

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be helpful for you when reviewing information related to health insurance. TRS Active Care, YES Prep's medical insurance plan, also has a glossary of terms available in their benefit book. Please reference the [Aetna Benefit Booklet](#) for additional information. For a full list of glossary terms see pages 99-106.
- **Blue** text indicates a term defined in this Glossary.
- See page 4, 5 and 6 for examples of how deductibles, co-insurance and out-of-pocket maximums work on the different TRS ActiveCare plans.

Allowed Amount

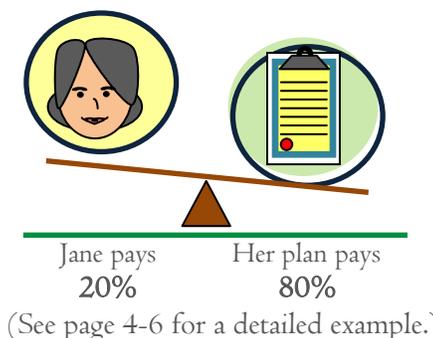
Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See [Balance Billing](#).)

Balance Billing

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

Co-insurance

The percentage of medical expenses that you and the plan share. For example, when using in-network providers, TRS-ActiveCare pays 80% of the **allowed amount** and you pay 20% of the **allowed amount**, after the deductible is met. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's 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. (See Illustration)



Co-payment

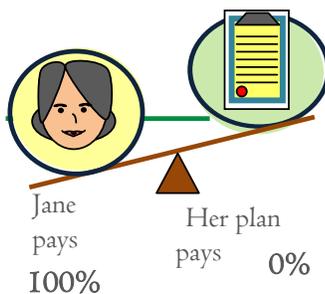
A fixed amount (for example, \$30) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service. Copays now apply to medical **out-of-pocket maximums**.

Creditable Coverage

Prior health coverage under various plans such as group health plans, individual health policies, Medicare, and Medicaid.

Deductible

The amount of out-of-pocket expense that must be paid for health care services by the covered person before the health care plan starts to pay benefits. TRS-ActiveCare features a “Plan Year” deductible. The plan year begins September 1 and ends August 31 of the following year. For example, if your deductible is \$2500 your plan won’t pay anything until you’ve met your \$2500 deductible for covered health care services subject to the deductible. (See Illustration)



(See page 4-6 for a detailed example.)

Emergency Room Care

Emergency services you get in an emergency room.

In-Network Provider

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. You receive the greatest benefits from your insurance plan when using an in-network provider.

Out of Network Provider

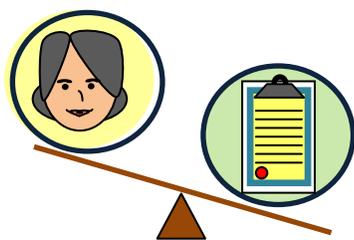
A provider who doesn’t have a contract with your health insurer or plan to provide services to you. When you seek care from a Network provider, your TRS-ActiveCare plan pays a larger portion of your health care costs than it pays for services from a Non-Network provider. For the ActiveCare 1-HD and ActiveCare 2 plans, when you receive care from a Out of Network provider, you still have coverage but you may pay more of the cost, including any charges over the Aetna-allowed amount. There is no coverage for Out of Network care under the ActiveCare Select plan (except for true emergency care services).

Out-of-Pocket Maximum

The most you pay during the plan year (September 1st - August 31st) before your health insurance or plan begins to pay 100% of the allowed amount. The medical out-of-pocket maximum is the most you are required to pay for covered medical expenses out of your own pocket. When you reach the plan’s out-of-pocket maximum, TRS-ActiveCare pays 100 percent of any eligible expenses for the rest of the plan year. The out-of-pocket maximum includes the deductible, any medical copays and medical co-insurance.

Please Note - The Bariatric Surgery copay does not apply to the out-of-pocket maximum under the ActiveCare 2 plan.

(See illustration)



(See page 4 for a detailed example.)

Plan

A benefit that YES Prep, as your employer provides to you to pay for your health care services.

Premium

The amount that must be paid for your health insurance or [plan](#) on a monthly basis. At YES Prep, your premium is deducted from your paycheck twice per month (each pay check).

Prescription Drug Coverage

Health insurance or [plan](#) that helps pay for [prescription drugs](#) and medications. The TRS ActiveCare prescription plan.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A medical physician (MD) who directly provides or coordinates a range of healthcare services for a patient.

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.

Qualifying Enrollment Event

An event as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that may provide a special enrollment period for individuals and dependents when there is a loss of other coverage or a gain of additional dependents. You may need to submit a Certificate of [Credible Coverage](#).

Please refer to the [Qualifying Enrollment Event Information Page on the Talent Support O365 page](#) for more indepth information.

Specialist

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

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.

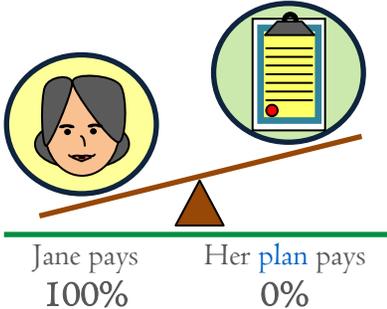
How You and Your Insurer Share Costs - Active Care 1HD - Employee Only Example

Jane's Plan Deductible: \$2,500

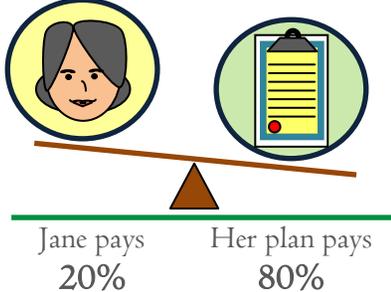
Co-insurance: 80%/20% Out-of-Pocket Limit: \$6,350

September 1st
Beginning of Coverage
Period

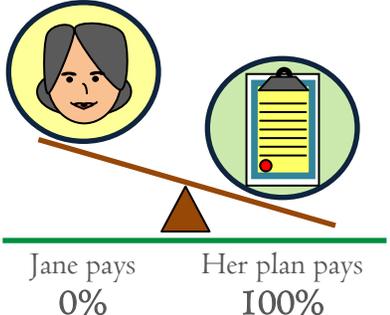
August 31st
End of Coverage Period



Jane hasn't reached her \$2,500 deductible yet
Her plan doesn't pay any of the costs.
Office visit costs: \$125
Jane pays: \$125
Her plan pays: \$0



Jane reaches her \$2,500 deductible, co-insurance begins
Jane has seen a doctor several times and paid \$2,500 in total. Her plan pays some of the costs for her next visit.
Office visit costs: \$75
Jane pays: 20% of \$75 = \$15
Her plan pays: 80% of \$75 = \$60



Jane reaches her \$6,350 out-of-pocket limit
Jane has seen the doctor often and paid \$6,350 in total. Her plan pays the full cost of her covered health care services for the rest of the year.
Office visit costs: \$200
Jane pays: \$0
Her plan pays: \$200

For more information on your plan, please visit our Benefit and Perks page on the [Talent Support site on O365](#).

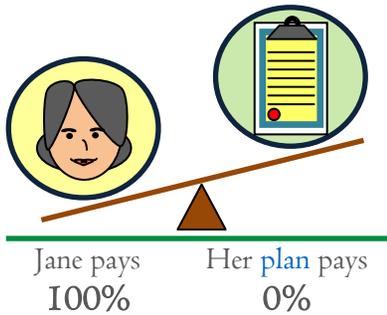
How You and Your Insurer Share Costs - Active Care Select - Employee Only Example

Please Note: Jane must use an In-Network Provider in order for Aetna to pay for services. Please reference the Aetna website at www.tractivecareetna.com/coverage/

Jane's Plan Deductible: \$1,200 **Co-insurance:** 80%/20% **Out-of-Pocket Limit:** \$6,660

September 1st
Beginning of Coverage
Period

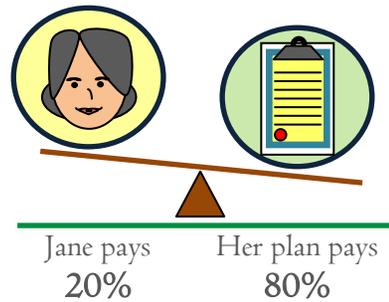
August 31st
End of Coverage Period



Jane hasn't reached her \$1,200 deductible yet

Her plan doesn't pay any of the costs.
Procedure Costs: \$125
Jane pays: \$125
Her plan pays: \$0
Note: Jane may also have to pay a co-pay for an office visit

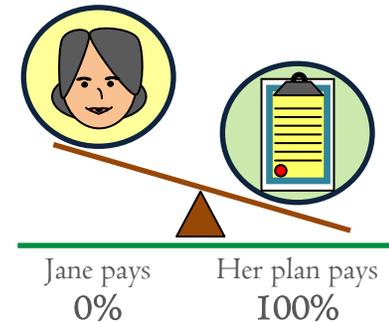
more costs



Jane reaches her \$1,200 deductible, co-insurance begins

Jane has seen a doctor several times and paid \$1,200 in total. Her plan pays some of the costs for her next visit.
Procedure Costs: \$75
Jane pays: 20% of \$75 = \$15
Her plan pays: 80% of \$75 = \$60
Note: Jane may also have to pay a co-pay for an office visit. Co-pays do apply to the deductible.

more costs



Jane reaches her \$6,660 out-of-pocket limit

Jane has seen the doctor often and paid \$6,350 in total. Her plan pays the full cost of her covered health care services for the rest of the year.
Procedure costs: \$200
Jane pays: \$0
Her plan pays: \$200
Note: Jane will **not** have to pay a co-pay for an office visit

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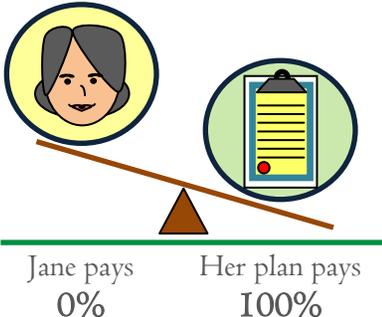
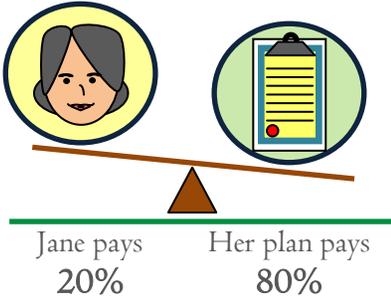
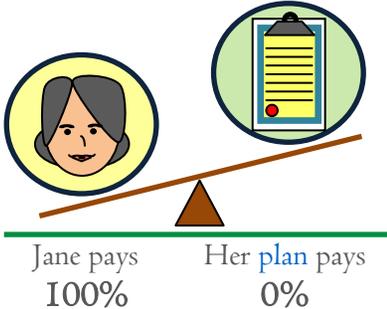
How You and Your Insurer Share Costs - Active Care 2- Employee Only Example

Jane's Plan Deductible: \$1,000

Co-insurance: 80%/20% Out-of-Pocket Limit: \$6,660

September 1st
Beginning of Coverage
Period

August 31st
End of Coverage Period



Jane hasn't reached her \$1,000 deductible yet
Her plan doesn't pay any of the costs.
Procedure Costs: \$125
Jane pays: \$125
Her plan pays: \$0
Note: Jane may also have to pay a co-pay for an office visit

Jane reaches her \$1,000 deductible, co-insurance begins
Jane has seen a doctor several times and paid \$1,000 in total. Her plan pays some of the costs for her next visit.
Procedure Costs: \$75
Jane pays: 20% of \$75 = \$15
Her plan pays: 80% of \$75 = \$60
Note: Jane may also have to pay a co-pay for an office visit

Jane reaches her \$6,000 out-of-pocket limit
Jane has seen the doctor often and paid \$6,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.
Procedure costs: \$200
Jane pays: \$0
Her plan pays: \$200
Note: Jane will not have to pay a co-pay for an office visit

For more information on your plan, please visit our Benefit and Perks page on the [Talent Support site on O365](#).