



2023-2024

# Portland State University

Scholar Student Health Insurance Plan

[psuweeklyscholars.myahpcare.com](https://psuweeklyscholars.myahpcare.com)

The Portland State University student health insurance plan is underwritten by PacificSource Health Plans also referred to PacificSource. You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: [psuweeklyscholars.myahpcare.com](https://psuweeklyscholars.myahpcare.com)

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of PacificSource.

# Table of Contents

<b>03</b>	Important Contacts When Coverage Begins When Coverage Ends
<b>04</b>	Health Insurance Requirement and Eligibility
<b>05</b>	Plan Cost Premium Refund/Cancellation
<b>06</b>	Voyager Network Coordination of Benefits Extension of Benefits ID Cards
<b>07</b>	Member Web: InTouch for Members
<b>08</b>	Schedule of Benefits
<b>11</b>	Benefit Descriptions
<b>14</b>	Exclusions and Limitations
<b>17</b>	Definitions
<b>19</b>	Emergency Assistance Services
<b>20</b>	Claim Procedure Prescription Claim Procedure
<b>21</b>	How to Appeal a Claim
<b>22</b>	Important Notice

# IMPORTANT CONTACTS

## BENEFITS & CLAIMS QUESTIONS

PacificSource Health Plans  
P.O. Box 7068  
Springfield, OR 97475  
(855) 274-9814 (toll-free)  
pacificsource.com/psu

**Underwritten By:**  
PacificSource Health Plans  
Policy #G0033730

## TO FIND A DOCTOR OR HEALTH CARE PROVIDER

PacificSource Navigator Network  
(855) 274-9814

**Prescriptions:**  
PacificSource Pharmacy  
Management  
(855) 274-9814  
or direct to Pharmacy Services  
1 (541) 225-3784  
pacificsource.com/psu

## 24-HOUR NURSE ADVICE LINE

(800) 244-3145

## 24/7 EMERGENCY TRAVEL ASSISTANCE

Academic Emergency Services  
(855) 873-3555  
Toll-free within the U.S.  
1 (610) 263-4660  
Outside the U.S.  
assistance@ahpcare.com

## ELIGIBILITY, COVERAGE, AND GENERAL QUESTIONS

Academic HealthPlans, Inc.  
psuweeklyscolars.myahpcare.com  
help.ahpcare.com

**Plan Brokered by:**  
Academic HealthPlans, Inc.  
OR License No. 100168556

**NOTICE:** PacificSource has strict policies in place to protect the confidentiality of your personal information, including your medical records. Your personal information is only available to the PacificSource staff members who need that information to do their jobs.

Disclosure outside PacificSource is allowed only when necessary to provide your coverage, or when otherwise allowed by law. Except when certain statutory exceptions apply, state law requires us to have written authorization from you (or your representative) before disclosing your personal information outside PacificSource. An example of one exception is that we do not need written authorization to disclose information to a designee performing utilization management, quality assurance, or peer review on our behalf.

To obtain a copy of our notice describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Services number on your ID card or visit [psuweeklyscolars.myahpcare.com](http://psuweeklyscolars.myahpcare.com).

## WHEN COVERAGE BEGINS

Coverage under the Plan once premium has been collected will become effective at 12:01 AM on the **later of**, but **no sooner than**:

- The beginning date of the term for which premium has been paid;
- The day after the online enrollment is complete and premium payment is received by Academic HealthPlans, Authorized Agent or University.

## WHEN COVERAGE ENDS

Insurance of all Insured Persons ends at 11:59 PM on the earlier of:

- Date the Policy terminates for all Insured Persons; or
- End of the period of coverage for which premium has been paid; or
- Date the Insured Person enters military service.
- In the event there is overlapping coverage under the same group number, the policy with the earliest effective date will stay in force through its termination date and the subsequent policy will go into effect immediately afterward with no gap in coverage.

## HEALTH INSURANCE REQUIREMENT AND ELIGIBILITY

All international scholars possessing and maintaining a current passport and valid J-1 visa status and engaged in educational activities, who are temporarily located outside their home country and have not been granted permanent residency status are required to purchase this insurance plan unless proof of comparable coverage is furnished.

### **Scholars must be actively engaged in their Program Objective.**

The eligibility date for Dependents shall be determined in accordance with the following:

- If the Scholar has Dependents on the date he or she is eligible for insurance;
- If the Scholar acquired a Dependent after the Effective Date, such Dependent becomes eligible:
  - A) On the date the Scholar acquires a legal spouse or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
  - B) On the date the Scholar acquired a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Scholar. Dependent enrollment on this plan is voluntary. In order to enroll your dependent(s) visit: [psuweeklyscolars.myahpcare.com](http://psuweeklyscolars.myahpcare.com).



## PLAN COST

Rates include a premium payable to Academic HealthPlans (AHP), as well as administrative fees payable to PSU and PacificSource. Rates also include Academic Emergency Services provided through 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

### SCHOLAR & DEPENDENT PLAN COST

**TERM** WEEKLY RATE (7 CALENDAR DAYS), AVAILABLE FROM:  
09/20/2023 - 09/19/2024

**SCHOLAR** \$41

NOTE: Costs below are in addition to the student premium.

**Dependents must be enrolled for the same term of coverage as student. Dependent enrollment in this plan is voluntary.**

**SPOUSE** \$41

**EACH CHILD, 2X MAX<sup>1</sup>** \$41

<sup>1</sup>Coverage for two (2) or more children is calculated at the child rate times two (2).

## PREMIUM REFUND/CANCELLATION

A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

1. If you or your insured dependents enter the armed forces of any country you and your insured dependents will not be covered under the Master Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled as of the date of such entry. If your dependent enters the armed forces, a pro-rata refund of premium will be made for such person, upon written request received within 31 days of entry into service. If you or your insured dependents enter the armed forced of any country you and your insured dependents will not be covered as of the date of such entry. If you enter the armed forces the policy will be cancelled as of the date of such entry. If your dependent enters the armed forces, a pro-rata refund of premium will be made for such person, upon written request received by Academic HealthPlans within **31 days** of entry into service.
2. Refunds will be granted for insured dependents in case of a qualifying event such as legal separation, divorce or death within **31 days** of the occurred event, provided that your insured dependents did not file a medical claim during the insured period. Written proof of such qualifying event must be submitted. Refunds will not be prorated.

## **NAVIGATOR NETWORK**

PacificSource has arranged for you to access the PacificSource Navigator Network. It is to your advantage to utilize an In-Network Provider because savings can be achieved from the Contracted Allowable Fee these providers have agreed to accept as payment for their services. Scholars are responsible for informing their providers of potential out-of-pocket expenses for a referral to both an In-Network Provider and an Out-of-Network Provider. In-Network Providers are independent contractors and are neither employees nor agents of either University or PacificSource. To find an In-Network Provider, you can use PacificSource's online provider directory located at: [psuweeklyscolars.myahpcare.com](http://psuweeklyscolars.myahpcare.com).

## **COORDINATION OF BENEFITS**

If the Enrollee is insured under more than one group health plan, the benefits of this Plan that covers the insured student will be used before those of a plan that provides coverage as a dependent. When both parents have group health plans that provide coverage as a dependent, the benefits of the plan of the parent whose birth date falls earlier in the year will be used first. The benefits available under this Plan may be coordinated with other benefits available to the Enrollee under any auto insurance, Workers' Compensation, Medicare, or other coverage. This Plan pays in accordance with the rules set forth in the Policy.

## **EXTENSION OF BENEFITS**

If an Enrollee is confined to a hospital on the date his or her insurance terminates, expenses incurred after the termination date and during the continuance of that hospital confinement, shall be payable in accordance with the Plan until the Enrollee is released or benefits are exhausted, whichever occurs first.

## **ID CARDS**

Medical ID cards may be shipped before or shortly after your policy effective date. Providers need the ID number shown on your ID card to identify you, verify your coverage and bill PacificSource. You do not need an ID card to be eligible to receive benefits; if you need medical attention before receiving your ID card, benefits will be payable according to the Policy. Once you have received your ID card, present it to the provider to facilitate prompt payment of your claim. You can also print your ID cards at: [psuweeklyscolars.myahpcare.com](http://psuweeklyscolars.myahpcare.com) or access an ID card on your mobile device using the [myPacificSource mobile app](#).

## MEMBER WEB: INTOUCH FOR MEMBERS

### Got Questions? Get Answers with InTouch

As a PacificSource insurance member, you have access to InTouch, your secure member website, with access to your insurance information and a wealth of health and wellness resources. You can take full advantage of the interactive website to complete a variety of self-service transactions online 24 hours a day. You can also stay "InTouch" no matter where you are with the free Mobile App available both on iPhone® and Android™ at: [pacificsource.com/psu](https://pacificsource.com/psu).

### By logging into InTouch, you can:

- Use the Treatment Cost Navigator to run estimates for future healthcare expenses
- Look up coverage information and review benefit summaries
- Check the status of a claim and access your claim history
- View Explanation of Benefits (EOB) statements for paid claims
- Order new and print temporary ID cards
- Access health and wellness resources
- Find a provider, hospital, or urgent care center

### How do I register?

- Go to [pacificsource.com/members/individuals/about-intouch](https://pacificsource.com/members/individuals/about-intouch)
- Have your PacificSource Member ID card handy
- Click on the Register Now link
- Follow the onscreen instructions

### Need help with registering onto InTouch?

Technical Assistance is available toll free, Monday through Friday at **(855) 274-9814**, 7 AM - 5 PM PST.



## SCHEDULE OF BENEFITS

The Plan will pay benefits in accordance with any applicable Oregon State Insurance Law(s).

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<p><b>DEDUCTIBLE</b></p> <p>Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each family member only until the family deductible has been met. There is no deductible when you use the Center for Student Health and Counseling (SHAC).</p>	<p><b>\$300 Individual</b> <b>\$600 Family</b></p>	<p><b>\$600 Individual</b> <b>\$1,200 Family</b></p>
<p><b>ANNUAL OUT-OF-POCKET MAXIMUM</b></p> <p>Once the Individual Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year, up to any benefit maximum that may apply. Coinsurance, Deductibles, Copays and Prescription Drug expenses apply to the Out-of-Pocket Limit. Services that do not apply towards satisfying the Out-of-Pocket Limit: expenses that are not Covered Medical Expenses; expenses for Designated Care penalties, and other expenses not covered by this Plan.</p>	<p><b>\$8,700 Individual</b> <b>\$17,400 Family</b></p>	<p><b>\$14,000 Individual</b> <b>\$28,000 Family</b></p>
<p><b>COINSURANCE</b></p>	<p><b>70%</b> <b>of the Negotiated Charge</b></p>	<p><b>50%</b> <b>of the Recognized Charge</b></p>

### Preventive Care

In compliance with Federal Health Care Reform legislation, the Deductible, Coinsurance, Copays and Prescription Drug expenses are waived for In-Network Provider Covered Medical Expenses rendered as part of the following benefit types:

- Routine Physical Exam Expense (Office Visits)
- Pap Smear Screening Expense
- Mammogram Expense
- Routine Screening for Sexually Transmitted Disease Expense
- Routine Colorectal Cancer Screening
- Routine Prostate Cancer Screening Expense
- Preventive Care Immunizations (Facility or Office Visits)
- Well Woman Preventive Visits (Office Visits)
- Screening & Counseling Services (Office Visits) as illustrated under the Routine Physical Exam benefit type
- Routine Cancer Screenings (Outpatient)
- Prenatal Care (Office Visits)
- Comprehensive Lactation Support and Counseling Services (Facility or Office Visits)
- Breast Pumps & Supplies
- Family Contraceptive Counseling Services (Office Visits)
- Female Voluntary Sterilization (Inpatient and Outpatient)
- Pediatric Preventive Vision and Dental Service
- Female Contraceptives Generic Prescription Drugs
- FDA-Approved Female Generic Emergency Contraceptives



In compliance with Oregon State Mandate(s) the Policy Year Deductible is also waived for: Maternal Diabetic Services from conception to **6 weeks** post-partum.

INPATIENT HOSPITALIZATION SERVICES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Room and Board Expense</b> Semi-private room.	70% after a \$250 Copay per admission	50%
<b>Intensive Care Room and Board Expense</b>	70% after a \$250 Copay per admission	50%
<b>Non-Surgical Physicians</b> Charges for the non-surgical services of the attending Physician, or a consulting Physician.	70%	50%
<b>Micellaneous Hospital Expense</b> Includes; among others; expenses incurred during a hospital confinement for: anesthesia and operating room; laboratory tests and x-rays; oxygen tent; and drugs; medicines; and dressings.	70%	50%
SURGICAL EXPENSE (INPATIENT & OUTPATIENT)	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Surgical Expense</b>	70% after a \$150 Copay per surgery	50%
<b>Anesthesia Expense</b>	70%	70%
<b>Ambulatory Surgical Expense</b>	70%	50%
<b>Ambulatory Surgical Center</b>	70%	50%
OUTPATIENT BENEFITS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Physician's Office Visit Expense</b> Copay is due at time of visit and is in addition to the plan deductible.	100% after a \$35 Copay per visit	50% after a \$70 Copay per visit
<b>Preventive Care Services</b> Including but not limited to routine physical exams, immunizations and diagnostic x-ray & lab for routine physical exams.	100% (deductible waived)	50%
<b>Laboratory &amp; X-ray Expense</b>	70%	50%
<b>Emergency Room Visit Expense</b> <u>Important Note:</u> Please note that as Out-of-Network Providers do not have a contract with PacificSource, the provider may not accept payment of your cost share (your deductible and coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this plan. The copay is in addition to the plan deductible.	70% after a \$250 Copay per visit (Copay waived if admitted)	70% after a \$250 Copay per visit (Copay waived if admitted)
<b>Urgent Care Expense</b> <u>Please Note:</u> A covered person should not seek medical care or treatment from an urgent care provider if their illness, injury, or condition is an emergency condition. The covered person should go directly to the emergency room of a hospital or call 911 for ambulance and medical assistance. The copay is in addition to the plan deductible.	100% after a \$50 Copay per visit	50% after a \$60 Copay per visit
<b>Advanced Diagnostic Imaging (i.e. MRI, CT, PET) Expense</b>	70% after a \$100 Copay	50%
<b>Ambulance Expense</b>	70% after a \$150 Copay per trip	70% after a \$150 Copay per trip
<b>Therapy Expense</b> For the following types of therapy provided on an outpatient basis: Physical Therapy, Chiropractic Care, Speech Therapy, or Occupational Therapy	70% after a \$35 Copay per visit	50% after a \$70 Copay per visit
<b>Durable Medical Equipment Expense</b>	70%	50%
<b>Diagnostic Testing for Learning Disabilities Expense</b>	70% after a \$35 Copay	50%

<b>Treatment for Learning Disabilities Expense</b>	70% after a \$35 Copay	50%
<b>Allergy Testing and Treatment Expense</b> Includes laboratory tests, physician office visits to administer injections, prescribed medications for testing and treatment of the allergy, and other medically necessary supplies and services.	70%	50%
<b>Impacted Wisdom Teeth Expense</b>	70% of the Actual Charge 100% of the Actual Charge when performed at SHAC	70% of the Actual Charge
<b>Dental Injury Expense</b>	70% of the Actual Charge 100% of the Actual Charge when performed at SHAC	70% of the Actual Charge
<b>Diabetic Testing Supplies Expense</b>		
<b>MENTAL HEALTH BENEFITS</b>	<b>IN-NETWORK PROVIDER</b>	<b>OUT-OF-NETWORK PROVIDER</b>
<b>Inpatient Expense</b> Charges incurred while confined as a full-time inpatient in a hospital or residential treatment facility for the treatment of mental and nervous disorders. Prior review and approval must be obtained from PacificSource.	70% after a \$100 Copay per admission	50%
<b>Outpatient Expense</b> Charges for marriage and family therapies are not covered.	100% after a \$35 Copay per visit	50%
<b>ALCOHOLISM AND DRUG ADDICTION TREATMENT</b>	<b>In-Network Provider</b>	<b>Out-of-Network Provider</b>
<b>Inpatient Expense</b> For the treatment of alcohol and drug addiction.	70% after a \$100 Copay per admission	50%
<b>Outpatient Expense</b> For the treatment of alcohol and drug addiction.	100% after a \$35 Copay per admission	50%
<b>MATERNITY BENEFITS</b>	<b>IN-NETWORK PROVIDER</b>	<b>OUT-OF-NETWORK PROVIDER</b>
<b>Maternity Expense</b> For the care of the covered person.	70%	50%
<b>Well Newborn Nursery Care Expense</b> For the routine care of a covered newborn child.	70%	50%
<b>ADDITIONAL BENEFITS</b>	<b>IN-NETWORK PROVIDER</b>	<b>OUT-OF-NETWORK PROVIDER</b>
<b>Pap Smear Screening Expense</b>	100%	50%
<b>Mammogram Expense</b>	100%	50%
<b>Family Planning Expense</b> Includes charges incurred for services and supplies that are provided to prevent pregnancy.	100%	50%
<b>Routine Screening Expense</b> Includes charges for Chlamydia, Sexually Transmitted Disease (STD), Prostate, and Colorectal Cancer Screenings.	100%	50%
<b>Rehabilitation Facility Expense</b>	70%	50%
<b>Human Organ Transplant Expense</b>	70%	50%
<b>Elective Abortion Expense</b>	70%	50%
<b>Transgender Surgery Expense</b> No dollar max. Covered to medical necessity.	70%	50%
<b>Acupuncture Expense</b> 12 visits per Policy Year max.	70% then a \$35 Copay	50% after a \$70 Copay

PRESCRIPTION MEDICATIONS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<p><b>Prescription Drug Expense</b>            30 Day Supply. Contraceptives (that do not have a generic alternate) covered at 100%.  <i>Please Note:</i> You are required to pay in full at the time of service for all Prescriptions dispensed at an Out-of-Network Pharmacy.</p> <p>To learn more about your prescription benefits visit <a href="http://pacificsource.com/psu">pacificsource.com/psu</a></p>		<p>100% after a            \$25 Copay for each Generic Drug            \$50 Copay for each Preferred Brand Name Drug            \$75 Copay for each Non-Preferred Brand Name Drug            70% Coinsurance up to \$250 for each Specialty Drug</p>
<p><b>Mail Order Pharmacy Service</b>            PacificSource partners with CVS Caremark for mail order services. Order up to a <b>90-day supply</b> of covered medications and have them delivered to you, with no standard shipping charge.            Visit: <a href="http://pacificsource.com/member/mail-order-rx.aspx">pacificsource.com/member/mail-order-rx.aspx</a> to learn more and get started.</p>		<p>100% after a            \$50 Copay for each Generic Drug            \$100 Copay for each Preferred Brand Name Drug            \$150 Copay for each Non-Preferred Brand Name Drug</p>

## BENEFIT DESCRIPTIONS

**Preventive Care Services:** Benefits include expenses for a routine physical exam performed by a physician, physician assistant, or nurse practitioner. If charges for a routine physical exam given to a child who is a covered dependent are covered under any benefit section, those charges will not be covered under this section.

A routine physical exam is a medical exam given by a physician, physician assistant, or nurse practitioner, for a reason other than to diagnose or treat a suspected or identified injury or sickness. Included as a part of the exam are:

- Routine vision and hearing screenings given as part of the routine physical exam.
- X-rays, lab, and other tests given in connection with the exam, and
- Materials for the administration of immunizations for infectious disease and testing for tuberculosis.

In addition to any state regulations or guidelines regarding mandated Routine Physical Exam services, Covered Medical Expenses include services rendered in conjunction with:

- Screening and counseling services, such as: Interpersonal and domestic violence; Sexually Transmitted Diseases; and Humane Immune Deficiency Virus (HIV) infections.
- Screening for gestational diabetes.
- X-rays, lab, and other tests given in connection with the exam.
- Immunizations for infectious diseases and the materials for administration of immunizations that have been recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- If the plan includes dependent coverage, for covered newborns, an initial hospital check up.

Any plan deductible, copayment, and/or coinsurance amounts stated in your Medical Benefit Summary are waived for the following recommended preventive care services when provided by an in-network provider:

- Services that have a rating of 'A' or 'B' from the U.S. Preventive Services Task Force (USPSTF);
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC);
- Preventive care and screening for infants, children, and adolescents supported by the Health Resources and Services Administration (HRSA);
- Preventive care and screening for women supported by the HRSA that are not included in the USPSTF recommendations.

A and B list for preventive services can be found at:

[uspreventiveservicestaskforce.org/uspstf/recommendationtopics/uspstf-and-b-recommendations](http://uspreventiveservicestaskforce.org/uspstf/recommendationtopics/uspstf-and-b-recommendations)

The list of Women's preventive services can be found at: [hrsa.gov/womensguidelines](http://hrsa.gov/womensguidelines)

**IMPORTANT NOTE:** For details on the frequency and age limits that apply to Routine Physical Exams and Routine Cancer Screenings, a covered person may contact his or her physician, by logging onto InTouch for Members: [pacificsource.com/psu](http://pacificsource.com/psu) or calling the toll-free number on the back of the ID card.

**Screening and Counseling Services:** Covered Medical Expenses include charges made by a physician and in an individual or group setting for the following:

- **Misuse of Alcohol and/or Drugs:** Screening and counseling services to aid in the prevention or reduction of the use of an alcohol agent or controlled substance. Coverage includes preventive counseling visits, risk factor reduction intervention and a structured assessment.
- **Use of Tobacco Products:** Tobacco cessation program services are covered at no charge only when provided by a PacificSource approved program. Specific nicotine replacement therapy will be covered according to the program's description. Tobacco cessation related medication will be covered to the same extent this policy covers other prescription medications.

**NOTE:** Office visits for tobacco cessation do not have a visitation limit.

Tobacco product means a substance containing tobacco or nicotine including:

- Cigarettes;
- Cigars;
- Smoking tobacco;
- Chewing tobacco;
- Snuff;
- Smokeless tobacco; and
- Candy-like products that contain tobacco.

**Limitations:** Unless specified above, not covered under this Screening and Counseling Services benefit are charges incurred for: Services which are covered to any extent under any other part of this Plan.

**Family Planning Expense:** For females with reproductive capacity, Covered Medical Expenses include those charges incurred for services and supplies covered under this benefit must be approved by the Food and Drug Administration (FDA).

Coverage includes counseling services on contraceptive methods provided by a physician, obstetrician, or gynecologist. Such counseling services are Covered Medical Expenses when provided in either a group or individual setting. The following contraceptive methods are covered expenses under this benefit:

- **Voluntary Sterilization:** Covered expenses include charges billed separately by the provider for female voluntary sterilization procedures and related services and supplies including, but not limited to, tubal ligation and sterilization implants. Covered expenses under this Preventive Care benefit would not include charges for a voluntary sterilization procedure to the extent that the procedure was not billed separately by the provider or because it was not the primary purpose of a confinement.

**Limitations:** Unless specified above, not covered under this benefit are charges for:

- Services which are covered to any extent under any other part of this Plan;
- Services which are for the treatment of an identified illness or injury;
- Services that are not given by a physician or under his or her direction;
- Psychiatric, psychological, personality or emotional testing or exams;
- Any contraceptive methods that are only "reviewed" by the FDA and not "approved" by the FDA;
- Male contraceptive methods or devices;
- The reversal of voluntary sterilization procedures, including any related follow-up care.

**IMPORTANT NOTE:** Brand-Name Prescription Drug or Devices will be covered at 100% of the Negotiated Charge, including waiver of the Annual Deductible if a Generic Prescription Drug or Device is not available in the same therapeutic drug class or the prescriber specifies Dispense as Written.

**Therapy Expense:** Covered Medical Expenses include charges incurred by a covered person for the following types of therapy provided on an outpatient basis. Benefits for these types of therapies are payable for Covered Medical Expenses, on the same basis as any other sickness:

- **Physical Therapy**
- **Chiropractic Care:** Limited to 20 visits per Policy Year. Expenses for Chiropractic Care are Covered Medical Expenses, if such care is related to neuromusculoskeletal conditions and conditions arising from: the lack of normal nerve, muscle, and/or joint function.
- **Speech Therapy:** Services for Speech Therapy will only be allowed when needed to correct stuttering, hearing loss, peripheral speech mechanism problems, and deficits due to neurological disease or injury. Speech and/or cognitive therapy for acute illnesses and injuries are covered up to **one year** post injury when the services do not duplicate those provided by other eligible providers, including occupational therapists or neuropsychologists. This exclusion does not apply if medically necessary as part of a treatment plan.
- **Inhalation Therapy**
- **Cardiac Rehabilitation**
- **Occupational Therapy**
- **Chemotherapy:** Covered Medical Expenses for Chemotherapy, including anti-nausea drugs used in conjunction with the chemotherapy, radiation therapy, tests and procedures, physiotherapy (for rehabilitation only after a surgery), and expenses incurred at a radiological facility. Covered Medical Expenses also include expenses for administration of chemotherapy and visits by a health care professional to administer the chemotherapy.

**Allergy Testing and Treatment Expense:** Benefits include charges incurred for diagnostic testing and treatment of allergies and immunology services. Covered Medical Expenses include, but are not limited to, charges for the following:

- Laboratory tests
- Physician office visits, including visits to administer injections, prescribed medications for testing and treatment of the allergy, including any equipment used in the administration of prescribed medication
- Other medically necessary supplies and services

**Maternity Expense:** Covered Medical Expenses include inpatient care of the covered person for a minimum of 48 hours after a vaginal delivery and for a minimum of 96 hours after a cesarean delivery. Any decision to shorten such minimum coverage shall be made by the attending Physician, in consultation with the mother. In such cases, Covered Medical Expenses may include home visits, parent education, and assistance and training and breast or bottle feeding.

Prenatal diagnosis of generic disorders of the fetus by means of diagnostic procedures of a high-risk pregnancy, Maternity Expenses, and Complications of Pregnancy are payable on the same basis as any other Sickness.

**Prenatal Care:** Prenatal care will be covered for services received by a pregnant female in a physician's, obstetrician's, or gynecologist's office but only to the extent described below. Coverage for prenatal care under this benefit is limited to pregnancy-related physician office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure and fetal heart rate check).

**Comprehensive Lactation Support and Counseling Services:** Covered Medical Expenses will include comprehensive lactation support (assistance and training in breast feeding) and counseling services provided to females during pregnancy and in the post-partum period by a certified lactation support provider. The “post-partum” period means the 60 day period directly following the child’s date of birth. Covered expenses incurred during the post-partum period also include the purchase of non-hospital grade breast feeding equipment.

Lactation support and lactation counseling services are covered expenses when provided in either a group or individual setting.

**Well Newborn Nursery Care Expense:** Benefits include charges for routine care of a covered newborn as follows:

- Hospital charges for routine nursery care during the mother’s confinement
- Physician’s charges for circumcision
- Physician’s charges for visits to the newborn child in the hospital and consultations

**Pap Smear Screening Expense:** Covered Medical Expenses include one routine annual Pap smear screening (or an alternative cervical cancer screening test when recommended by a physician or a health care provider), and an FDA approved human papillomavirus screening test for women age 18 and older.

**Mammogram Expense:** Covered Medical Expenses include coverage for mammograms for screening or diagnostic purposes upon referral of a nurse practitioner, certified nurse-midwife, physician assistant, or physician. Benefits will be paid for Expenses incurred for the following:

- Annually for women 18 years of age or older or at any time when recommended by a women’s healthcare provider for the purpose of checking for lumps and other changes for early detection and prevention of breast cancer.

## EXCLUSIONS AND LIMITATIONS

**IMPORTANT NOTICE:** This is a brief description of the limitations and exclusions of this policy. For more detailed information, you may request the PacificSource Student Policy from Academic HealthPlans at [pacificsource.com/psu](http://pacificsource.com/psu).

Plan benefits are subject to all applicable state and federal laws and regulations, which are subject to change. Covered services must be performed in the least costly setting where they can be provided safely. If a procedure can be done safely in an outpatient setting, but is performed in a hospital setting, then this Plan will only pay what it would have been for the procedure on an outpatient basis. This Plan neither covers nor provides benefits for the following:

- Abdominoplasty for any indication.
- Aesthetic dental procedures – Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.
- Any amounts in excess of the Allowable Fee for a given service or supply.
- Athletic activities – Any injuries sustained while competing or practicing for a professional or semiprofessional athletic contest.
- Aversion therapy.
- Biofeedback (other than as specifically noted under the Covered Services section).
- Charges over the Usual, Customary, and Reasonable Fee (UCR) – Any amount in excess of the UCR for a given service or supply.
- Charges that are the responsibility of a third party who may have caused the Illness, or Injury, or other insurers covering the incident (such as workers’ compensation insurers, automobile insurers, and general liability insurers).

- Computer or electronic equipment for monitoring asthmatic, similar medical conditions, or related data.
- Cosmetic/reconstructive services and supplies are those performed primarily to improve the body's appearance and not primarily to restore impaired function of the body, unless the area needing treatment is a result of a Congenital Anomaly or gender dysphoria.
- Dental examinations and treatment for Members age 19 and older – For the purpose of this exclusion, the term dental examinations and treatment means services or supplies provided to prevent, diagnose, or treat diseases of the teeth and supporting tissues or structures. This includes services, supplies, hospitalization, anesthesia, dental braces or appliances, or dental care rendered to repair defects that have developed because of tooth loss, or to restore the ability to chew, or dental treatment necessitated by disease. For related provisions, see hospitalization for dental procedures in the Other Covered Services, Supplies, and Treatments section.
- Drugs and biologicals that can be self-administered (including injectables) are excluded from the medical benefit, except those provided in a Hospital, emergency room, or other institutional setting, or as outpatient chemotherapy and dialysis, which are covered. Covered drugs and biologicals that can be self-administered are otherwise available under the pharmacy benefit, subject to plan requirements.
- Drugs or medications not prescribed for inborn errors of metabolism, diabetic insulin, or autism spectrum disorder that can be self-administered (including Prescription Drugs, injectable drugs and biologicals), unless given during a visit for outpatient chemotherapy or dialysis or during a Medically Necessary Hospital, emergency room, or other institutional stay.
- Experimental, Investigational, or Unproven Procedures – See PacificSource Student Policy for full details.
- Eye examinations (preventive) for Members age 19 and older.
- Eye exercises and eye refraction, therapy, and procedures – Orthoptics, vision therapy, and procedures intended to correct refractive errors.
- Eye glasses/Contact Lenses for Members age 19 and older – The fitting, provision, or replacement of eye glasses, lenses, frames, contact lenses, or subnormal vision aids intended to correct refractive error.
- Fitness or exercise programs and health or fitness club memberships.
- Foot care (routine) – Services and supplies for corns and calluses of the feet, conditions of the toenails other than infection, hypertrophy, or hyperplasia of the skin of the feet, and other routine foot care, except in the case of Members being treated for diabetes mellitus.
- Growth hormone injections or treatments, except to treat documented growth hormone deficiencies.
- Homeopathic medicines or homeopathic supplies.
- Hypnotherapy.
- Immunizations when recommended for, or in anticipation of, exposure through work.
- Jaw – Services or supplies for developmental or degenerative abnormalities of the jaw, malocclusion, dental implants, or improving placement of dentures.
- Massage or massage therapy, even as part of a physical therapy program.
- Mattresses and mattress pads unless Medically Necessary to heal pressure sores.
- Modifications to vehicles or structures to prevent, treat, or accommodate a medical condition.
- Motion analysis, including videotaping and 3-D kinematics, dynamic surface and fine wire electromyography, including Provider review.
- Naturopathic supplies.
- Nicotine related disorder treatment, other than those covered through Tobacco Cessation Program services.

- Obesity or weight reduction control – except as noted in the PacificSource Student Policy.
- Orthopedic shoes and shoe modifications.
- Over-the-counter medications or nonprescription drugs, unless included on your Drug List or is otherwise listed as a Covered Service in the PacificSource policy. Does not apply to tobacco cessation medications covered under USPSTF guidelines.
- Physical or eye examinations required for administrative purposes such as participation in athletics, admission to school, or by an employer.
- Private nursing service.
- Recreation therapy – outpatient.
- Rehabilitation – Functional capacity evaluations, work hardening programs, vocational rehabilitation, community reintegration services, and driving evaluations and driving training programs.
- Services or supplies provided by or payable under any plan or program established by a domestic or foreign government or political subdivision, unless such exclusion is prohibited by law.
- Services or supplies not listed as a Covered Service, unless required under federal or state law.
- Services required by state law as a condition of maintaining a valid driver license or commercial driver license.
- Sexual disorders – Services or supplies for the treatment of erectile or sexual dysfunction, unless defined in the current edition of Diagnostic and Statistical Manual of Mental Disorders.
- Snoring – Services or supplies for the diagnosis or treatment of snoring and/or upper airway resistance disorders, including somnoplasty unless Medically Necessary to treat a mental health diagnosis.
- Transplants – Any services, treatments, or supplies for the transplantation of bone marrow or peripheral blood stem cells or any human body organ or tissue, except as expressly provided under the provisions of this plan for covered transplantation expenses.
- Treatment after insurance ends – Services or supplies a Member receives after the Member's coverage under this plan ends. The only exception is for Class III Services ordered and fitted before enrollment ends and are placed within 31 days after enrollment ends.
- Treatment not Medically Necessary – Services or supplies that are not Medically Necessary for the diagnosis or treatment of an Illness or Injury.
- Treatment of any Illness or Injury resulting from an illegal occupation or attempted felony, or treatment received while in the custody of any law enforcement other than with the local supervisory authority while pending disposition of charges.
- Treatment prior to enrollment.
- Unwilling to release information – Charges for services or supplies for which a Member is unwilling to release medical or eligibility information necessary to determine the benefits payable under this plan.
- Vocational rehabilitation, functional capacity evaluations, work-hardening programs, community reintegration services, and driving evaluations and training programs, except as Medically Necessary in the restoration or improvement of speech following a traumatic brain Injury or for Members diagnosed with a pervasive development disorder.
- War-related conditions – The treatment of any condition caused by or arising out of any act of war, or any war declared or undeclared, or while in the service of the armed forces.



## DEFINITIONS

**Accident** means an unforeseen or unexpected event causing injury that requires medical attention.

**Allowable Fee** is the dollar amount established by PacificSource for reimbursement of charges for specific services or supplies provided by out-of-network providers. PacificSource uses several sources to determine the allowable fee. Depending on the Service or supply and the geographical area in which it is provided, the allowable fee may be based on data collected from the Centers for Medicare and Medicaid Services (CMS), other nationally recognized databases, or PacificSource, as documented in PacificSource's payment policy.

**Appeal** means a written or verbal request from an enrollee or, if authorized by the enrollee, the enrollee's authorized representative, to change a previous decision made by PacificSource concerning:

- Access to healthcare benefits, including an adverse benefit determination made pursuant to utilization management,
- Claims payment, handling or reimbursement for healthcare services,
- Matters pertaining to the contractual relationship between an Enrollee and PacificSource,
- Rescissions of enrollee's benefit coverage by PacificSource; and
- Other matters as specifically required by law.

**Authorized Representative** is an individual who by law or by the consent of a person may act on behalf of the person. An authorized representative must have the member complete and execute an Authorization to Use or Disclose PHI form and a Designation of Authorized Representative form, both of which are available at [Pacificsource.com/PSU](https://pacificsource.com/PSU), and which will be supplied to you upon request. These completed forms must be submitted to PacificSource before PacificSource can recognize the authorized representative as acting on behalf of the member.

**Coinsurance** means a defined percentage of the allowable fee for covered services and supplies the member receives. It is the percentage the member is responsible for, not including copays and deductibles. The coinsurance amounts the member is responsible for are listed in your Schedule of Benefits.

**Contracted Allowable Fee** is an amount PacificSource agrees to pay an In-Network Provider for a given service or supply through direct or indirect contract.

**Copayment** (also referred to as copay) is a fixed, up-front dollar amount the member is required to pay for certain covered services. The copay applicable to a specific covered service is listed under that specific benefit in your Schedule of Benefits.

**Covered Expense** is an expense for which benefits are payable under this Plan subject to applicable deductible, copayment, coinsurance, out-of-pocket maximum, or other specific limitations.

**Deductible** means the portion of the healthcare expense that must be paid by the member before the benefits of this plan are applied. A plan may include more than one deductible.

**Emergency Medical Condition** means a medical condition:

- That manifests itself by acute symptoms of sufficient severity, including severe pain that is a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would:
- Place the health of a person, or an unborn child in the case of a pregnant woman, in serious jeopardy;
- Result in serious impairment to bodily functions; or
- Result in serious dysfunction of any bodily organ or part.
- With respect to a pregnant woman who is having contractions, for which there is inadequate time to affect a safe transfer to another hospital before delivery or for which a transfer may pose a threat to the health or safety of the woman or the unborn child.

**Experimental, investigational, or unproven procedures** means services, supplies, protocols, procedures, devices, chemotherapy, drugs or medicines, or the use thereof, that are experimental, investigational, or unproven for the diagnosis and treatment of illness, injury, or disease.

**Generic Drugs** are drugs that, under federal law, require a prescription by a licensed physician (M.D. or D.O.) or other licensed medical provider, and are not brand name medications. By law, generic drugs must have the same active ingredients as the brand name medications and are subject to the same standards of their brand name counterparts. Generic drugs must be approved by the FDA through an Abbreviated New Drug Application and generally cannot be limited to a single manufacturer.

**In-Network Provider** means a physician, healthcare professional, dentist, oral surgeon, endodontist, orthodontist, periodontist, pedodontist, denturist, dental hygienist, hospital, medical facility, or supplier of medical supplies that directly or indirectly holds a provider contract or agreement with PacificSource.

**Injury** means bodily trauma or damage that is independent of disease or infirmity.

**Medically Necessary** means those services and supplies that are required for diagnosis or treatment of illness, injury, or disease and that are:

- Consistent with the symptoms or diagnosis and treatment of the condition;
- Consistent with generally accepted standards of good medical practice in your plan's state of issue, or expert consensus physician opinion published in peer-reviewed medical literature, or the results of clinical outcome trials published in peer-reviewed medical literature;
- As likely to produce a significant positive outcome as, and no more likely to produce a negative outcome than, any other service or supply, both as to the illness, injury, or disease involved and the patient's overall health condition;
- Not for the convenience of the member or a provider of services or supplies; and
- The least costly of the alternative services or supplies that can be safely provided. When specifically applied to a hospital inpatient, it further means that the services or supplies cannot be safely provided in other than a hospital inpatient setting without adversely affecting the patient's condition or the quality of medical care rendered.

Services and supplies intended to diagnose or screen for a medical condition in the absence of signs or symptoms, or of abnormalities on prior testing, including exposure to infectious or toxic materials or family history of genetic disease, are not considered medically necessary under this definition.

**Out-of-Network Provider** is a provider of covered services or supplies that does not directly or indirectly hold a provider contract or agreement with PacificSource.

**Physician** means a state-licensed Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.).

**Prescription Drugs** are drugs that, under federal law, require a prescription by a licensed physician (M.D. or D.O.) or other licensed medical provider.

**Schedule of Benefits** is a summary of the plan issued or applied for, not a contract of insurance that includes a list of principle benefits and coverages, and a statement of the limitations and exclusions contained in the plan.

**Student** means an individual that meets College/University eligibility guidelines.

**Usual, customary, and reasonable fee (UCR)** is the dollar amount established by PacificSource for reimbursement of eligible charges for specific services or supplies provided by out-of-network providers. PacificSource uses several sources to determine UCR. Depending on the service or supply and the geographical area in which it is provided, UCR may be based on data collected from the Centers for Medicare and Medicaid Services (CMS), contracted vendors, other nationally recognized databases, or PacificSource, as documented in PacificSource's payment policy. An out-of-network provider may charge more than the limits established by the definition of UCR. Charges that are eligible for reimbursement, but exceed the UCR, are the member's responsibility.

## EMERGENCY ASSISTANCE SERVICES: ACADEMIC EMERGENCY SERVICES

**Academic Emergency Services:**  
**855-873-3555** (Toll-free within the U.S.)  
**1 (610) 263-4660** (Outside the U.S.)  
Email: [assistance@ahpcare.com](mailto:assistance@ahpcare.com)  
[aes.myahpcare.com](http://aes.myahpcare.com)

As a participant in the student health plan, you have access to the emergency travel services and benefits when you are traveling over 100 miles from home or outside your home country.

### Emergency Medical Evacuation, Repatriation and Emergency Family Assistance Services

- Emergency Medical Evacuation, Unlimited
- Medically Advisable Repatriation, Unlimited
- Return of Mortal Remains, Unlimited; up to a maximum of \$3,000 for funeral expenses
- Visit by Family Member or Friend, up to \$5,000 with 3 day hospitalization
- Return of Dependent Children, up to \$5,000, if left unattended
- Emergency Family Travel Arrangements, up to \$10,000, in the event of illness or death of family member
- Emergency Family Reunion Arrangements, up to \$10,000, in the event of death of the student
- Return of Personal Belongings, up to \$1,000 in the event of evacuation or death
- Accidental Death and Dismemberment, \$25,000

### Medical, Travel, Safety and Legal Assistance

- Pre-travel information portal
- Physician referrals outside of the U.S.
- Medical monitoring during an emergency evacuation to ensure adequate care
- Prescription assistance
- Luggage lost in transit
- Passport replacement assistance
- Emergency travel arrangements
- Emergency translation assistance and/or interpreter referral
- Legal referral

### Additional Benefits

- Security/Political Evacuation Coverage
- Natural Disaster Evacuation Coverage
- Emergency Reunion 3 Day Threshold

### Academic Emergency Services are available to you 24 hours a day, 7 days a week.

Simply call the number above to get access to knowledgeable assistance coordinators who will help you navigate any unfamiliar cultures or circumstances.

*Terms, limitations, and conditions apply to all services and benefits. Academic Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent from Academic HealthPlans.*

## CLAIM PROCEDURE

Your In-Network Provider will file claims with PacificSource. All you need to do is show your ID card to the In-Network Provider.

If you receive care from an Out-of-Network Provider, the provider may submit the claim to PacificSource for you. If not, you are responsible for sending the claim to PacificSource for processing. Your claim must include a copy of your provider's itemized bill. It must also include your name, ID number and/or the patient's name. If you were treated for an accidental injury, please include the date, time, place, and circumstances of the accident.

All claims for benefits should be turned in to PacificSource within **90 days** of the date of service. If it is not possible to submit a claim within **90 days**, turn in the claim with an explanation as soon as possible. In some cases PacificSource may accept the late claim. We will never pay a claim that was submitted more than a year after the date of service.

PacificSource has the sole right to pay benefits to the Enrollee, the provider, or both jointly. You will receive an "Explanation of Benefits" when your claims are processed. The Explanation of Benefits will explain how your claim was processed, according to the benefits of your Student Health Insurance Plan.

All claims should be sent to:  
**PacificSource Health Plans**  
Attn: Claims Department  
P.O. Box 7068, Springfield, OR 97475-0068  
(541) 225-2741 or (855) 274-9814 (toll-free)

Customer Service Representatives are available 7:00 AM to 5:00 PM (PST), Monday through Friday, for any questions. Claim forms can be obtained by calling the number above or by visiting [psuweeklyscholars.myahpcare.com](http://psuweeklyscholars.myahpcare.com).

## PRESCRIPTION DRUG CLAIM PROCEDURE

When obtaining a covered prescription, please present your ID card to an In-Network Pharmacy, along with your applicable copayment. The pharmacy will bill PacificSource for the cost of the drug, plus a dispensing fee, less the copayment amount.

When you need to fill a prescription, and do not have your ID card with you, you may obtain your prescription from an In-Network Pharmacy, and be reimbursed by submitting a completed Prescription Drug claim form. You will be reimbursed for the covered medications using the PacificSource contracted amount for the medication, less your copayment. For a prescription claim form, go to [pacificsource.com/psu](http://pacificsource.com/psu).

Prescriptions from an Out-of-Network Pharmacy must be paid for in full at the time of service and submitted for reimbursement.

## HOW TO APPEAL A CLAIM

In the event an Enrollee disagrees with how a claim was processed, he or she may request a review of the decision. The Enrollee's requests must be made in writing within 180 days of the date of the Explanation of Benefits (EOB). The Enrollee's request must include why he or she disagrees with the way the claim was processed. The request must also include any additional information that supports the claim (e.g., medical records, physician's office notes, operative reports, physician's letter of medical necessity, etc.).

Please submit all requests to:  
**PacificSource Health Plans**  
Attn: Appeals  
P.O. Box 7068, Springfield, OR 97475-0068

This material is for information only and is not an offer or invitation to contract. Health insurance plans contain exclusions, limitations and benefit maximums. Providers are independent contractors and are not agents of PacificSource. Provider participation may change without notice. PacificSource does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

**NOTICE:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### **IMPORTANT NOTE**

The Portland State University Student Health Insurance Plan is underwritten by PacificSource Health Plans and administered by Academic HealthPlans.