

Uniform Glossary of Health Coverage and Medical Terms

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference

Appeal

A request for your health insurer or plan to review a decision or a grievance again

Balance Billing (Dental)

When a provider bills you for the difference between the provider’s charge and the **allowed amount**. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill for covered services.

Co-insurance

Your share of the costs of a covered health care service (for example, 20%) of the allowed for the service. You pay co-insurance **plus** any deductibles you owe. For example, if the **health insurance** or **plans** allowed amount for an office visit is \$100 and you’ve met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Co-Payment

A fixed amount (for example, \$25) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service

Deductible

The amount you owe for health care services your health insurance or plan covers before your **health insurance** or **plan** begins to pay. For example, if your deductible is \$1000, your plan won’t pay anything until you’ve met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Durable Medical Equipment

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or ostomy supplies.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse

Excluded Services

Health care services that your **health insurance** or **plan** doesn’t pay.

Uniform Glossary of Health Coverage and Medical Terms

Grievance

A complaint that you communicate to your **health insurer** or **plan**

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**

Home Health Care

Healthcare services a person receives at home

Hospice Services

Service to provide comfort and support for persons in the last stages of a terminal illness and their families

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 15%) you pay of the **allowed amount** for covered health care services to providers who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment

A fixed amount (for example, \$25) you pay for covered health care services to providers who contract with your **health insurance** or **plan**. In-networks co-payments usually are less than **out-of-network co-payments**.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, or condition, disease or its symptoms and that meet accepted standards of practice.

Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services

Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or **plan**, or if your health insurance or **plan** has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance

A fixed amount (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually is more than **in-network co-insurance**.

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Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.

Physician Services

Health care service a licensed medical physician (M.D.-Medical Doctor or D.O.-Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or plan that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorizations, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see

if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or plan that helps pay for prescript drugs and medications.

Prescription Drugs

Drugs and medication that by law require a prescription

Primary care Physician

A physician (M.D.-Medical Doctor or D.O.-Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D.-Medical Doctor or D.O.-Doctor of Osteopathic Medicine.), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D.-Medical Doctor or D.O.-Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law

Uniform Glossary of Health Coverage and Medical Terms

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve part of the body because of birth defects, accidents, injuries or medical conditions

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and function for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupation therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services for licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.