



G0038976 Oregon State University
 Oregon Fully Insured Student Health Coverage
**Notice of Change to Your Medical and Dental
 Benefits**

Your Plan may change in 2022 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.

| Provider Network Changes | | |
|--------------------------|---|----------------------------------|
| Section | Summary of Change | Why are these changes occurring? |
| Network Change | The provider network is changing from Voyager to Navigator. Please check our online provider directory for in-network providers in your area. | Core product change. |

| Member Handbook Changes | | |
|---|---|-------------------------------------|
| Section | Summary of Change | Why are these changes occurring? |
| Covered Services – Preventive Care Services | The minimum age limit for colorectal cancer screenings has been lowered to age 45 as recommended by the USPSTF guidelines. For more information see your handbook. | Updated to meet federal guidelines. |
| Covered Services – Professional Services Handbook and Summary | Chiropractic manipulation/ spinal manipulation are limited to 20 visits per year and acupuncture is limited to 12 visits per year. | Updated to meet state requirements. |
| Covered Services – Professional Services – Biofeedback | Language added to clarify the plan covers biofeedback services to treat tension or migraine headaches, urinary incontinence, or other conditions for which biofeedback is not deemed experimental, investigational or unproven. | Updated for clarification. |
| Excluded Services | Language added to clarify localized delivery of antimicrobial agents into diseased crevicular tissue via controlled release vehicle is not covered. | Updated for clarification. |
| Prior Authorization | Claims for treatment requiring prior authorization that was not obtained ahead of time must be submitted within 60 days and will be subjected to retrospective authorization. Claims not submitted within 60 days or if the review determines the expenses were either not covered by the plan or were not medically or dentally necessary, members will be held responsible for the expense. | Updated for clarification. |
| Becoming Covered | A subscriber's grandchild/children are not eligible for coverage unless child/children is court-ordered or legally adopted by the subscriber. | Updated for clarification. |

| Medical Benefit Changes | | |
|-----------------------------------|--|----------------------------------|
| Section | Summary of Change | Why are these changes occurring? |
| Out of pocket maximum- In Network | Increase in-network out of pocket maximum to \$8,700 per individual and \$17,400 per family. | Premium reduction. |
| Covered Services – Telehealth | In-network telehealth visit copay has been reduced to \$0 (previously \$10). | Core benefit change. |

Vision Benefit Changes

| Section | Summary of Change | Why are these changes occurring? |
|---------------------------|--|----------------------------------|
| Covered Services – Vision | The vision plan will change from the Vision Plus S3 to the Vision 10/150 plan. | Benefit plan simplification. |

Pharmacy Benefit Changes

| Section | Summary of Change | Why are these changes occurring? |
|--------------------------------------|--|------------------------------------|
| Throughout Handbook and Plan Summary | Language was updated to clarify how out-of-network and in-network pharmacy accumulators are applied to the plan's out-of-pocket limit. See plan summary for additional information. | Administrative clarification. |
| Throughout Handbook and Plan Summary | Formulary prescription insulin is not subject to a deductible and may not exceed \$75 per 30 day supply. Previously the benefit applied to the plan's deductible, copay, and/or coinsurance. | Updated to meet state requirement. |

Pediatric Dental Changes- Members through age 18

| Section | Summary of Change | Why are these changes occurring? |
|--------------------------------------|--|---|
| Class II Services – Pediatric Dental | Composite Resin filling payments are no longer limited to the amount that would be paid for Amalgam. | Core benefit change. |
| Class II Services – Pediatric Dental | Palliative (emergency) treatment of dental pain is a covered service. | Prior to 2022 this information was noted on the plan summary. |

Dental Changes- Members age 19 and older

| Section | Summary of Change | Why are these changes occurring? |
|-------------------|--|---|
| Class II Services | Composite Resin filling payments are no longer limited to the amount that would be paid for Amalgam. | Core benefit change. |
| Class II Services | Palliative (emergency) treatment of dental pain is a covered service. | Prior to 2022 this information was noted on the plan summary. |

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, 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 (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.

