



Oregon Fully Insured Health Coverage

Notice of Change to Your Medical and Dental Benefits

Your Plan may change in 2021 to comply with the Affordable Care Act (ACA), state legislation or PacificSource best practices. The following outline summarizes the changes and the reasons they are occurring. Please seek legal counsel if you have questions about how these changes apply to your organization.

Medical Summary Changes

Section	Summary of Change	Why are these changes occurring?
Additional information - Primary care physician or primary care provider (PCP)	Choosing a Primary Care Provider is highly encouraged but no longer a plan requirement for members enrolled in our coordinated care products.	Core benefit change.
Premier 5000+35-60_30S2 plan change	The out of pocket is moving from \$7500 to \$8000 for an individual. Family out of pocket will move from \$15,000 to \$16,000.	Core benefit change.
Acupuncture and Chiropractic Care	All plans now cover Acupuncture and Chiropractic care up to \$1000 per year. The member responsibility mirrors that of the PCP visit.	Core benefit change.

Member Handbook Changes

Section	Summary of Change	Why are these changes occurring?
Definitions	Geographical area – Coverage for services provided by our nationwide provider network are no longer limited to urgent and emergent services for members traveling throughout the United States.	PacificSource best practices.
Covered Expenses - Professional Services	The plan covers nurse home visiting services for newborn children up to the age of six months when provided by an Oregon Health Authority approved in-network provider.	Updated to meet state requirement.

Vision Benefit Changes

Section	Summary of Change	Why are these changes occurring?
Benefit Limitations for Vision Hardware	Language updated to clarify that the vision hardware benefit includes both contact lenses and glasses.	Updated for clarification.

Pharmacy Benefit Changes

Section	Summary of Change	Why are these changes occurring?
Covered Expenses - Prescription Drugs	If a third party co-payment assistance program (manufacturer coupons or rebates) is used for prescription medications, the amount will not be credited toward the deductible or out-of-pocket limit.	Updated to meet federal requirement.

Dental Changes

Section	Summary of Change	Why are these changes occurring?
Definitions	The definition for Predetermination was added to the dental handbook for clarification since it is used throughout the document.	Administrative clarification.
Definitions	PacificSource will adjust the usual, customary, and reasonable fee, which are	Core benefit change.

	fees based on charges being made by dental providers in the same service area for similar treatment of similar dental conditions to the 90th percentile rather than the 85th percentile.	
Becoming Covered - Status Change	Adding language to clarify that part-time and temporary employee status hours will not be credited toward waiting periods if that employee should move to full-time status.	Administrative clarification.
Covered Expenses - Class I Services	Language amended to clarify and align dental terminology and coverage for a bitewing set, which is covered once in a six month period.	Administrative clarification.
Covered Expenses - Class II Services	Benefits for a filling on a tooth surface or three or more tooth surfaces are covered and limited to once every 24 months instead of every year.	Core benefit change.
Covered Expenses - Class III Services	Added language to clarify the completion date for crowns, onlays, bridges is the cementation date (seat date) regardless of the type of cement utilized.	Administrative clarification.
Benefit Limitations and Exclusions - Excluded Services	Added language to clarify that war-related conditions remain excluded unless they are not covered by the members military or veterans coverage.	Administrative clarification.

Renewing Your Plan

The changes in this notice will occur automatically. Due to potential eligibility changes, however, it is important that you complete the attached **Renewal Confirmation Form**. To allow time to process your changes and, if needed, get new ID cards to covered members prior to the effective date, please return the completed form and attach a copy of the **final rates** to PacificSource at least 30 days prior to your renewal date.

Member Materials

After your renewal changes have been processed, **new ID cards will be mailed to your covered employees and their dependents only if there is a change that impacts ID cards**. Your employees and their covered family members will have 24/7 access to their new benefit handbook document through InTouch for Members at PacificSource.com, as well as access to our **provider directory** and other information.

Employer Materials

An electronic copy of your new benefit handbook and contract will be emailed to you, and a single printed office reference copy will be mailed or delivered to you. You can also access your group policy information online. You can access your benefit materials, enroll new members, update existing member information, pay your bill, print temporary ID cards, and view your current census information and enrollment totals through InTouch for Employers at <https://intouch.pacificsource.com/ITE/Login>.

We're here to help.

As always, PacificSource is here to assist you. If you have questions, your agent or PacificSource Client Service Representative is happy to help.

