

Domestic & International



# 2016-2017 Student Health Insurance

# Portland State University

[www.pdx.edu/shac](http://www.pdx.edu/shac)



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

Plan Brokered by:  
Wells Fargo Insurance Services USA, Inc.  
OR License No. 802263

The Portland State University student health insurance plan is underwritten by PacificSource Health Plans also referred to PacificSource.

## IMPORTANT NOTICE

This is just a brief description of your benefits. For information regarding the full Student Guide (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call PacificSource at (855) 274-9814 or send an email to [StudentHealth@pacificsource.com](mailto:StudentHealth@pacificsource.com). You will be able to obtain a copy of the full Student Guide as soon as it is available. If any discrepancy exists between this Benefit Summary and the Policy, the Student Guide will govern and control the payment of benefits.

## WHEN COVERAGE BEGINS

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

- ♦ The Student Guide effective date;
- ♦ The beginning date of the term for which premium has been paid;
- ♦ The day after the Enrollment Form (if applicable) and premium payment are received by Wells Fargo Student Insurance, Authorized Agent or University; or
- ♦ The day after the date of postmark if the Enrollment Form is mailed.

**IMPORTANT NOTICE - Premiums will not be pro-rated if the Insured enrolls past the first date of coverage for which he or she is applying. Final decisions regarding coverage effective dates are made by PacificSource Health Plans.**

The below enrollments will be allowed a **14 day** grace period from the term start date to enroll whereby the effective date will be backdated a maximum of **14 days**. No policy shall ever start prior to the term start date:

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.
2. All re-enrollments into the same exact policy if re-enrollment occurs within **31 days** of the prior policy termination date.

## WHEN COVERAGE ENDS

Insurance of all Insured Persons terminates at 11:59 p.m. on **the earlier of**:

- ♦ Date the Student Guide terminates for all Insured Persons; or
- ♦ End of the period of coverage for which premium has been paid; or
- ♦ The start of the term if the Insured Person ceases to be eligible for the insurance; or
- ♦ Date the Insured Person enters military service.
- ♦ In the event there is overlapping coverage under the same Student Guide 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.

**COVERAGE IS NOT AUTOMATICALLY RENEWED. Eligible Persons must re-enroll when coverage terminates to maintain coverage. NO notification of plan expiration or renewal will be sent.**

## PLAN COST

| TERMS OF COVERAGE       | FALL<br>9/20/16 - 1/8/17 | WINTER<br>1/9/17 - 4/2/17 | SPRING/SUMMER<br>4/3/17 - 9/19/17 | SUMMER ONLY<br>6/26/17 - 9/19/17 |
|-------------------------|--------------------------|---------------------------|-----------------------------------|----------------------------------|
| <b>Waiver deadlines</b> | 10/9/16                  | 1/22/17                   | 4/16/17                           | 7/9/17                           |
| Student only            | \$827                    | \$827                     | \$827                             | \$628                            |

**NOTE: COVERAGE IS FOR STUDENTS ONLY. DEPENDENTS ARE NOT COVERED.**

*Rates include premium payable to PacificSource Health Plans, as well as administrative fees payable to PSU and Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.*

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: [PacificSource.com/psu](http://PacificSource.com/psu) or call (800) 853-5899 to request a paper copy free of charge.

# HEALTH INSURANCE REQUIREMENT AND ELIGIBILITY

## Domestic Students

All registered domestic students taking 5 or more in-load non-restricted differential\* Portland State University (PSU) credit hours or more during Fall, Winter and Spring/Summer combined terms are automatically enrolled in the PSU-sponsored Student Health Insurance Plan unless they choose to submit an approved online insurance waiver of comparable coverage. Eligible students will be charged a Health Insurance Fee of \$827 for each of the following terms: Fall, Winter, Spring/Summer combined. Students only need one approved waiver per academic year. All students who have the student health insurance plan during Spring term 2017, will be covered until 11:59 pm on September 19, 2017, regardless of summer credit hours. This means that if you have paid the Spring/Summer combined charge, you will have continuous coverage throughout the Summer term, regardless of taking classes, traveling, or graduating. Please check the website for updates on the summer insurance charges if Summer 2017 is the student's first term at PSU: [www.pdx.edu/shac](http://www.pdx.edu/shac).

If you are not enrolled in five or more in-load credit hours by the Waiver Deadline, you will not be eligible for the PSU-sponsored Student Health Insurance Plan.

\*NOTE: Restricted Differential credits, (previously known as self-support), including some continuing education, most study abroad and TV/Video or Satellite classes are not eligible for the Student Health Fee which gives access to the Center for Student Health & Counseling (SHAC), and are also not eligible for this insurance plan. If you have questions about the types of credits you are taking, visit:

<http://www.pdx.edu/financial-services/Restricted-Differential-Tuition-Courses>

## International Students

Oregon law requires that all international students at Portland State University (PSU) in F-1 and J-1 visa status have adequate medical insurance coverage. It is the policy of PSU that these students purchase year-round health insurance coverage through the University even during vacation terms or while out of the country.

All International students taking 1 or more credit are automatically enrolled in the PSU-sponsored Student Health Insurance Plan unless they are eligible and choose to submit an approved online insurance waiver of comparable coverage. International students will be charged a Health Insurance Fee of \$827 for each of the following terms: Fall, Winter, Spring/Summer Combined. All students who have the student health insurance plan during Spring term 2017, will be covered until 11:59 pm on **September 19, 2017** regardless of summer credit hours. This means that if you have paid the Spring/Summer combined charge, you will have continuous coverage throughout the Summer term, regardless of taking classes, traveling, or graduating.

International students arriving a few weeks early or staying a few weeks after a term, and those on Optional Practical Training (OPT), need to enroll directly with Wells Fargo Student Insurance by calling **(800) 853-5899** and pay for weekly health insurance with a credit card.

Please make sure you understand your school's credit hour and other requirements for enrolling in this plan. PacificSource Health Plans reserves the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the plan may be terminated or rescinded in accordance with its terms and applicable law.

## Eligibility Requirement

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. It is the student's responsibility to make timely renewal payment to avoid a lapse in coverage.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the Portland State University Student Health Insurance Plan. These students must provide the PSU Student Health Insurance Coordinator, located at SHAC, with proof that they have lost insurance through another group (certificate and letter of ineligibility) within **30 days** of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by the PSU Health Insurance Coordinator within **30 days** from loss of prior coverage.

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first **14 consecutive days** following their effective date for the term purchased, and/or pursuant to their visa requirements for the period for which coverage is purchased, except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or Wells Fargo Student Insurance for details.

## Withdrawal From School

If you leave Portland State University for reason of a covered accident or sickness resulting in a University approved Medical Leave of Absence, you will be eligible for continued coverage under this Plan for only the first term immediately following your leave, provided you have approval by your school and any applicable regulatory authority, and you were enrolled in this Plan for the term previous to your leave. Enrollment must be initiated by the student and is not automatic. All applicable enrollment deadline dates apply. You must pay the applicable insurance premium. A maximum of one term of medical leave will be granted by Portland State University during your academic career. Contact [insurancehelp@pdx.edu](mailto:insurancehelp@pdx.edu) for more information.



## PREMIUM REFUND/CANCELLATION

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

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) enrollments will NOT receive a refund of your insurance premium after the Waiver Deadline of the term has passed. For direct enrollments with Wells Fargo Student Insurance that are paid using a credit card or check (not charged to your PSU student account): if you withdraw from school within the first **14 days** of the coverage period, you will receive a full refund of the insurance premium provided that you did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after **14 days** of the coverage period, your coverage will remain in effect until the end of the term for which you have paid the premium. Refund requests for these enrollments should be directed to Wells Fargo Student Insurance at **(800) 853-5899** or via email at [studentinsurance@wellsfargo.com](mailto:studentinsurance@wellsfargo.com).
2. If you enter the armed forces of any country you will not be covered under the Student Guide 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. A pro-rata refund of premium will be made for such person, upon written request received by Wells Fargo Student Insurance within **31 days** of entry into service.

### INSURANCE PAYMENTS WITH PERSONAL CHECK

*For direct enrollments with Wells Fargo Student Insurance that are not charged to your PSU student account:* If you make your insurance payment via personal check payable to Wells Fargo Student Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your insurance coverage will be terminated retroactive to the effective date of the enrolled term.

## INSURANCE WAIVER INFORMATION

IF YOU HAVE INSURANCE that is comparable\* to the PSU Student Health Insurance Plan offered through a different insurance company (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and DO NOT want to take part in this PSU Plan, you must complete the online waiver process by the Waiver Deadline or your student account will be charged. Students only need one approved waiver per academic year (9/20/16 - 9/19/17).

IF YOU DO NOT HAVE INSURANCE no action is required. You will automatically be enrolled in the PSU PacificSource Student Policy each term you are eligible, (Fall, Winter, Spring/Summer combination), and your student account will be charged.

\*Comparable coverage requires no more than a \$2,500 deductible, access to primary care services in the state of Oregon, and at least 70% inpatient hospitalization coverage. To WAIVE OUT of the insurance plan you must complete the online waiver by the waiver deadline at [www.pdx.edu/shac](http://www.pdx.edu/shac). For more information visit [www.pdx.edu/shac/insurance](http://www.pdx.edu/shac/insurance).

## WHERE DO I GO FOR CARE?

When you need care, consider the PSU Center for Student Health & Counseling (SHAC) on campus as your first stop. SHAC can provide many of the routine health services you need. Most services at SHAC are covered by a per term Student Health Fee included in your student tuition (for those taking 5 or more non-Restricted Differential credit hours). Should you incur additional medical or counseling fees, SHAC will bill PacificSource on your behalf and no deductible will be applied.

SHAC provides high-quality, accessible, medical, counseling and dental services to PSU students. SHAC has an incredible staff of licensed health care professionals who are all dedicated to keeping students healthy so they can stay in the classroom and focus on learning.

Located at 1880 SW 6th Avenue, Suite 200, University Center Building  
(503) 725-2800 • [www.pdx.edu/shac](http://www.pdx.edu/shac)

You may visit any licensed health care provider directly for covered services, however, when you select a Preferred Provider, you will generally have less out of pocket expense for your care. Referrals from SHAC are not required for covered services received outside of SHAC. For more information, visit: <https://pacificsource.com/psu>.

## ID CARDS

Medical ID cards may be shipped before or shortly after of 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 <https://PacificSource.com/psu> or access an ID card on your mobile device.



## PARTICIPATING PROVIDER NETWORK

PacificSource has arranged for you to access the PacificSource participating network. It is to your advantage to utilize a Participating Provider because savings can be achieved from the Contracted Allowable Fee these providers have agreed to accept as payment for their services. Students are responsible for informing their providers of potential out-of-pocket expenses for a referral to both a Participating Provider and a Non-Participating Provider. Participating Providers are independent contractors and are neither employees nor agents of either University or PacificSource. To find a Participating Provider, you can use PacificSource's online provider directory located at <https://PacificSource.com/psu>.

## PRESCRIPTION DRUG CLAIM PROCEDURE

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

When you need to fill a prescription, and do not have your ID card with you, you may obtain your prescription from a Participating Pharmacy, and be reimbursed by submitting a completed Prescription Drug claim form. You will be reimbursed for covered medications, less your Co-payment. For a prescription claim form, go to <https://PacificSource.com/psu>.

Prescriptions from a Non-Participating Pharmacy, or a health center pharmacy incapable of billing, must be paid for in full at the time of service and submitted for reimbursement.

## 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 <https://PacificSource.com/PSU>

By logging into InTouch, you can:

- ◆ 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 <https://PacificSource.com/psu>
- ◆ Have your PacificSource Member ID card handy
- ◆ Click on the Register Now link on the right side of your screen
- ◆ Follow the onscreen instructions

### Need help with registering onto InTouch?

Technical assistance is available toll free, Monday through Friday at (855) 274-9814. Hours are 7 am - 5 pm PST.



### IMPORTANT NOTICE

This is just a brief description of your benefits. For information regarding the full Student Guide (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call PacificSource at (855) 274-9814 or send an email to [StudentHealth@pacificsource.com](mailto:StudentHealth@pacificsource.com). You will be able to obtain a copy of the full Student Guide as soon as it is available. If any discrepancy exists between this Benefit Summary and the Policy, the Student Guide will govern and control the payment of benefits.

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

### WAIVER OF ANNUAL DEDUCTIBLE

In compliance with Federal Health Care Reform legislation, the Annual Deductible is waived for Preferred Care 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, Brand Prescription Drugs if no Generic equivalent, 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. **Your Annual deductible will also be waived for all services rendered at SHAC.**

### SCHEDULE OF BENEFITS

**NOTE: Deductibles, coinsurance and copays are waived when services are rendered at SHAC.**

|  |  |
|--|--|
| <b>Annual Benefit Maximum</b>  | Unlimited  |
| <b>Annual Deductibles</b> - Per visit or admission deductibles do not apply towards satisfying the plan Deductible. Your Annual Deductible is waived for all services rendered at SHAC.  | The following Deductibles are applied before Covered Medical Expenses are payable:<br><b>Preferred Care: \$300 per Insured per Policy Year</b><br><b>Non-Preferred Care: \$600 per Insured per Policy Year</b> |
| <b>Coinsurance</b>   | Covered Medical Expenses are payable at the coinsurance percentage specified below, after any applicable deductible, up to an unlimited maximum benefit.   |
| <b>Annual Out of Pocket Maximums</b> - 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, Co-pays 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. | <b>Preferred Care: \$5,000 per Insured per Policy Year</b><br><b>Non-Preferred Care: \$10,000 per Insured per Policy Year</b>  |

| INPATIENT HOSPITALIZATION EXPENSES   | PREFERRED CARE  | NON-PREFERRED CARE           |
|--|---|------------------------------|
| <b>Room and Board Expense</b> , Semi-private room.   | After a \$250 Co-pay per admission,<br>80% of the Negotiated Charge | 50% of the Recognized Charge |
| <b>Intensive Care Room and Board Expense</b>   | After a \$250 Co-pay per admission,<br>80% of the Negotiated Charge | 50% of the Recognized Charge |
| <b>Non-Surgical Physicians</b> , Charges for the non-surgical services of the attending Physician, or a consulting Physician.  | 80% of the Negotiated Charge  | 50% of the Recognized Charge |
| <b>Miscellaneous 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. | 80% of the Negotiated Charge  | 50% of the Recognized Charge |

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## SCHEDULE OF BENEFITS (CONTINUED)

| SURGICAL EXPENSE (INPATIENT & OUTPATIENT)  | PREFERRED CARE  | NON-PREFERRED CARE  |
|--|---|---|
| Surgical Expense   | After a \$100 Co-pay per surgery, 80% of the Negotiated Charge                        | 50% of the Recognized Charge  |
| Anesthesia Expense   | 80% of the Negotiated Charge  | 80% of the Negotiated Charge  |
| Ambulatory Surgical Expense  | 80% of the Negotiated Charge  | 80% of the Negotiated Charge  |
| Ambulatory Surgical Center   | After a \$100 Co-pay, 80% of the Negotiated Charge                                    | 50% of the Recognized Charge  |
| OUTPATIENT BENEFITS  | PREFERRED CARE  | NON-PREFERRED CARE  |
| <b>Physician's Office Visit Expense.</b> <i>Co-pay is due at time of visit and is in addition to the plan deductible.</i>  | 100% of the Negotiated Charge after a \$25 Co-pay per visit                           | 50% of the Recognized Charge after a \$40 Co-pay per visit                                    |
| <b>Preventative Care Services,</b> Including but not limited to routine physical exams, immunizations and diagnostic X-ray & lab for routine physical exams.   | 100% of the Negotiated Charge   | 50% of the Recognized Charge  |
| <b>Laboratory and X-Ray Expense</b>  | 80% of the Negotiated Charge  | 50% of the Recognized Charge  |
| <b>Emergency Room Visit Expense.</b> <i>Important Note: Please note that as Non-participating Providers do not have a contract with PacificSource, the provider may not accept payment of your cost share (your deductible and co-insurance) 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 co-pay is in addition to the plan deductible.</i> | 80% of the Negotiated Charge after \$250 Co-pay per visit (Co-pay waived if admitted) | 80% of the Recognized Charge after \$250 Deductible per visit (Deductible waived if admitted) |
| <b>Urgent Care Expense.</b> <i>Please note: 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 Co-pay is in addition to the plan deductible.</i>   | 80% of the Negotiated Charge after a \$30 Co-pay per visit                            | 50% of the Recognized Charge after a \$50 Co-pay per visit                                    |
| <b>Advanced Diagnostic Imaging (ie MRI, CT, PET) Expense</b>   | 80% of the Negotiated Charge after a \$100 Co-pay per visit                           | 50% of the Recognized Charge  |
| <b>Ambulance Expense</b>   | After a \$100 Co-pay per trip, 80% of the Negotiated Charge                           | After a \$100 Co-pay per trip, 80% of the Recognized Charge                                   |
| <b>Therapy Expense,</b> For the following types of therapy provided on an outpatient basis: Physical Therapy, Chiropractic Care, Speech Therapy, or Occupational Therapy.  | 80% of the Negotiated Charge after a \$25 Co-pay per visit                            | 50% of the Recognized Charge after a \$40 Co-pay per visit.                                   |
| <b>Durable Medical Equipment Expense</b>   | 80% of the Negotiated Charge  | 50% of the Recognized Charge  |
| <b>Diagnostic Testing and Treatment for Learning Disabilities Expense</b>  | 80% of the Negotiated Charge after a \$25 Co-pay per visit                            | 50% of the Recognized Charge  |
| <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.   | 80% of the Negotiated Charge  | 50% of the Recognized Charge  |

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## SCHEDULE OF BENEFITS (CONTINUED)

| OUTPATIENT BENEFITS (CONTINUED)   | PREFERRED CARE  | NON-PREFERRED CARE           |
|---|---|------------------------------|
| Impacted Wisdom Teeth Expense   | 80% of the Actual Charge  | 80% of the Actual Charge     |
| Dental Injury Expense   | 80% of the Actual Charge  | 80% of the Actual Charge     |
| Diabetic Testing Supplies Expense, Including test strips, diabetic test agents, glucose tablets, lancets/lancing devices, and alcohol swabs and blood glucose monitors.   | 80% of the Actual Charge  | 50% of the Recognized Charge |
| MENTAL HEALTH BENEFITS  | PREFERRED CARE  | NON-PREFERRED CARE           |
| Inpatient Expense, 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. | 80% of the Negotiated Charge after \$100 Co-pay per admission   | 50% of the Recognized Charge |
| Outpatient Expense, Charges for marriage and family therapies are not covered.  | 100% of the Negotiated Charge after a \$25 Co-pay per visit     | 50% of the Recognized charge |
| ALCOHOLISM AND DRUG ADDICTION TREATMENT   | PREFERRED CARE  | NON-PREFERRED CARE           |
| Inpatient Expense, For the treatment of alcohol and drug addiction.   | 80% of the Negotiated Charge after a \$100 Co-pay per admission | 50% of the Recognized Charge |
| Outpatient Expense, For the treatment of alcohol and drug addiction.  | 100% of the Negotiated Charge after a \$25 Co-pay per visit     | 50% of the Recognized Charge |
| MATERNITY BENEFITS  | PREFERRED CARE  | NON-PREFERRED CARE           |
| Maternity Expense, For the care of the covered person and any newborn child.  | 80% of the Negotiated Charge                                    | 50% of the Recognized Charge |
| Well Newborn Nursery Care Expense, For the routine care of a covered person's newborn child. See page 11 for additional information on this benefit.  | 80% of the Negotiated Charge                                    | 50% of the Recognized Charge |
| ADDITIONAL BENEFITS   | PREFERRED CARE  | NON-PREFERRED CARE           |
| Pap Smear Screening Expense   | 100% of the Negotiated Charge                                   | 50% of the Recognized Charge |
| Mammogram Expense   | 100% of the Negotiated Charge                                   | 50% of the Recognized Charge |
| Family Planning Expense, Includes charges incurred for services and supplies that are provided to prevent pregnancy. See page 10 for additional information on this benefit.  | 100% of the Negotiated Charge                                   | 50% of the Recognized Charge |
| Routine Screening Expense, Includes charges for Chlamydia, Sexually Transmitted Disease (STD), Prostate, and Colorectal Cancer screenings.  | 100% of the Negotiated Charge                                   | 50% of the Recognized Charge |
| Rehabilitation Facility Expense   | 80% of the Negotiated Charge                                    | 50% of the Recognized Charge |
| Human Organ Transplant Expense  | 80% of the Negotiated Charge                                    | 50% of the Recognized Charge |
| Elective Abortion Expense, Limited to a maximum of \$2,500 per Policy Year  | 80% of the Negotiated Charge                                    | 50% of the Recognized Charge |
| Transgender Surgery Expense, No dollar max. Covered to medical necessity.   | 80% of the Negotiated Charge                                    | 50% of the Recognized Charge |
| Acupuncture Expense   | 80% of the Negotiated Charge after \$30 Co-pay per visit        | 50% of the Recognized Charge |

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## SCHEDULE OF BENEFITS (CONTINUED)

| ADDITIONAL BENEFITS (CONTINUED)   | PREFERRED CARE  | NON-PREFERRED CARE   |
|---|---|--|
| <p><b>Prescription Drug Expense</b><br/> <i>30 Day Supply. Contraceptives (that do not have a generic alternate) covered at 100%. Please Note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy. To learn more about your prescription benefits visit <a href="http://PacificSource.com/PSU">PacificSource.com/PSU</a></i></p>                                      | <p><b>Preferred Care Pharmacy:</b><br/>                     100% of the Negotiated Charge following a \$25 Co-pay for each Generic, \$50 Co-pay for each Preferred Brand Name, \$75 Co-pay for each Non-Preferred Brand Name, and 20% Coinsurance up to \$250 for each Specialty Prescription Drug</p> <p><b>Non-Preferred Care Pharmacy:</b><br/>                     100% of the Recognized Charge following a \$25 Co-pay for each Generic, \$50 Co-pay for each Preferred Brand Name, \$75 Co-pay for each Non-Preferred Brand Name, and 20% Coinsurance up to \$250 for each Specialty Prescription Drug</p> |  |
| <p><b>Mail Order Pharmacy Service</b><br/>                     PacificSource partners with both CVS Caremark and Wellpartner Pharmacy for mail order services. Order up to a 90-day supply 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% of the Negotiated Charge following a \$50 Co-pay for each Generic, \$100 Co-pay for each Preferred Brand Name or \$150 Co-pay for each Non-Preferred Brand Name Prescription Drug.</p> |

*For more details about these benefits, please see the Benefit Descriptions section on pages 10-11.*



## 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 other 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,

- ♦ Evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.
- ♦ For females, screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration. These services may include but are not limited to:
- ♦ Screening and counseling services, such as:
  - Interpersonal and domestic violence;
  - Sexually Transmitted Diseases; and
  - Human 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.

### **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, via website [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 in an individual or group setting for the following:

**Obesity:** Screening and counseling services to aid in weight reduction due to obesity. Coverage includes:

- ♦ Preventive counseling visits and/or risk factor reduction intervention;
- ♦ Medical nutrition therapy;
- ♦ Nutritional counseling; and
- ♦ Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease.
- ♦ Services in this category are subject to a combined limit of 26 individual or group visits by any recognized provider per Policy Year, with exception to Dietary and Nutritional counseling for eating disorders (ie Bulimia and Anorexia), that have no visitation limit.

**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 visit 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 that are provided to prevent pregnancy. All 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.

## BENEFIT DESCRIPTIONS (CONTINUED)

**Important note:** Brand-Name Prescription Drug or Devices will be covered at 100% of the Negotiated Charge, including waiver of 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:

- ♦ Physical Therapy,
- ♦ Chiropractic Care,
- ♦ Speech Therapy,
- ♦ Inhalation Therapy,
- ♦ Cardiac Rehabilitation, or
- ♦ Occupational Therapy.

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.

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.

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 the administration of chemotherapy and visits by a health care professional to administer the chemotherapy.

Benefits for these types of therapies are payable for Covered Medical Expenses, on the same basis as any other sickness.

**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, and
- ♦ other medically necessary supplies and services.

**Maternity Expense:** Covered Medical Expenses include inpatient care of the covered person and any newborn child 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 in breast or bottle-feeding.

Prenatal diagnosis of genetic 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 person's newborn child as follows:

- ♦ Hospital charges for routine nursery care during the mother's confinement,
- ♦ Physician's charges for circumcision, and
- ♦ 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

**Human Organ Transplant Expense:** The organ or tissue donation and facility is covered. Travel and housing expenses for the recipient and one care-giver are limited to \$5,000 per transplant. Preauthorization required for all transplant expenses.



## EXCLUSIONS & LIMITATIONS

**IMPORTANT NOTICE:** This is a brief description of the limitations and exclusions of this policy. For more detailed information, you may request the Student Guide from PacificSource 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:

Types of Treatment — This Student Policy does not cover the following:

- ♦ Abdominoplasty for any indication.
- ♦ Any amounts in excess of the allowable fee for a given service or supply.
- ♦ Aversion therapy.
- ♦ Benefits not stated — Services and supplies not specifically described as benefits under this Student Policy and/or any endorsement attached hereto.
- ♦ Biofeedback (other than as specifically noted under the Covered Medical Expenses — Other Covered Medical Services, Supplies, and Treatments section).
- ♦ Charges for phone consultations, missed appointments, get acquainted visits, completion of claim forms, or reports PacificSource needs to process claims. 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, injury, or disease or other insurers covering the incident (such as workers' compensation insurers, automobile insurers, and general liability insurers).
- ♦ Computer or electronic equipment for monitoring asthmatic, diabetic, or similar medical conditions or related data.
- ♦ Cosmetic/reconstructive services and supplies — Except as specified in the Student Guide
- ♦ Day care or custodial care — Care and related services designed essentially to assist a person in maintaining activities of daily living. Custodial care is only covered in conjunction with respite care allowed under the Student Guide's hospice benefit.
- ♦ Dental examinations and treatment — Except as noted in the Student Guide
- ♦ Drugs and biologicals that can be self-administered (including injectables), other than those provided in a hospital emergency room, or other institutional setting, or as outpatient chemotherapy and dialysis, which are covered.
- ♦ 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 or investigational procedures — See Student Guide for details.
- ♦ Eye examinations (routine) members age 19 and older.
- ♦ Eye glasses/Contact Lenses 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.
- ♦ Eye exercises, therapy, and procedures — Orthoptics, vision therapy, and procedures intended to correct refractive errors.
- ♦ Family planning — Services and supplies for artificial insemination, in vitro fertilization, treatment of infertility, or surgery to reverse voluntary sterilization, and treatment of erectile or sexual dysfunction unless medically necessary. See Student Guide for details.
- ♦ 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 patients being treated for diabetes mellitus.
- ♦ Genetic (DNA) testing — DNA and other genetic tests, except for those tests identified as medically necessary for the diagnosis and standard treatment of specific diseases.
- ♦ Growth hormone injections or treatments, except to treat documented growth hormone deficiencies.
- ♦ Hearing Aids for individuals 19 and older except as noted in the Student Guide.
- ♦ 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.
- ♦ Marital/partner counseling.
- ♦ Massage, massage therapy or neuromuscular re-education, even as part of a physical therapy program.
- ♦ Mattresses and mattress pads are only covered when medically necessary to heal pressure sores.
- ♦ Mental health treatments for conditions that are not attributable to a mental health diagnosis as noted in the Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR, Fourth Edition (DSM-IV) or the DSM of Mental Disorders, Fifth Edition (DSM-5).
- ♦ 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 physician review.

*Continued on next page*

## EXCLUSIONS & LIMITATIONS (CONTINUED)

- ♦ Myeloablative high dose chemotherapy, except as noted in the Student Guide.
- ♦ Naturopathic supplies.
- ♦ Nicotine related disorders.
- ♦ Obesity or weight control except as noted in the Student Guide
- ♦ Orthopedic shoes and shoe modifications.
- ♦ Orthognathic surgery — except as noted in the Student Guide
- ♦ Over-the-counter medications or nonprescription drugs.
- ♦ 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 training programs.
- ♦ Scheduled and/or non-emergent medical care outside of the United States.
- ♦ Services of providers who are not eligible for reimbursement under the Student Guide.
- ♦ Services or supplies provided by the State Department of Health and Welfare, or through any other government agency.
- ♦ Services or supplies for which no charge is made, for which the member is not legally required to pay, or for which a provider or facility is not licensed to provide even though the service or supply may otherwise be eligible. This exclusion includes services provided by the member, or by an immediate family member.
- ♦ Services or supplies received after enrollment in this Student Policy ends.
- ♦ Services required by state law as a condition of maintaining a valid driver license or commercial driver license.
- ♦ Services, supplies, and equipment not involved in diagnosis or treatment but provided primarily for the comfort, convenience, intended to alter the physical environment, or education of a patient. This includes appliances like adjustable power beds sold as furniture, air conditioners, air purifiers, room humidifiers, heating and cooling pads, home blood pressure monitoring equipment, light boxes, conveyances other than conventional wheelchairs, whirlpool baths, spas, saunas, heat lamps, tanning lights, and pillows.
- ♦ Sexual disorders — Services or supplies for the treatment of sexual dysfunction or inadequacy unless medically necessary to treat a mental health diagnosis.
- ♦ Sex reassignment — Procedures, services or supplies related to a sex reassignment unless medically necessary.
- ♦ Snoring — Services or supplies for the diagnosis or treatment of snoring and/or upper airway resistance disorders, including somnoplasty.
- ♦ Speech therapy — Except if medically necessary as part of a treatment plan.
- ♦ Surgery to reverse voluntary sterilization.
- ♦ Transplants — Except as noted in the Student Guide.
- ♦ Treatment not medically necessary
- ♦ Treatment of any illness, injury, or disease resulting from an illegal occupation or attempted felony, or treatment received while in the custody of any law enforcement other than with local supervisory authority while pending disposition of charges.
- ♦ Treatment of any confirmed work-related illness, injury, or disease, except as noted in the Student Guide
- ♦ Treatment prior to enrollment — Services or supplies a member received prior to enrolling in coverage provided by this Student Policy, such as inpatient stays or admission to a hospital, skilled nursing facility or specialized facility that began before the patient's coverage under the Student Guide.
- ♦ Vocational rehabilitation, except as medically necessary and as noted in the Student Guide.
- ♦ War-related conditions — The treatment of any condition caused by or arising out of an act of war, armed invasion, or aggression, or while in the service of the armed forces unless not covered by the member's military or veterans coverage.



## 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.

## HOW DO I FILE A CLAIM?

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

If you receive care from a Non-Participating 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 or/and 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 a.m. to 5:00 p.m. (PST), Monday through Friday, for any questions. Claim forms can be obtained by calling the number above or by visiting [PacificSource.com/psu](http://PacificSource.com/psu).

## ADDITIONAL DISCOUNTS AND SERVICES

As a member of the Plan, you can also take advantage of additional discounts, and programs such as fitness discounts and weight management programs. These are not underwritten by PacificSource and are NOT insurance. The member is responsible for the full cost of the discounted services. Please note that these programs are subject to change without notice. To learn more about these additional services and search for providers visit [PacificSource.com/psu](http://PacificSource.com/psu).

## 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**

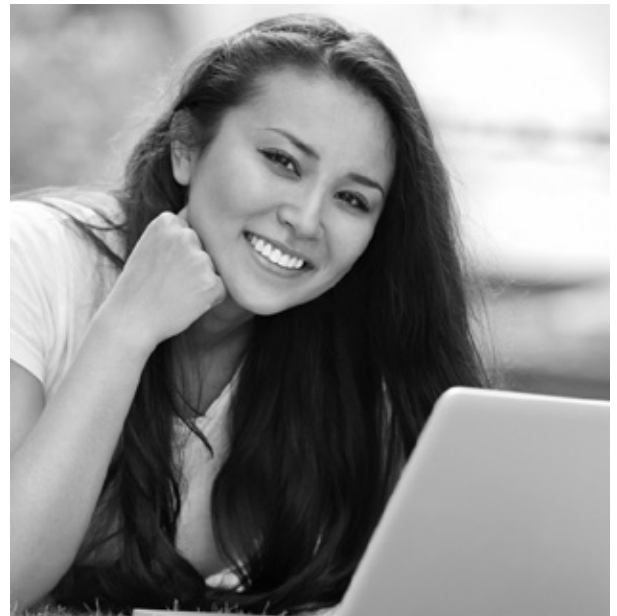
**P.O. Box 7068, Springfield, OR 97475-0068**

## 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 PacificSource on the internet at: [PacificSource.com/psu](http://PacificSource.com/psu).



## DEFINITIONS

Wherever used in this policy, the following definitions apply to the terms listed below, and the masculine includes the feminine and the singular includes the plural. Other terms are defined where they are first used in the text.

**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 non-participating 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 enrollee complete and execute an Authorization to Use / Disclose PHI form and a Designation of Authorized Representative form, both of which are available at [www.pacificsource.com](http://www.pacificsource.com), 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 enrollee.

**Co-insurance** means a defined percentage of the allowable fee for covered services and supplies the enrollee receives. It is the percentage the enrollee is responsible for, not including co-pays and deductible.

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

**Co-payment** is a fixed up-front dollar amount the enrollee is required to pay for certain covered services.

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

**Deductible** means the portion of the healthcare expense that must be paid by the enrollee before the benefits of this plan are applied.

**Dependent** means the covered student's spouse residing with the covered student or the person identified as a domestic partner in the "Affidavit of Domestic Partnership" which is completed and signed by the covered student,

and the covered student's child. The term "child" includes a covered student's step-child, adopted child, and a child for whom a petition for adoption is pending. The term "dependent" does not include a person who is an eligible student or a member of the armed forces.

**Emergency medical condition** means a medical condition:

- ♦ That manifests itself by acute symptoms of sufficient severity, including severe pain that 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.

**Enrollee** means a covered student while coverage under this Plan is in effect.

**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 a brand name medication. By law, generic drugs must have the same active ingredients as the brand name medication and are subject to the same standards of their brand name counterpart.

**Injury** means bodily trauma or damage that is independent of disease or infirmity. The damage must be caused solely through external and accidental means and does not include muscular strain sustained while performing a physical activity.

**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 Oregon, 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 enrollee 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

*Continued on next page*

## DEFINITIONS (CONTINUED)

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.

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

**Participating Provider** means a physician, healthcare professional, hospital, medical facility, or supplier of medical supplies that directly or indirectly holds a provider contract or agreement with PacificSource.

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

**Plan** means the Student Health Insurance Plan, sponsored by Portland State University as documented by the Policy and PacificSource Health Plans.

**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 policy 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 policy.

**Student** means a student of the Policyholder who is insured under this Plan.

**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 non-participating 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), other nationally recognized databases, or PacificSource, as documented in PacificSource's payment policy. A Non-Participating 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 enrollee's responsibility.





# EMERGENCY ASSISTANCE SERVICES

Provided by **On Call International**

## GLOBAL RESPONSE CENTER:

(877) 318-6901 (Toll-free within the U.S.)

(603) 328-1909 (Outside the U.S.)

One Delaware Drive

Salem, NH 03079

E-mail: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

[www.oncallinternational.com](http://www.oncallinternational.com)

On Call International does not replace your medical insurance. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by On Call International. Claims for reimbursement will not be accepted.

## PROGRAM GUIDELINES

U.S. students studying in a U.S. location are eligible for services when traveling more than 100 miles away from their permanent residence or campus location for up to one year. Medical transportation services and repatriation of deceased remains services are available at campus location.\*

U.S. students studying abroad are eligible for services both at and away from their new campus location for up to one year.\*

Foreign national students studying in the U.S. are eligible for On Call International's services, both on or away from campus or while traveling in a country that is not their country of origin.\*

\*Member shall be eligible for services during the term of his/her defined Program as long as his/her program is still effective and the membership fee has been paid prior to departure.

## KEY SERVICES

### Medical Monitoring

On Call's medical staff will communicate with the member's attending physician and obtain a full understanding of the situation. Medical professionals will stay in regular communication with local medical personnel and relay necessary information to the Member and Family.

### Emergency Medical Evacuation

If adequate medical facilities are not available locally, On Call will make arrangements to use whatever mode of transport, equipment and medical personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.

### Medical Repatriation

If after seeking medical attention, it is medically advisable for the member to seek further care at home, On Call will transport the member home or to a medical facility closer to home with a medical or non-medical escort, as necessary.

### Compassionate Visit

If a member is traveling alone and will be hospitalized for more than **seven days**, On Call will provide economy, round-trip, common carrier transportation to the place of hospitalization and arrange lodging for a designated family member or friend.

### Care of Minor Children

If a member is traveling with dependent children and is hospitalized as a result of a medical emergency for more than **seven days**, On Call will arrange for the transportation of the unattended children to their home, with an attendant if necessary.

### Return of Deceased Remains

On Call will assist with the logistics of returning a member's remains home in the event of his or her death. This service includes arranging the preparation of the remains for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

### Medical, Dental and Pharmacy Referrals

On Call will provide referrals to medical, dental professionals and pharmacies in the given geographic locations of western style medical facilities and English speaking providers in an area served by On Call to the extent possible

### Hospital Admission Guarantee

On Call will guarantee hospital admission by validating a member's health coverage or by advancing funds to the hospital. (Any advance of funds shall be charged to the member's credit card at the time of service).

### Prescription Assistance

If a member needs a replacement prescription while traveling, On Call will assist in filling that prescription. Any expenses associated with prescription replacement are the member's responsibility.

### Emergency Message Transmission

On Call will receive and transmit authorized emergency messages for members.

### Legal Consultation and Referral

If a member is away from home and requires the services of an attorney, On Call shall arrange for an initial telephone consultation with an attorney without charge to the member. If necessary, the member will be referred to a local attorney.

### Lost Luggage Assistance

On Call will assist the member with the tracking of luggage lost or delayed in transit.

### Lost/Stolen Travel Document Assistance

On Call will provide assistance by arranging for the replacement of passports, visas, airline documents, birth certificates and other travel-related documents. Any expenses related to replacing lost travel documents are the member's responsibility.

### Interpreter & Legal Referrals

On Call will refer members to local translators and interpreters if communication problems cannot be solved via telephone.

### Pre-trip Information

On Call offers members reports via email, fax or postal mail including visa, passport and inoculation requirements, cultural information, weather conditions, embassy and consulate referrals, foreign exchange rates, and travel advisories for any destination.

As a member, you can call upon doctors, hospitals, pharmacies and other services whenever traveling 100 miles or more from your permanent address, campus location or abroad, 24 hours a day, 365 days a year. One phone call connects you to a state-of-the art Global Response Center staffed around-the-clock with trained multilingual professionals to handle medical emergencies quickly and efficiently. As the U.S. member of the International Assistance Group, a 36-partner global network of independent assistance companies, including more than 53 alarm centers, On Call International has immediate response capabilities worldwide with a global network of pre-qualified medical providers, including air and ground ambulance services.

## EMERGENCY ASSISTANCE SERVICES (CONTINUED)

### CONDITIONS & EXCLUSIONS

On Call International will not pay for services in the following instances:

- \* Services rendered without the coordination and approval of On Call
- \* Intentionally self-inflicted injuries, suicide or any attempted threat except when hospitalized as an inpatient.
- \* Expenses incurred if the original or ancillary purpose of the member's trip is to obtain medical treatment.
- \* Participation in a declared or undeclared act of war, civil disturbance or insurrection or an accident occurring while the member is serving on full-time or active duty in the Armed Forces of any country. \*Participation in an international authority flight in aircraft being used for experimental purpose, or in military aircraft (except the Military Aircraft Command of the United States or similar air transport Services Account of other) or while serving as a member of the crew of any aircraft.
- \* Use of any alcohol or drug unless prescribed by a physician or except if hospitalized as an inpatient. \*Any services provided to an injured person where the member is entitled to receive reimbursement for such expenses under any group insurance program maintained by the member's insurance company or employer.
- \* Routine or non-disabling medical problems, such as simple fractures, or sickness, which can be treated by local doctors and do not prevent the injured person from continuing the trip or returning home.
- \* Any treatment or expense related to childbirth, miscarriage or pregnancy except for any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-four weeks of pregnancy.
- \* A member on an organ transplant list prior to enrollment will not be entitled to a transplant for that transplant.

On Call cannot be held responsible for failure to provide services or for delays caused by conditions beyond its control including, but not limited to, flight or weather conditions, strikes, unforeseen changes to airport regulations or restrictions, failure to comply with On Call's recommendations, or where rendering of service is prohibited by local laws or regulatory agencies.

Member may be required to release On Call or any healthcare provider from liability during emergency evacuation and/or repatriation.

Without limiting the foregoing, On Call's actions and obligations under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by a Member. On Call is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney.

On Call, at its sole discretion, will assist Members on a fee-for-service basis for interventions falling under the Limitations and Uncovered Services. On Call reserves the right, at its sole discretion, to request additional financial guarantees or pre-payment or indemnification from the Member prior to rendering such service on a fee-for-service basis.

### Emergency Assistance Services

Provided by: **On Call International**

(877) 318-6901 (Toll-free within the U.S.)

(603) 328-1909 (Outside the U.S.)

[www.oncallinternational.com](http://www.oncallinternational.com)



## CENTER FOR STUDENT HEALTH AND COUNSELING (SHAC)

SHAC provides high quality, accessible, medical, counseling, dental, testing and health promotion services to PSU students. SHAC has an incredible staff of health care professionals who are all dedicated to keeping students healthy so they can stay in the classroom and focus on learning.

Located at 1880 SW 6th Avenue  
University Center Building  
(503) 725-2800  
[pdx.edu/shac](http://pdx.edu/shac)

Health & Counseling: Suite 200 (503) 725-2800  
Dental Services: Suite 309 (503) 725-2611  
Testing Services: Suite 340 (503) 725-5301

### SHAC Eligibility and Cost

All PSU students taking 5 or more in-load, non-restricted differential credits are eligible to use SHAC Services.

A health fee of \$129 per term is included in student tuition (for those taking 5 or more in-load, non-restricted differential credits), and covers the cost of most SHAC services, **regardless of which health insurance plan the student carries.**

- ♦ Medical Services have minimal to no extra charge.
- ♦ Learning Disability and ADHD Assessments require a fee.
- ♦ Counseling Services are covered by the student health fee.
- ♦ Dental fees are generally much lower than private clinics. For current dental fees visit [pdx.edu/shac/dental-fees](http://pdx.edu/shac/dental-fees).
- ♦ Student Testing Services is open to all students and the community. There are fees for most services.

### CLOSEST HOSPITALS IN CASE OF MEDICAL EMERGENCY:

OHSU: (503) 494-8311  
3181 SW Sam Jackson Park Rd., Portland, OR 97239

Legacy Good Samaritan Hospital: (503) 413-7074  
1015 NW 22nd Ave., Portland, OR 97210

### CLOSEST URGENT CARE CENTERS:

Providence Medical Group: (503) 215-9900  
Locations throughout Portland

Legacy Urgent Care - Good Samaritan: (503) 413-8090  
1015 NW 22nd Ave., Portland, OR 97210

Urgent Care - American Family Care (AFC): (503) 305-6262  
Locations in SW, and NW Portland

To verify participation of these providers in the PacificSource network, you can use PacificSource's online provider directory located at [PacificSource.com/psu](http://PacificSource.com/psu).



## WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at [studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com).

### CLAIMS AND COVERAGE QUESTIONS:

#### **PacificSource Health Plans**

P.O. Box 7068  
Springfield, OR 97475  
(855) 274-9814 (toll-free)  
[PacificSource.com/psu](http://PacificSource.com/psu)

### FIND A DOCTOR OR PROVIDER IN THE PACIFICSOURCE PROVIDER NETWORK:

#### **PacificSource Participating Provider Network**

(855) 274-9814 (toll-free)  
[PacificSource.com/psu](http://PacificSource.com/psu)

### PRESCRIPTIONS:

#### **PacificSource Pharmacy Management**

(855) 274-9814  
or direct to Pharmacy Services (800) 624-6052, ext 3784  
[PacificSource.com/psu](http://PacificSource.com/psu)

### 24 HOUR NURSE ADVICE:

#### **24/7 Nurse Advice Line**

(844) 224-3145

### EMERGENCY TRAVEL ASSISTANCE:

*(Provide this information to your Emergency Contact)*

#### **On Call International**

One Delaware Drive  
Salem, NH 03079  
(866) 525-1956 (Toll-free within the U.S.)  
(603) 328-1956 (Outside the U.S.)  
[www.oncallinternational.com](http://www.oncallinternational.com)

### ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS:

#### **Wells Fargo Student Insurance**

(800) 853-5899  
Mon-Fri, 8am-5pm PST  
Fax: (877) 612-7966  
Email: [studentinsurance@wellsfargo.com](mailto:studentinsurance@wellsfargo.com)  
[studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com)

**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 PacificSource Health Plans.