

## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<b>Allowed Amount:</b> The most your insurance plan will allow you to be charged you for a service covered by your plan. This may be less than the provider's normal price. "In-network" providers agree to accept this price.	<b>Related Words:</b> Cost Sharing, Deductible, In-Network, Network, Balance Billing, Explanation of Benefits
<b>For Example:</b> A doctor's normal fee for a service is \$125, but the insurance company negotiated a cost of \$85 for that service for the members of their plan. \$85 is the "allowed amount." How much of this allowed amount you pay will depend on the "cost sharing" details of your plan.	
<b>Good Advice:</b> You can find this amount on the Explanation of Benefits notice that you will receive after using your health insurance.	
<b>Note:</b> You can be charged more than this amount if you go out of network. Also called "eligible expense," "payment allowance" or "negotiated rate."	

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<b>Ambulatory Patient Services:</b> Health care services provided at hospitals and other health care facilities that allow you to leave the same day as you have the treatment. This care can include advanced medical services such as surgeries that require you to be put to sleep. <b>It is also called "outpatient" care.</b>	<b>Related Words:</b> Essential Health Benefits, Outpatient Facility, Surgery Center
<b>For Example:</b> Colon cancer screenings, CAT scans, MRI's, and "same-day" surgeries are all good examples.	
<b>Good Advice:</b>	
<b>Note:</b> This is not the ambulance.	

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<b>Balance Billing:</b> Balance billing only happens when you receive services from a provider who is not in your plan's network. Providers who are not in your plan's network, don't have to agree to the "allowed amount" set by your insurance company. If they charge more than your plan will pay, you can be billed for the difference between what your plan paid and the provider's full price.	<b>Related Words:</b> Out-of-Network, Network, Allowed Amount
<b>For Example:</b> If the "out-of-network" provider charges \$100 and your insurance's "allowed amount" is \$40, the provider can bill you the \$60 difference.	
<b>Good Advice:</b> If you are balance billed for services you received at an in-network facility or provider, call your insurance company and let them know that you did not choose the provider. Tell them the in-network facility chose the provider. Ask them to treat the service as in-network.	

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**Note:** Sometimes an in-network facility uses out of network providers as part of your treatment. This happens more often with certain types of providers such as: assistant surgeons, ER docs, surgical techs, anesthesiologists, radiologists, and a few other provider categories.

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### **Certified Application Counselor (CAC):**

A person who is trained and able to help you look for health coverage options through the Marketplace, including helping you to complete eligibility and enrollment forms. They can help you understand the appeals process and the tax forms you will get. They can also help you understand and use your insurance once you have it. Their services are free and available year round.

### **Related Words:**

Assister, Navigator, In-Person Assister

### **For Example:**

**Good Advice:** Because CAC's work with you in person, they hear your unique circumstances and give you very specific assistance. It could be well worth finding out if you have a CAC nearby.

**Note:** To find a CAC you can dial 211 or call 800-318-2596 or go to [www.healthcare.gov](http://www.healthcare.gov).

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### **Chronic Disease Management:**

Medical care designed to improve your health and quality of life by preventing or minimizing the effects of a disease or long-term illness. This care includes regular check-ups, lab tests, patient education and coordinating the activities of multiple health care providers. As the patient, you play a significant role in the management of the illness.

### **Related Words:**

**For Example:** Along with lifestyle changes, all the drugs, labs and check-ups required to keep certain conditions under control such as asthma, heart disease, depression, diabetes, high blood pressure and high cholesterol, low back pain, pain management, weight loss programs and pregnancy.

**Good Advice:** If you have a chronic health problem that you don't know how to manage, ask your doctor what you can do to improve your daily functioning.

**Note:** The different chronic disease management programs included in each plan are listed on [HealthCare.gov](http://HealthCare.gov) in the plan details under "Medical Management Programs." Also can be called Care Coordination.

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### **Coinsurance:**

The amount you pay for a covered service listed as a percent of the "allowed amount." Depending on your plan, you may have to pay the full allowed amount until your deductible has been paid.

### **Related Words:**

Deductible, Copay, Out-of-Pocket Costs, Cost Sharing, Allowed Amount

### **For Example:**

Your plan states that you have "coinsurance of 30% after deductible." This means that you will pay 100% of the allowed amount until your deductible has been met and 30% after. If the allowed amount is \$100, you pay \$100 until your deductible is met and \$30 after.

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If your plan simply showed “coinsurance of 30%” and did not also show “after deductible,” then you would pay \$30 for that service.

**Good Advice:**

**Note:**

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### **Copayment:**

A flat fee for a service covered by your plan (for example, \$20). You pay this amount when you get the service. It can change based on the type of service. You may have to pay your deductible first.

### **Related Words:**

Deductible, Coinsurance, Out-of-Pocket Costs, Cost Sharing, Allowed Amount

**For Example:** The regular price for a doctor visit is \$185 but your plan states that you have a \$45 Copay. You only pay \$45. If you see “after deductible,” then you pay \$185 until the deductible is met.

**Good Advice:** Copays are usually not included in the deductible.

**Note:** If you have a copay to see the doctor, this does not apply to additional services that may be ordered by the doctor (such as x-rays or prescriptions). These additional services will have additional costs.

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### **Cost Sharing:**

When you become a member of an insurance plan you agree to pay a share of the costs for the services covered by the plan. This is cost sharing. Your share of the cost can change over time as you use your insurance.

### **Related Words:**

Deductible, Out-of-Pocket Maximum, Out-of-Pocket Costs, Copay, Coinsurance, Allowed Amount, Balance Billing,

### **For Example:**

When the amount of money you spend for covered services equals the deductible amount listed in your plan, you have “reached” or “met” your deductible. From that point on, you will pay less for covered services. If you reach the “out-of-pocket maximum,” your share of the cost for covered services reduces to zero. Your only remaining expense will be your premium.

Many of the other words listed here such as copays, deductibles and coinsurance are examples of “cost-sharing.”

**Good Advice:** Use your Insurance Card or Summary of Benefits to see the cost sharing details in your plan.

**Note:** If you choose to get services that are *not* covered by your plan, these costs will not apply toward your deductible or out of pocket maximum and you will always pay full price for them.

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Deductible (Individual):</b> An amount you are required to pay before the insurance plan’s lowest cost sharing rates come into play. Depending on the insurance plan, it can apply to just some services or all covered services. You can use the Summary of Benefits to see how much the deductible is and what services it applies to.</p>	<p><b>Related Words:</b> Out-of-Pocket Maximum, Out-of-Pocket Costs, Copay, Coinsurance, Allowed Amount, Cost Sharing, Embedded Deductible</p>
<p><b>For Example:</b> You may see in your plan’s Summary of Benefits that a particular service has a “\$20 copay <i>after deductible</i>.” In this case, you must pay the full “allowed amount” for the service until your expenses add up to the deductible amount listed in the plan.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> To meet or reach your deductible means to have paid enough of your own money for covered services to equal the deductible amount listed in your plan. Copays do not count towards your deductible.</p> <p>Sometimes you will have a different a deductible amount for in-network services than for out-of-network services. This will be shown in your Summary of Benefits.</p>	

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<p><b>Deductible (Family):</b> There are two types of deductibles that can apply to health insurance for a family: “aggregate” and “embedded.” With an aggregate deductible there is one deductible amount for the entire family. With an embedded deductible there is a separate deductible amount for each family member that is included in the overall family deductible amount.</p>	<p><b>Related Words:</b> Out-of-Pocket Maximum, Out-of-Pocket Costs, Copay, Coinsurance, Allowed Amount, Cost Sharing, Deductible</p>
<p><b>For Example:</b> <u>Aggregate:</u> Jan, Jim and John have a family plan with a \$6,000 <b>aggregate</b> deductible. Jim has a \$5,000 health care expense, Jan has a \$500 expense and John has a \$200 expense. That adds up to \$5,700 which is below the deductible. They have not met their deductible.</p> <p><u>Embedded:</u> This time they also have a family deductible of \$6,000 but each member of the family also has a \$2,000 <b>embedded</b> individual deductible. Now when Jim has his \$5,000 expense, he only has to pay \$2,000 before the plan starts paying its share of the cost.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Durable Medical Equipment:</b> Equipment and supplies ordered by a health care provider for everyday or long-term use.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b> Some examples are oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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<p><b>Emergency Services:</b> Health care services to evaluate and treat you for potentially life-threatening conditions.</p>	<p><b>Related Words:</b> Essential Health Benefits</p>
<p><b>For Example:</b> You fall, injure yourself and you have a lot of pain, these would be the services used to treat you until your condition is stabilized.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> All plans are required to cover out-of-network emergency services at the same rate as in-network, as long as the situation is a medical emergency.</p>	

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<p><b>Essential Health Benefits:</b> Health care service categories that must be covered by most health insurance plans. These benefits can vary a bit from state to state and even sometimes within the same state. You can see them listed in a plan's Summary of Benefits.</p>	<p><b>Related Words:</b> Qualified Health Plan, Minimum Essential Coverage</p>
<p><b>For Example:</b></p> <ul style="list-style-type: none"> <li>• Outpatient care—the kind you get without being admitted to a hospital like a doctor or urgent care visit.</li> <li>• Trips to the emergency room</li> <li>• Treatment in the hospital for inpatient care</li> <li>• Care before and after your baby is born</li> <li>• Mental health and substance use disorder services: This includes behavioral health treatment, counseling, and psychotherapy</li> <li>• Your prescription drugs</li> <li>• Services and devices to help you recover if you are injured, or have a disability or chronic condition. This includes physical and occupational therapy, speech-language pathology, psychiatric rehabilitation, and more.</li> <li>• Your lab tests</li> <li>• Preventive services including counseling, screenings, and vaccines to keep you healthy and care for managing a chronic disease.</li> <li>• Pediatric services: This includes dental care and vision care for kids</li> </ul>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Evidence of Coverage and Benefits:</b> A document given to you by the insurance company when you become a member of an insurance plan. It describes the benefits given to you by the plan. It also tells you the limitations and exclusions to the coverage provided by your plan. It is the contract between you and the insurance provider.</p>	<p><b>Related Words:</b> Legal Contract, Summary of Benefits and Coverage</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b> Identify and keep this document with your other health records. It is the legal agreement between you and your insurance company and can be used to resolve problems with the insurance company.</p>	
<p><b>Note:</b></p>	

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<p><b>Exclusive Provider Organization (EPO):</b> An insurance plan where services are covered only if you go to doctors, specialists, or hospitals in the plan's network (except in an emergency).</p>	<p><b>Related Words:</b> Managed Care, HMO, PPO, POS</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> EPO plans have smaller networks and may not pay for services that you get from out-of-network providers.</p>	

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<p><b>Explanation of Benefits:</b> An explanation of benefits (usually called an "EOB" form) is a document sent by your health insurance company to explain what medical treatments and/or services they paid for on your behalf. An EOB typically describes the service performed including the date of the service, the description and/or insurer's code for the service; the name of the provider or place that provided the service; and the name of the patient; the doctor's fee, and what the insurer allows; and the amount you owe.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b> The EOB will usually say "THIS IS NOT A BILL" at the top in bold letters, but it is still important to look at and keep any EOB's that you get. They will help you track your expenses.</p>	
<p><b>Note:</b> EOB's can take a month or more after the date of service to arrive.</p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Fixed Health Care Expense:</b> A medical or health care expense that stays the same each month or year.</p>	<p><b>Related Words:</b> Premiums</p>
<p><b>For Example:</b> Your monthly premium payments.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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<p><b>Flexible or Periodic Health Care Expense:</b> A medical or health care expense that changes based on the use of services.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b> Quarterly labs to check diabetes.</p>	
<p><b>Good Advice:</b> It's helpful to know and keep track of your fixed and periodic health care expenses on a yearly basis.</p>	
<p><b>Note:</b></p>	

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<p><b>Flexible Savings Account (FSA):</b> An account you contribute money using pre-tax dollars. You can then be reimbursed for qualified medical expenses. FSA accounts are available as part of your employer's benefits plan package; you cannot open one as an individual consumer. The amount you choose to save is automatically deducted from your paycheck and is placed in an account managed by a third party agency. These accounts have set time period and at the end of the year or grace period, you may lose any money left over in your FSA; plan carefully.</p>	<p><b>Related Words:</b> Health Savings Account</p>
<p><b>For Example:</b> If you know you are going to have \$1,000 in out of pocket medical expenses in a year, you can set aside \$1,000 from your paycheck on a pre-tax basis to reimburse yourself for these expenses.</p>	
<p><b>Good Advice:</b> Plan carefully, if you don't use it – you lose it.</p>	
<p><b>Note:</b></p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Formulary:</b> A list of the prescription drugs covered by your insurance plan.</p>	<p><b>Related Words:</b> Tiered Medications, Prescription Drugs</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b> Contact your insurance plan’s customer service for the most up to date list of covered medications.</p>	
<p><b>Note:</b> While all the drugs listed on the formulary are covered by the insurer, they are not necessarily all covered to the same degree. Some will cost more than others (See Tiered Medications)</p>	

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<p><b>Habilitative services:</b> Health care services that help you keep, learn or improve the skills you need for the activities of daily living.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b> These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> States have the power to decide what is included in this service. So, the services can be different depending on where you live.</p>	

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<p><b>Health Maintenance Organization (HMO):</b> A type of health insurance plan that limits your care to doctors who work for or contract with the HMO. It generally will not cover out-of-network care except in an emergency.</p>	<p><b>Related Words:</b> EPO, PPO, POS</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.</p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Health Savings Account (HSA)/ Health Retirement Account (HRA):</b>  A medical savings account available to you if you have a HSA-qualified, high-deductible health insurance plan (HDHP). This account allows you to save pre-tax dollars for qualified medical expenses. Contributions can be made by you and/or your employer, but you are the account owner. Key advantages to HSAs are you can build the account balance by earning interest on what you set aside and this can be used to pay for future health care costs and you do not pay taxes on the earned interest. There are limits on how much you can set aside each year and provisions about how you can use the money before retirement and after.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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<p><b>Hospitalization:</b>  Healthcare that requires you to spend at least one night in the hospital.</p>	<p><b>Related Words:</b>  Inpatient Care, Outpatient Care</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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<p><b>Insurance Card:</b>  Given to you by the health insurance company, this card confirms that you have coverage and provides important information including your health insurance company name and important contact information, your member number, type of insurance, coverage start date and copayment amounts.</p>	<p><b>Related Words:</b>  Customer Service</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b> Keep your insurance card on you at all times.</p>	
<p><b>Note:</b></p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Medical Identity Theft:</b> When someone uses your name and other personal information in order to falsely obtain medical care or insurance coverage.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> Because someone else’s health events can end up in your records, your health care providers can get the wrong impression of your health. You may be billed for someone else’s care. You could be denied some services (like your preventive care) because someone else has already used it.</p>	

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<p><b>Mental health and substance abuse disorder services:</b> Treatment and services to improve mental health and to address alcohol or substance abuse.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b> Counseling, psychotherapy, rehab and medications like methadone.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> Insurers are not allowed to charge substantially more for these benefits than what they charge for medical services.</p>	

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<p><b>Minimum Essential Coverage (MEC):</b> A type of health insurance that qualifies as health insurance under the Affordable Care Act. If you are covered by a plan that is considered MEC, you will not have to pay a penalty for not having insurance when you file your taxes. All health insurance plans offered on the Health Insurance Marketplace are considered MEC and are certified as Qualified Health Plans (QHPs). Whether individual plans not offered on the Marketplace are considered MEC depends on how much cost-sharing is required, whether the plan covers certain benefits, and other factors.</p>	<p><b>Related Words:</b></p> <p>Qualified Health Plan</p>
<p><b>For Example:</b> Job-based plans, Medicare Part A or Part C, most Medicaid plans, except partial Medicaid programs, CHIP, coverage in a parent’s plan, most student health plans, some VA plans, most TRICARE plans, Peace Corp volunteer coverage, Refugee Medical Assistance, state high-risk pools.</p>	
<p><b>Good Advice:</b> Before purchasing, ask whether a plan is considered MEC. Your agent or broker, school or other insurance carrier will know.</p>	
<p><b>Note:</b> Examples of insurance that is not MEC: Insurance that only covers Vision or only covers Dental, Worker’s Compensation, coverage for only a specific illness or type of illness (such as cancer), and plans that only offer a discount for a service.</p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Navigator:</b> An unbiased individual or organization trained and able to help consumers and small businesses as they look for health coverage options through the Marketplace, including completing eligibility and enrollment forms. Their services are free to consumers.</p>	<p><b>Related Words:</b> Certified Application Counselor, Assister, In-Person Assister</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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<p><b>Network:</b> Insurance companies establish contracts with doctors, clinics, hospitals, pharmacies and other facilities that make them part of the plan. This contracted group is called the "network."</p>	<p><b>Related Words:</b> Allowed Amount, Balance Billing, HMO, PPO, EPO, POS, In-Network, Out-of-Network</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b> Make sure you know which providers are in your plan's network. Call customer service or use the online directory and also contact the provider directly to make sure they are part of your network.</p>	
<p><b>Note:</b> A provider who is part of the plan is considered "in-network." A provider who is not part of the plan is considered "out-of-network". You will pay less if you use "in-network" providers.</p>	

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<p><b>Out-of-Pocket Costs:</b> Any money you pay "out of <i>your</i> own pocket" for the covered services you get. This can also be called "cost sharing."</p>	<p><b>Related Words:</b> Deductible, Out-of-Pocket Maximum, Copay, Coinsurance, Allowed Amount, Balance Billing, Cost Sharing</p>
<p><b>For Example:</b> This includes deductibles, coinsurance and copayments. It also includes costs for services that are not covered by insurance.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Out-of-Pocket Maximum:</b> The limit set on what you have to pay <i>out of your own pocket</i> in a year for the covered services provided by your insurance plan.</p>	<p><b>Related Words:</b> Deductible, Out-of-Pocket Costs, Copay, Coinsurance, Allowed Amount, Balance Billing, Cost Sharing</p>
<p><b>For Example:</b> If your plan has a \$4,000 Out-of-Pocket Maximum, \$4,000 is the most you will pay, via cost sharing, in that plan year for covered medical services. The rest will be paid by the insurer.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> This does not include your premium; balance billing; other out of network expenses; or the costs of health care services that are not covered by your plan.</p>	

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<p><b>Point of Service (POS) plans:</b> A type of plan in which you pay less if you use health care providers that belong to the plan's network.</p>	<p><b>Related Words:</b> Network</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> Requires you to get a referral from your primary care doctor in order to see a specialist.</p>	

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<p><b>Preferred Provider Organization (PPO):</b> A type of health plan that contracts with medical providers to create a network of participating providers.</p>	<p><b>Related Words:</b> Network, in-network, out-of-network</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> You are able to receive services from out-of-network providers in this type of plan, but you pay less if you use providers that are in-network.</p>	

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<p><b>Premium:</b> The regular membership fee you pay in order to belong to your insurance plan.</p>	<p><b>Related Words:</b> Fixed Health Care Expense</p>
<p><b>For Example:</b> This is usually paid monthly, but can be paid quarterly or yearly.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> You pay this fee regardless of whether you use any health services in a given month.</p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Prescription Drugs:</b> Medications that you can only get if you have a prescription from a licensed health care provider.</p>	<p><b>Related Words:</b> Formulary, Over-the-Counter, Tiered Medications</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> Generic medications often have lower out of pocket costs than brand name drugs and specialty drugs. You can find out if your prescription is generic, brand name, or specialty by asking your pharmacist, doctor, or insurer. The cost of the prescription drug will depend on which category it falls into.</p>	

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<p><b>Preventive Services:</b> Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b> Flu Shots, vaccines, colonoscopies, annual physical, “well-woman” visit</p>	
<p><b>Good Advice:</b> If you do not want to be charged for a regular office visit, make sure to tell your provider that you are scheduling a “well-visit” for preventive services.</p>	
<p><b>Note:</b> Many of these services are available with no cost sharing.</p>	

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<p><b>Primary Care Provider (PCP):</b> A trained medical professional who directly provides or coordinates a range of health care services for a patient.</p>	<p><b>Related Words:</b> Doctor, Nurse Practitioner, Physician’s Assistant</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b> It is helpful to see the same PCP each time you need medical services. This allows the doctor to get to know you, your medical history, and better follow up with you about your care. Seeing the same PCP has been shown to result in better health.</p>	
<p><b>Note:</b> Most insurance plans require that you pick a primary care provider.</p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Qualified Health Plan:</b> A plan offered on the federal or state Marketplace must be a Qualified Health Plan, which means it has been certified to provide essential health benefits and to meet certain cost-sharing limits (deductibles, copayments, and out-of-pocket maximum).</p>	<p><b>Related Words:</b> Minimum Essential Coverage</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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<p><b>Qualified Medical Expense:</b> The amount paid for the diagnosis, cure, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> Qualified expenses are defined by the IRS. There are many different types of medical expenses that can qualify. You can find out what these are by going to: <a href="http://www.irs.gov/pub/irs-prior/p502--2013.pdf">http://www.irs.gov/pub/irs-prior/p502--2013.pdf</a></p>	

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<p><b>Rehabilitative Services:</b> Health care services that help you keep, get back, or improve the skills you need for the activities of daily living that have been lost or impaired because you were sick, hurt, or disabled.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b> Physical therapy.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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<p><b>Specialists:</b> A health care provider who focuses on a specific area of medicine or health care.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b> Dermatologist, cardiologist, urologist,</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<p><b>Summary of Benefits and Coverage:</b> An easy-to-read summary that lets you make apples-to-apples comparisons of costs and coverage between health plans. You can compare options based on price, benefits, and other features that may be important to you. You will get the "Summary of Benefits and Coverage" (SBC) when you shop for coverage on your own or through your job, renew or change coverage, or request an SBC from the health insurance company.</p>	<p><b>Related Words:</b> Evidence of Coverage, Explanation of Benefits</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b> Keep the Summary of Benefits for your plan and use it as a quick guide to your benefits.</p>	
<p><b>Note:</b></p>	

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<p><b>Tiered Medications:</b> Insurance plans divide the medications in their formulary into different categories also called "tiers." Each category will have its own price. Tier 1 will be the least expensive and Tier 4 will be the most expensive.</p>	<p><b>Related Words:</b> Formulary, Prescription Drugs, Summary of Benefits, Evidence of Coverage</p>
<p><b>For Example:</b> Generic drugs are Tier 1.</p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> Different forms or dosages of the same medication may be in different tiers. For example- an injectable or high dose form of a drug may be in a higher tier than pill forms of lower doses of the same drug.</p>	

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<p><b>Tiered Network:</b> Insurance plans sometimes put their facilities and providers into different categories. Each category or "tier" will have its own price.</p>	<p><b>Related Words:</b> Tiered Network</p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b> Tier 1 will be the least expensive other tiers will be more expensive.</p>	

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<p><b>Vision Services:</b> Health benefit that at least partially covers vision care, like eye exams and glasses.</p>	<p><b>Related Words:</b></p>
<p><b>For Example:</b></p>	
<p><b>Good Advice:</b></p>	
<p><b>Note:</b></p>	

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## IMPORTANT HEALTH INSURANCE WORDS DESCRIBED

<b>Well Baby &amp; Well-Child Care:</b> Routine doctor visits for comprehensive preventive health services that occur when a baby is young and annual visits until a child reaches age 21.	<b>Related Words:</b>
<b>For Example:</b>	
<b>Good Advice:</b>	
<b>Note:</b>	

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