GLOSSARY AND TERMS

A

Adjudication - The pronouncement of a final decision on a submitted claim once an examiner has reviewed and analyzed the claim details.

Ambulance - Ground vehicle which is licensed as required by law, as an Ambulance, and is equipped to transport sick or injured people.

Application - A form that must be completed by a primary applicant to request coverage.

B

Base Plan - The primary medical benefit plan purchased by an insured person.

Billing Amount - The dollar amount you owe at each billing cycle.

Billing Control Number - Our internal reference number used to bill multiple certificates together. This number is also shown on your coupon.

Billing Frequency - How often your bill payment is due.

C

Centers for Disease Control and Prevention (or CDC) - An agency of the United States Department of Health and Human Services that focuses national attention on developing and applying disease prevention and control, especially infectious diseases. The CDC works to protect public health and safety by providing information to enhance health decisions through partnerships with state health departments and other organizations.

Claim - A request or demand for payment in accordance with an insurance policy or certificate.

Coinsurance - The percentage of Covered Expenses to be paid by the insured person after satisfying the Deductible, any Copay, and/or access fees.

Copay - A fixed amount required by a health insurer to be paid by the insured person for specifically listed Covered Expenses.

Covered Expenses - Expenses which may be considered for payment by the company under a policy / certificate for the services, supplies, care or treatment which are incurred by the insured person as a result of Injury or Sickness and for which the insured person is legally obligated to pay.

Coverage Status - The stage/status of your benefit coverage (e.g. active, pending or terminated).

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D

Deductible - This is the amount of Covered Expenses that the insured person must pay for each Sickness or Injury period of treatment before benefits will be provided. The definition of a Sickness or Injury period of treatment varies by plan and is defined in the insured person's policy or certificate.

Dental ID Number - Each customer is assigned a unique identification number which is needed to login to the web site.

Dependent - A person (unique/distinct) for whom coverage is applied or has /had coverage extended via the primary insured.

E

Effective Date - The date that your insurance coverage goes into effect.

Exclusionary Waiver - A restriction to the coverage offered that specifically excludes certain types of health conditions or health systems or hazardous (high risk) activities.

Explanation of Benefits - A summary sent to the customer after a claim is received and considered to provide details as to how a claim was processed.

F

FAQ - Frequently Asked Questions.

G

H

Health ID Number - Each customer is assigned a unique identification number which is needed to login to the web site.

Hospice - Facility which provides limited periods of inpatient stay for terminally ill persons in a home-like setting. It must operate as part of a Hospice Care Program and be licensed, certified or registered in accordance with state law.

I

In Force - The status under which exposure or liability for contractual benefits exists at a specific point in time. In other words, a point in time during which coverage is active.

Injury - Bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a Sickness.

Insurance - A vehicle for the transfer of financial risk. Coverage by contract whereby one party undertakes to indemnify or guarantee another against loss from a specified contingency or peril.

J

K

L

M

Medical Emergency - The sudden onset of a medical condition for which the insured person seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe that without immediate medical attention could reasonably be expected to result in placing the person's health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part.

My Account - Request a change to your contact information including phone number, address or email. You may also change your login information.

My Claims - View your claims history including the total charge and amount paid. Download claim forms or search for claims by claim number or date of service.

My Plan - View your benefit information, plan and billing details. Request a copy of your ID card or Coverage.

N

Network - A group of healthcare providers that offer services to insured persons at a discounted rate.

O

Offer to review coverage - "Coverage Review" is a complimentary, no-obligation service offered to insured persons who would like to know more about the plan they have purchased or other plan options that may be available.

P

Paid to Date - The day, month and year through which your coverage is paid.

Pre-Certification - An industry recognized service that helps the insured manage their medical costs and get the most value out of their health insurance plan. It allows coordination of care between the insured, the provider and the hospital. The provider is asked to notify the insurer or representative on any emergency or non-emergency hospital admission to be sure that the planned care is medically necessary. An insured's continued stay in the hospital is monitored to see that the ongoing care is medically appropriate. In addition, the service may include developing plans for discharge and home care when appropriate.

Pre-Existing Condition - A medical condition, Sickness or Injury not excluded by name or specific description for which medical advice, consultation, or treatment was recommended by, or received from, a physician within a certain period of time before an insured person's Effective Date under the policy / certificate.

Premium - Payment or one of a series of payments, required by the company to put Insurance coverage In Force and keep it In Force.

Pre-Notification - A process where an insured or provider notifies the insurer or a representative of the upcoming inpatient admission prior to the actual admission to the hospital.

Provider Search - Search for providers, hospitals, ancillary facilities, or pharmacies within the radius of a specific zip code.

Q

R

Request an Appeal - You may request an appeal in writing if you disagree with any decision made by the company. Once the appeal is received, the details of your case and any applicable benefit information will be reviewed to confirm the accuracy of the decision.

Research prescription drugs - Look up drug information, review claims, order refills and view the preferred brand drug list.

Rider Plan - Additional coverage attached to a Base Plan.

S

Sickness - Illness or disease.

Subrogation - The pursuit of recovery from a third party for claims paid related to a specific incident.

T

Ten Day Free Look - the provision within the contract that allows the primary insured 10 days to review the coverage being provided. During that 10 day period, the primary insured may elect to decline the coverage resulting in all premiums being refunded.

Translator and Interpretation Services - These services are provided upon request for administrative procedures or claims processing.

U

V

W

X

Y

Z