

Terms to Know

- Affordable Care Act (ACA) Out-of-Pocket Maximum:** The Affordable Care Act places a limit on how much you must spend for healthcare in any plan year before your plan starts to pay 100% for covered essential health benefits. This limit includes deductibles (medical and prescription), coinsurance, copayments, or similar charges and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits. This limit does not include premiums, balance billing amounts borne by the member for non-network providers and other out-of-network cost-sharing, or spending for non-essential health benefits. The maximum out-of-pocket cost for Plan Year 2019 can be no more than the rates set by the federal government for individual and family plans. Because PEIA's plans have out-of-pocket maximums that are substantially lower than the ACA required limits, the ACA out-of-pocket maximum should never come into play for most PEIA PPB Plan members.
- Annual Out-Of-Pocket Maximums:** Each plan has limits on what you are required to pay in out-of-pocket expenses for medical services and prescription drugs each year. You'll find details in the "**Benefits At-A-Glance**" charts.
- COBRA:** Gives employees the right to continue health insurance coverage after employment terminates. See your Summary Plan Description for full details.
- Coinsurance:** The percentage of the allowed amount that you pay when you use certain benefits.
- Comprehensive Care Partnership (CCP) Program:** The CCP was created to keep members well by promoting the use of primary care health services, identifying health problems early, and maintaining control of any chronic conditions. Any member enrolled in a CCP will choose to receive his or her primary care from one of the participating CCP providers, which is responsible for providing prevention services, routine sick care, and coordination of care with specialists when needed. Those members who enroll in the CCP program will have reduced or no copayments, deductible or coinsurance for specified covered services at their enrolled CCP provider. Office visits to a provider other than your CCP have a \$40 copay, except for urgent care, which has a \$50 copay.
- Coordination of Benefits (COB):** Health plans use COB to determine which plan will pay benefits first, and to make sure that together they do not pay more than 100% of your bill. Be sure to ask the managed care plans about COB before you make your choice.
- Copayments:** A set dollar amount that you pay when you use certain services.
- Deductible:** The dollar amount you pay before a plan begins paying benefits. Not all services are subject to the deductible, so check the "**Benefits At-A-Glance**" charts.
- Explanation of Benefits (EOB):** Forms issued by health plans when medical claims are paid. Most HMOs do not issue EOBs for in-network care. If you need an EOB, talk to the HMO to see how you can get the paperwork you need.

10. Health Maintenance Organization (HMO): HMOs manage health care by coordinating the use of health care services through PCPs. If you join an HMO, you'll pick your PCP from their list, and then you'll receive all of your non-emergency care from network providers. Ask the HMOs about their rules.

11. Health Savings Account (HSA): A health savings account (HSA) is a tax-exempt trust or custodial account that you set up with a qualified HSA trustee to pay or reimburse certain medical expenses you incur. No permission or authorization from the IRS is necessary to establish an HSA. When you set up an HSA, you will need to work with a trustee. A qualified HSA trustee can be a bank, an insurance company, or anyone already approved by the IRS to be a trustee of individual retirement arrangements (IRAs) or Archer MSAs. The HSA works in conjunction with a High Deductible Health Plan.

12. Healthy Tomorrows: Healthy Tomorrows is an initiative to encourage active employees and non-Medicare retirees in the PEIA PPB Plans to name and develop a relationship with a primary care physician (PCP) and to report and control modifiable health risk factors. In any year that the policyholder does not comply with the initiative, he or she will pay an additional \$500 medical deductible. The additional deductible will be added to a single plan or a family plan deductible. For family plans, only the policyholder must complete the Healthy Tomorrows requirements, not dependents.

The Healthy Tomorrows program will continue for Plan Year 2019 with the same requirements that were in place for Plan Year 2018. Members must have their biometric screening, report the results, and have their numbers within the acceptable range or have a physician's certification that the numbers cannot be met for a medical reason. The reporting form will be printed in the Shopper's Guide. It can be used to report blood pressure, glucose, cholesterol and waist circumference results collected anytime from April 2, 2018, to May 15, 2019 to avoid the \$500 penalty deductible for Plan Year 2020.

13. High Deductible Health Plan (HDHP): An IRS-qualified High Deductible Health Plan (HDHP) is a plan that includes a higher annual deductible than typical health plans, and out-of-pocket maximum that includes amounts paid toward the annual deductible and any coinsurance that you must pay for covered expenses. The HDHP deductible includes both medical services and prescription drugs under a single deductible. Out-of-pocket expenses include copayments and other amounts, but do not include premiums. PEIA PPB Plan C is the only HDHP offered during this open enrollment.

14. Medicare Advantage and Prescription Drug (MAPD) Plan: Medicare retirees' benefits are administered through Humana, Inc.'s MAPD Plan. This plan includes prescription coverage through a Humana Medicare Part D plan.

15. PEIA Network: The self-insured PPO plans offered by PEIA that cover care based on where you live, and where you receive your care. To determine which out-of-state providers are PPO providers, call HealthSmart Benefit Solutions at **1-888-440-7342** or go online to **ASALookup.AetnaSignatureAdministrators.com**. For full details of the benefits, see your Summary Plan Description. Not all providers in the ASA PPO network may participate with PEIA. Kings Daughters Medical Center and Our Lady of Bellefonte hospitals in Kentucky remain out-of-network for PEIA, regardless of their network status with the ASA PPO network. Also, PEIA does not use the ASA PPO network in Washington or Cuyahoga counties, Ohio, or in Boyd County, Kentucky. PEIA reserves the right to remove providers from the network, so not all providers listed on the ASA PPO website may be available to you.

16. **Primary Care Physician (PCP):** A provider in a network who coordinates members' health care. PCPs are usually family doctors, general practice physicians, internists, or pediatricians. Some plans allow OB/GYNs to be PCPs for women in the plan. PCPs must provide coverage for their practices 24 hours-a-day, 7 days-a-week so you can reach them if you need care.

17. **Public Employees Insurance Agency (PEIA):** The State agency that arranges for health and life insurance benefits for West Virginia's public employees. PEIA administers the PEIA PPB Plans, and contracts with all of the managed care plans that are offered to public employees.