Weight Watchers Reimbursement Request Form' must be submitted within two months of the last Weight Watchers class attended. If you have questions, please contact PacificSource's Customer Service team.

## HEALTH EDUCATION BENEFITS

This Student Plan covers Health Education Benefits with an annual maximum of \$150. Health education topics usually include matters such as maternity, fitness and education, newborn care and parenting skills, nutrition and healthy heart exercises or CPR skills.

Covered Services include health-related classes and printed materials required for the class.

After you have completed the class, please provide PacificSource with proof of payment and a completed Reimbursement Request Form for PacificSource to review for benefit payment consideration based on the Plan Sponsor's criteria. You may obtain the Reimbursement Request Form from the Plan Sponsor, or PacificSource's Customer Service team.

## BENEFIT LIMITATIONS AND EXCLUSIONS

### *Least Costly Setting for Services*

Covered Services must be performed in the least costly setting where they can be provided safely. If a procedure can be done safely in an outpatient setting, but is performed in a Hospital inpatient setting, this Student Plan will only pay what it would have paid for the procedure on an outpatient basis.

## EXCLUDED SERVICES

**Types of Treatment** – This Student Plan does *not* cover the following:

- Abdominoplasty for any indication.
- Academic skills training. This exclusion does not apply if the program, training, or therapy is part of a treatment plan for a pervasive developmental disorder.
- Aesthetic (cosmetic) dental procedures – Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.
- Athletic mouth guards.
- Aversion therapy.
- Biofeedback (other than as specifically noted under the Covered Services – Other Covered Services, Supplies, and Treatment section).

- 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.
- Charges that are the responsibility of a third party who may have caused the Illness, Injury, or disease or other insurers covering the incident (such as workers' compensation insurers and no fault automobile or premises insurers) For more information, see the Third Party Liability section.
- Chelation therapy including associated infusions of vitamins and/or minerals, except as Medically Necessary for the treatment of selected medical conditions and medically significant heavy metal toxicities.
- Computer or electronic equipment for monitoring asthmatic, or similar medical conditions or related data.
- Connector bar or stress breaker.
- Cosmetic/reconstructive services and supplies – Except as specified in the Covered Services – Other Covered Services, Supplies, and Treatments section. Services and supplies, including drugs, rendered primarily for cosmetic/reconstructive purposes and any complications as a result of non-covered cosmetic/reconstructive surgery (does not apply to Emergency Services). Cosmetic/reconstructive services and supplies are those performed primarily to improve the body's appearance and not primarily to restore impaired function of the body, unless the area needing treatment is a result of a Congenital Anomaly or gender dysphoria.
- Court-ordered sex offender treatment programs.
- Day care or Custodial Care including non-skilled care and helping with activities of daily living, except as specified above in conjunction with Home Healthcare or Hospice Care..
- Dental examinations and treatment for Members age 19 and older, to prevent, diagnose, or treat diseases or conditions of the teeth and supporting tissues or structures, including treatment that restores the function of teeth.
- Denture replacement made necessary by loss, theft, or breakage.
- Drugs and biologicals that can be self-administered (including injectables) are excluded from the medical benefit, except those provided in a Hospital, emergency room, or other institutional setting, or as outpatient Chemotherapy and dialysis, which are covered. Covered drugs and biologicals that can be self-administered are otherwise available under this Student Plan's pharmacy benefit, subject to this Student Plan's requirements.
- Drugs or medications not prescribed for inborn errors of metabolism, diabetic insulin, or autism spectrum disorder that can be self-administered (including Prescription Drugs, injectable drugs, and biologicals), unless given during a visit for outpatient Chemotherapy or dialysis or during a Medically Necessary Hospital, emergency room, or other institutional stay.
- Educational or correctional services or sheltered living provided by a school or halfway house, except outpatient services received while temporarily living in a shelter.

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

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

- Eye examinations (preventive) for Members age 19 and older.
- Eye exercises, therapy, and procedures – Orthoptics, vision therapy, and procedures intended to correct refractive errors.
- Eye glasses/Contact Lenses for Members age 19 and older – The fitting, provision, or replacement of eye glasses, lenses, frames, contact lenses, or subnormal vision aids intended to correct refractive error.
- Fitness or exercise programs and health or fitness club memberships.
- Foot care (routine) – Services and supplies for corns and calluses of the feet, conditions of the toenails other than infection, hypertrophy, or hyperplasia of the skin of the feet, and other routine foot care, except in the case of patients being treated for diabetes mellitus.
- Gingivectomy, gingivoplasty, or crown lengthening in conjunction with crown preparation or fixed bridge services done on the same date of service.
- Growth hormone injections or treatments, except to treat documented growth hormone deficiencies.
- Homeopathic medicines or homeopathic supplies.

- Hypnotherapy.
- Immunizations when recommended for, or in anticipation of, exposure through travel or work.
- Indirect pulp caps are to be included in the Restoration process, and are not a separate covered benefit.
- Infertility – Services and supplies for artificial insemination, in vitro fertilization, treatment of Infertility, or surgery to reverse voluntary sterilization. Services and supplies, surgery, treatment, or prescriptions determined to be Experimental, Investigational, or Unproven in nature are not covered, except for Medically Necessary medication to preserve fertility during treatment with cytotoxic Chemotherapy.
- Instructional or educational programs, except diabetes self-management programs unless Medically Necessary.
- Intra and extra coronal splinting – Devices and procedures for intra and extra coronal splinting to Stabilize mobile teeth.
- Jaw – Services or supplies for developmental or degenerative abnormalities of the jaw, malocclusion, dental implants, or improving placement of dentures, and artificial larynx.
- Mail order or Internet/web based Dental Providers are not eligible Providers.
- Maintenance supplies and equipment not unique to medical care.
- Massage, massage therapy, even as part of a Physical Therapy program.
- Mattresses and mattress pads are only covered when Medically Necessary to heal pressure sores.
- Mental health treatments for conditions defined in the ‘Diagnostic and Statistical manual of Mental Disorders, Fifth Edition (DSM-5)’ that are not attributable to a mental health disorder or disease.

Mental Illness does not include – relationship problems (for example, parent-child, partner, sibling, or other relationship issues), except the treatment of children five years of age or younger for parent-child relational problems, physical abuse of a child, sexual abuse, neglect of a child, or bereavement.

Unless Medically Necessary, the following are also excluded: court-mandated psychological evaluations for child custody determinations; voluntary mutual support groups such as Alcoholics Anonymous; adolescent wilderness treatment programs; mental examinations for the purpose of adjudication of legal rights; psychological testing and evaluations not provided as an adjunct to treatment or diagnosis of a Mental Health Condition; stress management, parenting skills, or family education; and assertiveness training.

- Modifications to vehicles or structures to prevent, treat, or accommodate a medical condition.

- Motion analysis, including videotaping and 3-D kinematics, dynamic surface and fine wire electromyography, including physician review.
- Myeloablative high dose Chemotherapy, except when the related transplant is specifically covered under the transplantation provisions of this plan. For related provisions, see 'Transplant Services' in the Covered Services section.
- Naturopathic supplies.
- Nicotine related disorders, other than those covered through Tobacco Cessation Program services.
- Obesity or weight reduction control – Surgery or other related services or supplies provided for weight reduction control or obesity (including all categories of obesity), whether or not there are other medical conditions related to or caused by obesity. This also includes services or supplies used for weight loss, such as food supplementation programs and behavior modification programs, regardless of the medical conditions that may be caused or exacerbated by excess weight, and self-help or training programs for weight reduction control. Obesity screening and counseling are covered for children and adults. See 'Dietary or Nutritional Counseling' section under 'Other Covered Services'. (Other than as specifically noted under the Covered Services – Other Covered Services, Supplies, and Treatment section).
- Oral/facial motor therapy for strengthening and coordination of speech-producing musculature and structures, except as Medically Necessary in the restoration or improvement of speech following a traumatic brain Injury or for Members diagnosed with a pervasive developmental disorder.
- Orthodontic services – Repair or replacement of orthodontic appliances furnished under this Student Plan.
- Orthodontic services – Treatment of misalignment of teeth and/or jaws, or any ancillary services expressly performed because of orthodontic treatment, except as may be provided for treatment of cleft palate/cleft lip whose treatment began prior to turning age 19, and was not completed prior to turning age 19.
- Orthognathic surgery – Surgery to manipulate facial bones, including the jaw, in patients with facial bone abnormalities performed to restore the proper anatomic and functional relationship to the facial bones, except as specified under 'Professional Services' in the Covered Services section. For related provisions, see exclusions for 'jaw' in this section.
- Orthopedic shoes, diabetic shoes, and shoe modifications.
- Over-the-counter non-Prescription Drugs, unless included on your Drug List or otherwise listed as a Covered Service in this Student Guide. Does not apply to tobacco cessation medications covered under USPSTF guidelines or to over-the-counter preventive care services that are prescribed by the Member's Provider.
- Panniculectomy for any indication.
- Periodontal probing, charting, and re-evaluations.

- Periodontal Splinting, or appliances used to increase vertical dimensions, restore the occlusion, or correct habits such as tongue thrust and grinding teeth (other than as specifically noted under the Covered Services section). Periodontal splinting including crowns and bridgework used in conjunction with periodontal splinting.
- Personal items such as telephones, televisions, and guest meals during a stay at a Hospital or other inpatient facility.
- Photographic images.
- Physical or eye examinations required for administrative purposes such as participation in athletics, admission to school, or by an employer.
- Pin retention in addition to Restoration for enrolled individuals age 19 and older.
- Precision attachments.
- Private nursing service.
- Programs that teach a person to use medical equipment, care for dependents, or self-administer drugs or nutrition (except for diabetic education benefit).
- Psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present.
- Pulpotomies on permanent teeth.
- Recreation therapy – Outpatient.
- Rehabilitation – Functional capacity evaluations, work hardening programs, vocational rehabilitation, community reintegration services, and driving evaluations and training programs, except as Medically Necessary.
- Removal of clinically serviceable Amalgam Restorations to be replaced by other materials free of mercury, except with proof of allergy to mercury.
- Replacement costs for worn or damaged Durable Medical Equipment that would otherwise be replaceable without charges under warranty or other agreement.
- Scheduled and/or non-emergent medical care outside of the United States (if received in country of citizenship).
- Screening tests – Services and supplies, including imaging and screening exams performed for the sole purpose of screening and not associated with specific diagnoses and/or signs and symptoms of disease or of abnormalities on prior testing (including but not limited to total body CT imaging, CT colonography and bone density testing). This does not include preventive care screenings listed under 'Preventive Care Services' in the Covered Services section.
- Self-help health or instruction or training programs.
- Sensory integration training. This exclusion does not apply if the program, training, or therapy is part of a treatment plan for a pervasive developmental disorder.



- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth (other than as specifically noted under the Covered Services section).
- Services of Providers who are not eligible for reimbursement under this Student Plan. An individual organization, facility, or program is not eligible for reimbursement for services or supplies, regardless of whether this Student Plan includes benefits for such services or supplies, unless the individual, organization, facility, or program is licensed by the state in which services are provided as an independent Provider, Hospital, Ambulatory Surgical Center, Skilled Nursing Facility, Durable Medical Equipment Supplier, or Mental Health and/or Substance Use Disorder Healthcare Facility. To the extent PacificSource maintains credentialing requirements, the Provider or facility must satisfy those requirements in order to be considered an eligible Provider.
- 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 with no charge, or for which the Member is not legally required to pay, or for which a Provider or facility is not licensed to provide even though the service or supply may otherwise be eligible. This exclusion includes any service provided by the Member, or any licensed professional that is directly related to the Member by blood or marriage.
- Services required by state law as a condition of maintaining a valid driver license or commercial driver license.
- Services, supplies, and equipment not involved in diagnosis or treatment but provided primarily for the comfort, convenience, intended to alter the physical environment, or education of a patient. This includes appliances like adjustable power beds sold as furniture, air conditioners, air purifiers, room humidifiers, heating and cooling pads, home blood pressure monitoring equipment, light boxes, conveyances other than conventional wheelchairs, whirlpool baths, spas, saunas, heat lamps, tanning lights, and pillows.
- Sexual disorders – Services or supplies for the treatment of erectile or sexual dysfunction unless defined in the current edition of ‘Diagnostic and Statistical manual of Mental Disorders’.
- Sinus lift grafts to prepare sinus site for implants.
- Snoring – Services or supplies for the diagnosis or treatment of snoring and/or upper airway resistance disorders, including somnoplasty, unless Medically Necessary.
- Social skills training. This exclusion does not apply if the program, training, or therapy is part of a treatment plan for a pervasive developmental disorder.
- Stress-breaking or habit-breaking appliances unless Medically Necessary.
- Support groups.
- Surgery to reverse voluntary sterilization.

- 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 (lost).
- Transplants – Any services, treatments, or supplies for the transplantation of bone marrow or peripheral blood stem cells or any human body organ or tissue, except as expressly provided under the provisions of this Student Plan for covered transplantation expenses. For related provisions, see ‘Transplant Services’ in the Covered Services section.
- 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 not Medically Necessary – Services or supplies that are not Medically Necessary for the diagnosis or treatment of an Illness, Injury, or disease. For related provisions, see ‘Medically Necessary’ in the Definitions section and ‘Understanding Medical Necessity’ in the Covered Services section.
- Treatment of any Illness, Injury, or disease resulting from an illegal occupation or attempted felony, or treatment received while in the custody of any law enforcement other than with local supervisory authority while pending disposition of charges.
- Treatment of any work-related Illness, Injury, or disease, except in the following circumstances:
  - You are the owner, partner, or principal; were 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. This exclusion includes any Illness, Injury, or disease that is caused by a for-profit activity, whether through employment or self-employment; or
  - You are employed by 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.
- Treatment prior to enrollment – Services or supplies a Member received prior to enrolling in coverage provided by this Student Plan, such as inpatient stays or admission to a Hospital, Skilled Nursing Facility, or Specialized Facility that began before the patient’s coverage under this Student Plan.
- 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 this Student Plan.

- War-related conditions – The treatment of any condition caused by or arising out of an act of war, armed invasion, or while in the service of the armed forces unless not covered by the Member’s military or veterans coverage.

## 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 request prior authorization from the PacificSource Health Services team. If your Provider will not request prior authorization for you, you may contact PacificSource yourself. In some cases, PacificSource may ask for more information or require a second opinion before authorizing coverage.

Because of the changing nature of care, PacificSource continually reviews new technologies and standards. The list of procedures and services requiring prior authorization is therefore subject to revision and update. **The list is not intended to suggest that all the items included are necessarily covered by the benefits of this Student Plan.** You’ll find the current prior authorization list on the website, [PacificSource.com/uo](http://PacificSource.com/uo).

*If your treatment does not receive prior authorization, you can still seek treatment, but your claim will be subjected to retrospective authorization. If a treatment requires prior authorization but was not received, the claim must be submitted within 60 days. 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 Medically/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.*

Notification of this Student Plan’s Benefit Determination will be communicated by letter, fax, or electronic transmission to the Hospital, the Provider, and you. If time is a factor, notification will be made by telephone and followed up in writing. For more information regarding the timelines for review of Pre-service Claims and Post-service Claims, see Claim Handling Procedures in the Claims Payment section.

PacificSource reserves the right to employ a third party to perform prior authorization procedures on its behalf.

In a medical emergency, services and supplies necessary to determine the nature and extent of the emergency condition and to Stabilize the patient are covered without prior authorization requirements. A Hospital or other healthcare facility must notify PacificSource of an emergency admission within two business days.

If your Provider’s prior authorization request is denied as not Medically/Dentally Necessary or as Experimental, Investigational, or Unproven, your Provider may Appeal the Benefit Determination. You retain the right to Appeal the Benefit Determination independent from your Provider.

## CASE MANAGEMENT

Case management is a program designed to provide early detection and intervention in serious cases of illness or injury that have the potential for ongoing major or complex resource use. Case management services may be initiated by PacificSource when there is a high utilization of health services or multiple Providers, or for health problems such as, but not limited to, transplantation, high risk obstetric or neonatal care, spinal cord injury, trauma or traumatic injury, or any acute or chronic condition that may necessitate specialized treatment or care coordination.

Case managers are experienced licensed healthcare professionals with specialized skills to respond to the complexity of a Member's healthcare needs. When case management services are implemented, the Case Manager will work in collaboration with the ~~the~~ Provider and the PacificSource Medical Director to enhance the quality of care and maximize available benefits.

PacificSource reserves the right to employ a third party to assist with or perform the function of case management.

## INDIVIDUAL/SUPPLEMENTAL BENEFITS

An individual/supplemental benefit may be available if PacificSource, on behalf of the University of Oregon, approves coverage for services or supplies that are not a Covered Service under this Student Plan. This Student Plan may cover these supplemental benefits through case management if PacificSource determines that supplemental benefits are Medically Necessary and will result in an overall reduction in covered costs and improved quality of care. 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.

## UTILIZATION REVIEW

PacificSource has a utilization review program to determine coverage. This program is administered by the PacificSource Health Services team for prior authorization, concurrent reviews, and post-service reviews. Questions regarding Medical/Dental Necessity, possible Experimental, Investigational, or Unproven services, appropriate setting, and appropriate treatment are forwarded to the PacificSource Medical Director for review and Benefit Determination.

PacificSource reserves the right to delegate a third party to assist with or perform the function of utilization management.

### *Authorization of Hospital Admissions*

When a Member is admitted to a Hospital within the area covered by PacificSource's Provider networks (see Using the Provider Network – Coverage While Traveling section), the Hospital calls PacificSource to verify the patient's eligibility and benefits. The Hospital gives PacificSource information about the patient's diagnosis, procedure, and attending physician and they use this information to evaluate how long each patient is expected to remain hospitalized.

This is called the 'target length of stay.' PacificSource uses the target length of stay to monitor the patient's progress and plan for any necessary follow-up care after the patient is discharged.

The PacificSource Health Services team assigns the target length of stay based on the patient's diagnosis and/or procedure.

If PacificSource is unable to assign a target length of stay, their Case Manager contacts the Hospital for more specific information about the case. PacificSource will then use that information to assign a target length of stay for the patient.

### *Extension of Hospital Stays*

If a patient's Hospital stay extends beyond the targeted length of stay, a Case Manager contacts the Hospital to obtain current information about the patient's medical progress and assign a new target length of stay or begin planning for the patient's discharge. The PacificSource Medical Director may review the case to determine if extended hospitalization meets coverage criteria.

Occasionally, patients choose to extend their Hospital stay beyond the length the attending physician considers Medically Necessary. Charges for Hospital days and services beyond those determined to be Medically Necessary are the Member's responsibility.

### *Timeliness for Responding to Coverage Request*

When PacificSource receives a request for coverage of an admission or extension of a Hospital stay, they are generally able to provide an answer that same day. If PacificSource does not have enough information to make a Benefit Determination, they request further information and attempt to provide a determination on the day they receive that information. If a Member is discharged before PacificSource receives the information they need, the case is reviewed retrospectively by the Case Manager and the Medical Director for a determination regarding coverage.

### *Questions about Specific Utilization Review Decisions*

If you would like information on how PacificSource reached a particular utilization review Benefit Determination, please contact PacificSource's Health Services team by phone at (541) 684-5584 or toll-free (888) 691-8209, ext. 2584, or by email at [healthservices@pacificsource.com](mailto:healthservices@pacificsource.com).

## NECESSITY ACCORDING TO ACCEPTABLE DENTAL PRACTICE

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

The University of Oregon has the right to arrange, at its expense, a second opinion by a Provider of its choice, and is not required to pay benefits unless that opinion has been rendered.

## CLAIMS PAYMENT

### *How to File a Claim*

When an In-network Provider treats you, your claims are automatically sent to PacificSource and processed. All you need to do is show your PacificSource Member ID card to the Provider.

If you receive care from an Out-of-network Provider, the Provider may submit the claim to PacificSource for you. If not, you are responsible for sending the claim to PacificSource for processing. Your claim must include a copy of your Provider's itemized bill, 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 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. If it is not possible to submit a claim within 90 days, turn in the claim with an explanation as soon as possible. In some cases PacificSource may accept the late claim. This Student Plan will never pay a claim that was submitted more than a year after the date of service.

### *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.

All medical claims should be sent to:

PacificSource Health Plans  
 Attn: Claims  
 PO Box 7068  
 Springfield, OR 97475-0068

All dental claims should be sent to:

PacificSource Health Plans  
 Attn: Dental Claims  
 PO Box 7068  
 Springfield, OR 97475-0068

*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, they will acknowledge receipt of the claim and explain why payment is delayed.

Neither the benefits of this Student Plan nor a claim for payment of benefits under the plan are assignable in whole or in part to any person or entity.

*Claim Handling Procedures*

**Claim Determination** – PacificSource, on behalf of the University of Oregon, will make a claim determination within the time period noted in the chart below for the specific type of claim, 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, they will either deny the claim or notify you every 45 days while the claim remains under investigation. No extension is permitted for Urgent Care Claims.

Type of Notice	Concurrent Care Claim	Urgent Care Claim	Pre-service Claim	Post-service Claim
Initial determination by PacificSource	24 hours	48 hours	2 business days	30 calendar days
If PacificSource requires additional information, PacificSource will make request within	24 hours	48 hours	2 business days	30 calendar days
Provider or Member must provide requested additional information within	24 hours	48 hours	5 business days	15 calendar days
Once PacificSource receives the information, decision will be made and written notice sent within	24 hours	48 hours	2 business days	30 calendar days

**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.

**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, post-service, or Concurrent Care basis may be Appealed in accordance with this Student Plan’s Appeals procedures. For more information, see the Complaints, Grievances, and Appeals section.

### *Questions about Claims*

If you have questions about the status of a claim, you are welcome to contact the PacificSource Customer Service team. You may also contact Customer Service if you believe a claim was denied in error. PacificSource will review your claim and this Student Plan benefits to determine if the claim is eligible to be reprocessed accordingly.

### *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 healthcare expense to this Student Plan Deductibles 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 healthcare expense that would have otherwise been applied to the Deductibles. Examples of amounts recoverable under this provision include, but are not limited to services for an excluded healthcare condition. The fact that a healthcare expense was applied to this Student Plan’s Deductibles or a drug was provided under this Student Plan’s Prescription Drug program does not in itself create an eligible expense or infer that benefits will continue to be provided for an otherwise excluded condition.

## 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 and 'slip-and-fall' property Accidents 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.

- 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 healthcare 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 medical expenses incurred both before and after the settlement. If you have ongoing healthcare 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.
- 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.
- 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.

### *Motor Vehicle and Other Accidents*

If you are involved in a motor vehicle Accident or other Accident, your related healthcare 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 healthcare 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, Injury, or disease 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.

### *Surrogacy Health Services*

A Member who enters into a surrogacy agreement must reimburse this Student Plan for Covered Services related to conception, pregnancy, delivery, or postpartum care that are received in connection with the surrogacy agreement. A Member who enters into a surrogacy agreement must inform this Student Plan of that agreement within 30 days of entering that agreement and provide a copy of the agreement to this Student Plan.

## 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 an 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 are dissatisfied with the availability, delivery, or the quality of healthcare services; or claims payment, handling, or reimbursement for healthcare services, or matters pertaining to the relationship between you and this Student Plan, you may file a Grievance in writing. PacificSource will attempt to address your Grievance, generally within 30 days of receipt. (See How to Submit Grievances or Appeals below.)

## APPEAL PROCEDURES

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

- Denial of eligibility for or termination of enrollment in a healthcare plan;
- Rescission or cancellation of your coverage, 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;
- Determination that a healthcare item or service is Experimental, Investigational, Unproven, or not a Dental Necessity, or Medically Necessary, effective or appropriate; or
- Determination that a course or plan of treatment you are undergoing is an active course of treatment for the purpose of continuity of care.

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.

You may receive continued coverage under this Student Plan for otherwise Covered Services pending the conclusion of the Internal Appeals process. If this Student Plan makes payment for any service or item on your behalf that is later determined not to be a Covered Service or item, you will be expected to reimburse this Student Plan for the non-Covered Service or item.

**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 physician must attest to the fact that the time period for making a non-urgent Benefit Determination could seriously jeopardize your life or health or your ability to regain maximum function or would subject you to severe pain that cannot be adequately managed without the healthcare 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 below) 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 Medically Necessary; 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 healthcare setting and with the appropriate level of care, you or your Authorized Representative may request an external review by an independent review organization (see How to Submit Grievances or Appeals below).

Your request for an independent review must be made within 180 days of the date 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 Grievance levels are exhausted. This Student Plan will pay for any cost associated with the external independent review.

### *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 decision in response to the Appeal will be made within 30 days after receiving your request to Appeal.

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 medical or 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

Before submitting a Grievance or Appeal, we suggest you contact PacificSource's Customer Service team with your concerns. You can reach them by phone or email using the contact information found on the first page of this student guide. Issues can often be resolved at this level. Otherwise, you may file a Grievance or Appeal by contacting:

**First Level Appeal Writing to:**

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

**Emailing** [studenthealth@pacificsource.com](mailto:studenthealth@pacificsource.com), with 'Grievance' as the subject

**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.

*Assistance Outside this Student Plan or PacificSource*

You have the right to file a Complaint or seek other assistance from the Division of Financial Regulation. Assistance is available:

By calling (503) 947-7984 or the toll-free message line at (888) 877-4894

By writing to:

Division of Financial Regulation  
Consumer Advocacy Unit  
PO Box 14480  
Salem, OR 97309-0405

Through their website at [dfr.oregon.gov](http://dfr.oregon.gov)

Or by email at [DFR.InsuranceHelp@oregon.gov](mailto:DFR.InsuranceHelp@oregon.gov)

## RESOURCES FOR INFORMATION AND ASSISTANCE

*Assistance in Other Languages*

Student Plan Members who do not speak English may contact PacificSource's Customer Service team for assistance. PacificSource can usually arrange for a multilingual staff member or interpreter to speak with them in their native language.

*Information Available from the University of Oregon and PacificSource*

This Student Plan makes the following written information available to you free of charge. You may contact PacificSource's Customer Service team to request any of the following:

- A directory of In-network 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 description (consistent with risk-sharing information required by the Centers for Medicare and Medicaid Services, formerly known as Health Care Financing Administration), 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 health services;
- Information about how PacificSource check the credentials of their network Providers, and how you can obtain the names and qualifications of your healthcare Providers;
- Information about PacificSource's prior authorization and utilization review procedures; or
- Information about any healthcare plan offered by PacificSource.

*Information Available from the Division of Financial Regulation about PacificSource*

The following consumer information is available from the Division of Financial Regulation:

- The results of all publicly available accreditation surveys;
- A summary of their health promotion and disease prevention activities;
- An annual summary of Grievances and Appeals against PacificSource;
- An annual summary of their utilization review policies;
- An annual summary of their quality assessment activities; and
- An annual summary of the scope of their Provider network and accessibility of healthcare services.

You can request this information by contacting the Division of Financial Regulation:

By calling (503) 947-7984 or the toll-free message line at (888) 877-4894

By writing to:

Division of Financial Regulation  
 Consumer Advocacy Unit  
 PO Box 14480  
 Salem, OR 97309-0405

Through their website at [dfr.oregon.gov](http://dfr.oregon.gov).

Or by email at [DFR.InsuranceHelp@oregon.gov](mailto:DFR.InsuranceHelp@oregon.gov)

## 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 healthcare.*

### *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 healthcare without regard to race, religion, gender, national origin, or disability.
- You have a right to honest discussion of appropriate or Medically 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 healthcare 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 healthcare 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 In-network Provider obtains prior authorization 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 healthcare Provider complete health 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 calling 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 medical Providers need in order to provide care.
- You are responsible for following plans and instructions for care that you have agreed to with your doctors.
- You are responsible for understanding your health 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 your healthcare 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.

## PLAN ADMINISTRATION

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

University of Oregon Student Health Benefits Plan

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

University of Oregon  
1232 University of Oregon  
Eugene, OR 97403

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

464727800

***Plan Identification Number:***

501

***Contract Year:***

UO Law Students: 8/10/2022 to 8/9/2023

UO Students (Undergraduate/Non-Law Graduate): 9/15/2022 to 9/14/2023

***Type of Plan:***

Student Health 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 97403-1226

***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 Student Health Benefits Plan Advisory Group 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.

## *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 properly submitted in accordance with established procedures. Also, you must exhaust this Student Plan's claims procedures, and Grievance and Appeals 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.

## 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', 'LW', or 'GR' (excluding post-doc scholars, in accordance with ORS 250.370).

**Advanced Diagnostic Imaging** means diagnostic examinations using CT scans, MRI's, PET scans, CATH labs, and nuclear cardiology studies.

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

- Denial of eligibility for or termination of enrollment in a healthcare plan;
- Rescission or cancellation of a plan or coverage;
- Imposition of a Third Party Liability, network exclusion, annual benefit limit or other limitation on otherwise covered items or services;
- Determination that a healthcare item or service is Experimental, Investigational, Unproven, or not Dental Necessity or Medically Necessary, effective, or appropriate; or
- Determination that a course or plan of treatment that a Member is undergoing is an active course of treatment for purposes of continuity of care.

**Allowable Fee** is the maximum amount this Student 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 Student 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. PacificSource uses several sources to determine the Allowable Fee. Depending on the service or supply and the Service Area in which it is provided, the Allowable Fee may be based on data collected from the Centers for Medicare and Medicaid Services (CMS), contracted vendors, other nationally recognized databases, or PacificSource, as documented in PacificSource's payment policy.

An Out-of-network Provider may charge more than the limits established by the definition Allowable Fee. Charges that are eligible for reimbursement, but exceed the 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.

**Ambulatory Surgical Center** means a facility licensed by the appropriate state or federal agency to perform Surgical Procedures on an outpatient basis.

**American English Institute (AEI) Student** means any AEI Student who is studying on the UO campus, enrolled in at least 1 full term UO course. 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 AE.

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

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

**Approved Clinical Trials** means Phase I, II, III, or IV clinical trials for the prevention, detection, or treatment of cancer or another life-threatening condition or disease. Life threatening condition means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted. The trial must be:

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

**Authorized Representative** is an individual who by law or by the consent of a person may act on behalf of the person. To designate an Authorized Representative you *must* complete and submit an 'Authorization to Use or Disclose PHI' form and a 'Designation of Authorized Representative' form, both of which are available at [PacificSource.com/uo](https://www.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 your behalf.

**Balance Billing** means the difference between the out-of-network Allowable Fee and the Provider's billed charge. Out-of-network Providers may bill the Member this amount unless otherwise stated in the Allowable Fee for Out-of-network Providers.

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

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

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

- Eligibility and coverage determinations (including coordination of benefits), and adjudication or subrogation of healthcare claims;
- Review of healthcare services with respect to medical or Dental Necessity (including underlying criteria), coverage under 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 retrospective 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.

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

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

**Chemotherapy** means the use of drugs approved for use in humans by the FDA and ordered by the Provider for the treatment of disease.

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

**Coinsurance** means a defined percentage of the Allowable Fee for Covered Services and supplies the Member receives. It is the percentage the Member is responsible for, not including Copays and Deductibles. The Coinsurance amounts the Member is responsible for are listed in 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.

**Concurrent Care Claim** means a request for an extension of healthcare services already approved. The review is conducted during a Member’s stay or course of treatment in a facility, the office of a Provider, or other inpatient or outpatient healthcare setting.

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

**Contract Year** means a 12 month period beginning on the date 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 health 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.

**Custodial Care** means care that is for the purpose of watching and protecting a patient. Custodial Care includes care that helps the patient conduct activities of daily living that can be provided by a person without medical or paramedical skills and/or is primarily for the purpose of separating the patient from others or preventing self-harm.

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

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

**Dentally Necessary 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 Dentist opinion published in peer-reviewed dental literature, or the results of clinical outcome trials published in peer-reviewed dental literature;
- As likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any other service or supply, both as to the disease or Injury involved and the patient's overall health condition;
- Not for the convenience of the Member or a Provider of services or supplies; and
- The least costly of the alternative services or supplies that can be safely provided.

The fact that a Dentist may recommend or approve a service or supply does not, of itself, make the charge a Covered Service.

**Dependent Children** means any natural, step, adopted, or eligible child you, your Spouse, or your Domestic Partner are legally obligated to support or contribute support. This may include eligible Dependent Children for which you are the court appointed legal custodian or guardian. Eligible Dependent Children may be covered under this Student Plan only if they meet the eligibility requirements of this Student Plan. (See the Becoming Eligible section.)

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

- **Registered Domestic Partner** means an individual of same gender, age 18 or older, who is joined in a domestic partnership, and whose domestic partnership is legally registered in any state.
- **Unregistered Domestic Partner** means an individual of same or opposite gender who is joined in a domestic partnership with the Student and meets the following criteria:
  - Is age 18 or older;
  - Not related to the Student by blood closer than would bar marriage in the state where they have permanent residence and are domiciled;
  - Shares jointly the same permanent residence with the Student for at least six months



immediately preceding the date of application to enroll and intent to continue to do so indefinitely;

- Has an exclusive domestic partnership with the Student and has no other Domestic Partner;
- Does not have a legally binding marriage nor has had another Domestic Partner within the previous six months; and
- Was mentally competent to consent to contract when the domestic partnership began and remains mentally competent.

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

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

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

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

**Emergency 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.

**Emergency Medical Condition** means a medical condition:

- That manifests itself by acute symptoms of sufficient severity, including severe pain that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would:

- Place the health of a person, or an unborn child in the case of a pregnant woman, in serious jeopardy;
- Result in serious impairment to bodily functions; or
- Result in serious dysfunction of any bodily organ or part.
- With respect to a pregnant woman who is having contractions, for which there is inadequate time to affect a safe transfer to another Hospital before delivery or for which a transfer may pose a threat to the health or safety of the woman or the unborn child.
- That is a Behavioral Health Crisis.

**Emergency Medical Screening Exam** means the medical history, examination, ancillary tests, and medical determinations required to ascertain the nature and extent of an Emergency Medical Condition.

**Emergency Services** means, with respect to an Emergency Medical Condition:

- An Emergency Medical Screening Exam or Behavioral Health Assessment that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency Medical Condition; and
- Such further medical examination and treatment as are required under 42 U.S.C. 1395dd to Stabilize the patient to the extent the examination and treatment are within the capability of the staff and facilities available at a Hospital.

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

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental Health and Substance Use Disorder services, including behavioral health treatment;
- Prescription Drugs;
- Rehabilitation and Habilitation Services and Devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management; and
- Pediatric services, including oral and vision care.

**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, Chemotherapy, drugs or medicines, or the use thereof, that are Experimental, Investigational, or Unproven for the diagnosis and treatment of Illness, Injury, or disease.

- Experimental, Investigational, or Unproven services and supplies include, but are not limited to, services, supplies, procedures, devices, Chemotherapy, 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 medical practice in this Student Plan's state of issue or as determined by medical advisors, medical associations, and/or technology resources;
  - Are not approved for reimbursement by the Centers for Medicare and Medicaid Services;
  - Are furnished in connection with medical 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 medical authorities;
  - Published articles in peer-reviewed medical 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 Appeal or Review** means the request by an appellant for an independent review organization to determine whether or not the Internal Appeal decisions are correct.

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

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

**Grievance** means:

- A written Complaint submitted by a Member or an Authorized Representative of a Member regarding:
  - The availability, delivery, or quality of a healthcare service; or
  - Claims payment, handling, or reimbursement for healthcare services and, unless the Member has not submitted a request for an Internal Appeal, the Complaint is not disputing an Adverse Benefit Determination.

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

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

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

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

- Nursing;
- Home health aide services;
- Physical Therapy;

- Occupational Therapy;
- Speech therapy;
- Hospice therapy;
- Medical Supplies and equipment suitable for use in the home; and
- Medically Necessary personal hygiene, grooming and dietary assistance.

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

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

**In-network Provider** means a physician, healthcare professional, Dentist, oral surgeon, endodontist, orthodontist, periodontist, pedodontist, denturist, dental hygienist, Hospital, medical facility, or supplier of Medical Supplies that directly or indirectly holds a Provider contract or agreement with PacificSource.

**Infertility** means:

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

**Injury** means bodily trauma or damage that is independent of disease or infirmity. The damage must be caused solely through external and Accidental means and does not include muscular strain sustained while performing a physical activity. (For muscular strain, see definition of ‘Illness’.)

**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 made.

**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, American English Institute 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 Division of Global Engagement.

**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. If any Covered Service that includes a Lifetime Maximum benefit amount is deemed to be an 'Essential Health Benefit' as determined by the Secretary of the U.S. Department of Health and Human Services, and such is determined to apply to this Student Plan, the Lifetime Maximum amount will not apply to that Covered Service in accordance with the standards established by the Secretary.

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

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

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

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

Services and supplies intended to diagnose or screen for a medical condition in the absence of signs or symptoms, or of abnormalities on prior testing, including exposure to infectious or toxic materials or family history of genetic disease, are not considered Medically Necessary under this definition. (See Excluded Services – Screening tests.)

**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'.

**Mental Health and/or Substance Use Disorder Healthcare Facility** means a corporate or governmental entity or other Provider of services for the care and treatment of Substance Use Disorders and/or Mental Health Conditions which is licensed or accredited by The Joint Commission or the Commission on Accreditation of Rehabilitation Facilities for the level of care which the facility provides.

**Mental Health and/or Substance Use Disorder Healthcare Program** means a particular type or level of service that is organizationally distinct within a Mental Health and/or Substance Use Disorder Healthcare Facility.

**Mental Health and/or Substance Use Disorder Healthcare Provider** means a person or facility that has met the applicable credentialing requirements, is otherwise eligible to receive reimbursement under this Student Plan, and is:

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

**Mental Health Condition** means all disorders defined in the current edition of 'Diagnostic and Statistical Manual of Mental Disorders'.

**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.

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

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

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

**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 healthcare services you have already received.

**Pre-service Claim** 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.

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

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

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

**Provider** means a healthcare professional, Hospital/other institution, or medical supplier that is state licensed or state certified to provide a Covered Service or supply. Healthcare professionals eligible to provide care include, but not limited to: chiropractors, Dental Providers, massage therapists, mental health counselors, nurses, nurse midwives, nurse practitioners, pharmacists, physical therapists, physicians, podiatrists and psychologists. In this Student Plan, Provider is also referred to as 'physician', 'physician assistant', or 'practitioner'.

**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.



**Radiation Therapy** is the treatment of disease using X-rays or similar forms of radiation.

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

**Rescind or Rescission** means to retroactively cancel or discontinue coverage under this healthcare plan for reasons other than failure to timely pay required contributions 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.

**Routine Costs of Care** mean costs for Medically Necessary services or supplies covered by this Student Plan in the absence of a clinical trial. Routine Costs of Care do not include:

- The drug, device, or service being tested in the clinical trial unless the drug, device, or service would be covered for that indication by this Student Plan if provided outside of a clinical trial. If a Member participating in an Approved Clinical Trial has a consequential health condition directly caused by an Approved Clinical Trial, services and associated costs are covered under this Student Plan as comparable services;
- Items or services required solely for the provisions of the drug, device, or service being tested in the clinical trial;
- Items or services required solely for the clinically appropriate monitoring of the drug, device, or service being tested in the clinical trial;
- Items or services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient;
- Items or services customarily provided by a clinical trial sponsor free of charge to any participant in the clinical trial; or
- Items or services that are not covered by this Student Plan if provided outside of the clinical trial.

**Service Area** is Oregon, Idaho, Montana, and Washington. PacificSource also has an agreement with a nationwide Provider network to offer services to Members while traveling throughout the United States.

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

**Specialized Treatment Facility** means a facility that provides specialized short-term or long-term care. The term Specialized Treatment Facility includes Ambulatory Surgical Centers, birthing centers, Substance Use Disorders Day Treatment Facilities, hospice facilities, inpatient rehabilitation facilities, Mental Health and/or Substance Use Disorders Healthcare Facilities, organ transplant facilities, psychiatric day treatment facilities, residential treatment facilities, Skilled Nursing Facilities, Substance Use Disorders Treatment Facilities, and Urgent Care Treatment Facilities.

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

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

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

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

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

**Student** means an individual that meets eligibility guidelines as defined in the 'Becoming Eligible' section of this document.

**Student Plan** means the University of Oregon Student Health Benefits Plan explained in this Student Guide.

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

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

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

- Procedures accomplished by cutting or incision;

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

**Telehealth** is the use of Technology for exchange of information when Medically Necessary.

**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.

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

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

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

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

**Urgent Care Claim** means a request for medical care or treatment with respect to which the time periods for making a non-urgent determination could seriously jeopardize the life or health of the Member or the ability of the Member to regain maximum function, or would subject the Member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

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

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

**Women's Healthcare Services** means organized services to provide healthcare to women, inclusive of the women's preventive services required by the Health Resources and Services Administration of the U.S. Department of Health and Human Services. The services include, but not limited to, maternity care, reproductive health services, gynecological care, general examination, and preventive care as medically appropriate, and medically appropriate follow-up visits for these services. Women's Healthcare Services also include any appropriate

healthcare service for other health problems, discovered and treated during the course of a visit to a Women's Healthcare Provider for a Women's Healthcare Service, which is within the Provider's scope of practice. For purposes of determining a woman's right to directly access health services covered by the plan, maternity care, reproductive health, and preventive services include: Contraceptive services, testing and treatment for sexually transmitted diseases, pregnancy termination, breastfeeding, and complications of pregnancy.

**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.

# SIGNATURE PAGE

The effective date of this Student Plan is:

UO Law: 8/10/2022

UO Student (Undergraduate/Non-Law Graduate): 9/15/2022

It is agreed by University of Oregon that the provisions of this student guide are correct and will be the basis for the administration of this Student Plan.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_