

# Common Terms



The following definitions will help you better understand your health plan options:

**Premium:** A cost that is deducted from your paycheck to provide access to benefits.

**Copayment or Copay:** A flat amount paid per visit or prescription.

**Deductible:** An annual amount paid for services prior to receiving a coinsurance benefit.

**Coinsurance:** A method of cost-sharing that requires the employee to pay a stated percentage of all remaining eligible medical expenses after the deductible amount has been paid.

**Out-of-Pocket Maximum:** Once an employee has reached his annual amount, any further eligible costs for the plan year are covered 100% by the plan. This does not include copays and premiums.

**In-Network Provider:** these hospitals and facilities have contracted with your insurance company to provide services at a negotiated rate. Your out of pocket costs will be lower if you choose to see an in-network provider.

**Out-of-Network Provider:** These hospitals and facilities are not contracted with Premera and not part of their network providers. Your out-of-pocket costs will be higher if you choose to see an out-of-network provider.

**Preventive Care:** Preventive care services are routine services that include screenings, check-ups and patient counseling to prevent illnesses, disease or other health problems. Preventive care services and recommendations are defined by the U.S. Preventive Task Force. To find a complete list, visit [www.premera.com](http://www.premera.com) and log into your account.

**Inpatient Care:** Care given to a person who has been hospitalized, usually including an overnight stay.

**Outpatient Care:** Care that usually does not require an overnight stay.

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

**Explanation of Benefits (EOB):** The EOB is a statement from the insurance company. The EOB lists what portion of a claim was paid by the plan and what portion of the payment, if any, you are responsible for.

**Qualifying Event (or Family Status Change):** You are eligible for a special enrollment period to enroll in health coverage or change your current benefit elections if you experience a qualifying event. You cannot change your benefit elections mid-plan year unless you experience a qualifying event. Qualifying events include, but are not limited to: Marriage, divorce, birth, adoption, a change in your spouse's employment or involuntary loss of health coverage, loss of coverage due to the exhaustion of another employer's COBRA benefits, or your dependent child no longer qualifies as an eligible dependent.