Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles, co-insurance** and **out-of-pocket limits** work together in a real life situation.

**Allowed Amount**
Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

**Appeal**
A request for LifeWise Assurance Company to review a decision or a grievance again.

**Campus Clinic**
Provider locations where the highest level of insurance benefits are provided. You can find your campus clinic on page I of the LifeWise Benefit Booklet.

**Co-payment**
A fixed amount (for example, $20) you pay for a covered health care service, usually when you receive the service. You will most often pay a co-payment for pharmacy services.

**Co-insurance**
Your share of the costs of a covered health care service, calculated as a percent (for example, 25%) of the **allowed amount** for the service. You pay co-insurance plus any **deductibles** you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your co-insurance payment of 25% would be $25. The health insurance or plan pays the rest of the allowed amount. (See page 4 for a detailed example.)

**Deductible**
The amount you owe for health care services your **health insurance or plan** covers before your health insurance or plan begins to pay. For example, if your deductible is $100, your plan won’t pay anything until you’ve met your $100 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

**Emergency Medical Condition**
An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

**Emergency Medical Transportation**
Ambulance services for an emergency medical condition.

**Emergency Room Care**
Emergency services you get in an emergency room.

**Emergency Services**
Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.
Excluded Services
Health care services that LifeWise Assurance doesn’t pay for or cover.

Grievance
A complaint that you communicate to LifeWise Assurance.

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

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.

Hospital Outpatient Care
Care in a hospital that usually doesn’t require an overnight stay.

In-network Co-insurance
The percent (for example, 25%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Co-payment
A fixed amount (for example, $15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

Medically Necessary
Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network
The facilities, providers and suppliers that LifeWise Assurance has contracted with to provide health care services.

Non-Preferred Provider
A provider who doesn’t have a contract with your health insurer or plan to provide services to you. You’ll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers.

Out-of-network Co-insurance
The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-network Co-payment
A fixed amount (for example, $30) you pay for covered health care services from providers who do not contract with LifeWise Assurance. Out-of-network co-payments usually are more than in-network co-payments.

Out-of-Pocket Limit
The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn’t cover. Some health insurance or plans don’t count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Physician Services
Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.
**Plan**
A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

**Plan Year**
A 12-month period beginning and ending on the effective dates of the plan. The UW plan year begins in Autumn quarter and ends in Summer quarter.

**Preauthorization**
A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health insurance or plan will cover the cost.

**Preferred Provider**
A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also “participating” providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

**Premium**
The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

**Prescription Drug Coverage**
Health insurance or plan that helps pay for prescription drugs and medications.

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

**Primary Care Physician**
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

**Primary Care Provider**
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

**Provider**
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

**Rehabilitation Services**
Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

**Specialist**
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

**UCR (Usual, Customary and Reasonable)**
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

**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.
How You and Your Insurer Share Costs - Example

Jane’s Plan Deductible: $100 per quarter  Co-insurance: 25%  Out-of-Pocket Limit: $3,400

Sept 1st Beginning of Autumn Coverage Period

Jane pays 100%  Her plan pays 0%

Jane hasn’t reached her $100 deductible yet
Her plan doesn’t pay any of the costs.
Office visit costs: $100
Jane pays: $100  Her plan pays: $0

Jane pays 25%  Her plan pays 75%

Jane reaches her $100 deductible, co-insurance begins
Jane has seen a doctor several times and paid $100 in total. Her plan pays some of the costs for her next visit.
Office visit costs: $100  Jane pays: 25% of $100 = $25  Her plan pays: 75% of $100 = $75

more costs

more costs

more costs

Jane pays 0%  Her plan pays 100%

Jane reaches her $3,400 out-of-pocket limit
Jane has seen the doctor often and paid $3,400 in total. Her plan pays the full cost of her covered health care services for the rest of the year.
Office visit costs: $200  Jane pays: $0  Her plan pays: $200

January 6th End of Coverage Period