2015-2016

Oregon Health & Science University

DOMESTIC & INTERNATIONAL
STUDENT DENTAL PLAN

Underwritten by:
PacificSource Health Plans
Dental Advantage Plus 0-20-50 50-1500 S3

Plan Brokered by:
Wells Fargo Insurance Services USA, Inc.
Student Insurance
OR License No. 802263
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 Master Policy 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 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 31 day grace period from the term start date to enroll whereby the effective date will be backdated a maximum of 31 days. No policy shall ever start prior to the term start date:

All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) insurance programs.

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 Master Policy terminates for all Insured Persons; or
• End of the period of coverage for which premium has been paid; or
• Date 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 Master Policy 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.

Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student.

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.

Insurance waiver information
IF YOU HAVE DENTAL INSURANCE that is comparable to the OHSU Student Dental 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 OHSU 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 (8/1/15 - 9/21/16). Students must submit separate waivers for medical and dental coverage.

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

To WAIVE OUT of the medical and dental insurance plans you must complete the online waiver by the waiver deadline at wfis.wellsfargo.com/OHSU. For more information visit wfis.wellsfargo.com/OHSU.

Premium refund/cancellation
Refund requests should be directed to Wells Fargo Insurance at (800) 853-5899 or via email at studentinsurance@wellsfargo.com.

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

1. If you withdraw from school within the first 14 days of the coverage period, you and your insured dependents will receive a full refund of the insurance premium provided that you and your insured dependents did not file a dental 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 and your insured dependents coverage will remain in effect until the end of the term for which you have paid the premium.

2. If you or your insured dependents enter the armed forces of any country you and your insured dependents will not be covered under the Master Policy as of the date of such entry. If you enter the armed forces the policy will be cancelled. If your dependent enters the armed forces, a pro-rata refund of premium will be made for such person, upon written request received by Wells Fargo Insurance Services within 31 days of entry into service.

3. Refunds will be granted for insured dependents in case of a qualifying event such as legal separation, divorce or death within 31 days of the occurred event, provided that your insured dependents did not file a medical claim during the insured period. Written proof of such qualifying event must be submitted. Refunds will not be prorated.

INSURANCE PAYMENTS WITH PERSONAL CHECK
(Note: personal checks are not always a payment option. Please check your school’s enrollment form for available payment options.) If you make your or your dependents’ insurance payment via personal check payable to Wells Fargo Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your and your dependents insurance coverage will be terminated retroactive to the effective date of the enrolled term.

Dental ID Card
Dental 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 dental 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 PacificSource.com/ohsu or access an ID card on your mobile device.
Who is eligible to enroll?

DOMESTIC STUDENTS - All registered Oregon Health & Science University (OHSU) domestic students are automatically enrolled in the OHSU-sponsored Student Dental Insurance Plan unless they choose to submit an online insurance waiver of comparable coverage. Eligible students will be charged the applicable Dental Insurance Fee for each term by the posted Waiver Deadlines of each term. Students only need one approved medical waiver and one approved dental waiver per academic year.

INTERNATIONAL STUDENTS - All registered Oregon Health & Science University (OHSU) International students are automatically enrolled in the OHSU-sponsored Student Dental Insurance Plan. International students will be charged the applicable Dental Insurance Fee for each term.

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.

DEPENDENTS - Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the legal spouse (or domestic partner), and their dependent children under 26 years of age. A “Newborn” will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the Insured Person, who is the parent, is covered under this plan. Coverage may be continued for that child when Wells Fargo Insurance Services is notified in writing within 31 days from the date of birth and by payment of any additional premium. Dependent eligibility expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage.

To enroll your dependents contact OHSU’s student health and dental insurance brokers, Wells Fargo Insurance at (800) 853-5899, M-F, 8:00am-5:00pm (PST).

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 dental insurance plan are also eligible to purchase the OHSU Student Dental Insurance Plan. These students must provide Wells Fargo Insurance with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. Students can contact Wells Fargo Insurance at (800) 853-5899,

Monday-Friday, 8:00am - 5:00pm PST. 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 within 31 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 31 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 insurance for details.

WITRAHAL FROM SCHOOL

If you leave OHSU 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 OHSU during your academic career.

Coverage for dependents

Eligible Insured Students may also purchase Dependent coverage at the time of student’s enrollment in the plan; or within 31 days of one of the following qualified events: marriage, addition of domestic partner, birth, adoption or arrival in the U.S. Eligible dependents are the spouse or legally registered and valid domestic partner who resides with the Insured Student and the student’s, the spouse’s, or the domestic partner’s natural child, stepchild or legally adopted child under 26 years of age. Dependents of an Eligible International student or visiting faculty member must possess a valid passport and a proper visa (F-2, J-2, or M-2). A “Newborn” will automatically be covered for preventive care; injury; sickness; premature birth; medically diagnosed congenital defects; and birth abnormalities from birth until 31 days old, providing that the student is covered under this plan. Coverage may be continued for that child when Wells Fargo Insurance Service is notified in writing within 31 days from the date of birth and by payment of any additional premium. Dependent eligibility expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage.

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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 http://studentinsurance.wellsfargo.com.

# IMPORTANT CONTACTS

## CLAIMS AND COVERAGE QUESTIONS

<table>
<thead>
<tr>
<th>PacificSource Health Plans</th>
<th>(855) 274-9815 (toll-free)</th>
<th>PacificSource.com/ohsu</th>
</tr>
</thead>
</table>

## TO FIND A DENTIST OR PREFERRED PROVIDER

<table>
<thead>
<tr>
<th>PacificSource Participating Provider Network</th>
<th>(855) 274-9815 (toll-free)</th>
<th>PacificSource.com/ohsu</th>
</tr>
</thead>
</table>

## ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS

<table>
<thead>
<tr>
<th>Wells Fargo Insurance Student Insurance</th>
<th>(800) 853-5899</th>
<th>Fax: (877) 612-7966</th>
<th>Email: <a href="mailto:studentinsurance@wellsfargo.com">studentinsurance@wellsfargo.com</a></th>
<th>wfis.wellsfargo.com/ohsu</th>
</tr>
</thead>
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**IMPORTANT NOTE**

The Oregon Health & Science University Student Dental Insurance Plan is underwritten by PacificSource Health Plans and administered by PacificSource Health Plans.
This Student Policy covers the following services when performed by a licensed dentist, dental hygienist or denturist to the extent that they are operating within the scope of their license as required under the law in the state of issuance, and when determined to be necessary, usual, and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury, including masticatory function.

Advantage Network dentists contract with PacificSource to furnish dental services and supplies for a set fee. That fee is called the contracted allowable fee. Participating providers agree not to collect more than the contracted allowable fee. When members use an Advantage Network dentist, they will pay only the participating provider amounts below. If members choose not to use a participating dentist, or do not have access to them, reimbursement is based on the contracted allowable fee. If charges exceed the allowable fee, the excess charges are the member’s responsibility.

### Annual Deductible

<table>
<thead>
<tr>
<th></th>
<th>Per Person, Per Contract Year</th>
<th>Per Family, Per Contract Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Providers</td>
<td>$50</td>
<td>$150</td>
</tr>
<tr>
<td>Non-participating Providers</td>
<td>$100</td>
<td>$300</td>
</tr>
</tbody>
</table>

### Annual Benefit Maximum

$1,500 per person per contract year. Applies to all covered services.

The member is responsible for any amounts shown above, in addition to the following amounts.

### Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Participating Providers</th>
<th>Non-participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Class I Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examinations</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Dental cleaning (Prophylaxis and periodontal maintenance)</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Topical fluoride</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Fluoride varnish</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Sealants</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Athletic mouth guards</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Brush biopsies</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td><strong>Class II Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Simple extractions</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Periodontal scaling and root planing</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Full mouth debridement</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Service</td>
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<tr>
<td>-------------------------------</td>
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<tr>
<td>Complicated oral surgery</td>
<td>Deductible then 50% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
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<tr>
<td>Pulp capping</td>
<td>Deductible then 50% co-insurance</td>
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<tr>
<td>Pulpotomy</td>
<td>Deductible then 50% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
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<td>Root canal therapy</td>
<td>Deductible then 50% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
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<tr>
<td>Periodontal surgery</td>
<td>Deductible then 50% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
</tr>
<tr>
<td>Tooth desensitization</td>
<td>Deductible then 50% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
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<tr>
<td>Crowns</td>
<td>Deductible then 50% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
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<tr>
<td>Replacement of existing</td>
<td>Deductible then 50% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
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<tr>
<td>prosthetic device</td>
<td></td>
<td></td>
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<tr>
<td>Dentures</td>
<td>Deductible then 50% co-insurance</td>
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</tr>
<tr>
<td>Bridges</td>
<td>Deductible then 50% co-insurance</td>
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</tr>
<tr>
<td>Implants</td>
<td>Deductible then 50% co-insurance</td>
<td>Deductible then 50% co-insurance</td>
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</table>

This is a brief summary of benefits. Refer to the Student Policy for additional information or a further explanation of benefits, limitations, and exclusions.

* Not subject to annual deductible.
**Additional Information**

**What is the annual deductible?**

This Student Policy’s dental deductible is the amount of money that members pay first, before their plan starts to pay. Members will see that some services are covered by the plan without their needing to meet the deductible. The individual deductible applies if members enroll without dependents. If a member and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met.

Note that there is a separate category for participating and non-participating providers when it comes to meeting the deductible. Only participating provider expenses apply to the participating provider deductible, and only non-participating provider expenses apply to the non-participating provider deductible. Deductible does not apply to Class I Services.

**What is the annual benefit maximum?**

The annual benefit maximum is the maximum amount payable by this Student Policy for covered services received each contract year.