

# Answers to Your Questions



## Oregon Individual FAQ for Agents

<b>Administration Question</b>	<b>Answer</b>
Are my clients ID cards mailed with the policy?	Member ID cards are mailed separately from the policy. It can take up to 10 days to for members to receive them.
Who do I contact for more supplies?	Most of our materials and supplies are available online at PacificSource.com (For Agents section). You may also call our Individual Department toll-free at (866) 695-8684 or email individual@pacificsource.com to place an order for brochures.
Who should my client call to check on a bill?	Your client can call the Individual specialists in our Billing Department at (541) 225-1988 or (800) 591-6579.
My client turned in his application before I was able to add my information and signature. What can I do to be sure I receive credit for the application and can work on behalf of my client?	We will need agent of record information from your client. They can submit the information by email at individual@pacificsource.com, by fax at (541) 225-3646, or by mail at PacificSource Health Plans, Individual Sales, P.O. Box 7068, Eugene, OR 97401-0068.
How much commission will I receive and can it be split with another producer in my agency?	Our agent commission for Elect products is 7 percent. Direct commission questions to our agent coordinators at agentcoordinator@pacificsource.com or contact your Individual Sales Representative.

<b>Agent iStore Question</b>	<b>Answer</b>
I cannot log into my iStore. Is there a problem with your website?	If you are having trouble logging in, check to be sure you are using your correct user name and password. User name is case sensitive. If you continue to experience problems, please contact our Individual department at (866) 695-8684.
My client did not use my iStore link. How can I be sure to get credit for this application and be able to work on behalf of my client?	We will need agent of record information from your client. They can submit the information by email to individual@pacificsource.com, by fax at (541) 225-3646, or by mail to PacificSource Health Plans, Individual Sales, P.O. Box 7068, Eugene, OR 97401-0068.
How can I set up an agent portal and get my own online application with PacificSource?	Call your Individual Sales Representative: Portland: Kelly Walker (503) 867-6828 or kwalker@pacificsource.com Medford: Susie Chun (541) 858-0381 or schun@pacificsource.com Bend: John Wright (541) 706-5012 at jwright@pacificsource.com

<b>Application Process Question</b>	<b>Answer</b>
Can an agent send an email to pull an application or does this have to come from the applicant?	The information needs to be in writing from the client. An agent can send an email if they are forwarding the request from the client.
What number should an agent call to check status on an application?	To check the status of an application, agents may call (541) 684-5585, (541) 684-5442, or toll free (866) 695-8684, or email individual@pacificsource.com.
Can an application be submitted by fax? Will PacificSource require the original copy if the application is faxed?	Applications can be submitted by fax and it is not necessary for us to receive the original application. Please call PacificSource Individual Sales to confirm receipt.
Can I make changes to the application on behalf of my client?	No. Changes need to be requested in writing by the client. Clients can request changes by email to you, and you may forward the client request to us.
What is the turnaround time for an application?	We ask for 10 to 15 days to process a complete application. If chart notes are requested, the turnaround time may be a little longer.
Can I send medical information about my client that was requested by PacificSource?	Yes. You can send requested client medical information as long as you are forwarding an email from your client or if you put the original paperwork from the client in the mail to PacificSource.
Can I submit a change request on behalf of my client?	Yes, you can send the information as long as you are forwarding an email containing the original request from the client.
Can I change an effective date for my client?	Yes, you can send the information as long as you are forwarding an email containing the original request from the client. Please include a Health Statement along with a written request to change the effective date.
Can I send a term request on behalf of my client?	Yes, you can send the information as long as you are forwarding an email containing the original request from the client.
Can I send an acceptance on behalf of my client?	Yes, you can send the information as long as you are forwarding an email containing the original request from the client.
What is PacificSource's appeal process?	The answer depends on the type of appeal. Please contact our Individual department at (866) 695-8684 for assistance.
My client is perfectly healthy. Why was he declined?	Information provided on the application or in our claims history may have placed your client outside of our underwriting guidelines. A detailed letter is provided to the client under these circumstances.
Can you tell me the status of my new group?	Please contact your group sales representative.
Do my clients have to put their initials in Section 5 of the application, for Protected Health Information?	No, initials are not required. However, initials may be required if we need to request chart notes. If that is the case, we may contact you or your client to get the necessary sign off initials.
Does PacificSource require payment at the time of application submission?	The payment does not need to be submitted at the time of the application.
What are your height/weight guidelines?	This information is proprietary and is not published. Please feel free to contact your PacificSource Individual Representative to discuss a medical prescreen before submitting an application.
Does PacificSource take agent of record requests?	Yes. Your client may submit the request by email at individual@pacificsource.com, by fax at (541) 225-3646, or by mail at PacificSource Health Plans, Individual Insurance, P.O. Box 7068, Eugene OR 97401-0068.
Can an employer pay premium?	No.

<b>Benefits and Claims Question</b>	<b>Answer</b>
How is the accident benefit paid?	In the event of an accident, the first \$5,000/\$2,500/\$1,000 (depending on the plan) of covered expense incurred within 90 days of the accident is paid at 100% and is not subject to the deductible. The remaining balance is covered subject to deductible and then coinsurance. "Accident" is defined as an unforeseen or unexpected event causing injury that requires medical attention. "Injury" is defined as any bodily trauma or damage that is independent of disease or infirmity. The damage must be caused solely through external and accidental means. For the purpose of this benefit, injury does not include muscular strain obtained in the performance of physical activity.
If my Elect Premiere client received a vision exam this year when is he eligible for another exam?	The vision benefit covers one vision exam and hardware every two calendar years. For example, if your client's exam was in April of 2010, they would be eligible for their next exam on or after January 1 of 2012.
Does the deductible or out-of-pocket maximum carry over annually?	No.
How do I request a reconsideration?	You may email, fax or mail a detailed letter, include doctor notes, if they are available from the client. Please make sure each condition listed on the denial is addressed and that your client provides us with new information that was not disclosed on the application.
Are a mammogram and a pap smear included with the routine gynecological exam?	Yes.
How is a colonoscopy covered?	Preventive colonoscopies are paid at 100 percent for members age 50 through 70. All other colonoscopies are paid according to outpatient services and are subject to deductible and coinsurance.
Do the deductible and copayments apply to the out-of-pocket amount?	For Elect plans, the deductible and copayments apply to the out-of-pocket amount. For Portability plans, the deductible does not apply to the out-of-pocket amount.
Do Elect plans cover on-the-job (OTJ) injuries?	Yes. If you are self-employed and are not covered by workers' compensation, you are eligible for on-the-job health coverage at no extra cost.
Does pharmacy apply to the out-of-pocket maximum?	For our HSA qualifying plans, pharmacy does apply to the out-of-pocket. For all other plans, pharmacy does not apply to the out-of-pocket amount.
Is there a waiting period to become pregnant once approved for coverage?	No, there is no waiting period. However, if your client is pregnant or responsible for a pregnancy at the time of Elect underwriting, they will be declined.
Are midwife services covered?	Yes. Services of a physician or licensed, certified nurse midwife (C.N.M.) are covered subject to the same conditions and limitations that apply to similar expense incurred for illness.
How is the vision benefit paid?	Our Elect Premiere plan is the only plan that currently offers vision coverage. Members receive one vision exam every two calendar years and a \$200 hardware allowance every two calendar years.
What is your pre-existing waiting period?	For Elect plans, the waiting period for pre-existing conditions is six months. This time period may be credited if the applicant had prior coverage.  We do not limit, exclude, or deny coverage under Elect policies based on the health status or pre-existing conditions of a person under age 19.
How many well-baby exams can my client receive?	Well baby care is available on Elect plans. This benefit is limited to 13 exams in the first 36 months of life.
When can my client get a physical?	Our Elect plans offer routine physical examinations, including appropriate screening radiology and laboratory tests and other screening procedures for each member, are available according to the following schedule:  Age 3-21: One exam per year Age 22-34: One exam every four years Age 35-59: One exam every two years Age 60+: One exam per year

<b>Benefits and Claims Question</b>	<b>Answer</b>
What is the scheduled benefit for Preventive Care exams?	Preventive care is available on all our Elect plans. This benefit pays for the services of a physician, nurse practitioner, or physician's assistant for preventative care services, which are covered as follows:

<b>Benefit</b>	<b>Elect Premiere</b>	<b>Elect Preferred</b>	<b>Elect Value Option</b>	<b>Elect HSA</b>
Breast exams	One exam/year for women age 18 or older*	One exam/year for women age 18 or older*	One exam/year for women age 18 or older*	One exam/year for women age 18 or older*
Gynecological exams	One exam per year	One exam per year	One exam per year	One exam per year
Pelvic exams and pap smear exams	One exam per year for women age 18 to 64*	One exam per year for women age 18 to 64*	One exam per year for women age 18 to 64*	One exam per year for women age 18 to 64*
Routine physical exams	Age 3-21: One exam per year Age 22-34: One exam every four years Age 35-59: One exam every two years Age 60+: One exam per year	Age 3-21: One exam per year Age 22-34: One exam every four years Age 35-59: One exam every two years Age 60+: One exam per year	Age 3-21: One exam per year Age 22-34: One exam every four years Age 35-59: One exam every two years Age 60+: One exam per year	Age 3-21: One exam per year Age 22-34: One exam every four years Age 35-59: One exam every two years Age 60+: One exam per year
Well baby exams	13 exams in the first 36 months of life*****	13 exams in the first 36 months of life*****	13 exams in the first 36 months of life*****	13 exams in the first 36 months of life*****

\* Service available any time upon referral of a women's healthcare provider.  
 \*\*\*\*\* Includes standard in-hospital exam at birth and related lab tests.

<b>Elect Dental Question</b>	<b>Answer</b>
If my client obtains a PacificSource policy and terms, when can he or she reapply?	After coverage terms from a PacificSource Elect Dental plan a member must wait 24-months to reapply.
What is the deductible on an Elect Dental plan?	There is no deductible for in-network, Advantage Dental Network services. For out-of-network services, there is a \$50 per person/\$150 family deductible.
Are there waiting periods for services?	There is no waiting period for Class I. Class II services have a 6-month waiting period. Class III services have a 12-month waiting period.
Is orthodontia covered on Elect Dental?	No. Orthodontia is not a covered service on Elect Dental
How can I nominate a dentist for the Advantage Dental Network?	You or your client can nominate a dentist by completing an Advantage Dental Network nomination form, available from the Find a Provider section of PacificSource.com

<b>Portability Question</b>	<b>Answer</b>
Can an applicant go to Portability if they are eligible for Medicare?	No. However, if they are on Portability and become eligible for Medicare, they will not lose their Portability coverage.
If a member goes from group to Portability coverage will the deductible roll over?	No. Portability is a new and separate policy.
If a member goes from Portability to Elect will the deductible roll over?	No. The Elect policy is a new, and separate policy.
Can an employer pay Portability premiums?	No.
If there is an employee on COBRA for two months or more and this employee has a domestic partner, does the domestic partner get Portability also?	If the domestic partner was on the original group plan, and the subsequent COBRA plan, then the domestic partner would be eligible for Portability.

<b>Rates and Underwriting Question</b>	<b>Answer</b>
Does PacificSource have different rates based on area?	Only for Portability products, which are available to Oregon residents who were previously employed by a fully insured group plan continuously for 180 days (or longer) and the former member applies within 63 days after their PacificSource group coverage ends. The Portability rates are based on county where the former employer is headquartered in Oregon.
How is your underwriting? What is your approval percentage?	Approval ratings for PacificSource and other carriers are available on the State of Oregon website.
When do members receive increases?	Elect medical plan rate increases occur in January. Elect dental plan rate increases do not have a set date and can happen periodically. When the Elect subscriber (medical or dental) moves into a different age bracket, the rate increase occurs the first month of following birth date. Portability plan rate increases occur in April and when a subscriber moves into a higher age bracket. When a Portability subscriber moves into a higher age bracket the rate increase occurs the first day of the following year after birth date. PacificSource will notify your client 30 days in advance of any rate changes.

<b>Traveling Question</b>	<b>Answer</b>
Do PacificSource Individual plans provide coverage when a member is traveling?	Yes. The Oregon PacificSource Network covers all of Oregon and Clark, Cowlitz, Klickitat, Pacific, Skamania, and Wahkiakum counties in Washington. When a member travels outside of our network area, they have access to medical professionals and services through the Idaho Physicians Network (IPN) in Idaho and the Interwest Network in Montana. When members need medical services outside these areas, they can save on out-of-pocket expense by using the participating providers available through the First Health Network (our national network). If the member is experiencing an emergency and is 100 or more miles from home or in a foreign country, services from Assist America's Global Emergency Services are also available.
How does a member find a doctor for non-emergency care while traveling?	To find a participating provider outside the region covered by the PacificSource Provider Network, members should call First Health at (800) 449-9905. This phone number is also printed on the back side of the member's PacificSource ID card. They can also go to our online Provider Directory available at PacificSource.com.
How does a member obtain emergency care when traveling?	If the member is experiencing a life-threatening emergency, they should call 911. If it is a medical emergency which is not life-threatening, and the member is 100 or more miles from home or in a foreign country, members can contact Assist America. Information about this program, and an ID card, was provided in the member's new member packet. Assist America will refer members to doctors within our regular networks wherever possible. Information about Assist America and its services is available on our website at PacificSource.com.
If my client goes on a trip out of the country and needs medical attention, how is that paid and what is the process?	For non-par emergency services, the member will need to pay for the services and submit the bill for reimbursement. Assist America also has services which can help eligible members when traveling in a foreign country. Assist America services provided at the time of the emergency are not billed to the member (once under the care of a physician or facility, provisions and limitations under the member's plan apply).
How is a claim paid when the member has medical needs when traveling out of state?	Participating providers are paid as they normally would be under the member's plan. For non-participating provider services, the member must pay and submit the bill for reimbursement. Assist America also offers services to help members who experience a medical emergency when traveling 100 or more miles from home or in a foreign country. Services provided to the member by Assist America at the time of the emergency are not billed to the member.

