



G0033730 Portland State University
Oregon Fully Insured Student Health Coverage
**Notice of Change to Your Medical and
Pediatric Dental Benefits**

Your Plan may change in 2023 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	This plan covers colorectal cancer screening as required under preventive care under the ACA, which now includes a follow up colonoscopy performed after a positive non-invasive stool based screening or direct visualization at 100% when provided by an In-network provider.	Updated to meet federal requirement.
Covered Services – Throughout Handbook and Summary	The federal No Surprises Act resulted in a new section being added. See the 'Your Rights and Protections Against Surprise Medical Bills and Balance Billing' section for details.	Updated to meet federal requirement.
Covered Services – Durable Medical Equipment	Increased the prior authorization limit for durable medical equipment from \$1,000 to \$2,500.	Core benefit change.
Covered Services – Maternity Services	This plan covers labor and delivery services at an out-of-network facility when a member is unable to be treated by an in-network facility during a declared public health emergency. These services will be paid at the in-network cost sharing amount.	Updated to meet state requirement.
Covered Services - Cochlear Implants	Included clarifying language regarding cochlear implants. See handbook for more information.	Administrative clarification.

Pharmacy Benefit Changes		
Section	Summary of Change	Why are these changes occurring?
Pharmacy Summary	Formulary prescription insulin copay was increased from \$75 to \$80 for a 30-day supply.	Updated to meet state requirement.

Dental Changes

Section	Summary of Change	Why are these changes occurring?
Covered Services – Pediatric Dental Class III Services	Composite resin restoration material for crowns is no longer limited to the cost of amalgam.	Core benefit change.
Benefit Exclusions – Excluded Services	Removed language from the orthognathic surgery exclusion due to being covered under your medical policy instead of dental policy. See handbook for more information.	Administrative clarification.

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.

