

Preferred Provider (PPO) Plan Glossary

Center of Excellence: a hospital or facility that provides the best possible medical outcome for a unique medical condition.

Co-Payment: Co-payment is a predetermined (flat) fee that an individual pays for health care services, in addition to what the insurance covers. For example, some PPOs require a \$10 "co-payment" for each in-network office visit, regardless of the type or level of services provided during the visit.

Emergency Condition: a medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent lay person, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in placing the health of the person afflicted in serious jeopardy. Examples of a medical emergency include chest pain, broken bones, a cut requiring stitches, difficulty breathing and unconsciousness. Independent Health participants are covered for emergency care world wide.

In-network: Providers or health care facilities which are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower cost to the insurance companies with which they have contracts. The Network for Independent Health's PPO plan includes Independent Health participants in the 8 counties of Western New York and the national Beech Street network of participants for services outside of Western New York.

Out-of-Network: This phrase usually refers to physicians, hospitals or other health care providers who do not participate with a particular insurance company. When you receive services from a non-participating provider, you are considered out-of-network.

Pre-certification for Services: The participant is responsible for obtaining any required pre-certification for services. Participants DO NOT have to select a primary care physician.

Urgent Condition: the sudden onset of an illness, injury or condition that is not a medical emergency, but requires immediate outpatient, medically necessary services at a physician's office. Examples of an urgent condition include a suspected sprained ankle, skin rash, ear infection or fever.

Out-of-Network Options for Preferred Provider Plan

Co-Insurance: Co-insurance refers to money that an individual is required to pay for services after a deductible has been paid. Co-insurance is often specified by a percentage. The most common coinsurance level is one in which the employee pays 20 percent of the expenses and the insurer pays 80 percent. This is called 80 percent coinsurance.

Deductible: The amount an individual must pay for health care expenses before insurance begins to cover costs.

Usual, Reasonable and Customary (UCR): Usual rate means the fee regularly charged and received for a given service by a provider. Customary and Reasonable means the fee for a service that is the most reasonable and standard amount charged by providers in the locality where the charge for services is supplied. IHA reimburses at the 90th percentile of the UCR.