



Oregon Fully Insured Health Coverage

Notice of Change to Your Medical and Dental Benefits

Your Plan may change in 2020 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.

Terminology Changes

Document	Summary of Change	Why are these changes occurring?
Plan Summary and Member Handbook	References to PacificSource Preventive Rx will be replaced with PacificSource Expanded No Cost Drug List. The list includes ACA mandated preventive drugs along with other preventive drugs as determined by the PacificSource Pharmacy Team.	Updated for clarification.
Plan Summary and Member Handbook	Product names will be changing in 2020. PSN will be replaced with Voyager, and in some areas SmartChoice will be replaced with Navigator. Please check our online provider directory for in-network providers in your area.	Core benefit change.

Group Contract Changes

Document	Summary of Change	Why are these changes occurring?
Eligibility	Included information regarding how and when to notify PacificSource of an employee's termination.	Updated for clarity.

Medical Summary Changes

Document	Summary of Change	Why are these changes occurring?
Urgent Care and Emergency Room copay on Premier Plans	The Urgent Care copayment will change to match the specialist visit copayment. The Emergency Room copayment will move from \$200 to \$250.	Core benefit change.
Chamber Core Plan	The out of pocket limit on has changed from \$7000 to \$8000.	Core benefit change.

Medical Benefit Changes

Section	Summary of Change	Why are these changes occurring?
Excluded Services	Removed exclusion for narcosynthesis. These services require medical review.	Core benefit change.
Other Covered Services, Supplies, and Treatments – Cochlear Implants	Added language that coverage includes both programming and reprogramming of cochlear implants.	Updated for clarity and administration.
Durable Medical Equipment	Adding clarification language regarding age and benefit limits for hearing aids, hearing assistance technology systems, and ear molds.	Updated for clarity and administration.
Preventive Services	Vasectomies will no longer be covered in full on HSA eligible plans. Services apply to the deductible and coinsurance.	State and federal guidance.

Vision Benefit Changes

Section	Summary of Change	Why are these changes occurring?
Excluded Services	Duplication of spare eyeglasses or any lenses or frames for members age 18 and younger is no longer an excluded benefit.	Core benefit change.
Excluded Services	Replacement of lost, stolen, or broken lenses or frames is no longer an excluded benefit.	Core benefit change.

Pharmacy Benefit Changes

Section	Summary of Change	Why are these changes occurring?
Plan Summary and Member Handbook	Compound drugs will follow the drug tier breakdown referencing up to 30 day supply, 31- 60 day supply, and 61-90 day supply as opposed to up to 30 day supply only.	Updated for consistency.
Prescription Drugs – Diabetic Supplies, Member Handbook	Included third party co-payment program assistance language stating that when a generic equivalent is available members will not receive credit towards their deductible or out-of-pocket limit when a manufacturer coupon or rebate is used.	Updated for clarity.

Dental Changes

Section	Summary of Change	Why are these changes occurring?
Member Handbook – throughout	References to wait periods throughout the handbook, when referring to how long until services can be rendered, will be referred to as exclusion periods.	Updated for clarity.

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.