

Glossary of Commonly Used Healthcare Terms

The following terms and definitions are for educational use only, and may vary from those used in your actual plan. For terms and definitions that are applicable to your specific plan, please refer to your plan documents.

Term	Definition
Benefits	The healthcare items and services covered under your health insurance plan.
Claim	A request for payment that you or your healthcare provider submits to your health insurer for services rendered.
Coinsurance	A percentage of the cost associated with a covered healthcare service that you must pay (20%, for example) after you've paid your deductible.
Copay	A fixed amount (\$20, for example) that you must pay for a covered healthcare service.
Deductible	The amount you pay out of pocket for covered healthcare services before your insurance plan starts to pay.
Dependent	A child or other qualifying individual whom you support financially and claim as a dependent.
Flexible Spending Account (FSA)	An account that lets you set aside money before taxes to pay for out-of-pocket healthcare expenses for the plan year.
Health Savings Account (HSA)	An account you can use to set aside money before taxes to pay for medical expenses. It is available if you have a high-deductible health plan, and the money in the account can grow and be invested or used tax-free for healthcare costs.
High Deductible Health Plan (HDHP)	A high-deductible health plan has a bigger deductible than regular insurance, meaning you pay more for healthcare before insurance starts to help. The monthly cost is usually lower. If you have this type of plan, you can also have an HSA.

Term	Definition
Lifetime Limit	A cap on the total lifetime benefits you may receive from your insurance company.
Network	The facilities, providers, and suppliers your health insurer has contracted with to provide healthcare services.
Open Enrollment Period	The window of time you may enroll in or make changes to your health insurance plan and other benefit programs.
Out-of-Pocket Costs	Healthcare expenses that are not covered by your insurance plan. Examples include deductibles, coinsurance, and copayments.
Out-of-Pocket Max	The most you'll have to pay out of pocket for covered services in a year.
Preferred Provider Organization (PPO)	A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to your insurance plan's network.
Plan Year	A 12-month period of benefits coverage.
Premium	The amount you pay for health insurance each month.
Qualifying Life Event	A change in your situation – such as getting married, having a baby, or losing health coverage – that allows you to enroll in health insurance and other benefit programs outside the annual open enrollment period.

Questions?

Contact us at 800.532.3327.