

University of Portland

This plan covers the following services when performed by a provider to the extent that they are operating within the scope of their license as required under 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 (chewing of food).

This plan covers dental services for members age 18 and younger, as required under the Affordable Care Act. Coverage for pediatric services will end on the last day of the month in which the member turns 19.

Deductible Per Benefit Year	All Providers
Individual	See your Medical Benefit Summary
Out-of-Pocket Limit Per Benefit Year	All Providers
Individual	See your Medical Benefit Summary
Note: You may be responsible for any charges that are over the allowable fee. Please see allowable fee in the Definitions section of your student guide.	

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

Service/Supply	All Providers Member Pays
Class I Services (Covered for members age 18 and younger.)	
Examinations	No deductible, 0%
Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex	No deductible, 0%
Dental cleaning (prophylaxis and periodontal maintenance)	No deductible, 0%
Fluoride (topical or varnish applications)	No deductible, 0%
Sealants	No deductible, 0%
Space maintainers	No deductible, 0%
Athletic mouth guards	No deductible, 0%
Brush biopsies	No deductible, 0%
Class II Services (Covered for members age 18 and younger.)	
Fillings	After deductible, 20%
Simple extractions	After deductible, 20%

Service/Supply	All Providers Member Pays
Periodontal scaling and root planing	After deductible, 20%
Full mouth debridement	After deductible, 20%
Class III Services (Covered for members age 18 and younger.)	
Complicated oral surgery	After deductible, 40%
Pulp capping	After deductible, 40%
Pulpotomy	After deductible, 40%
Root canal therapy	After deductible, 40%
Periodontal surgery	After deductible, 40%
Tooth desensitization	After deductible, 40%
Crowns	After deductible, 40%
Dentures	After deductible, 40%
Bridges	After deductible, 40%
Replacement of existing prosthetic device	After deductible, 40%
Implants	After deductible, 40%
Orthodontia for medically necessary reasons for members age 18 and younger	After deductible, 40%

This is a brief summary of benefits. Refer to your student guide for additional information or a further explanation of benefits, limitations, and exclusions.

Additional information

What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that some services are covered by the plan without you needing to meet the deductible. Your medical and dental deductible are combined. See your Medical Benefit Summary for your deductible amount.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for approved medical and pediatric dental expenses during the benefit year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of allowed amounts for covered services for the rest of that benefit year. Non-essential health benefits, penalties, and balance billed amounts over the allowable fee do not accumulate toward the out-of-pocket limit.

Prior authorization

Coverage of certain services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. You can search for procedures and services that require prior authorization on our website, Authgrid.PacificSource.com (select Commercial for the line of business).

Discrimination is against the law

PacificSource Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

