

Accidental Death and Dismemberment (AD&D)

After-Tax Deduction

Allowed Charges

Before-Tax Deduction

Beneficiary

Coinsurance

Consolidated Omnibus Budget

Reconciliation Act of 1985 (COBRA)

Contingent Beneficiary

Continuity of Care

Coordination of Benefits (COB)

AD&D provides coverage for death or dismemberment resulting directly from accidental causes.

A deduction from pay that does not reduce the taxable wages. Sometimes called a post-tax contribution or a post-tax deduction.

The amount an insurer establishes as a maximum allowable fee for a service or Deductions taken out of an employee's gross pay, before tax withholdings are calculated sometimes called a pre-tax contribution or a pre-tax deduction.

A person or entity named by the participant (or by the terms of an employee benefit plan) in an insurance policy or pension plan to receive any benefits if the A policy provision by which the insured person and the insurer share the hospital, medical or prescription expenses resulting from an illness or injury in a specified ratio (e.g., 80%: 20%), after the deductible is met.

Legislation that requires employers sponsoring group health plans to offer employees and their families the opportunity for a temporary extension of health coverage at group rates in certain instances where coverage would otherwise end. An alternate beneficiary whose rights are dependent upon the death of the primary beneficiary.

Designed to provide needed services as a result of a previously planned treatment program if approved by a new insurer.

A group health insurance policy provision designed to eliminate duplicate payments and provide the sequence in which coverage will apply (primary and secondary) when a person is insured under two contracts.

<i>Copayments</i>	A specified fixed amount for covered services paid by the insured member at the time of service.
<i>Decreasing Term</i>	A term-life insurance policy whose benefit decreases as age increases.
<i>Deductible</i>	The amount of eligible medical expenses paid out-of-pocket before becoming payable by the carrier.
<i>Dependent Care Flexible Spending Account (DCFSA)</i>	Employer-sponsored flexible benefits plan feature that permits employees to use pretax (tax-free) dollars from their paychecks to pay the cost of care for children or elderly dependents up to a certain legislated limit and within very specific guidelines. Money left in the account at the end of the year will be forfeited.
<i>Disability Insurance</i>	A provision to pay benefits to a covered disabled person as long as he or she remains disabled up to a specified period.
<i>Evidence of Coverage (EOC)</i>	Detail of benefits, provisions and features of coverage provided by individual
<i>Evidence of Insurability</i>	Any statement or proof of a person's physical condition, occupation or other factor affecting his or her acceptance for insurance.
<i>Exclusions or Exceptions</i>	Specific conditions or circumstances listed in the policy or employee benefit plan for which the policy or plan will not provide benefit payments.
<i>Exclusive Provider Organization (EPO)</i>	A more rigid type of PPO, closely related to an HMO. Provides benefits or levels of benefits only if care is rendered by providers within a specified network (with some exceptions for emergency and out-of-area providers).
<i>Explanation of Benefits</i>	A statement from the insurer sent to a group member and doctor after filing a claim. Gives specific details about how and why benefit payments were or were not made. It summarizes the charges submitted and processed, the amount allowed, the amount paid, and the subscriber balance, if any.
<i>Formulary</i>	A listing of approved prescription medications that will be covered by an
<i>Grievance Procedure</i>	A formal process for the resolution of member or provider complaints, generally mandated by state law or federal qualification standards.
<i>Guaranteed Issue</i>	The insurer will issue up to some stipulated amount of insurance for each individual. There is no qualification that an individual provide a medical history

Health Care Flexible Spending Account (HCFA)

An account into which employees can contribute pre-tax dollars to reimburse health-related expenditures not covered by insurance. Money left in the account at the end of the year is forfeited.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Health Savings Accounts (HSA) :

Legislation designed to improve the portability of health coverage and to protect the privacy of health information.

A mechanism for saving money to pay for health care. Participants can pay for current health expenses while saving for future qualified medical health expenses on a tax-free basis. HSA's must be used in conjunction with a High Deductible Health Plan. Participants control the money in an HSA, deciding how to spend it and how to invest it. Unused funds in an HSA at the end of a plan year may be

Health Maintenance Organization (HMO)

An HMO is a type of group health insurance plan which provides a managed system of medical care. It provides services through a group of doctors, medical personnel and facilities that work directly for the HMO.

High-Deductible Health Plans (HDHP)

A HDHP is a health plan product, when combined with a Health Savings Account (HSA), provides insurance coverage and a tax-advantaged way to help save for future medical expenses.

In-Network

A group of hospitals and physicians that contract with an insurance company to provide medical care.

Limitations and Exclusions
Medicare

Services that are limited or not covered under your plan.

A federal medical care program for qualifying individuals. Medicare provides a medical expense payment provision and is sponsored by the Social Security

Medicare Part A

Refers to the hospital insurance program that is administered by the Federal Department of Health and Human Services and the Social Security

Medicare Part B

Administration. Medicare Part A is provided at no cost to you if you have earned
Refers to the medical insurance that helps pay for doctors, outpatient hospital care and other medical services. Administered by the Federal Department of Health and Human Services and the Social Security Administration. There is a monthly premium charged for Medicare Part B (subject to change annually).

<i>Open Enrollment</i>	An annual period when you may make changes to your benefits, including adding dependents, changing health plans and changing dental plans.
<i>Out-of-Network</i>	A group of hospitals and physicians that have not contracted with the insurance
<i>Out-of-Pocket Maximum</i>	The maximum amount of money a person will pay for allowable covered expenses under a health plan.
<i>Preferred Provider Organization (PPO)</i>	A PPO is a group of health care providers of all types who are organized by an insurance company. These medical providers sign contracts with an insurance company saying that they will accept the PPO's fee schedule and guidelines for its
<i>Premium Only Plan (POP)</i>	The POP allows your monthly medical and dental insurance premiums to be deducted from your paycheck before taxes are calculated.
<i>Primary Care Physician (PCP)</i>	The physician in a managed care plan who is responsible for coordinating all care for an individual patient, from providing direct care services to referring the patient to specialists and hospital care.
<i>Preventive Care</i>	Comprehensive care emphasizing priorities for prevention, early detection and early treatment of conditions, generally including routine physical examinations, immunization and well-person care.
<i>Prior Authorization</i>	A cost-control procedure that requires the service or medication to be approved in advance by the doctor and/or the insurer. Without prior authorization, the health plan or insurer will not pay for the test, drug or services.
<i>Public Employees' Retirement Association (PERA)</i>	PERA provides retirement and other benefits to the employees of government agencies and public entities in the state of Colorado. It is the mandatory retirement plan for all State of Colorado classified employees. PERA is a substitute for Social Security for most of these public employees.
<i>Qualifying Event</i>	One of a list of specific events that allows specified benefit changes to be made outside of the Open Enrollment period. Review the Eligibility Section of the
<i>Term Life Insurance</i>	Life insurance payable to a beneficiary only when an insured dies. There are no policy benefits such as cash or loan value.