

Glossary of Terms

Style of Insurance:

PPO – Preferred Provider Organization

Does not require a Primary Care Physician listing or Referral - Coverage in and out of network (out of network deductible/coinsurance is always higher than in network)

EPO – Exclusive Provider Organization

Does not require a Primary Care Physician listing or Referral – Coverage in network ONLY expanded to MVP or Cigna Networks. If emergency treated as in network.

HMO – Health Managed Organization (only one left and not available to new members)

Requires a Primary Care Physician Listing – Coverage in MVP network only except emergency

General Terms:

Network: All plans include access to MVP network. The Preferred PPO and EPO plans have access to both MVP and Cigna's network of providers.

Preferred: Offers the new benefits added to MVP's plans ie: Health Rewards/Well Style Extras and allows subscribers to use both MVP and Cigna network providers as in-network.

Deductible: The amount you must pay before MVP assists in covering medical expenses.

Shared Deductible: Refers to the High Deductible Health Plans ONLY and means that if 2 or more people are on a plan then they all share in meeting the family deductible before MVP picks up the cost.

Example: 1 person or a combo of 3 individual people in a family will have expenses applying to the shared \$5000 deductible before MVP picks up a portion or all of the cost depending on the plan.

Coinsurance: The percent share you pay of your bill typically following a deductible.

Maximum Out Of Pocket: On the *Co-pay* plans it is the worst case exposure of deductible plus coinsurance NOT including co-pays as those do not count toward deductibles. On the HDHP plans it is the true maximum exposure including deductibles, coinsurance and Co-pays if part of the HDHP plan. (maximums are listed in the overview as per individual and per family) Per family on plan 1 and 2 is 2X deductible and coinsurance. Per family on plan 3,4, and 5 is 2.5 X deductible and coinsurance. Example of 2.5X on plan 4 – 1st person maxes out and is covered 100% after \$3000(deductible and coinsurance), 2nd person in family hits the same max then is cover 100%, 3rd person will meet \$1,500(deductible and coinsurance) and will then be covered 100%, 4th person and on will also be covered at 100% until the deductible resets on September 1 2010...

Preventive Care: Mammogram/Annual Exams/Well Child/Colonoscopy/Bone Density/Prostate Screening...go to vsds.org for detail

Health Savings Account Qualified Plans: Allow the Subscriber/Practice the opportunity to put pre-tax dollars into a separate health savings account to assist in satisfying the deductible/paying for RX/and a number of other health related expenses not covered by the insurance plan. Limits for 2009 are \$3,000 Single / \$5,950 Family

Cobra: Remember that all our VSIDS endorsed MVP health plans come with a COBRA administration benefit included in the price of the premium. Please remember to take advantage of this very important benefit to comply with COBRA requirements.

