



**PLAN AMENDMENT #2**

Client Name: Deschutes County  
Group Number: G0037173  
IRS Tax ID Number: 93-6002292  
Plan: Dental Plan

Effective January 1,2025, the Plan Document is amended as follows, all other language and sections remains the same:

**The following language in the Benefit Exclusions section has been amended to read as follows, the remainder of the section remains the same:**

This Plan does not cover the following:

- Services or supplies not listed as a Covered Service, unless required under federal or state law.
- Services or supplies with no charge, or for which the Plan Sponsor has paid, or 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 any services provided by the Member, or any licensed professional that is an Immediate Family Member.

**The How to File a Claim section under Benefit Determinations and Claims Payment has been amended to read as follows, the remainder of the section remains the same:**

All claims for benefits must be turned in to PacificSource within 90 days of the date of service. If you are unable to submit a claim within 90 days, present the claim with an explanation for consideration for coverage. In some cases PacificSource may accept the late claim. Claims submitted more than a year following the date of service may be denied as untimely.

**The Benefit and Claim Determinations section under Benefit Determinations and Claims Payment has been amended as follows, the remainder of the section remains the same:**

Claim Determination	Post-service Claim
Initial determination by PacificSource	30 calendar days
If PacificSource requires additional information, PacificSource will make request within	30 calendar days
Provider or Member must provide requested additional information within	15 calendar days
Once PacificSource receives the information, decision will be made and written notice sent within	30 calendar days

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**The How to Submit Grievances or Appeals section under Complaints, Grievances, and Appeals has been amended to read as follows, the remainder of the section remains the same:**

Grievances and Appeals can be submitted by you or your Authorized Representative. Grievances can be submitted orally or in writing. Appeals must be submitted in writing. Before submitting a Grievance or Appeal, we suggest you contact the PacificSource Customer Service team with your concerns. Issues can often be resolved at this level.

**The following language in the Definitions section has been amended to read as follows, the remainder of the section remains the same:**

**Appeal** means a written request from a Member or, if authorized by the Member, the Member's Authorized Representative, to change a previous decision made under this Plan concerning:

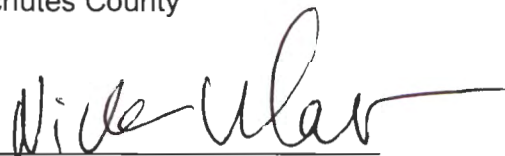
- Access to dental benefits, including an Adverse Benefit Determination made pursuant to utilization management;
- Claims payment, handling, or reimbursement for dental services;
- Rescission of the Member's benefit coverage; and
- Other matters as specifically required by law.

**Grievance** means a written or oral Complaint submitted by or on behalf of a Member regarding service delivery issues other than denial of payment for services or non-provision of services, including dissatisfaction with care, waiting time for services, Provider or staff attitude or demeanor, or dissatisfaction with service provided by the carrier.

**Immediate Family Member** means:

- Your Dependents, your parents, your parent's Spouse or Domestic Partner, your siblings, and your half-siblings;
- Your Spouse's or Domestic Partner's parents, siblings, and half-siblings;
- Your Dependent Child's Spouse or Domestic Partner; and
- Any other of your relatives by blood or marriage who shares a residence with you.

"Plan Sponsor"  
Deschutes County

By: 

Print: Nick Lelack

Title: County Administrator

Date: 12/13/24