

Glossary of Common Health Insurance Terms

AES (Academic Emergency Services) – Students that are traveling over 100 miles from home or are outside their home country have emergency services available to them for example: Emergency Medical Evacuation, Medically Advisable Repatriation, and in event of death, Return of Deceased Remains.

Coinsurance - Shared percentage of loss between the insurance carriers and the insured. Does not include charges applied to a Deductible or a Copay. *Example: (80/20 – 80% policy pay / 20% insured pay)*

Continuation of Coverage - If the student no longer meets their school's eligibility requirements under the existing plan and, for an additional premium, some plans allow the student to apply for continuation of coverage for a specified timeframe.

Continuous Coverage - Coverage for an Insured Person will be considered continuous during consecutive periods of insurance under the Policy and there is no GAP in coverage.

Coordination of Benefits - Applies if the insured is covered by more than one insurance policy and is the determination of which plan will be primary or secondary.

Copayment (per treatment) - Copayment means a fixed dollar amount that the Covered Person must pay before benefits are payable under the policy.

Covered Medical Expense - Covered Medical Expense means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the policy.

Deductible (per policy year) - The dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Policy. The amount of the Deductible and the frequency (annual or per occurrence) will be shown in the Schedule of Benefits in the Brochure under the Benefit Tab.

Effective Dates - The beginning date of the insurance coverage for which a premium has been paid.

Enrollment Period/Open Enrollment Period (OEP) - The open enrollment period is the timeframe during which students may apply for coverage for themselves, and/or their spouse and/or dependents.

Essential Health Benefits - Services normally provided in the treatment of sickness or injury and include specific preventive/wellness and pediatric services. Sickness, Injury, and some Preventative services are covered.

Extension of Benefits - If a Covered Person is hospital confined on the termination date for a covered Injury or Sickness for which benefits were paid before the termination date, the Covered Expenses for such Injury or Sickness will continue to be paid provided the condition continues. However, payments will not continue after the earlier of the following dates: 90 days after the termination date of coverage, or the date of the Covered Person's discharge from the hospital.

Hard Waiver - Term referred to students attending a school where they are automatically enrolled in the student health insurance plan unless they can provide proof of other comparable coverage.

Mandatory Students - International students holding non-immigrant Visas are required to purchase the student health insurance to register for classes.

Network Providers - Physicians, Hospitals and other healthcare providers who have contracted with the insurance carrier to provide specific medical care at negotiated/discounted rates.

No Cost Sharing - When the insured seeks Services that are covered at 100%. *Example: Any preventive services specifically provided under ACA will be of no cost to the insured.*

Non-Network Providers - Physicians, Hospitals and other healthcare providers who have NOT agreed to any contracted rates but are subject to Usual and Reasonable Expenses specific to the region where treatment is rendered.

Out-of-pocket Expense Limit - The eligible charges that are applied to an insured's Deductibles, Copayments and Coinsurance. Charges from Services or conditions not covered under the insurance plan, or charges over Usual and Reasonable expenses do not apply to the Out-of-Pocket Expense Limit.

Policy Year - This Policy takes effect and terminates on the corresponding dates shown in the Insurance Information Schedule. All time periods begin and end at 12:01 A.M., local time, at the address of the Policyholder. *Example: Policy year (8/1/16 – 7/31/17) vs Calendar Year (1/1/17 – 12/31/17)*

PPO Allowance (term for "in-network") - The amount a Network Provider will accept as payment in full for Covered Medical Expenses.

Preventive Services - Services without symptoms, diagnosis, or symptoms in which the Affordable Care Act (ACA) has determined to be necessary shall be covered without regard to any Deductible or Coinsurance requirement that would otherwise apply. *Example: Mammograms, Immunizations, Annual dental/vision exams*

Prescription Drug Categories - Generic Drugs: A drug that is identical or bioequivalent to a Brand-Named drug in dosage form, safety, strength, route of administration, quality, performance characteristics, intended use and is not protected by a patent. *A comparable/equivalent drug that is prescribed and formulated to treat the same condition as the preferred brand drug and has a less expensive copay.* **Preferred Brand Drug:** A formulary drug that is within a select subset of therapeutic classes, which make up the formulary drug list. *A step up from Generic.* **Brand Name Drugs:** Drugs for which the drug manufacturer's trademark registration is still valid and where the trademarked or proprietary name of the drug still appears on the packaged label. *Non-formulary (most expensive that has comparable brand name and generic)* **Formulary:** A list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes Generic, Brand, and Preferred Brand Drugs.

Qualifying Event - A Qualifying Life Event is a major life change that may affect your health insurance needs. Qualifying life events may make you eligible for a special enrollment period outside of the school's scheduled open enrollment period. Enrollment is typically required within 30 days of the qualifying event and supporting documentation is required. Examples of qualifying life events are:

Loss of health coverage.

- Turning 26 and losing coverage through a parent's plan
- Losing existing health coverage under another plan, including job-based, individual, and student plans
- Losing eligibility for Medicare, Medicaid, or CHIP
- Losing existing health coverage as a dependent on a family member's plan through divorce, death, job loss.
- Eligible student actively enrolled arriving to the US from another country mid-semester

*If dependents are covered by your school's health insurance plan, other examples are:

Changes in household which impact a dependent being able to enroll under your coverage*.

- Getting married
- Having a baby or adopting a child
- Spouse and/or dependents arriving to the US from another country
- Spouse and/or dependents losing other health coverage due to aging off parents' plan, loss of employee benefits, losing eligibility under Medicare, Medicaid, or CHIP

*To confirm if dependents are eligible, please go to the Benefits tab to review the Plan Highlight Flyer or Brochure.

Termination Dates - The ending date of the insurance coverage for which premium has been paid.

Voluntary Students - Fee Paying students who may be eligible but are not required to purchase the student health insurance plan.