



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.

Member Handbook Changes		
Section	Summary of Change	Why are these changes occurring?
Entire Handbook	Format changes have been made throughout. These are not material changes but have changed the layout of this document.	PacificSource best practices.
Prescription Drugs	Formulary Exception and Coverage Determination Process – Updated exception criteria to include documented intolerance or failure of the formulary alternatives for a submitted diagnosis.	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.

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?
Class III Services	Predetermination requirement removed from Complicated Oral Surgery and Periodontal Surgery.	Administrative clarification.
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 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.	Core benefit change.
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.
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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.

