

Insurance Basics Guide

It's advisable to contact your insurance, whether PacificSource or another insurer, directly to verify network participation and to discuss your insurance coverage. Use this Insurance Basics Guide to check your insurance eligibility and for questions to ask your insurer.

Definitions

- **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.

Questions to Ask

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

- If you know which provider you want to see, confirm that they are in your plan's 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 is 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?
- Is there a direct line if I need to call back?
- Make sure document the number you called and the date and time you called.