

Portland State University SHAC Insurance Team Insurancehelp@pdx.edu 503-725-2495



This is a short list to help you get started. For a complete list of network providers, go to your insurance plan website and use the doctor finder. If you have PSU student health insurance, go to <u>www.pacificsource.com/PSU</u> and select the Navigator network.

It's advisable to contact your insurance, whether PacificSource or another insurer, directly to verify network participation and to discuss your insurance coverage. See the reverse side for instructions for checking your insurance eligibility and questions to ask your insurer.

Urgent Care			
Clinic	Phone	Address	
			Multiple Locations
AFC Urgent Care	503-305-6262		https://afcurgentcareportland.com/
			Multiple Locations
Legacy GoHealth Urgent Care			https://www.gohealthuc.com/locations?state=oregon
			https://healthy.kaiserpermanente.org/oregon- washington/facilities/Interstate-Medical-Office-South-
Kaiser Permanente Urgent Care	503-813-2000		<u>100267?utm_source=GMB_listing</u> 3500 N Interstate Ave
OHSU Immediate Care	503-494-1700		Multiple Locations https://www.ohsu.edu/healthcare-now/immediate- care
Providence Urgent Care	888-227-3312		Multiple Locations <u>https://www.providence.org/services/urgent-care</u>
Zoomcare			Multiple Locations https://www.zoomcare.com/locations



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## Insurance basics and how to check your insurance benefits

It is advisable to call your insurance company to verify your coverage and benefits before your appointment.

**PPO/Network**: Preferred Provider Organizations are comprised of a "network" of providers who are contracted with the insurance plan and agree to abide by contracted rates and terms. Typically, you will have lower out of pocket costs (deductible, co-pay, co-insurance) using in-network providers. The PSU plan is a PPO plan (Navigator network), as are the majority of commercial plans.

**Managed Care Plan or HMO**: These plans typically require you to go through an assigned primary care provider (PCP) in order to access specialist or ancillary providers, and may have strict referral or preauthorization requirements. Many Medicaid plans are this type of plan. SHAC providers are not PCPs for any plans.

**Deductible**: The deductible is an amount you are responsible for paying before your insurance starts paying for services. This amount resets at the beginning of the plan year (academic year for PSU plan; calendar year for most plans). Typically, the provider will bill you for this amount after your appointment and the claim has processed, but they are within their rights to require you to pay unmet deductible amounts or other out of pocket costs at the time of service.

**Co-pay**: This is a fixed amount paid at the time of service (e.g. \$35/office visit). This might not include other services (e.g. labs, injections) at the same visit.

**Co-insurance**: Similar to co-pay but is a percentage of the charge, so varies depending on what is billed for the service, and not usually paid at time of service.

Call the customer service/member services number on your insurance card and ask for benefits and eligibility. Ask the following questions:

If you know which provider you want to see, confirm that they are in your plan's network.

Provider:\_\_\_\_\_\_\_\_\_ Is this provider in my network? \_\_\_\_\_\_\_\_ Do I have coverage for the service on my referral (i.e. specialty type, acupuncture, chiropractic, PT)? \_\_\_\_\_\_\_ Do I have out-of-network benefits (if provider is not in-network)? \_\_\_\_\_\_\_\_ Do I have a deductible to meet for this service? \_\_\_\_\_\_\_ How much is my deductible?\_\_\_\_\_\_\_ How much do I still have to meet this year? \_\_\_\_\_\_\_ What is my co-pay and/or co-insurance for this service? \_\_\_\_\_\_\_ What are the referral or preauthorization requirements? \_\_\_\_\_\_\_ Do I have a maximum number of visits or a maximum dollar amount for this service per year? \_\_\_\_\_\_\_ Is there a reference number for this conversation? \_\_\_\_\_\_\_\_ The number you called: \_\_\_\_\_\_\_ Date and time of phone call: \_\_\_\_\_\_\_\_