Glossary
This section defines words and terms that you may find helpful.

A

ACA (Affordable Care Act) – Healthcare reform act which was signed into law in 2010. The main objectives of the act are to increase quality and affordability of insurance, to lower the uninsured rate by expanding public and private insurance coverage, to reduce costs of healthcare for individuals and government, and to require insurance companies to cover all applicants and offer the same rates regardless of pre-existing conditions or sex.
ADA (Americans with Disabilities Act) – A civil rights law which prohibits, under certain circumstances, discrimination based on disability. Disability Definition: "…a physical or mental impairment that substantially limits a major life activity."
Acupuncture Services — The treatment of a disease or condition by inserting special needles along specific nerve pathways for therapeutic purposes. The placement of the needles varies with the disease or condition being treated.
Ambulance — A specially designed and equipped vehicle used **only** for transporting the sick and injured. It must have customary safety and lifesaving equipment such as first-aid supplies and oxygen equipment. The vehicle must be operated by trained personnel and licensed as an ambulance.
Anesthesia — The loss of normal sensation or feeling. There are two different types of anesthesia:

- General anesthesia, also known as total body anesthesia, causes the patient to become unconscious or "put to sleep" for a period of time.
- Local anesthesia causes loss of feeling or numbness in a specific area usually injected with a local anesthetic drug such as Lidocaine.

B

Benefit of Summary and Coverage — The document which identifies the type of benefits, copayment, deductible and coinsurance information.

C

CHP – County Health Pool.
Calendar Year - That period of time beginning on the first day of January and ending on the last day of December in the same Calendar Year.

Chiropractic Services — A system of therapy in which disease is considered the result of abnormal function of the nervous system. This method of treatment usually involves manipulation of the spinal column and other body structures.
COBRA — An acronym for the Consolidated Omnibus Budget Reconciliation Act of 1985. This Federal Law allows individuals, in certain cases, to continue their group health insurance coverage for a specified period after termination of their employment for other qualifying events.
Coinsurance — A provision under which the Employee Participant and the Plan share costs incurred after the Deductible is met, according to a specific formula. The amount of Coinsurance the Enrollee pays to a Provider is calculated after the determination of the Maximum Allowed Amount, but before the Plan subtracts any discount(s) the Plan may have negotiated with the Provider.
Common-Law Spouse - One who is married common law as interpreted by the courts of the State of Colorado. The requirements for a relationship to gain recognition as a common-law marriage are cohabitation and general reputation as married. Both factors must be present. Mere cohabitation is not sufficient. To establish the presumption of marriage by cohabitation and repute there must be clear, consistent, convincing and positive evidence.
Coordination of Benefits — Also known as COB, a stipulation in most health insurance policies that helps prevent duplicate payments for services covered by more than one policy or program of insurance. For example, an Enrollee may be covered by the Enrollee's own policy, as well as a spouse's policy. Eligible medical expenses are covered first by a person's own policy. Any balance is submitted to the spouse's health insurance carrier for additional consideration.
Copayment — The portion of a claim or medical expense that an Enrollee must pay out of the Enrollee's own pocket to a Provider or a facility for each service. A Copayment is usually a fixed amount that is paid at the time the service is rendered.
Creditable Coverage — A qualified prior health coverage that an Employee and/or Dependent had within 62 days prior to the Effective Date of the Plan's benefits. Prior creditable health coverage includes Medicare or Medicaid coverage, a group health insurance coverage, an individual health benefit coverage, state high risk pool coverage, any federal or state health benefit coverage or any other health benefit coverage that provides basic medical and hospital care, including, but not limited to, hospital services, physicians' services, outpatient medical services, and laboratory and X-ray services.

D

Deductible — The dollar amount of Covered Services for which you are responsible before the Plan starts to pay for Covered Services each Calendar

Year. Some Covered Services have a maximum benefit of days, visits, or dollar amounts allowed in a Benefit Period. When the Deductible is applied to a Covered Service which has a maximum benefit; the maximum benefit will be reduced by the amount applied toward the Deductible, whether or not the service is paid by this Plan Document and Summary Plan Description.

Dental Services — Services performed for treatment of conditions related to the teeth or structures supporting the teeth.

Dependent — A person of the Employee Participant's family who is eligible for coverage under the Plan.

Disabled Dependent — A child of any age who is medically certified as disabled and/or handicapped.

Durable Medical Equipment — Any equipment that can withstand repeated use, is made to serve a medical condition, is useless to a person who is not ill or injured, and is appropriate for use in the home.

E

Effective Date — The date when an Enrollee's coverage begins under this Plan. No benefits are provided for services and supplies received before your Effective Date or after your termination date.

Explanation of Benefits — Also known as an EOB, a printed form sent by an insurance company to an Enrollee after a claim has been filed and adjudicated. The EOB includes such information as the date of service, name of Provider, amount covered and patient balance. An explanation of Medicare benefits, or EOMB, is similar, except it is sent following submission of a Medicare claim.

F

Family Coverage - Coverage for the Employee and eligible Dependents.

G

GINA (Genetic Information Nondiscrimination Act of 2008) - Designed to prohibit the use of genetic information in health insurance and employment. Prohibits group health plans and insurers from denying coverage to a healthy individual or charging that person higher premiums based solely on a genetic predisposition to disease in the future.

H

HDHP — High-deductible health plan is a health insurance plan with lower premiums and higher deductibles than a traditional health plan. Under an HDHP, no other benefits are provided until the insured has met the deductible. That means HDHPs cannot have copays for office visits or prescriptions prior to the deductible being met. Being covered by an HDHP is also a requirement for having a health savings account.

HIPAA — Health Insurance Portability and Accountability Act of 1996. a federal law that: Limits the ability of a new employer plan to exclude coverage for preexisting conditions; Provides additional opportunities to enroll in a group health plan if you lose other coverage or experience certain life events; Prohibits discrimination against employees and their dependent family members based on any health factors they may have, including prior medical conditions, previous claims experience, and genetic information; and Guarantees that certain individuals will have access to, and can renew, individual health insurance policies.

HIPAA Privacy – Establishes national standards to protect individuals' medical records & personal health information (PHI), by requiring appropriate safeguards to protect the privacy of PHI. Also, gives patients the rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

HITECH (Health Information Technology for Economic and Clinical Health) – Enacted as part of the American Recovery and Reinvestment Act of 2009 – Designed to prohibit the use of genetic information in health insurance and employment. Prohibits group health plans and insurers from denying coverage to a healthy individual or charging that person higher premium based solely on a genetic predisposition to disease in the future.

Home Health Care — The special term for skilled nursing, occupational therapy and other health-related services provided at home by a Certified home health agency.

Hospice Care — An alternative way of caring for terminally ill individuals that stresses palliative care rather than curative or restorative care. Hospice care focuses on the patient/family as the unit of care. Supportive services are offered to the family before and after the death of the Enrollee. Hospice care addresses physical, social, psychological and spiritual needs of the Enrollee and the Enrollee's family.

Hospital — A health institution licensed as a hospital and offering facilities, beds and continuous services 24 hours a day and meets all licensing and certification requirements of local and state regulatory agencies. Hospital also includes "birthing centers" which are either a part of a hospital or are "free standing"

providing care by a Certified Nurse Midwife with physician backup or by a physician with service by nurses with specialized training to monitor labor, delivery and after delivery family care.
HSA - A health savings account is a tax-deductible savings account that's used in conjunction with an HSA-qualified high-deductible health insurance plan (HDHP). You can use the tax-free savings in your HAS to pay for doctor visits, hospital costs, deductibles, copays or prescription drugs.

I

In-Network — A term for Providers or facilities that enter into a PPO network agreement with the Plan.
IRS Reporting — Forms that are used to report affordable coverage to the IRS to avoid both employer and individual penalties. Forms are IRS 1094B/1095B and 1095C.

J

K

L

Laboratory and Pathology Services — Testing procedures required for the diagnosis or treatment of a condition. Generally, these services involve the analysis of a specimen of tissue or other material that has been removed from the body.
Late Entrant - An Entrant who submits an enrollment application after the waiting period of the Qualifying Event period expires.
Live Health Online – An online doctor visit through live video using your own computer or mobile device with a U.S. board-certified doctor.

M

Medically Necessary — A confinement, treatment, service or supply which is considered essential to the treatment of the disease or injury and is within the norms and current practices of the medical profession prevailing in the geographical locality where and at the time when the service, supply or treatment is ordered. Determination of "generally accepted practice" is the prerogative of

Anthem, on behalf of the Plan, through consultation with appropriate medical or surgical persons.
Model Exchange Notice – A notice to provide some basic information about the new Marketplace and employment-based health coverage offered by your employer.

N

O

Open-enrollment — During this period, Enrollees may enroll themselves and their Dependents for benefits or change benefits, if this option is available.
Out-of-Network — a term for Non-Participating Providers or facilities that do not enter into a network agreement. Services received from a Non-Participating Provider, usually result in a higher out-of-pocket expense to you than services rendered by a Participating Provider.
Out-of-Pocket Annual Maximum— The cost sharing total an Enrollee may be liable for under this Plan for most medical expenses during a specified period. The Out-of-Pocket Annual Maximum is designed to protect Enrollees from catastrophic health care expenses. For each Enrollee's Calendar Year, after the Out-of-Pocket Annual Maximum is reached, for most services payment will be made at 100 percent of the allowable charge for the remainder of the Enrollee's Calendar Year. Benefit period maximums, lifetime maximums or maximum dollar limitations under this Plan will still apply, even if the member has satisfied the Out-of-Pocket Annual Maximum.
Outpatient Medical Care — Non-surgical services provided in a Provider's office, the outpatient department of a hospital or other facility, or the Enrollee's home.

P

PPACA (Patient Protection and Affordable Care Act) – Healthcare reform act which was signed into law in 2010. The main objectives of the act are to increase quality and affordability of insurance, to lower the uninsured rate by expanding public and private insurance coverage, to reduce costs of healthcare for individuals and government, and to require insurance companies to cover all applicants and offer the same rates regardless or pro-existing conditions or sex.
PPO – See "Preferred Provider Organizations"
Physical therapy — The use of physical agents to treat disability resulting from disease or injury. Physical agents used include heat, cold, electrical currents,

ultrasound, ultraviolet radiation, massage and therapeutic exercise. Physical therapy must be performed by a physician or registered physical therapist.

Plan Document and Summary Plan Description —Document which explains the benefits, limitations, exclusions, terms and conditions of the health benefit plan. In the event of any discrepancy, ambiguity or conflict between the terms of the Plan Document and Summary Plan Description and any other document, the terms of the Plan Document and Summary Plan Description control.

Pre-authorization —A process in which requests for services are reviewed **prior** to service for approval of benefits, length of stay and appropriate location.

Preferred Provider Organization (PPO) - A panel of licensed Physicians and/or a group of participating health care institutions that have contracted to supply health care services to Plan Enrollees.

Prescription drugs— prescription drugs include:

Brand name prescription drug — the initial version of a medication developed by a pharmaceutical manufacturer or a version marketed under a pharmaceutical manufacturer's own registered trade name or trademark. The original manufacturer is granted an exclusive patent to manufacture and market a new drug for a certain number of years. After the patent expires and FDA requirements are met, any manufacturer can produce the drug and sell the drug under its own brand name or under the drug's chemical (generic) name. Anthem will designate brand name prescription drugs as follows:

- As a formulary brand name prescription drug identified on the formulary by Anthem as a prescription drug with a tier-2 copayment as listed on the Benefit Summary
- As a non-formulary brand name prescription drug **not** identified on the formulary by Anthem as a prescription drug with a Tier-3 copayment as listed on the Benefit Summary

Legend drug— a medicinal substance, dispensed for outpatient use, which under the Federal Food, Drug & Cosmetic Act is required to bear on its original packing label, "Caution: Federal law prohibits dispensing without a prescription." Compounded medications that contain at least one such medicinal substance are considered to be prescription legend drugs. Insulin is considered a prescription legend drug under this certificate.

Formulary — a list of pharmaceutical products developed in consultation with physicians and pharmacists and approved for their quality and cost effectiveness.

Generic prescription drug — drugs determined by the FDA to be bio-equivalent to brand name drugs and that are not manufactured or marketed

under a registered trade name or trademark. A generic drug's active ingredients duplicate those of a brand name drug. Generic drugs must meet the same FDA specifications as brand name drugs for safety, purity and potency and must be dispensed in the same dosage form (tablet, capsule, and cream) as the counterpart brand name drug. On average, generic drugs cost about half as much as the counterpart brand name drug. Generic prescription drugs are identified on the formulary by Anthem as prescription drugs with a tier-1 copayment as listed on the Benefit Summary

Pharmacy — an establishment licensed to dispense prescription drugs and other medications through a licensed pharmacist upon an authorized health care professional's order. A pharmacy may be an in-network provider or an out-of-network provider. An in-network pharmacy is contracted as an in-network pharmacy with Anthem to provide covered drugs to members under the terms and conditions of this certificate. An out-of-network pharmacy is **not** contracted with Anthem.

Preauthorization— the process applied to certain drugs and/or therapeutic categories to define the conditions under which these drugs will be covered. The drugs and criteria for coverage are defined by the pharmacy and therapeutics committee.

Preventive Care — Comprehensive care that emphasizes prevention, early detection and early treatment of conditions through routine physical exams, immunizations and health education.

Provider — A person or facility recognized by the Plan as a health care Provider and that fits one or more of the following descriptions:

Professional Provider — A physician or other professional Provider who is licensed or otherwise authorized by the state or jurisdiction where services are provided to perform designated health care services. For benefits to be payable, services of a Provider must be within the scope of the authority granted by the license and covered by this Plan Document and Summary Plan Description. Such services are subject to review by a medical authority appointed by the Plan. Other professional Providers include, among others, Certified nurse midwives, dentists, optometrists and Certified registered nurse anesthetists. Services of such a Provider must be among those covered by this Plan Document and Summary Plan Description and are subject to review by a medical authority appointed by the Plan.

Facility Provider — There are two types of facility Providers, inpatient and outpatient.

Inpatient Facility Provider — A hospital, alcoholism treatment center, hospice facility, skilled nursing facility or other facility which the Plan

recognizes as a health care Provider. These facility Providers may be referred to collectively as a facility Provider **or** separately as an alcoholism treatment center Provider. Hospital also includes "birthing centers" which are either a part of a hospital or are "free standing" providing care by a Certified Nurse Midwife with physician backup or by a physician with service by nurses with specialized training to monitor labor, delivery and after delivery family care.

Outpatient Facility Provider — A dialysis center, Veteran's Administration or Department of Defense hospital, home health agency or other facility Provider (except a hospital, alcoholism treatment center or hospice facility, or skilled nursing facility) recognized by the Plan and licensed or Certified to perform designated health care services by the state or jurisdiction where services are provided. Services of such a Provider must be among those covered by this Plan Document and Summary Plan Description and are subject to review by a medical authority appointed by us. Example: ambulatory surgery center.

Q

R

S

SBC (Summary of Benefits and Coverage) – A summary of healthcare benefits and coverage outlines in a specific document using a standard format and standard government-approved language and definitions as per the Affordable Care Act.

Same-Sex Domestic Partner — Two individuals, of the same sex, who live together in a long-term relationship of indefinite duration with an exclusive mutual commitment in which the Domestic Partners agree to be jointly responsible for each other's common welfare and to share financial obligations.

Single Coverage - Coverage for the Employee Participant only.

Skilled Nursing Care Facility —An institution that provides skilled nursing care (e.g. therapies and protective supervision) for uncontrolled, unstable or chronic condition Enrollees. Skilled nursing care is provided under medical supervision to carry out nonsurgical treatment of chronic diseases or convalescent stages of acute diseases or injuries. Skilled nursing facilities do not provide care for high intensity Enrollee medical needs, or Enrollees that are medically unstable.

Special Enrollment – An enrollment period offered when an Employee Participant and/or Dependents lose coverage under another plan. (Includes loss of Medicaid Coverage and/or State Children's Health Program Coverage (CHIP).
Spouse — An Employee Participant's legal spouse, common-law spouse or same-sex domestic partner.
Surgery — Any variety of technical procedures for treatment or diagnosis of anatomical disease or injury, including, but not limited to cutting, microsurgery (use of scopes), laser procedures, grafting, suturing, castings, treatment of fractures and dislocations, electrical, chemical or medical destruction of tissue, endoscopic examinations, anesthetic epidural procedures, and other invasive procedures. Covered surgical services also include usual and related anesthesia and pre- and post-operative care, including recasting.

T

Telehealth — A live video communication visit with your own doctor through your computer or mobile device.

U

Ultrasound — A radiology imaging technique that uses high frequency sound waves to see organs or the fetus in a pregnant woman.
Urgent care — Care provided for individuals who require immediate medical attention but whose condition is not life-threatening (non-Emergency).

V

W

Well-Child Visit — A physician visit that includes the following components: an age-appropriate physical exam, history, anticipatory guidance and education (e.g., examining family functioning and dynamics, injury prevention counseling, discussing dietary issues, reviewing age-appropriate behaviors, etc.), and assessment of growth and development. For older children, a well-child visit also includes safety and health education counseling.

X

X-ray and Radiology Services — Services including the use of radiology, nuclear medicine and ultrasound equipment to obtain a visual image of internal body organs and structures, and the interpretation of these images.

Y

Z