Glossary of Common Health Plan Terms

CDHP – Consumer-directed Health Plan – a policy that meets the IRS regulations to coordinate with a Health Savings Account (HSA).

Coinsurance – A percentage of our allowed price you must pay after you meet your deductible; for example, after your deductible is paid, BCBSVT - VEHI pays for 80% and the member is responsible for 20% of the charges.

Co-payment – A fixed dollar amount you must pay for specific services; for example, the member may pay a $25 copay for an office visit.

Deductible – The amount you must pay toward the cost of specific services each calendar year before BCBSVT-VEHI makes payment.

- With an **aggregate** family deductible, the family must meet the family deductible before any family member receives post-deductible benefits.
- With a **stacked** deductible, a member on a family plan may meet an individual deductible and begin receiving post-deductible benefits. When the family meets the family deductible, all family members receive post-deductible benefits.

Emergency Medical Condition – a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- a condition that places the health of the individual (or, with respect to a pregnant woman, the health of the woman and/or her unborn Child) in serious jeopardy; or
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part.

Out-of-pocket Maximum – this is the maximum amount a member is responsible to pay for covered health care in a calendar year.

Federal law sets this threshold for 2016 at no more than $6,850 for an individual and $13,700 for a two-person or family plan, increasing to $7,150 per individual and $14,300 for a two-person or family plan in 2017.

- The maximum in all new VEHI plans is considerably lower than the federal threshold and the majority of the BCBSVT VHC plans.
- All deductibles, co-payments and coinsurance charges are included in the OOP maximum.

Premium – The cost of your health plan, not including your OOP costs for care received.

Preventive Services – Medical services used to find or reduce health risks when you do not have symptoms, signs, or specific increased risk for the condition being targeted. They may include immunizations, screening, counseling or medications that can prevent or find a condition. Please note: if, during the delivery of a Preventive Service, your Provider suspects, finds or treats a disease condition, the Provider and/or BCBSVT may not consider the service preventive.

Urgent Services – Medical services necessary to treat a condition or illness of an individual that, if not treated within 24 hours, presents a serious risk of harm; or, applying the judgment of a prudent layperson who possesses an average knowledge of health and medicine, could seriously jeopardize the ability of the individual to regain maximum function; or, in the opinion of a Provider with knowledge of the individual's medical condition, would subject the individual to severe pain that cannot be adequately managed without care within 24 hours.