

# WSU School of Medicine Required Immunization and Diagnostic Student Health Care Coverage AY 2022-2023

## In-Network versus Out-of-Network

**In-Network:** a doctor, hospital or other provider **accepts** your health insurance plan. These providers, also known as “participating providers,” agree to accept the amount approved by your insurance provider for a service. For example, if a physician charges \$100 for a service and your insurance’s approved amount for that service is \$70, you would save a total amount of \$30 for that service.

**Out-of-Network:** a doctor, hospital, or other provider **does not** accept your health insurance plan. These providers will not accept your insurer’s approved amount for services and you will be responsible for paying the difference between your plan’s approved amount and the provider’s full charge for services rendered.

**Deductible:** the amount you pay for health care services before your health insurance begins to pay. For example, if your plan’s deductible is \$300, you would pay health care expenses totaling \$300 before your insurer would begin submitting payment for health services.

## How to Find an In-Network Provider

If you are enrolled in WSUSOM’s student health coverage, to find an in-network provider please use the [Find a Doctor](#) tool on the BCBSM/BCN website. For students enrolled in coverage outside of the student health plans, please contact your insurance provider to inquire about in-network providers.

**Please Note:** Regardless of your health insurance plan, it is always best practice to contact a provider and inquire if they accept your insurance prior to receiving any service if this information is not readily available to you.

Immunizations	BCN HMO (in network)	BCBS PPO (in network)	BCN HMO (out of network)	BCBS PPO (out of network)
TDAP	100% covered	100% covered	Not covered	Not covered
Annual Flu Shot	100% covered	100% covered	Not covered	Not covered
MMR	100% covered	100% covered	Not covered	Not covered
Varicella	100% covered	100% covered	Not covered	Not covered
Hepatitis B	100% covered	100% covered	Not covered	Not covered
COVID-19	100% covered	100% covered	Not covered	Not covered
<b>Diagnostic Services</b>				
Tuberculosis Skin Test	80% covered after deductible	80% covered after deductible	Not covered	60% covered after deductible
Quantitative antibody titer for Hepatitis B	80% covered after deductible	80% covered after deductible	Not covered	60% covered after deductible
Quantitative antibody titer for Measles	80% covered after deductible	80% covered after deductible	Not covered	60% covered after deductible
Quantitative antibody titer for Mumps	80% covered after deductible	80% covered after deductible	Not covered	60% covered after deductible
Quantitative antibody titer for Rubella	80% covered after deductible	80% covered after deductible	Not covered	60% covered after deductible
Quantitative (IgG) antibody titer for Varicella	80% covered after deductible	80% covered after deductible	Not covered	60% covered after deductible

\*For additional information on student health plan coverage and access to full benefit packages, please access the “Plan Materials” section of our insurance [website](#).