

Oregon Fully Insured Student Health Coverage G0033731- Oregon Health and Science University- 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.

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. Please check our online provider directory for in-network providers in your area.	Core benefit change.

Member Handbook Changes

Section	Summary of Change	Why are these changes occurring?
Using the Provider Network - Out-of-network Providers	Language has been added regarding balance billing protection when seeking care for emergency services from an out-of-network provider or facility.	Language added to meet state requirement.
Using the Provider Network – Termination of Provider Contracts	If a provider's contract is terminated and you have had a claim with that provider in the last six months, previously three months, PacificSource will use best efforts to notify you.	Updated to meet state requirements.

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.

Pediatric Vision Benefit Changes – members age 18 and younger

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?
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.

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 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.