Glossary

BCBS – Blue Cross Blue Shield
One of the companies that the ECMT uses that administers health insurance.

Coincurrence
The percentage of reasonable and customary charges that you pay for a covered service under one of the Medical Trust medical plans after you meet the applicable annual deductible.

Copayment or Copay
A fixed dollar amount that you pay for in-network office visits, emergency room visits, certain other medical plan services, as well as prescription drugs.

Cost Sharing
Your financial obligation for a portion of your insurance premium, and/or medical expenses covered by the insurance plan. Premium cost sharing is the amount you may contribute towards the insurance premium required for the ECMT benefit plan you select. Benefits cost sharing includes the amount you pay out-of-pocket for medical expenses before deductibles and after coinsurance and copayments are applied.

Deductible
The amount you are responsible for paying before your insurance plan begins to pay for covered services.

DHP – Denominational Health Plan
The plan established by General Convention Resolution A177 of the 76th General Convention requiring health coverage for eligible Episcopal clergy and lay employees through the ECMT effective no later than January 1, 2013.

ECMT – Episcopal Church Medical Trust
A non-profit Voluntary Employees’ Beneficiary Association that exists solely to provide healthcare benefits for clergy and lay employees of The Episcopal Church.

EPO – Exclusive Provider Organization
A type of insurance plan that only covers the costs of services for the health care professionals and facilities associated with the EPO (in-network). The EPO does not cover the cost of services you receive from doctors or other providers outside the network. There are no claim forms. After a copayment for each office visit, most expenses are covered at 100%.

Formulary
A list of prescription medications preferred by a health plan. The medications are selected based on clinical effectiveness and opportunities to help contain a health plan’s costs. Formulary lists are usually subject to periodic review and modification by the health plan.

FSA – Flexible Spending Account or Cafeteria Plan
A voluntary plan that allows employees to have a designated amount withheld pre-tax from their payroll to be used for medical, dental, vision, dependent care and health insurance premium expenses on a tax-free basis. Monies contributed to a reimbursement account and used are forfeited at the end of the year.

Generic
A prescription drug that is chemically equivalent to a brand-name drug that is no longer protected by a patent. Generic drugs are typically sold at a lower price than the brand-name equivalent, but have the same active ingredients and are manufactured according to the same strict federal regulations.
HDHP – High Deductible Health Plan
A type of health insurance plan with a high deductible and lower premium cost, which requires that you pay all medical expenses (except for some preventive care) and pharmacy costs out-of-pocket until the deductible is met. Once the deductible is met, it then works much like a PPO plan with coinsurance. This plan is usually paired with an HSA that may be used to pay out-of-pocket medical expenses. (see HSA)

HMO – Health Maintenance Organization
A type of managed medical plan that often offers only in-network benefits. With HMOs, generally there are no deductibles or claim forms. You pay a copayment for each office visit, and then most other expenses are covered at 100%. You must select a primary care physician (PCP) in an HMO.

HRA – Health Reimbursement Account
A program serviced by a third-party administrator that allows an employer to reimburse qualified medical expenses for participating employees.

HSA – Health Savings Account
A tax-advantaged savings account available to those enrolled in an HDHP, intended to be used to pay out-of-pocket medical expenses (penalties will apply if the HSA is used for other purposes). The HSA is individual-owned, however may be funded by tax-free employer and employee contributions. Unused funds in an HSA continue to grow with tax-free earnings to use for future medical expenses. (see HDHP)

In-Network
Network providers and facilities have agreed to provide services to participants at negotiated rates. When you receive care from a network provider or in a network facility, you will pay lower, in-network rates for services. In certain plans, in-network services require only a copayment.

Out-of-Network
If you receive care from a physician or in a facility that is not part of your medical plan’s network, you will be responsible for more of the cost of the care. Using non-network providers means that you are receiving out-of-network care.

Out-of-Pocket
The amount that you pay out of your own pocket for a medical service. This is includes amounts you pay before deductibles and after coinsurance and copayments are applied.

Out-of-Pocket Maximum
The maximum amount an individual or family is responsible for paying in one plan year for covered expenses.

Primary Care Physician (PCP)
The physician responsible for coordinating your care with specialists under most managed care medical plan options (HMO).

PPO – Preferred Provider Organization
A type of health insurance plan that provides both in-network and out-of-network benefits. Copays, coinsurance and deductibles will apply. Care received in-network is covered at a higher level than care received from an out-of-network provider. Usually, you don’t need to select a primary care physician (PCP) and you don’t need a referral to visit a specialist. You receive plan benefits regardless of the doctor or facility you use.

Premium
The amount paid to an insurance provider for health insurance coverage.

R&C – Reasonable and Customary
Determined by the individual insurance carriers, this amount refers to the typical charges made by providers of similar standing and expertise for similar procedures in a particular geographic area. R&C guidelines are used by carriers to determine the maximum amount they will pay for certain services covered under their plans.