

Glossary of Terms

Style of Insurance:

Vermont Freedom Plan - PPO – Preferred Provider Organization

Does not require a Primary Care Physician listing or Referral - Coverage in and out of network (out of network deductibles are twice as high as in network deductibles)

Blue – Comprehensive

Does not require a Primary Care Physician listing or Referral – Coverage in and out of network with the same deductible requirements

BlueCare - HMO – Health Managed Organization

Requires a Primary Care Physician Listing – Coverage in BCBSVT network only except emergency out of network coverage is only available with prior approval

General Terms:

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

CDHP: Consumer Directed Health Plan = High Deductible Health plan without office co-pays up front.

Aggregate = Shared Deductible: Refers to CDH Plans ONLY and means that if 2 or more people are on a plan, they all share in meeting the family deductible before BCBS picks up their portion of the cost. Example: 1 person or a combination of 3 individual people in a family will have expenses applying to the aggregate \$5000 deductible before BCBS picks up a portion or all of the cost depending on the plan.

Stacked Deductible: Means that in a 2 person or family situation, the first person to receive care is only required to meet a single deductible unlike the aggregate deductible where anyone on a 2 person or family plan must meet the full family deductible before BCBS picks up their portion of the cost.

Pay close attention to the Group Coverage Enrollment Agreement to determine which plans are stacked and which are aggregate!

Coinsurance: The percent share BCBS pays after you have met your deductible.

Calendar Year Out Of Pocket Limit: 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 CDH plans it is the true maximum exposure including deductibles, coinsurance and Co-pays if part of the CDH plan. (Out of Pocket limits are listed on the overviews as per individual and per family)

Preventive Care: Please refer to the Preventive Benefit Coverage guide in your packet. All of the plans endorsed by VSDS include these in network preventive benefits at no cost to subscribers. Example: Mammogram/Annual Exams/Well Child/Colonoscopy/Bone Density/Prostate Screening...

Health Savings Account Qualified Plans: All CDH Plans are HSA qualified and 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 2011 are \$3,050 Single / \$6,150 Family

Cobra: Remember that all our VSDS endorsed BCBS health plans come with a COBRA administration benefit included at no additional cost. This benefit will be administered by Combined Services and will include both termination and new hire notices. Many Practices do not understand or realize their compliance obligations when bringing a new staff member onto their team. Please take advantage of this opportunity to assist you in meeting your employer obligations.