

Department of Consumer and Business Services
Oregon Division of Financial Regulation - 5
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Standard Provisions for Blanket Health (ORS 743.534*) and Student Health (ORS 743.550) Policies

If filing coverage for a student health benefit plan, subject to Affordable Care Act requirements per 45 CFR Parts 144 and 147, use product standard [Form 440-3297](#) (Standards for Student Health Benefit Plans).

This checklist must be submitted with your filing in compliance with OAR 836-010-0011(2). This list includes national standards, relevant statutes, rules, and other documented positions to enforce ORS 731.016. The standards are summaries and review of the entire statute or rule will be necessary. *Complete* each item to confirm that diligent consideration has been given to each and is certified by the signature on the Certificate of Compliance form. "Not applicable" can be used only if the item does not apply to the coverage being filed. Any line left blank will cause this filing to be considered incomplete. Not including required information or policy provisions may result in disapproval of the filing. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

Insurer name: _____

Date: _____

TOI (type of insurance): H04 Health – Blanket Accident/Sickness

Sub-TOI: H04.000 Health – Blanket Accident/Sickness H04.001 Student

Identify type of group (ORS 743.534):

- | | |
|---|--|
| <input type="checkbox"/> Association | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Charitable organization | <input type="checkbox"/> Newspaper/publisher carrier |
| <input type="checkbox"/> Civic organization | <input type="checkbox"/> Recreational organization |
| <input type="checkbox"/> College | <input type="checkbox"/> Religious organization |
| <input type="checkbox"/> Common carrier | <input type="checkbox"/> School (K-12) |
| <input type="checkbox"/> Educational organization | <input type="checkbox"/> Sports team, camp |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Volunteer organization |

*“ * ” Does not apply to Health Care Service Contractors per ORS 750.055.*

GENERAL REQUIREMENTS (FOR ALL FILINGS)

Review requirements	Reference	Description of review standards requirements	Check answer below	
Submission package requirements	OAR 836-010-0011 As required on SERFF or our website	Required forms are located on SERFF or on our website : These must be submitted for your filing to be accepted as complete: 1. NAIC transmittal form (paper only). 2. Filing description in SERFF or cover letter. 3. Third party filer’s letter of authorization. 4. Certificate of Compliance form signed and dated by authorized person. 5. Readability certification. 6. Product standards for forms (this document). 7. Forms filed for approval. (If filing revised forms, include a highlighted copy of the revised form to identify the modification, revision, or replacement language.) 8. For mailed filings, two self addressed stamped envelopes, one in which the Oregon Insurance Division can return approved forms. 9. Statement of Variability (see description under “Variable text”).	Yes	N/A
	Filing description or cover letter	The filing description or cover letter includes the following: 1. Describe changes made to previously-approved plans. 2. Description of target market under ORS 743.534 or ORS 743.550.	<input type="checkbox"/>	<input type="checkbox"/>
Review requested	ORS 742.003(1) (all), OAR 836-010-0011(3) (all), ORS 743.550(4) (Student health)	The following are submitted in this filing for review: 1. New policy and/or certificate. 2. Amendment of a previously-approved form. 3. Addition of supplemental options to previously approved student health plans. 4. Other (explain): _____	Yes	N/A

APPLICABILITY (FOR ALL FILINGS)

Accidental death and dismemberment coverage	Form 440-4884	If filing includes options for accidental death and dismemberment with limitations and exclusions, Form 440-4884 (<i>Standards for Accident Only</i>) is included.	Yes	No
Associations/ Trusts/ Discretionary groups	ORS 743.534(8)* Associations	Associations are permitted as blanket health policyholders only as under a policy issued to an association which has a constitution and bylaws and which has been organized and is maintained in good faith for purposes other than that of obtaining insurance, which shall be deemed the policyholder, insuring any group of members or participants defined by reference to specified hazards incident to an activity or activities or operations sponsored or supervised by such policyholder.	Yes	N/A

Review requirements	Reference	Description of review standards requirements	Check answer below
Associations/ Trusts/ Discretionary groups	Form 440-2441B Association/trust product standards	If filing for an association or trust, file Form 440-2441B (<i>Transmittal and Standards for Blanket Health Coverage to be issued to an Association or Trust Group</i>).	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Assumption certificates	Form 440-3637	If filing an assumption, use Form 440-3637 (<i>Changes to Business Operations that Require a Filing</i>).	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Blanket health	ORS 743.534*	The following are not acceptable for blanket coverage: 1. Individual underwriting of eligible participants. 2. Individual application and certificates (ORS 743.540). 3. Exclusions for pre-existing conditions. 4. Individual election to participate on a voluntary basis. 5. Splitting an eligible category into two or more groups. 6. Offering optional supplemental amounts of insurance to participants on top of a basic blanket policy.	
Group definition	ORS 743.534*	The definitions of groups covered under this blanket policy are one of those defined in ORS 743.534. If the group covered by this blanket policy is not included in sections (1) through (8) of ORS 743.534, an explanation is included in the filing and requesting the director's discretion exercised on a specific individual or class risk or both as stated in ORS 743.534(9).	Confirmed <input type="checkbox"/>
Health Care Service Contractors	ORS 750.055	Statute references followed by an asterisk (*) may be marked "N/A" in the location column. These standards do not apply to Health Care Service Contractors per ORS 750.055.	

Review requirements	Reference	Description of review standards requirements	Check answer below
Property and casualty endorsements and riders with a blanket policy	ORS 742.041(8)	<p>A policy combining more than one class of insurance is allowed under the following limited circumstances:</p> <ol style="list-style-type: none"> 1. Carrier must have active certificates of authority in both health and property and casualty. 2. Endorsements or riders must comply with all property and casualty insurance laws. 3. Everyone covered under the group blanket policy must receive the same benefits. 4. Underwriting is not allowed on any portion of the policy. <p>If the rider or endorsement meets ALL of the above, please do the following:</p> <ul style="list-style-type: none"> • Attach all applicable property and casualty product standards on the Supporting Documentation tab in SERFF. • Attach the base blanket accident/sickness policy forms that the rider or endorsements will be used with on the Supporting Documentation tab in SERFF. • Attach all applicable Oregon amendatory endorsements that will be used to bring the filed forms into compliance with Oregon law. 	<p>Included <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
Student accident only coverage	Form 440-4884	Individually selected student accident coverage must be filed as individual policies. Use product standard Form 440-4884 (Standards for Accident Only).	
Student health insurance defined	ORS 743.550(11)	“Student health insurance” means that form of health insurance under a policy issued to a college, school or other institution of learning, a school district or districts, or school jurisdictional unit, or recognized student government at a public university listed in ORS 352.002, or to the head, principal or governing board of any such educational unit, who or which shall be deemed the policyholder, that is available exclusively to students at the college, school, or other institution.	
Student health benefit plans	Form 440-3297	If filing coverage for student health benefit plans, subject to Affordable Care Act requirements per 45 CFR Parts 144 and 147, file Form 440-3297 (<i>Standard Provisions for Student Health Benefit Plans</i>).	

GENERAL FORM REQUIREMENTS FOR ALL FORMS

Review requirements	Reference	Description of review standards requirements	Check answer below
Clarity/ readability	ORS 742.005(2)	Forms are clear and understandable in their presentation of premiums, labels, description of contents, title, headings, backing, and other indications (including restrictions) in the provisions. The information is clear and understandable to the consumer and is not unintelligible, uncertain, ambiguous, abstruse, or likely to mislead.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 743.103, ORS 743.106(1)(d)	Policy and certificate contain a table of contents or index of the principal sections if longer than 3 pages or 3,000 words.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Cover page	ORS 743.106(1)(d), OAR 836-010-0011	<ol style="list-style-type: none"> 1. The full corporate name of the insuring company appears prominently on the first page of the policy. 2. A marketing name or insurer logo, if used on the policy, must not mislead as to the identity of the insuring company. 3. The insuring company's address, consisting of at least a city and state, appears on the first page of the policy. 4. The signature of at least one company officer appears on the first page of the policy. 5. A form-identification number appears in the lower left hand corner of the forms. The form number is adequate to distinguish the form from all others used by the insurer. 6. The policy contains a brief caption that appears prominently on the cover page and describes the type of coverage. 7. The policy includes a table of contents that easily identifies where to locate the provisions. 	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Form numbers	OAR 836-010-0011	The policy and certificate are filed under one form number, and the form provides core coverage with all basic requirements. Basic policy requirements are not bracketed unless an alternative selection is included. Optional benefits to the policyholder are riders or endorsements with separate form numbers. See guidelines on our website .	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Variable text	ORS 742.003(1), ORS 742.005(2)	When using bracketing, please provide a Statement of Variability (SOV) where all variable ranges or options are defined. Give the SOV a unique form number in the lower left hand corner and submit on the Form Schedule tab. When variable options are filed as a separate form, they must be filed in a manner that follows the construction of the contract, by page and paragraph or page and footnote. Variable options must be reasonable and realistic. Use of unapproved variable options is prohibited.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

POLICY PROVISIONS FOR BOTH BLANKET AND STUDENT HEALTH POLICIES

Review requirements	Reference	Description of review standards requirements	Page and paragraph
Accidental death and dismemberment	ORS 743.053*	If accidental death and dismemberment coverage is included, it covers loss for at least 180 days after the accident. <i>(If providing accidental death and dismemberment coverage limited by exclusions, Form 440-4884 (Standards for Accident Only) must be included with the filing.)</i>	
Arbitration	ORS 36.600 to 36.740	If the policy provides for arbitration if claim settlement cannot be reached, the parties may elect arbitration by mutual agreement at the time of the dispute after the claimant has exhausted all internal appeals and only mutually-agreed arbitration can be binding. One party may initiate arbitration proceedings; however, if there is no mutual agreement the resulting arbitration is binding only on the party who demanded arbitration. Arbitration proceedings take place under the laws of Oregon and are held in the insured's county or another county in the state if agreed upon.	
Claim forms	ORS 743.426*, ORS 743.537*, ORS 743.550(1)	The "claim forms" statement in ORS 743.426, or a similar statement, is included in the policy, providing that, if claim forms are required and are not furnished within 15 days after the giving of such notice of claim, the claimant shall be deemed to have complied with the requirements of the policy.	
Claim notice	ORS 743.423*, ORS 743.537*, ORS 743.550(1)	The "notice of claim" statement in ORS 743.423, or a similar statement, is included in the policy, which provides that written notice of claim is given to the insurer within 20 days after occurrence of or commencement of any loss covered by the policy or as soon thereafter as is reasonably possible.	
Claim payments	ORS 743.432*, ORS 743.537*, ORS 743.550(1)	The "time payment of claims" statement in ORS 743.432, or a similar statement, is included in the policy, which provides that indemnities payable will be paid immediately upon receipt of due written proof of loss or at intervals of periodic payment, if applicable.	
Claim practices	OAR 836-080-0205 to 0235	If the policy includes claim procedures, the procedures and timelines comply with requirements for fair claim practices.	
Coordination of benefits (COB)	ORS 743.550(1), OAR 836-020-0770 to -0801	Reduction of benefit payments on the basis of other insurance for the insured individual must be in full accordance of with the coordination of benefits rules.	
	ORS 743.550(1), ORS 743.552(1) COB procedures	The contract must explain coordination of benefit procedures.	

Review requirements	Reference	Description of review standards requirements	Page and paragraph
Coordination of benefits (COB), continued	ORS 743.550(1), ORS 743.552(2) Subject benefits	The contract must contain an explanation of benefits which may be subject to COB.	
	ORS 743.550(1), ORS 743.552(3) Benefit effects	The contract must explain the effect of COB on the benefits provided.	
	ORS 743.550(1), ORS 743.552(4) Benefit determination	The contract must explain establishment of the order of benefit determination.	
	ORS 743.550(1), ORS 743.552(5) Claim payments expedited	The contract must contain reasonable claim administration procedures to expedite claim payments under such a provision which shall include a time limit of 14 days beyond which the insurer shall not delay payment of a claim by reason of the application of COB provision.	
	ORS 743.550(6) Student health secondary (student health only)	A student health insurance policy may provide that coverage under the policy is secondary to any other health insurance for purposes of guidelines established under ORS 743.552.	
	ORS 743.550(8) Student PPO plans (student health only)	If the insurer offers a student health PPO plan as primary coverage for student, it cannot be considered secondary for coordination of benefits.	
	OAR 836-020-0796 Notice to covered persons	A plan shall, in its explanation of benefits provided to covered persons, include the following language: "If you are covered by more than one health benefit plan, you should file all your claims with each plan."	Confirmed <input type="checkbox"/>
Dependent coverage	ORS 743.847(6) Children	Policy covers children born out of wedlock, not claimed as a dependent on the parent's federal tax return, or that do not reside with the child's parent of in the insurer's service area.	
	ORS 106.305(4), Bulletin 2008-2 Domestic partners	Same sex domestic partners should be included the same as married spouses. ORS 106.305 recognizes and authorizes domestic partnerships in Oregon. A domestic partnership is defined in ORS 106.305 as "a civil contract entered into in person between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon."	
	OAR 105-010-0018 Same-sex marriages performed in other states	Oregon recognizes the marriages of same-sex couples validly performed in other jurisdictions to the same extent that they recognize other marriages validly performed in other jurisdictions.	

Review requirements	Reference	Description of review standards requirements	Answer
Discretionary clauses	ORS 742.005(3),(4)	Discretionary clauses put insureds in the difficult situation of having to prove an insurer is being arbitrary and capricious when challenging the insurer's contractual interpretations (including claim determinations). Therefore, discretionary clauses are determined to be prejudicial, unjust, unfair, and inequitable under ORS 742.005(3) and (4).	Not included <input type="checkbox"/>
Discrimination	ORS 746.015(1)	No person shall make or permit any unfair discrimination between individuals of the same class and equal expectation of life, or between risks of essentially the same degree of hazard, in the availability of insurance, in the application of rates for insurance, in the dividends or other benefits payable under insurance policies, or in any other terms or conditions of insurance policies.	Complies <input type="checkbox"/>
	ORS 746.015(3) Age 65	This contract does not discriminate against a person who attains or exceeds age 65, unless such discrimination is based on clear and sound actuarial principals as well as anticipated experience.	Complies <input type="checkbox"/>
	ORS 743A.088 Diethylstilbestrol use by mother	No policy of health insurance may be denied or canceled by the insurer solely because the mother of the insured used drugs containing diethylstilbestrol prior to the insured's birth.	Complies <input type="checkbox"/>
	ORS 746.015(4) Domestic violence	This contract does not cancel or refuse to issue or renew this policy on the basis of the fact that an insured or prospective insured is or has been a victim of domestic violence.	Complies <input type="checkbox"/>
	ORS 743A.084 Unmarried women and their children	The policy does not discriminate between married and unmarried women or between children of married and unmarried women.	Complies <input type="checkbox"/>
Eligibility	ORS 743.534*	Everyone within the defined group (as indicated on page 1 of the product standards) is covered under the blanket policy and coverage is the same for all participants.	Confirmed <input type="checkbox"/>
Entire contract	ORS 743.411*, ORS 743.537*, ORS 743.550(1)	The "entire contract" statement in ORS 743.411 or a statement of similar language is included in the policy, which defines the contract as including the endorsements and attached papers, if any, constitutes the entire contract of insurance.	
Fraud statements	ORS 742.013, Bulletin 2010-03	Fraud or misstatement warnings that connect fraud statements with criminal penalties must be phrased to avoid definite statements of guilt. Bulletin 2010-3 provides guidelines for fraud warnings and fraud notices on applications for insurance, and on coverage forms. Per Bulletin 2010-03, if the application includes a fraud warning, it is general in nature using "may be" guilty of fraud and "may be" subject to civil or criminal penalties if intentional and material to the risk.	
Gender Identity Disorder exclusions	ORS 742.005(4), ORS 746.015(1), Bulletin 2012-01	All Gender Identity Disorder exclusions (including exclusions for gender reassignment, sexual transformation procedures, and sex-change operations) are not allowed.	Not included <input type="checkbox"/>

Review requirements	Reference	Description of review standards requirements	Answer
Legal actions	ORS 743.441*, ORS 743.537*, ORS 743.550(1)	The "legal actions" statement in ORS 743.441 or a statement of similar language is included in the policy, which provides that no action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the policy. No action shall be brought after the expiration of three years after the time written proof of loss is required.	
Payment of benefits	ORS 743.543*, ORS 743.550(1)	All benefits under a blanket health insurance policy are payable to the person insured, or to the designated beneficiary or the estate, unless indemnities are on the account of hospital, nursing, medical, or surgical services which may be paid directly to the provider.	
Physical examinations and autopsy	ORS 743.438*, ORS 743.537*, ORS 743.550(1)	The "physical examinations and autopsy" statement in ORS 743.438 or a statement of similar language is included in the policy, which provides that the insurer at its own expense shall have the right and opportunity to examine the insured when and as often as it may reasonably require while a claim is pending.	
Proofs of loss	ORS 743.429*, ORS 743.537*,ORS 743.550(1)	The "proofs of loss" statement in ORS 743.429 or a similar statement that proof of loss is due to the insurer within 90 days of the loss or, in the case of continuing loss for which the insurer is obligated to make periodic payments, 90 days after the end of the period of insurer liability. <i>(If it is not reasonably possible for the policyholder to meet this requirement, the claim shall not be invalidated or reduced if proof of loss is provided as soon as is reasonably possible and not later than one year after the date proof is otherwise required, except in the absence of legal capacity.)</i>	
STUDENT HEALTH POLICIES (Sub-TOI: H04.001 Student)			
Coverage defined	ORS 743.550(2)	This student health policy is: <ul style="list-style-type: none"> • mandatory for all students at the institution • voluntary for all students at the institution • mandatory for defined classes of students and voluntary for other classes of students. <i>"Classes" refers to undergraduates, graduate students, domestic students, international students or other like classifications.</i>	Check one <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mandatory coverage	ORS 743.550(3)	When coverage under a student health insurance policy is mandatory, the policyholder may allow any student subject to the policy to decline coverage if the student provides evidence acceptable to the policyholder that the student has similar health coverage.	

Review requirements	Reference	Description of review standards requirements	Page and paragraph
Athletic injuries	ORS 743.550(5)	<p>Student health insurance coverage for athletic injuries may:</p> <ul style="list-style-type: none"> (a) Exclude coverage for injuries of students who have not obtained medical release for a similar injury; and (b) Be provided in excess of or in addition to any other coverage under any other health insurance policy, including a student health insurance policy. 	
Benefit reimbursement	ORS 743A.140 Bilateral cochlear implants	Any policy of health insurance that provides for reimbursement of a cochlear implant must cover bilateral cochlear implants.	
	ORS 743A.108* Breast examinations	<p>The policy provides expense coverage for a complete and thorough physical examination of the breast, including but not limited to a clinical breast examination, performed by a health care provider to check for lumps and other changes for the purpose of early detection and prevention of breast cancer as follows:</p> <ul style="list-style-type: none"> (a) Annually for women 18 years of age and older; and (b) At any time at the recommendation of the woman's health care provider. 	
	ORS 743A.168 Chemical dependency, alcoholism, and mental or nervous conditions treatment	A policy providing coverage for hospital or medical expenses shall provide coverage for expenses arising from treatment for chemical dependency, including alcoholism, and for mental or nervous conditions at the same level as, and subject to limitations no more restrictive than, those imposed on coverage or reimbursement of expenses arising from treatment for other medical conditions.	
	ORS 743A.066 Contraceptives	<p>The policy provides coverage for:</p> <ul style="list-style-type: none"> (a) Prescription contraceptives; and (b) If covered for other drug benefits under the program, plan or policy, outpatient consultations, examinations, procedures and medical services that are necessary to prescribe, dispense, deliver, distribute, administer or remove a prescription contraceptive. 	
	ORS 743A.188 Inborn errors of metabolism	The policy contains coverage for treatment of inborn errors of metabolism that involve amino acid, carbohydrate and fat metabolism and for which medically standard methods of diagnosis, treatment and monitoring exist, including quantification of metabolites in blood, urine or spinal fluid or enzyme or DNA confirmation in tissues. Coverage shall include expenses of diagnosing, monitoring and controlling the disorders by nutritional and medical assessment, including but not limited to clinical visits, biochemical analysis and medical foods used in the treatment of such disorders.	

Review requirements	Reference	Description of review standards requirements	Page and paragraph
Benefit reimbursement, continued	ORS 743A.100 Mammograms	Any policy that covers hospital, medical or surgical expenses, shall provide coverage of mammograms as follows: (a) Mammograms for the purpose of diagnosis in symptomatic or high-risk women at any time upon referral of the woman's health care provider; and (b) An annual mammogram for the purpose of early detection for a woman 40 years of age or older, with or without referral from the woman's health care provider.	
	ORS 743A.148 Maxillofacial prosthetic services	If the policy provides benefits for hospital, medical, or surgical expenses, the coverage includes maxillofacial prosthetic services necessary for adjunctive treatment.	
	ORS 743.823 Newborns' and Mothers' Health Protection Act of 1996	If the plan provides benefits for hospital stays in connection with childbirth, coverage provides 48 hours of care for vaginal delivery and 96 hours for caesarian and insurer compliance with the Federal Newborns' and Mothers' Health Protection Act of 1996.	
	ORS 743A.070 Nonprescription enteral formula	The policy shall include coverage for a nonprescription elemental enteral formula for home use, if the formula is medically necessary for the treatment of severe intestinal malabsorption and a physician has issued a written order for the formula and the formula comprises the sole source, or an essential source, of nutrition.	
	ORS 743A.104 Pelvic and Pap examinations	The policy includes coverage for pelvic examinations and Pap smear examinations as follows: (1) Annually for women 18 to 64 years of age; and (2) At any time upon referral of the woman's health care provider.	
	ORS 743A.062 Prescription drugs	If policy provides prescription drug coverage, the policy shall not exclude coverage of that drug for a particular indication solely on the grounds that the indication has not been approved by the United States Food and Drug Administration if the Oregon Health Resources Commission determines that the drug is recognized as effective for the treatment of that indication.	
	ORS 743A.144 Prosthetic and orthotic devices	The policy provides expense coverage for prosthetic and orthotic devices that are medically necessary to restore or maintain the ability to complete activities of daily living or essential job related activities and that are not solely for comfort or convenience.	
Provider reimbursement	ORS 743A.020 Acupuncturist	If the policy provides coverage for acupuncture services performed by a physician shall provide coverage for acupuncture services performed by an acupuncturist licensed under ORS 677.757 to 677.770.	

Review requirements	Reference	Description of review standards requirements	Page and paragraph
Provider reimbursement, continued	ORS 743A.014* Ambulance	Notwithstanding ORS 743.543, with respect to a health insurance policy that provides coverage for ambulance care and transportation, the insurer shall indemnify directly the provider of the ambulance care and transportation.	
	ORS 743A.024* Clinical social worker	Covered services performed by a physician are also paid when referred to a clinical social worker (licensed under ORS 675.510 to 675.600) to perform the service.	
	ORS 743A.032* Dentist	If the policy provides payment or reimbursement for surgical services performed by a dentist, then these surgical services shall be covered when they are performed by a physician acting within the scope of the physician's license.	
	ORS 743A.036 Nurse practitioner	The policy does not differentiate claims payment or reimbursement between a duly licensed certified nurse practitioner and a physician licensed by the Oregon Medical Board.	
	ORS 743A.040*, ORS 750.065 Optometrist	The policy does not differentiate and provides payment or reimbursement for a service that is within the lawful scope of practice of a licensed optometrist as well as a physician performing the same services to an insured.	
	ORS 743A.044* Physician assistant	This policy covers claims when they are submitted by a physician assistant and does not differentiate between claims submitted by the supervising physician or the physician assistant.	
	ORS 743A.048 Psychologist	If the policy provides for payment or reimbursement for any service which is within the lawful scope of a psychologist licensed under ORS 675.010 to 675.150: (1) The insured under such policy or contract shall be free to select, and shall have direct access to, a psychologist licensed under ORS 675.010 to 675.150, without supervision or referral by a physician or another health practitioner, and wherever such psychologist is authorized to practice. (2) The insured under such policy or contract shall be entitled to have payment or reimbursement made to the insured or on the insured's behalf for the services performed. Such payment or reimbursement shall be in accordance with the benefits provided in the policy and shall be the same whether performed by a physician or a psychologist licensed under ORS 675.010 to 675.150.	
	ORS 743A.010 State hospitals	This policy does not contain any exclusion for services provided by hospitals owned or operated by the State of Oregon or any state approved community mental health and developmental disabilities program.	