

Glossary of Terms

Standard Plans

Standard Plans are based on the State regulations and requirements

Non-Standard Plans

Non-Standard Plans contain all of the essential benefits but show flexibility in pharmacy, deductibles and cost sharing

Deductible

An annual deductible is the dollar amount a member has to pay out-of-pocket each year for certain health care services before the insurer (health insurance company) will cover a portion, if not all, of the member's eligible expenses.

Aggregate Deductible

The medical deductible must be met in full before services are covered at a cost-share. All members on the contract contribute to the deductible.

Embedded Deductible

Once a member meets the single deductible amount of a family contracts, that member begins coverage at the cost share level

Out-of-Pocket (OOP) Max

The annual out-of-pocket (OOP) maximum is the most a member will personally pay for their health care expenses in a health plan contract year (above and beyond the monthly premium). Any additional care the member receives after meeting this OOP maximum is covered in full

Integrated Rx Deductible

The entire plan deductible must be met before medication is covered at the copay or coinsurance level

Non-Integrated Rx Deductible

Pharmacy has its own deductible and is the only deductible that must be met for medication to be covered at the copay or coinsurance level