

# Oregon Health & Science University

## 2019-2020 Domestic & International Student Dental Plan

This dental care policy 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 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.

Advantage Network dentists contract with PacificSource to furnish dental services and supplies for a set fee. That fee is called the contracted allowable fee. Participating providers agree not to collect more than the contracted allowable fee. When you use an Advantage Network provider, you will pay only the participating provider amounts below. If you choose not to use a participating provider, or don't have access to them, reimbursement is based on the contracted allowable fee. If charges exceed the allowable fee, the excess charges are your responsibility.

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

### Health Insurance Requirement and Eligibility

#### DOMESTIC & INTERNATIONAL STUDENTS

All registered Oregon Health & Science University (OHSU) students are automatically enrolled in the OHSU-sponsored Dental Insurance Plan unless they submit a waiver application with comparable coverage and are approved. Eligible students will be charged the applicable Dental Insurance Fee for each term by the posted Waiver Deadlines of each term.

Please make sure you understand your school's credit hour and other requirements for enrolling in this plan. PacificSource Health Plans reserve the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the plan may be terminated or rescinded in accordance with its terms and applicable law.

#### QUALIFYING EVENT

Eligible students who involuntarily lose coverage under another dental insurance plan are also eligible to purchase the OHSU Student Dental Insurance Plan. These students must provide USI Student Insurance with proof that they have lost insurance through another group (certificate and letter of ineligibility) within **31 days** of the qualifying event. Students can contact USI Student Insurance at **(800) 853-5899**, Monday-Friday, 8:00am - 5:00pm PST. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by within **31 days** from loss of prior coverage.

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first **31 consecutive days** following their effective date for the term purchased, and/or pursuant to their visa requirements for the period for which coverage is purchased, except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or USI Student Insurance for details.

### How much does it cost?

DATES OF COVERAGE	WAIVER DEADLINE	STUDENT
<b>SUMMER B</b> 8/1/19 - 9/21/19	<b>8/13/19</b>	\$50.34
<b>FALL</b> 9/22/19 - 1/3/20	<b>10/9/19</b>	\$117.79
<b>WINTER</b> 1/4/20 - 3/27/20	<b>1/20/20</b>	\$117.79
<b>SPRING/SUMMER</b> 3/28/20 - 9/21/20	<b>4/15/20</b>	\$117.79
<b>SUMMER A</b> 6/15/20 - 9/21/20	<b>7/8/20</b>	\$95.84

**NOTE: Coverage is for students only. Dependents are not covered.**

Rates include premium payable to PacificSource Health Plans, as well as administrative fees payable to USI Student Insurance.

### Insurance waiver information

**IF YOU HAVE DENTAL INSURANCE** that is comparable to the OHSU Student Dental Insurance Plan offered through a different insurance company (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and **DO NOT** want to take part in this OHSU Plan, you must complete the online waiver application process by the Waiver Deadline or your student account will be charged. Students only need one approved waiver per academic year (**8/1/19-9/21/20**). Students must submit separate waivers for medical and dental coverage.

**IF YOU DO NOT HAVE INSURANCE** no action is required. You will automatically be enrolled in the OHSU PacificSource Student Policy each term you are eligible, Summer B, Fall, Winter, Spring/Summer, Summer A, and your student account will be charged.

To **WAIVE OUT** of the medical and dental insurance plans you must complete the online waiver by the waiver deadline. For more information please review the "University Health Plan" page at: [www.ohsu.edu/jbt-health](http://www.ohsu.edu/jbt-health).

## DENTAL SCHEDULE OF BENEFITS

<b>Annual Deductible</b>	<b>Participating Providers: \$50</b> <b>Non-Participating Providers: \$100</b>
<b>Annual Benefit Maximum</b> , for enrolled individuals age 19 and older	<b>\$1,500 per person per contract year.</b> Applies to all covered services.
<b>Out-of-Pocket Limit</b> , <i>Note: Non-participating providers can bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company. Non-participating charges do not count towards your out-of-pocket limit.</i>	<b>\$350 per person</b> per contract year, for enrolled individuals age 18 and younger.
<b>Exclusion Period</b>	Class II Services: None Class III Services: None

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

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
<b>Class I Services</b>		
Examinations	No charge*	No charge*
Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex	No charge*	No charge*
Dental cleaning (prophylaxis and periodontal maintenance)	No charge*	No charge*
Topical fluoride	No charge*	No charge*
Fluoride varnish (through age 12)	No charge*	No charge*
Sealants (through age 18)	No charge*	No charge*
Space maintainers (through age 13)	No charge*	No charge*
Athletic mouth guards (through age 18)	No charge*	No charge*
Brush biopsies	No charge*	No charge*
<b>Class II Services</b>		
Fillings	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Simple extractions	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Periodontal scaling and root planing	Deductible then 20% co-insurance	Deductible then 50% co-insurance
Full mouth debridement	Deductible then 20% co-insurance	Deductible then 50% co-insurance
<b>Class III Services</b>		
Complicated oral surgery	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Pulp capping	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Pulpotomy	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Root canal therapy	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Periodontal surgery	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Tooth desensitization	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Crowns	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Replacement of existing prosthetic device	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Dentures	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Bridges	Deductible then 50% co-insurance	Deductible then 50% co-insurance
Implants	Deductible then 50% co-insurance	Deductible then 50% co-insurance

\* Not subject to annual deductible.

This is a brief summary of benefits. Refer to your student guide for additional information or a further explanation of benefits, limitations, and exclusions.  
The Oregon Health & Science University Student Dental Insurance Plan is underwritten by PacificSource Health Plans and administered by PacificSource Health Plans.

## When Coverage Begins

Coverage under the Plan once premium has been collected will become effective at 12:01 a.m. on the later of, but no sooner than:

- The Master Policy effective date;
  - The beginning date of the term for which premium has been paid;
- IMPORTANT NOTICE** - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by PacificSource Health Plans. The below enrollments will be allowed a 31 day grace period from the term start date to enroll whereby the effective date will be backdated a maximum of **31 days**. No policy shall ever start prior to the term start date:

All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.

All re-enrollments into the same exact policy if re-enrollment occurs within **31 days** of the prior policy termination date.

## When Coverage Ends

Insurance of all Insured Persons terminates at 11:59 p.m. on the earlier of:

- Date the Master Policy terminates for all Insured Persons; or
- End of the period of coverage for which premium has been paid; or
- Date the Insured Person ceases to be eligible for the insurance; or
- Date the Insured Person enters military service.

In the event there is overlapping coverage under the same Master Policy number, the policy with the earliest effective date will stay in force through its termination date and the subsequent policy will go into effect immediately afterward with no gap in coverage.

**COVERAGE IS NOT AUTOMATICALLY RENEWED.** Eligible Persons must re-enroll when coverage terminates to maintain coverage. NO notification of plan expiration or renewal will be sent.

## Dental ID Card

If you are enrolled in the OHSU health insurance plan, your Medical ID card will also be your Dental ID card.

If you are not enrolled in the OHSU health insurance plan, your Dental ID card may be shipped before or shortly after of your policy effective date. Providers need the ID number shown on your ID card to identify you, verify your coverage and bill PacificSource. You do not need an ID card to be eligible to receive benefits; if you need dental attention before receiving your ID card, benefits will be payable according to the Policy. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claim. You can also print your ID cards at <https://pacificsource.com/ohsu> or access an ID card on your mobile device.

## Premium refund/cancellation

Refund requests should be directed to USI Student Insurance at **(800) 853-5899** or via email at [studentinsurance@usi.com](mailto:studentinsurance@usi.com).

A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

If you withdraw from school within the **first 14 days** of the coverage period, you will receive a full refund of the insurance premium provided that you did not file a dental claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw **after 14 days** of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium.

If you enter the armed forces of any country you will not be covered under the Master Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled.

### INSURANCE PAYMENTS WITH PERSONAL CHECK

(Note: personal checks are not always a payment option. Please check your school's enrollment form for available payment options.) If you make your insurance payment via personal check payable to USI Student Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your insurance coverage will be terminated retroactive to the effective date of the enrolled term.

## What is the annual deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that some services are covered by the plan without you needing to meet the deductible.

Note that there is a separate category for participating and non-participating providers when it comes to meeting your deductible. Only participating provider expense applies to the participating provider deductible and only non-participating provider expense applies to the non-participating provider deductible. Deductible does not apply to Class I Services.

## What is the annual benefit maximum?

The annual benefit maximum is the maximum amount payable by this policy for covered services received each contract year for enrolled individuals age 19 years and older.

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

The out-of-pocket limit is the most you'll pay for approved pediatric dental expenses during the contract year and applies to enrolled individuals age 18 and younger on your policy. Once the out-of-pocket limit has been met, the plan will pay 100 percent of covered charges for the rest of that year. Only participating provider expense applies to the out-of-pocket limit. Services provided by non-participating providers, Non-essential health benefits, penalties and balance billed amounts over the allowable fee do not accumulate toward the out-of-pocket limit.

## What is an exclusion period?

A member must be enrolled under the dental policy for the period of time stated above before this plan pays benefits. This exclusion period does not apply to persons insured under this policy on the policy's original effective date if the person was continuously covered under a predecessor policy of the policyholder, or for enrolled individuals age 18 and younger.

## Preauthorization

Coverage of certain dental services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called 'preauthorization'. Preauthorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. You'll find the most current preauthorization list on our website, [www.PacificSource.com](http://www.PacificSource.com).

This material is for information only and is not an offer or invitation to contract. Health insurance plans contain exclusions, limitations and benefit maximums. Providers are independent contractors and are not agents of PacificSource. Provider participation may change without notice. PacificSource does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change. Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## Important Contacts

<b>CLAIMS AND COVERAGE QUESTIONS:</b>	PacificSource Health Plans <b>(855) 274-9814 (toll-free)</b> Email: <a href="mailto:studenthealth@pacificsource.com">studenthealth@pacificsource.com</a> <a href="https://pacificsource.com/ohsu">https://pacificsource.com/ohsu</a>
<b>FIND A DENTIST OR PREFERRED PROVIDER:</b>	PacificSource Health Plans <b>(866) 373-7053 (toll-free)</b> Email: <a href="mailto:dental@pacificsource.com">dental@pacificsource.com</a> <a href="https://pacificsource.com/ohsu">https://pacificsource.com/ohsu</a>
<b>ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS:</b>	USI Student Insurance <b>(800) 853-5899</b> Mon-Fri, 8am-5pm PST Fax: <b>(877) 612-7966</b> Email: <a href="mailto:studentinsurance@usi.com">studentinsurance@usi.com</a> <a href="https://studentinsurance.usi.com">https://studentinsurance.usi.com</a>

### USI INSURANCE SERVICES PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at <http://www.usi.com/privacy>.