



Oregon Public Self-Funded Notice of Change to Your Medical and Dental Administration

Your Plan administration may change in 2023 to comply with the Affordable Care Act (ACA), federal legislation, state legislation or PacificSource best practices. The following outline will guide you on the changes that will be made to the PacificSource core Plan Document and Administrative Services Agreement. If you have questions, you should seek legal counsel for how these apply to your Plan.

Required Changes:

Language Updates			
Section	Old Language	New Language	Why are these changes occurring?
Plan Document throughout Medical and Dental	N/A	We have updated the Plan Document to assist with readability and ease of understanding the benefits provided. The overall organization further provides clarity on services and administration.	The Plan Document is updated to assist with member understanding and to provide clarity on benefits offered. Additionally, the content of the document has been adjusted and sections expanded or included to address benefit coverages and exclusions. Your final Plan Document will also contain additional updates that do not affect benefits or administration but rather are core template updates.
Plan Document throughout Medical and Dental	Defined terms not capitalized.	Defined terms are capitalized.	Clarity and consistency. These will not show as redline
Additional Information – both Medical and Dental documents. Introduction paragraph, no page number, but third page of word doc.	As used in this Plan Document, the word ‘year’ refers to the contract year, which is the 12-month period beginning January 1 st and ending December 31 st . The word lifetime as used in this document refers to the period of time you or your eligible family members participate in this Plan or any other plan offered by the Plan Sponsor.	Paragraph has been removed in full.	Core language now refers to “Benefit Year”, and “Lifetime Maximum” is a defined term.
Plan Document throughout Medical and Dental documents – First appearance is Page 1	calendar year	Benefit Year	Benefit Year is now defined as Calendar Year.

Plan Document throughout— First appearance is Page 2	Telemedicine	Telehealth	Clarity and consistency.
Plan Document throughout - First appearance is Page 1	NA	Allowable fee is expanded to define fees for all providers.	Administrative clarification.
Medical Plan Document – Throughout First appearance is Page 1	Voyager	Navigator	Network change
Medical and Dental Benefit Summaries. - - Page 5 – Medical Plan Document Page 3 –Dental Plan Document	NA	Discrimination is against the law Both the Plan Sponsor and PacificSource Health Plans comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan Sponsor and PacificSource do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.	Core Language Update.
Becoming Covered – Dependents Page 64 – Medical Plan Document. It is also in the Dental Plan Document.	Separate explanations were included for adoption, foster care, and guardianship.	Adoption, foster care, and guardianship have been wrapped into the Dependent Child explanation.	Clarification and a simplification of language, not a change to the administration of eligibility.
Special Enrollment Rule #2 Page 67 – Medical Plan Document. It is also in the Dental Plan Document.	Language called out every specific qualifying event.	Language has been simplified to reference qualifying events as a whole.	Clarification and simplification of language. Specific qualifying events are already addressed in the Enrolling New Dependents section.

Medical Changes

Section	Summary of Change	Why are these changes occurring?
Prescription Drugs –Pages 13 through 16.	Please review the Prescription Drug Benefit Summary and Prescription Drug section with your Pharmacy Benefit Manager and provide any updates as needed.	Please review your Prescription Drug Benefits with your Pharmacy Benefit Manager.
Medical Benefit Summary- Professional Services – Surgery - Page 7	Deschutes County Onsite Clinic Providers – Surgery Benefit for Professional Services has been corrected from “Not Available” to “No Deductible, 0%”	Correction to the Plan Document, not a change to the administration of benefits.
Vision Benefit Summary- Page 11	Removed language for charges greater than/less than the allowed amount.	Clarification and a simplification of language, not a change to the administration of benefits.
Vision Benefit Summary- Page 11	Exclusions list has been alphabetized.	Clarity and consistency.
Preventive Care Services- Page 19	Added language to indicate that this Plan is subject to state mandated benefits.	Core Language Update.
Colorectal Cancer Screening - Page 20	Preventive services colorectal cancer screening now include follow up colonoscopies performed after a positive non-invasive stool based screening or direct visualization.	USPSTF update
Immunizations – Page 20	Callouts of specific covered immunizations has been removed.	Simplification of language, not a change to the administration of benefits.
Preventive Physicals – Page 20	Added language regarding depression screening for all adults.	Clarification, not a change to the administration of benefits.
Dietary or Nutritional Counseling – Page 23	Added language regarding ACA-required obesity coverage.	Clarification, not a change to the administration of benefits.
Blood Transfusions – Page 23	Updated language to clarify services covered under Blood Transfusion benefits.	Clarification, not a change to the administration of benefits.
Diagnostic and Therapeutic Radiology/Laboratory-(non-advanced) – Page 26	Clarified language for out-of-network non-preventive colonoscopies	Clarification, not a change to the administration of benefits.
Durable Medical Equipment – Page 28	Simplification of language, for the DME prior authorizations.	Core language Update.
Durable Medical Equipment – Page 28	Simplified the language for obstructive sleep apnea.	Core Language Update.
Inpatient Habilitation and Rehabilitation – Page 30 and 31	Updated language to allow medical necessity for all diagnoses.	PacificSource standard practice and industry standard. Please note that these services will be outlined separately in the Plan Document and is not a combined benefit.
Maternity Services -- Page 31	This plan covers labor and delivery services at an out-of-network facility when a Member is unable to be treated by an in-network facility during a declared public health emergency. These services will be paid at the in-network cost sharing amount.	Oregon regulation

Outpatient Services -- Page 31	Added new section for Applied Behavioral Analysis (ABA) for Autism, Asperger's, or Pervasive Development Disorder.	Clarification, not a change to the administration of benefits.
Outpatient Habilitation and Rehabilitation -- Page 32	Updated language to allow medical necessity for all diagnosis.	PacificSource standard practice and industry standard. Please note that these services will be outlined separately in the Plan Document and is not a combined benefit.
Benefit Exclusions – Page 39	The benefit exclusion of abortion has been removed, due to the NOC requiring it to be covered.	State Mandated covered benefit.
Benefit Exclusions – Page 39	The benefit exclusion for phone consultations has been removed, due to Telehealth benefits.	Clarification, not a change to the administration of benefits.
Benefit Exclusions – Page 40	The benefit exclusion for Infertility has been added, Language for the previous version of Family Planning was rewritten and simplified.	Clarification, not a change to the administration of benefits.
Benefit Exclusions– Page 41	The benefit exclusion of Narcosynthesis has been removed, This update was made due to Mental Health Parity requirements.	Mental Health Parity
Benefit Exclusions– Page 42	The benefit exclusion for Orthognathic surgery has been updated for clarification.	Clarification, not a change to the administration of benefits.
Benefit Exclusions– Page 43	The benefit exclusion Services/supplies provided by domestic or foreign government has been removed, as this is a custom client benefit offering.	Correction to the Plan Document, client covers these benefits as a custom benefit offering.
Prior Authorization - Page 45	Language regarding treatment received without a Prior Authorization in place has been updated.	PacificSource has rewritten this section related to internal processes for clarification. Not a change to administration.
Using the Provider Network - Page 48	Language has been added to clarify that services do not require referrals and that Members can obtain healthcare outside of the Plan if they choose.	Clarification, not a change to the administration of benefits.
Your Primary Care Provider/Shared Decision Making - Page 46	These two sections pertain to the Navigator Network	Language added for the new network.
Allowable Fee for Out-of-Network Providers - Page 50	Section has been rewritten for clarity and simplicity, and in accordance with the new Allowable Fee Definition.	Clarification, not a change to the administration of benefits.
Your Rights and Protections Against Surprise Medical Bills and Balance Billing Page 47	New section has been added.	Clarification, not a change to the administration of benefits.
Example of Provider Payment Page 48	Example has been updated for clarity and to reflect the Allowable Fee change.	Clarification, not a change to the administration of benefits.
Finding an In-network Provider Page 49	Language has been added to clarify that providers on the nationwide network are only considered in-network when the member is out of the service area.	Clarification, not a change to the administration of benefits.
Epidemic/Dependent Children Residing Outside the Service Area Page 50	Two new sections have been added due to Navigator Network.	Language added for the new network.
Claim Handling Procedures	This section has been rewritten to include more specific information on the	PacificSource has rewritten this section related to

Page 51	claims handling process and timelines.	internal processes for clarification. Not a change to administration.
Legal Procedures Page 57	The reference to a specific timeline has been removed. Language limiting legal action after the expiration of the applicable statute of limitations remains.	Clarification, not a change to administration.
Eligibility – Dependents Page 66 Medical Page 26 - Dental	Adoption, foster care, and guardianship now fall under the definition of Dependent Children.	Clarification, not a change to administration.
Special Enrollment Rule #2 Page 70	Specific qualifying events are already addressed in the Enrolling New Dependents section.	Clarification, not a change to administration.
Definitions Page 76	Allowable Fee has been updated and rewritten.	Core Language Update.
Definitions Page 77	Balance Billing definition has been added per the new federal requirement.	Core Language Update.
Definitions Page 78	Benefit Year definition has been added.	Core Language Update.
Definitions Page 78	Chemotherapy definition has been added.	Core Language Update.
Definitions Page 78	Custodial Care definition has been added.	Core Language Update.
Definitions Page 78	Dependent definition has been added.	Core Language Update.
Definitions Page 79	Eligible Employee definition has been updated.	Clarification, not a change to the administration of benefits.
Definitions Page 82	Hospice Care definition has been added.	Core Language Update.
Definitions Page 84	Provider definition has been added.	Core Language Update.
Definitions Page 85	Radiation Therapy definition has been added.	Core Language Update.
Definitions Page 85	Service Area definition has been added.	Core Language Update.
Definitions Page 87	Telehealth definition has been updated.	Core Language Update.
Definitions Page 87	Women's Healthcare Services definition has been added.	Core Language Update.

Dental Changes		
Section	Summary of Change	Why are these changes occurring?
Dental Benefit Summary Page 3	Added row for Night guards under Class III services.	Clarification, not a change to the administration of benefits.
Cosmetic Orthodontic Benefit Summary Page 4	Added language to clarify that enrollment in orthodontia coverage must match enrollment in the dental Plan.	Clarification, not a change to the administration of eligibility.
Cosmetic Orthodontic Benefit Summary Page 4	Added language to communicate that internet/web based providers are not eligible.	Clarification, not a change to the administration of benefits.
Understanding Experimental, Investigational, or Unproven Services Page 6	This is a new section explaining Experimental, Investigational, or Unproven services and how PacificSource reviews coverage for services that fall in this category.	Core Language Update.

Class I Services Page 7	Added language to call out that Class I services do not apply to the benefit maximum for Members age 18 and younger.	Clarification of custom benefit, not a change to the administration of benefits.
Class II Services Page 7	Bullet point for fillings has been rewritten.	Clarification, not a change to the administration of benefits.
Class II Services Page 7	Bullet point for fillings has had language added for gold fillings reducing to amalgam.	Clarification of custom benefit, not a change to the administration of benefits.
Using the Dental Network Page 14	Language has been added to clarify that services do not require referrals.	Clarification, not a change to the administration of benefits.
Example of Provider Payment Page 15	This section has been removed.	Clarification and simplification of language, not a change to the administration of benefits.
Balance Billing Page 14	New section has been added.	Clarification, not a change to the administration of benefits.
Claims Payment Page 16	This section has been expanded to include more specific information on the claims handling process and timelines.	PacificSource has rewritten this section related to internal processes for clarification. Not a change to administration.
Definitions Pages 42-45	The following definitions have been added as a clarification: <ul style="list-style-type: none"> • Dependent • Experimental, Investigational, or Unproven • Illness • Injury • Lifetime Maximum • Post-service Claim • Pre-service Claim • Urgent Care Claim 	Clarification, not a change to the administration of benefits.
Definitions Page 40	Definition for Accident has been added	Core Language Update.
Definitions Page 40	Definition for Allowable Fee has been updated	Clarification, not a change to the administration of benefits.
Definitions Page 41	Definition for Balance Billing has been added	Core Language Update.
Definitions Page 41	Definition for Benefit Year has been added	Core Language Update.
Definitions Page 42	Definition for Concurrent Care Claim has been added	Clarification, not a change to the administration of benefits.
Definitions Page 42	Definition for Dependent has been added	Clarification, not a change to the administration of benefits.
Definitions Page 43	Definition for Eligible Employee has been updated.	Clarification, not a change to the administration of benefits.
Definitions Page 43	Definition for Emergency Dental Condition has been added.	Clarification, not a change to the administration of benefits.
Definitions Page 43	Definition for Experimental, Investigational, or Unproven has been added.	Clarification, not a change to the administration of benefits.
Definitions Page 44	Definition for Illness has been added.	Clarification, not a change to the administration of benefits.
Definitions Page 44	Definition for Injury has been added.	Clarification, not a change to the administration of

		benefits.
Definitions Page 44	Definition for Lifetime Maximum has been added.	Clarification, not a change to the administration of benefits.
Definitions Page 44	Definition for Post-service Claim has been added.	Clarification, not a change to the administration of benefits.
Definitions Page 45	Definition for Pre-service Claim has been added.	Clarification, not a change to the administration of benefits.
Definitions Page 45	Provider definition has been added.	Core Language Update.
Definitions Page 45	Definition for Urgent Care Claim has been added.	Clarification, not a change to the administration of benefits.
Definitions Page 45	Definition for X-ray has been added.	

Optional Changes:

Medical Changes				
Yes	No	Section	Summary of Change	Why are these changes occurring?
		Covered Expenses – Other Covered Services, Supplies, and Treatments – Page 25	Coverage for elective abortions	To comply with ORS 743A.067
		Medical Benefit Summary – Standard Plan Page 2	Standard Plan - Telehealth visit copayment change to \$0.	PacificSource best practices.

Employer Plan Document

Your PacificSource Sales and Service Team will provide you a 'redlined' version of your Plan Document with the applicable changes for you to review. Please note that minor changes, including formatting, grammatical or cosmetic are not included in the NOC summary. Once the changes and updates have been approved a final Plan Document will be provided to you for signature. You will be able to access your signed Plan Document online. You can also enroll new members, update existing member information, print temporary ID cards, and view your current census information and enrollment totals.

<https://intouch.pacificsource.com/ITE/Login>

Member Materials

After your Plan changes have been processed, **new ID cards will be mailed to your covered employees and their dependents only if there is a change that impacts ID cards.** Participants under the plan will have 24/7 access to the approved Plan Document and Summary of Benefit Coverages (SBCs) through InTouch for Members at PacificSource.com, as well as access to our **provider directory** and other information.

We're here to help.

As always, PacificSource is here to assist you. If you have questions, your agent or PacificSource Account Manager is happy to help.

Signature: _____ Date: _____

