Individual Health Insurance Glossary

Agent, An individual literated by the state who selfs insulence products and services to the public.

Armusi Plan Deductible. A apecific dollar amount that the traumed must pay out-ofpositive each year before the meurance company will make any benefit payments for others.

Applicant, The person applying for an insurance policy.

Benefit, Amount an insurance company pays to an insured person, assignment in templicaary aftern the insured suffers a loss covered by the insurance policy.

Benefit Options, insurprose benefits not included in the policy which are analishe to the includual as an aption at an arbitronal premium.

Chairm. A responsiting the insourced performs or provisiter that beneaths be paid on a covered health core service or supply.

Cetteenance. The payment percentage an insured is required to pay for a medical share, eport form any ordayments or deductibles, for exangle, if an 80%/20% an langement is chosen, the insured pays 20% of the aligible covered amount and the insurence company pays 50%.

Condition, Drosons, Bress, adment, injury, boddy mattureture, or pregnancy of an indivotes!

Copacyment, A specific sharps on insured personpays to a provider for a specific health tipes service of the time it is received, For example, an insured may pay a "\$25 office stat copay" according to the insurence onlicy. Cost Sharing. The sharing of costs between the insurance company and the insured parameters from the following pro-

Coverage. The bornelits that are aligible under an insurarise policy, depending on plant chooses made by the explicant.

Effective Date. The date heath insurance begins.

Eligible Expenses. The protion of the medical care provider's services that is although for costsubstance of payment under the terms of the trausance policy.

Exclusion. Specific condtions, services or procedures taled in the insurance policy for which the insurance company will not provide company will not provide company or herself payment.

First-dullar Benedit, Eligibis medical expenses for article the scausance policy begins to pay claims without first requiring the insured to make an out-of-archest purchase.

Lapse. Termination of an maurance policy due to mon-payment of premiums.

Mandated Benefits, Semilities for medical conditions required by state or tederal less to be included in health insurance publics.

Negotiated Fees. Service held agreed upon by Professed Provider Organizations (PP-Ox and providers (disclare and hospitals). Flates are usually based on services as detired in the provider sertifical with the PPO, penerally at a discussed from what the prorider would usually charge. Participating providers langual things more than this agreed apply interest. Network Providers, Limited grouping or parents of providers in a IPPO arrangement. In use organized to use only network providers. There is additional liability to the trouved for using montral providers. It is provided for using montral execution.

Out-of-procket mealmore (OOPM). The measurement amount that an insured in required to pay under an insurance policy per year.

Participating Provider, A provider who has agreed to contract with a PPO to provide contract to a provide persons at a discounted rate.

Manage under a policy besone to congrue term by the youd its congrue term by the insurance company's acceptence of the premium for a new term for the policy.

Pre-existing Condition, A. health condition that existed before the effective date of the macrance policy.

Pre-existing Condition Clause, A principles in an insurance policy that pullness the definition of what is considered is pre-existing pendtion and that benefits are not peed for a pre-existing condi-

Premium. Protodic payment to keep an inturance policy in force.

Preventive Care, Specifical sections and health promotion services that may be part of the transfer pushings of an insurance policy.

Beassanubbe and Customery. The insermon amount on insurance contract will consider aligible for reimbursement, based upon provising fees in a peopraphic area. Richer (Exclusions), An disensitivant to an insuparcos policy that brists or excludes medical services or supplies. For example, a roler to a policy may exclude coverage for treatment to an applicant's knee.

Quidanaetting. The process of determining about or next the resumment company will be accept an insurance application or what expeditions will red be covered simple with any changes to the premium due to undersetting.

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