

# ECSU TECDP CODE-A-THON

## HEALTHCARE GLOSSARY

The problem statement for the Code-A-Thon requires that you have a basic understanding of some health insurance terms and concepts.

Please read through this document in order to familiarize yourself with some information related to the health insurance industry. Feel free to use this document as a reference tool on the day of the Code-A-Thon.

If you need further clarification on any of these terms or concepts, feel free to ask one of the Code-A-Thon mentors.

## GLOSSARY OF TERMS – HEALTH PLAN

### PLAN DEDUCTIBLE

A specified amount of money that customer pays out-of-pocket for services received before a plan administrator (e.g. Cigna) will begin paying expenses. Applicable for multiple services covered within a plan.

### OAP

An Open Access Plan (OAP) is a product offer that includes both In & Out-of-Network coverage with access to Cigna's national seamless network.

### OAPIN

An Open Access Plan In Network (OAPIN) is a product offer that includes In-Network coverage with access to Cigna's national seamless network only.

### COPAY

A dollar amount that a customer pays for an eligible health care or related service, typically due at the time the service is provided. When present it is usually applied per occurrence, per admission, per day or annual basis.

### COINSURANCE

Coinsurance is a cost sharing benefit feature between the insured (customer) and the insurer (Cigna) which represents their respective responsibility for a covered expense.

### OUT OF POCKET MAX

The total monetary amount an Insurer requires a Customer to pay towards the cost of their health care (i.e., copays, coinsurance, deductibles and fees).

### PREVENTIVE CARE

Preventive Care is a sort of comprehensive care emphasizing priorities for prevention, early detection and early treatment of conditions, generally including routine physical examination and immunizations.

#### **INPATIENT FACILITY**

Inpatient facilities are institutions that provide medical, surgical, or psychiatric care and treatment for the sick or the injured that typically requires an overnight stay.

#### **OUTPATIENT FACILITY**

Outpatient Facilities are hospitals or free-standing facilities that provide Health Care Services, but do not require an overnight stay.

#### **URGENT CARE**

A service included in a medical benefit plan for the immediate treatment of a non-life threatening illness, injury or condition that is serious or deemed to be serious by the customer seeking care.

#### **EMERGENCY SERVICE**

A service included in a medical benefit plan for the immediate treatment of a life threatening illness, injury or condition that is serious in nature, or deemed to be serious by the customer seeking care.

## **GLOSSARY OF TERMS – DENTAL PLAN**

#### **DPPO**

A Dental Preferred Provider Organization is a plan that accesses a broad national network of dentists who agree to discounts for In-Network coverage; and also provides for Out-of-Network coverage.

#### **DEDUCTIBLE**

A specified amount of money that customer pays out-of-pocket for services received before a plan administrator will begin paying expenses.

#### **ANNUAL MAX**

The total amount a plan will pay for any covered/applicable expense within a specified benefit accumulation period.

#### **DHMO**

A type of dental plan that provides the most active management of the oral health of individual customers through the use of primary care dentists customarily combined with requirements for authorized referrals to specialists.

#### **PATIENT CHARGE SCHEDULE**

One of many schedules with multiple copay structures that are used with the CIGNA Dental Health Maintenance Organization (DHMO) plans.