meningococcal b vaccine benefits

GUIDE TO CALLING HEALTH INSURANCE

To contact your health insurance carrier regarding your benefit, locate the Customer Service phone number for members on the back of your insurance card.

Gather this information before calling your health insurance carrier

Your Social Security number: _____/_____/_____

From your insurance card:
- Policy number or member ID: ________________________________
- Member/Customer Service phone number: __ __ __ - __ __ __

Description of procedure or service: Meningococcal B Vaccine

Medical billing codes for procedure or service: Bexsero 90620 or Trumenba 90621

Prior to speaking with Customer Service, you will enter basic information about yourself and your plan into an automated system. When prompted, select medical benefits as the reason for your call.

Once you’re connected with Customer Service, ask the following questions. Write down the answers:

1. Representative or customer service agent’s name: ______________________________________________________

2. Is the service/procedure a covered benefit?  □ Yes  □ No

3. Is the service/procedure a covered benefit under the medical or pharmaceutical benefit?
   □ Medical  □ Pharmaceutical

4. Is the service/procedure considered preventative?  □ Yes  □ No

5. Does a co-pay apply?  □ Yes  □ No  If yes, how much? ______________________________

6. Does a deductible apply?  □ Yes  □ No  If yes, how much? ____________  How much of the deductible has been met to date? ______

7. Is this a covered service/procedure if performed at Student Health Services?  □ Yes  □ No

8. Is this a covered service/procedure at the OSU pharmacy?  □ Yes  □ No

9. Is this a covered service/procedure at other Corvallis area medical provider or retail pharmacy locations?
   □ Yes  □ No  If yes, where?  Location(s):__________________________________________

10. Reference number for your call: _______________________________________________________________________

11. Date of your call: _____/_____/______  Time of your call: _________ AM  PM

12. Additional notes: _____________________________________________________________________________________

______________________________________________________________________________________________________________

Student Health Services
201 Plageman Building, Room 118
Corvallis, OR 97331
Phone: 541-737-7573  Fax: 541-737-9665
Email: Immunizations@oregonstate.edu

if you would like this information in an alternate format, contact Gina Flak at 541-737-2715.