## **GLOSSARY:** Common Health Care Terms

Health care and health insurance can be confusing — especially when commonly used words and terms are unfamiliar. We've put together this guide to commonly used phrases to help make engaging with your benefits and care a little easier.

**Benefit:** Any service or item covered by a health plan.

**Coinsurance:** The percentage of costs for care you are responsible for paying.

**Copayment/Copay:** The fixed amount you pay for medical services, such as office visits or prescription medicines.

**Cost Share:** The share of the costs for care that you are responsible for, including deductibles, copays, coinsurance, and other costs not covered by your health plan.

**Coverage:** The costs of your medical services and prescription drugs that your health plan pays.

**Deductible:** What you pay each year before your health insurance begins to make any payments for claims. Not all health plans require a deductible.

**Health Insurance:** A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

**Health Maintenance Organization (HMO) Plan:** In an HMO plan, you must see your Primary Care Physician (PCP) first for most medical issues. Your PCP will refer you to any specialists you may need to see.

**Hospitalization:** Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**In-Network:** Health plans contract with providers and health facilities. They are considered "in-network." When you get care from an in-network provider or use an in-network facility, you save money.

**Network:** A collection of providers and health care facilities who contract with a health plan to provide services to members at a rate that is less than their usual fees.

**Non-Preferred Provider:** A provider without a contract with your health insurer, resulting in higher service costs. Review your policy to determine if you can visit all contracted providers or if a "tiered" network requires extra payment for certain providers.

**Out-of-Network**: Providers and health care facilities who do not contract with your health plan. For most plans, if you go out-of-network, you will likely pay more.

**Out-of-Pocket (OOP) Maximum:** The most money you will spend in a plan year out of pocket for your medical or prescription drug coverage. After this point, the plan pays 100% of eligible expenses. The OOP may be separate for medical and prescription drugs.

**Over-the-Counter (OTC):** Medicines you can buy without a prescription.

**Plan:** A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

**Preauthorization/Precertification:** A decision by your health insurer or plan that a health care service, treatment, prescription drug, or equipment is medically necessary. It may be required before receiving certain services (except in an emergency), but it doesn't guarantee coverage.

**Preferred Provider Organization (PPO) Plan:** In a PPO, the plan offers both in-network and out-of-network coverage. You can see any doctor but will pay less when you use an in-network provider.

**Premium:** The payment made for an insurance policy, usually monthly.

**Prescription Drugs**: Drugs and medications that by law require a prescription.

**Primary Care Physician (PCP):** A physician who acts as a primary source of health services for a member either directly or through coordination of services.

**Rehabilitation Services:** Health care services intended to help individuals regain or improve daily living skills lost due to illness, injury, or disability. This includes physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation.

**Specialist:** A provider who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

**Urgent Care:** Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.