



G0035866 University of Portland Oregon Fully Insured Student Health Coverage **Notice of Change to Your Medical and Dental Plan Benefits**

Your plan may change in 2019 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.

Terminology Changes

Section	Summary of Change	Why are these changes occurring?
Plan Schedule and Student Guide	References to “participating providers” will be referred to as “in-network providers” and “nonparticipating providers” will be referred to as “out-of-network providers.”	Updated for clarification.
Plan Schedule	Language explaining member cost share has been revised to make it clearer as to which services do or do not apply to the deductible.	Updated for clarification.

Student Guide Changes

Section	Summary of Change	Why are these changes occurring?
Preventive Care Services – Shingles Vaccine	Removed the age limitation of ages 60 and older for the shingles vaccine to follow the recommended immunization practices of the CDC.	Updated as a core benefit change for 2019.
Durable Medical Equipment – Hearing Aid	Hearing aids, hearing assistance technology systems, and ear molds are provided in accordance with state and federal law.	Updated frequency is due to Oregon statute.
Excluded Services	Removed exclusion for marital/partner counseling.	Updated for clarity and administration.

Medical Benefit Changes

Section	Summary of Change	Why are these changes occurring?
Preventive Prescription Drug Coverage	PacificSource will pay both routine and diagnostic colonoscopies at 100% on non-HSA qualified plans.	Updated as a core benefit change for 2019.

Pharmacy Benefit Changes

Section	Summary of Change	Why are these changes occurring?
Preventive Prescription Drug Coverage	Contraceptive drugs, devices, or products that are approved by the FDA are covered by your plan when prescribed by your physician. Over-the-counter contraceptive drugs, approved by the FDA, purchased without a prescription are reimbursable by the plan.	Updated due to Oregon statute.
Prescription Drug Coverage	Increased the retail pharmacy supply allowance to 90 day supply from a 30 day supply.	Updated as a core benefit change for 2019.

Dental Benefit Changes

Section	Summary of Change	Why are these changes occurring?
Pediatric Dental Plan – Class I Service	Benefits for fluoride (topical or varnish applications) are limited to a combined total of four per year.	Updated as a core benefit change for 2019.
Excluded Services	Services for which no charge is normally made in the absence of insurance.	Updated language for clarity and administration.
Excluded Services	Mail order of Internet/web based provider are not eligible providers. This includes, but is not exclusive to online dental aligners and/or teeth straightening.	Updated as a core benefit change for 2019.

Member Materials

After your renewal changes have been processed, **new ID cards will be mailed as determined to be appropriate for each school.** You will have 24/7 access to your new benefit handbook document through InTouch for Members at PacificSource.com, as well as access to our **provider directory, mobile ID card**, and other information.

Questions? We're here to help.

As always, PacificSource is here to assist you if you have questions about your health plan. Or if you need help finding other health insurance coverage, see the resources below:

- Call us toll-free at (855) 274-9814, TTY (800) 735-2900, Monday through Friday, **OR 7:00 a.m. to 5:00 p.m.**, email us at studenthealth@pacificsource.com, or visit PacificSource.com if you have questions about our health insurance plans and enrollment.
- Visit **OR Healthcare.gov** or call toll-free **OR (800) 318-2596**, TTY **(855) 889-4325** for help enrolling in a plan or lowering monthly premium and out-of-pocket costs.
- Contact your health insurance agent or broker, if you worked with one.

