Making Sense of the 7 Key Health Insurance Concepts

We hear you—sometimes it feels as if the health insurance world speaks a different language. There’s the terminology on top of how things may change over time, which is why we’ve compiled the following list. Consider it a primer to help you understand and take control:

1. Benefit Summary: Reading your Benefit Summary is probably the best way to understand your health coverage. This is usually a one-page document that quickly sums up how your health plan coverage works.

2. Deductibles: Some healthcare services require you to meet your deductible before your insurance plan will begin to pay. This means you must pay a certain amount out of pocket, first. Once your deductible is met, then your plan will kick in and cover the service according to your benefits. Some services, such as preventive care, are covered without you needing to first meet your deductible. Your Benefit Summary will explain which services require deductibles and which don’t.

3. Out-of-pocket limit: The out-of-pocket limit is the most you’ll pay for healthcare services within your plan year. (Oftentimes, your plan year is the same as a calendar year, but not always.) Note that your in-network and out-of-network limits may be different. Your benefit summary will include more information about the out-of-pocket limit for your plan.

4. Formulary: In simple terms, the formulary is a drug list. It’s used by health insurers to identify and maintain “preferred” drugs that will cost you less. The preferred drugs found on the formulary usually include both generic and brand-name medications, and you can save money by using drugs on the list. You’ll find the PacificSource formulary list at PacificSource.com/druglist.

5. Using the formulary: Sometimes your doctor prescribes a medication that is not covered by your plan, or is not covered as well as preferred (formulary) drugs. Show your doctor the formulary for your health plan, and ask if there is another drug that may be prescribed that will cost you less.

6. Providers: Providers are healthcare professionals such as medical doctors, nurse practitioners, dentists, chiropractors, and more. Health insurers contract with providers to make sure you get quality care at a discounted price. Providers who are contracted with PacificSource are our “participating” providers or “in-network” providers. When you get care from a participating provider, you’re getting the best value from your health insurance coverage. It’s your responsibility to make sure your providers are in your plan’s network. You can find participating providers at PacificSource.com/find-a-provider.

7. Appointments: As much as we’d like to, we’re not always able to get appointment times exactly when we need or want them. Providers are often scheduled out in advance, and it can take some time and advance planning to get care. Providers will often try to fit you into their schedule as soon as they can when you’re sick, but if you’re scheduling preventive care appointments, it could take a few weeks. Talk with scheduling staff at your provider’s office for information about average wait times for scheduling appointments.

Tip: If you can’t get an appointment as soon as you’d like, ask to get on a cancellation list. Most clinics will call you if an appointment time opens up.
Prevent the Spread with Flu Shots—and Flu Facts

You heard what? No matter what people say, flu shots are all about flu-fighting defenses that protect you from the flu all season long. Not only is the flu shot proven to help your body develop special antibodies that fight influenza strains, it’s the single most effective way to prevent the flu. And there’s more to the flu-shot story of course, which is why we’re setting the record straight. Following are some of the most common flu-shot refrains begging for logic (and facts):

“I don’t need a flu shot, because I never get sick.”
Great, but it’s not quite all about you. Roughly three-quarters of people with seasonal or pandemic flu don’t show symptoms, or have symptoms so mild they don’t associate them with the flu. That means you could be contagious and not even know it! If getting a flu shot for yourself isn’t enough motivation, how’s this: get one to protect a loved one who may be more susceptible to the flu and its complications.

“I don’t get a flu shot because my friend got one, and it actually gave her the flu.”
The flu vaccine is not a live virus (nor is it made with one), so it can’t cause the flu. Some people may experience minor side effects, such as soreness, redness or swelling where the shot was given, or a slight low grade-fever, but these symptoms go away within a few days, if not hours.
“I don’t get a flu shot, because the flu shot doesn’t work.”
New flu vaccines are released every year to keep up with rapidly adapting flu viruses. The fact is a flu vaccine is the best way to reduce your chances of getting the flu and spreading it to others; it’s proven to increase your resistance to the flu by up to 60%.

“I can’t get a flu shot, because I’m scared of needles!”
It’s understandable, but at least try thinking about the misery of getting the flu (or the cost of being away from work). Although a small pinch takes a few seconds, the fear can be real. Try to distract yourself with breathing exercises or music. Talk to your doctor about your fear and ask if an alternative form of the vaccine is available.

“I don’t get a flu shot, because I don’t have time to get one. Besides, I don’t even know where to get one.”
There are convenient ways to get your flu shot that are likely already part of your routine. Most local pharmacies offer flu shots, so you can get your shot while you shop. Or you can make an appointment with your doctor’s office at a time that’s convenient for you. Your workplace may even offer an on-site flu shot clinic.

“I don’t get a flu shot, because I can’t afford to get a flu shot.”
Since the flu shot is considered preventive care, most health plans include them at no cost to their members. With PacificSource, for example, members can get a flu shot at no cost at a doctor’s office or pharmacy that’s part of the plan’s network.

The evolving virus from one year to the next is why the flu shot is recommended for anyone age six months or older. For PacificSource members, the flu shot is available at no cost—simply check for availability at your in-network doctor’s office, most leading pharmacies, and local public health agency.

For more flu-fighting insights—and find out where to go to get your flu shot—visit PacificSource.com/flu or www.flu.gov.
A Guide to Make the Most Out of Every Doctor Visit

As a patient, there are several things you can do before, during, and after your doctor visit to help ensure the best possible care and outcomes. It can be a lot to think about, for sure. That’s why we’ve created the following guide—to ply you with a strategy for getting all your questions answered, understanding treatment options, and remembering what may come next.

Getting ready for your appointment

Make a list to take with you. It equips you with a go-to line up of questions and information you don’t want to forget. Try to include everything that might apply, such as:

1. **The questions you want to ask.** Examples: Why am I feeling this way, how am I doing, or what else can I be doing to feel better?

2. **What you need to tell or show your doctor.** This could include symptoms, family history, or exposure to other people who’ve been ill.

3. **All medications and supplements you currently take.** That includes over-the-counter medications, vitamins, and herbal remedies. Better yet, bring all these items with you so your doctor can see the labels.

4. **Any allergies you have,** including bad reactions you’ve had to medications.

Consider asking someone to go with you

By taking a trusted friend or family member with you—especially if you feel ill or have serious health problems—allows another set of eyes and ears to listen, contribute, take notes, and help you remember what was said.

Check your insurance benefits

Understanding your benefits before a visit allows you to better understand the cost of the visit and eliminate any surprises. You can check your benefits by looking at your benefit summary or member handbook, both available online through InTouch for Members at PacificSource.com, or you can call our Customer Service team at (888) 977-8299 or email us at cs@pacificsource.com.
When you’re at the appointment

1. **Explain why you’re there.**
2. **Answer the doctor’s questions.** Your clear and complete answers help the doctor figure out what might be going on and any next steps.
3. **Listen to your doctor’s diagnosis.** Do you understand what your doctor is telling you? If questions come up, ask them.
4. **Ask questions about any medications, tests, or procedures** your doctor recommends. Remember, more treatment doesn’t always mean better care. It’s smart to ask about costs, risks, side effects, alternative treatment options, and what the doctor expects to learn from the procedure. For prescription drugs, you’ll save money if you ask your doctor to prescribe generics whenever possible.
5. **Ask any remaining questions from your list.** Ask anything your doctor hasn’t already answered, and take notes.
6. **Know what happens next.** Before you leave, make sure you’re clear about the next steps and when they need to happen.

**Best approaches to asking questions**

Many people hold back on asking questions during their medical appointments. Some are embarrassed, hesitant to take up too much time, or they’re not sure what to say.

Asking questions can be hard, but remember, it’s your health that matters and the reason you’re seeing a medical health professional in the first place. You need—and deserve—to understand what your doctor or other health professional is telling you.

1. **Take your time** and think about what the doctor has said.
2. **Ask questions** that will help you clearly understand the diagnosis and any next steps.
3. **Refer to your list** of questions.
4. **Ask your doctor** if working with a Nurse Case Manager or enrolling in a condition support program would help with ongoing medical needs.

Remember, every doctor visit is an opportunity to empower yourself and your family. By taking a little time to plan for the visit and what you want to get out of your visit, you’ll be more equipped to meet your healthcare goals.

**More Ways to Ask for Information**

If you don’t understand the answers to your initial questions, here are some ways to ask again:

- I’m sorry, but I still don’t really get that. Could you explain it in a different way?
- I’m not sure I understand the reason for that test. What will we learn from doing it?
- I’m still not clear on my treatment options. Could you write them down for me?
A Healthy Mouth Is More than Something to Smile About

There’s nothing like a bright, toothy smile, but oral health is a lot more than white teeth and fresh breath. The fitness inside our mouths affects our overall health, and gum disease has been linked to chronic conditions that impact the whole body. Doctors consider an unhealthy mouth a gateway to a diminished immune response. The mouth, it turns out, is a window into what’s going on in the rest of the body.

You’re more fit when your mouth is fit, too

The condition of teeth and gums can reveal early signs of serious systemic issues such as coronary artery disease, strokes, diabetes, premature births, respiratory disease, arthritis, and breast cancer.

With a healthy immune system, the presence of oral bacteria in your bloodstream causes no problems—a normal immune system is adept to prevent the threat of infection. But with a compromised immune response, the oral bacteria in your bloodstream (called bacteremia) can give way to an infection in other parts of the body.

Dental checkups for teeth, gums, and your well-being

Startling but true: 75% of adults over 35 years of age suffer from gum-related issues or periodontal disease. Although signs of blood on your toothbrush can be an early warning, gum disease often goes undetected until a visit with your dentist.

Whether or not you’re susceptible to gum disease, professional cleanings are essential to maintaining good oral hygiene. No matter how well you brush and floss, it will never replace the role of a dental hygienist. Cleanings every six months are often adequate to remove plaque buildup and disrupt the ecology of naturally occurring bacteria. Poorly maintained gum tissue—due, in part, to too few checkups—increases your risk of bone loss and infection.

Between visits to the dentist, most everyone can maintain healthy gums by sticking to the basics:

- Brush your teeth two times a day (but be careful with how hard you brush)
- Floss daily (ask your hygienist for tips)
- Get regular checkups

Meanwhile, be wary of periodontal disease’s greatest risk factors:

- Smoking
- An unhealthy diet
- Obesity
- Men are more likely to have gum disease than women
- Pregnancy hormonal changes can magnify the severity of gum disease

Good oral hygiene saves you

Hardly a surprise, but research indicates a direct connection between good oral hygiene and a reduction in medical care costs. Failing to address the signs of tooth decay and gum disease can levy a heavy toll— to your pocketbook and your physical and emotional well-being.

Taking good care of your mouth, teeth and gums is a worthy goal in and of itself—after all, who doesn’t want a bright smile and good teeth to take down so many delicious foods? But when you consider the span of a lifetime, there’s no underestimating how much good oral health contributes to your sustained wellness and overall fitness.
Questions about your health plan? You’ll find answers online anytime at PacificSource.com/YourPlan, including information on these topics.

Getting the care you need
- After hours or emergency care
- Covered benefits and services
- Benefit exclusions
- Costs you may have to pay
- Find a doctor and information about doctors
- Find a primary care practitioner (PCP), specialist, behavioral health provider, or hospital
- Out-of-area care and benefits
- Pharmacy information and procedures, including:
  - The drug list, including restrictions, preferences, generic substitutions
  - Explanation of limits and quotas
  - How to submit a preauthorization exception requests and policies
  - Information on therapeutic interchange and step therapy

Manage your health and benefits online
- Access your personal benefit information with InTouch
- Learn more about your health with CaféWell

Learn about our wellness programs and discounts
- Wellness programs
- Extra benefits, discounts, and services

Your rights and services
- How to send us a claim
- How to voice a complaint and your right to appeal
- Your right to independent, external appeals review
- How we protect your personal health information
- Language assistance
- TDD/TTY assistance
- Your rights and responsibilities

Learn about our health plan programs
- How new technologies become covered services
- How to access personal health records
- How to get help from a case manager
- How to get support for a chronic condition
- Information about our quality improvement program and progress toward goals
- Information about our Utilization Management Program
  Our Utilization Management Program is in place to ensure our members receive appropriate, effective, and efficient medical care. It includes medical services, medical equipment, and pharmacy.
  Decisions regarding the provision of healthcare services are made under the following provisions:
  - Utilization management decision-making is based only on appropriateness of care and service, and the existence of coverage.
  - PacificSource does not specifically reward practitioners or other individuals for issuing denials of coverage.
  - Financial incentives for utilization management decision-makers do not encourage decisions that result in underutilization.

Learn more about preauthorization
- What is preauthorization
- How preauthorization decisions are made
- Our policy prohibiting financial incentives

For specific information about your plan’s coverage, log into InTouch.

InTouch gives you secure, 24/7 access to your benefits, Explanation of Benefits statements, deductible information, wellness tools, and more. You can even set your preferences to go paper-free.

Need to register for InTouch? Visit PacificSource.com to sign up, today.

Questions? We’re here to help!
Customer Service
Email: cs@pacificsource.com
Idaho
8:00 a.m. to 5:00 p.m. MT (208) 333-1596 or (800) 688-5008 (toll-free)
Montana
8:00 a.m. to 5:00 p.m. MT (406) 442-6589 or (877) 590-1596 (toll-free)
Oregon
7:00 a.m. to 5:00 p.m. PT (541) 684-5582 or (888) 977-9299 (toll-free)
Translation Services
(541) 684-5456 or (800) 624-6052, ext. 1009
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Siempre estamos dispuestos a ayudarle si tiene alguna pregunta acerca de sus beneficios. Llámenos sin cargo al (800) 624-6052, ext. 1009 o envíe un correo electrónico a cs@pacificsource.com.
Customer Service

Feel free to contact us toll-free:
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