



### Benefits/Annual Enrollment 2021 GLOSSARY

All these terms can be confusing, so here's a glossary to help guide you!

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| <b>Coinsurance</b>                   | <p>Coinsurance – The percentage of health care cost you will pay after you meet the plan's deductible.</p> <p><b>Example:</b> For 2021, MCP participants will pay 25% coinsurance after they meet the deductible; this means the health plan then will pay the other 75% of costs.</p>   |
| <b>Copay</b>                         | <p>A fixed dollar amount that you pay for a specific medical service.</p> <p><b>Example:</b> For 2021, MCP participants will pay a \$35 copay when they visit their primary care provider.</p>   |
| <b>Deductible</b>                    | <p>A fixed dollar amount that you must pay each calendar year before the health plan shares in the cost for certain services.</p> <p><b>Example:</b> If you have single coverage in the MCP, your 2021 deductible will be \$1,000. <b>After you reach that deductible</b>, you will pay 25% <b>coinsurance</b> for your healthcare costs (meaning the plan will pay the other 75%).</p>  |
| <b>Formulary</b>                     | <p>A list of prescription drugs covered by your health plan. There are three tiers of coverage (generic, preferred brand, nonpreferred brand); costs for medications may differ depending on the tier.</p>   |
| <b>Health Savings Plan (HSP)</b>     | <p>One of two health plans you can choose for 2021. This publication includes information to help you compare the two plans.</p>   |
| <b>MissionCare Plan (MCP)</b>        | <p>One of two health plans you can choose for 2021. This publication includes information to help you compare the two plans.</p>   |
| <b>Mission Health Partners (MHP)</b> | <p>The Preferred Provider Network for our health plan. You'll get the most benefit from the plan when you use MHP providers and facilities, rather than other "In-Network" providers.</p>  |
| <b>Out of Network</b>                | <p>If you use providers and facilities that are not part of MHP or are not otherwise designated In-Network, those services are not covered by the health plan. There are exceptions for emergencies and approved gap exceptions when services are not available with a network provider.</p>   |
| <b>Out-of-Pocket (OOP) Maximum</b>   | <p>Once your total spending for covered health plan benefits during the calendar year reaches this specified amount, Mission begins to pay 100% for covered services.</p> <p>Premiums you pay DO NOT count toward your OOP maximum.</p> <p>However, these items DO count toward the OOP maximum: Payments toward deductible, copayments, coinsurance (both medical and prescriptions covered by your plan).</p>  |
| <b>Premium</b>                       | <p>The amount deducted from your bi-weekly paycheck to purchase each of your benefits (health plan, dental, disability, etc.).</p>   |
| <b>Preventive Care</b>               | <p>The Affordable Care Act (ACA) designates specific preventive services that are covered at 100% if you use a network provider (MHP or in-network). These services include annual physical, pap tests, pelvic exams, mammogram, prostate test, colonoscopy, flu shots, well baby care, prenatal care, immunizations, etc. For more information, view the health plan SPD or <a href="http://www.healthcare.gov/preventive-care-benefits">www.healthcare.gov/preventive-care-benefits</a>.</p> |