

Glossary of Terms and Definitions

Adoptive Child

An unmarried Child under age 19-25 is an Adoptive Child as of the date he or she is legally adopted by the Subscriber; or is placed for adoption with the Subscriber. This means that the Subscriber has assumed a legal obligation for the total or partial support of a Child in anticipation of adoption. If the legal obligation ceases, the Child is no longer considered placed for adoption. Note: As required by state law, a foster child is considered an Adoptive Child as of the date that a petition to adopt was filed.

Annual Coverage Limitations

Annual dollar or time limitations on Covered Services.

Authorized Reviewer

Authorized Reviewers review and approve certain services and supplies to Members. They are Tufts Health Plan's Chief Medical Officer (or equivalent) or someone he or she names.

Child

- The Subscriber's or Spouse's unmarried natural child or stepchild who is under age 19-25 and:
 - regularly resides with the Subscriber or Spouse, or
 - qualifies as a Dependent for federal tax purposes; or
- the Subscriber's or Spouse's Adoptive Child, or
- the Child of an enrolled child; or
- any other Child for whom the Subscriber has legal guardianship.

Coinsurance

The percentage of costs you must pay for certain Covered Services.

- If services are provided by non-Tufts Health Plan Provider, your coinsurance amount is a percentage of the Provider's Reasonable Charge for those services.
- If services are provided by a Tufts Health Plan Provider, your coinsurance amount is a percentage of:
 - the applicable Tufts Health Plan fee schedule amount for those services; or
 - the Tufts Health Plan Provider's actual charges for those services, whichever is less

Community Hospital

Any Tufts Health Plan Hospital other than a Tertiary Hospital.

Contract Year

The 12-month period designated by the Group and sometimes referred to as a plan year. This 12-month period, usually a calendar year is when benefit limits, Deductibles, Out-of-Pocket Maximums, and Coinsurance are calculated.

Copayment

Fees you pay for Covered Services. Copayments are paid to the Provider when you receive care unless the Provider arranges otherwise. Copayments are not included in the Out-of-Pocket Maximum.

Cost Sharing Amount

The cost you pay for certain Covered Services. This amount may consist of Deductibles, Copayments, and/or Coinsurance.

Custodial Care – not covered by Tufts Health Plan

- Care provided primarily to assist in the activities of daily living, such as bathing, dressing, eating, and maintaining personal hygiene and safety;
- care provided primarily for maintaining the Member's or anyone else's safety, when no other aspects of treatment require an acute hospital level of care;
- services that could be provided by people without professional skills or training; or
- routine maintenance of colostomies, ileostomies, and urinary catheters; or
- adult and pediatric day care.

In cases of mental health care or substance abuse care, Inpatient care or intermediate care provided primarily:

- for maintaining the Member's or anyone else's safety; or
- for the maintenance and monitoring of an established treatment program,

when no other aspects of treatment require an acute hospital level of care or intermediate care.

Day Surgery – Ambulatory Surgery or Surgical Day Care

Any surgical procedure(s) in an operating room under anesthesia for which the Member is admitted to a facility licensed by the state to perform surgery, and with an expected discharge the same day or in some instances within twenty-four hours. For hospital census purposes, the Member is an Outpatient not an Inpatient.

Deductible

For each Contract Year, the amount paid by the Member for certain Covered Services before any payments are made under their Evidence of Coverage. (Any amount paid by the Member for a Covered Service rendered during the last 3 months of a Contract Year shall be carried forward to the next Contract Year's Deductible.)

Dependent

The Subscriber's Spouse, Child, Student Dependent or Disabled Dependent.

Designated Facility for Inpatient Mental Health/ Inpatient Substance Abuse Services

A facility licensed to treat Mental Conditions and/or substance abuse (alcohol and drug). This Provider has an agreement with Tufts Health Plan to provide Inpatient or day treatment/partial hospitalization services to Members assigned to the facility.

Disabled Dependent

The Subscriber's unmarried Child who:

- became permanently physically or mentally disabled before age 19-25 (or before losing eligibility as a Student Dependent);
- is incapable of supporting himself or herself due to disability;
- lives with the Subscriber or Spouse; and
- was covered under the Subscriber's Family Coverage immediately before reaching age 19-25 (or before losing eligibility as a Student Dependent) or has been covered by other group health coverage since the disability began.

Durable Medical Equipment

Devices or instruments of a durable nature that:

- are reasonable and necessary to sustain a minimum threshold of independent daily living;
- are made primarily to serve a medical purpose;
- are not useful in the absence of illness or injury;
- can withstand repeated use; and can be used in the home.

Effective Date

The date, according to Tufts Health Plan's records, when you become a Member and are first eligible for Covered Services.

Emergency

An illness or medical condition, whether physical or mental, that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent lay person, who possesses an average knowledge of health and medicine, to result in:

- serious jeopardy to the physical and/or mental health of a Member or another person (or with respect to a pregnant Member, the Member's or her unborn child's physical and/or mental health); or
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part; or
- with respect to a pregnant woman who is having contractions, inadequate time to effect a safe transfer to another hospital before delivery, or a threat to the safety of the Member or her unborn child in the event of transfer to another hospital before delivery.

Some examples of illnesses or medical conditions requiring Emergency care are severe pain, a broken leg, loss of consciousness, vomiting blood, chest pain, difficulty breathing, or any medical condition that is quickly getting much worse.

Experimental or Investigative

A service, supply, treatment, procedure, device, or medication (collectively "treatment") is Experimental or Investigative if any of the following is true:

- the drug or device cannot be lawfully marketed without the approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished or to be furnished; or
- the treatment, or the "informed consent" form used with the treatment, was reviewed and approved by the treating facility's institutional review board or other body serving a similar function, or federal law requires such review or approval; or
- reliable evidence shows that the treatment: is the subject of ongoing Phase I or Phase II clinical trials; is the research, experimental, study or investigative arm of ongoing Phase III clinical trials; or is otherwise under study to determine its safety, efficacy, toxicity, maximum tolerated dose, or its efficacy as compared with a standard means of treatment or diagnosis; or
- reliable evidence shows that prevailing opinion among experts regarding the treatment is that more studies or clinical trials are necessary to determine its safety, efficacy, toxicity, maximum tolerated dose, or its efficacy as compared with a standard means of treatment or diagnosis.

Note: Reliable evidence, as used in this section, shall mean only: published reports and articles in the authoritative peer-reviewed medical and scientific literature; the written protocol or protocols used by the treating facility or the protocol(s) of another facility studying substantially the same treatment; or the written informed consent form used by the treating facility or by another facility studying substantially the same treatment.

Family Coverage

Coverage for a Member and his or her Dependents.

Group

An employer or other legal entity with which Tufts Health Plan has an agreement to provide group coverage. The Group is your agent and is not Tufts Health Plan's agent.

HMO – Health Maintenance Organization

With an HMO, you need to [choose a primary care physician](#) (PCP) from one of the Tufts Health Plan provider networks. You visit your PCP for routine care or when you're sick. If you have to see a specialist, your PCP will give you a referral in order for Tufts Health Plan to cover the cost of care. Some services do not require a referral. View your Benefit Handbook for more information.

HRA (Health Reimbursement Arrangement)

A Health Reimbursement Arrangement (HRA) is a 100% employer-funded spending account that can be used to pay for qualified medical expenses. An HRA may be structured to allow unused funds to roll over into the next plan year. The entire year's funds are available to the employee on the first day of the plan year. HRA funds may only be used for eligible health expenses and therefore they cannot be cashed out. The funds are not transferable to another employer-sponsored plan. However, the funds in the HRA belong to the employer, and it is up to the employer to decide whether to allow terminated employees' access to the remaining funds in the HRA once they have left the company.

HSA – Health Savings Account

Tufts Health Plan's HSA option is a tax-exempt account, administered by Bank of America, that applicable group employees can use to pay for qualified medical expenses (as defined by IRS Publication 502, Section 213(d)) incurred by the employee and his/her eligible dependents. The HSA is owned by the employee, is fully portable, and both the employee and the employer have the ability to contribute to the fund if desired. The HSA comes with a Bank of America debit card, allowing employees to pay for healthcare services at the point of service in many instances, instead of submitting claims for reimbursement. Due to IRS regulations, Tufts Health Plan's HSA option is only available with our Advantage Saver plan.

Individual Coverage

Coverage for a Subscriber only (no Dependents).

Inpatient

A Member who is admitted to a hospital or other facility licensed to provide continuous care; and classified as an Inpatient for all or a part of the day on the facility's Inpatient census.

Medically Necessary

A service or supply that is consistent with generally accepted principles of professional medical practice as determined by whether that service or supply:

- is the most appropriate available supply or level of service for the Member in question considering potential benefits and harms to that individual;
- is known to be effective, based on scientific evidence, professional standards and expert opinion, in improving health outcomes; or
- for services and interventions not in widespread use, is based on scientific evidence.

In determining coverage for Medically Necessary services, Tufts Health Plan uses Clinical Coverage Guidelines which are:

- developed with input from practicing physicians in the Tufts Health Plan Service Area;
- developed in accordance with the standards adopted by national accreditation organizations;
- updated at least biennially or more often as new treatments, applications and technologies are adopted as generally accepted professional medical practice; and
- evidence-based, if practicable.

Member

A person enrolled in Tufts Health Plan under the Group Contract. Also referred to as "you."

Mental Disorders

Psychiatric illnesses or diseases listed as Mental Disorders in the latest edition, at the time treatment is provided, of the American Psychiatric Association's Diagnostic and Statistical Manual: Mental Disorders.

Open Enrollment Period

The period each year when Tufts Health Plan and the Group allow eligible persons to apply for Group coverage in accordance with the Group Contract.

Out-of-Pocket Maximum

The maximum amount of money paid by a Member during a Contract Year for certain Covered Services. The Out-of-Pocket Maximum consists of Copayments and Coinsurance. It does not include:

- Emergency care copayments;
- Any amount you pay for prescription drugs; or
- Costs for health care services that are not Covered Services under the Group Contract.

Once you have met your Out-of-Pocket Maximum in a Contract Year, you no longer pay for Copayments and Coinsurance in that Contract Year.

Outpatient

A Member who receives care other than on an Inpatient basis. This includes services provided in:

- A physician's office;
- A Day Surgery or ambulatory care unit; and
- An Emergency room or Outpatient clinic
- Note: You are also an Outpatient when you are in a facility for observation.

POS – Point of Service

With a POS plan, members [choose a PCP](#), but can receive care from specialists without their PCP's referral. In addition, POS members can visit doctors, hospitals and other providers who do not belong to Tufts Health Plan's contracted provider network. When provided or arranged by a PCP, services are typically covered in full with copayments. Services received without a PCP referral or outside Tufts Health Plan's contracted provider network are subject to deductibles and coinsurance.

PPO – Preferred Provider Organization

With a PPO plan, members living outside of our service area can choose to receive care for covered services from providers that are inside, or outside, Tufts Health Plan's contracted provider networks. Nationwide in-network level coverage is offered through our agreement with Private Health Care Systems (PHCS), the largest proprietary PPO in the country with nearly 450,000 providers and more than 4,000 hospitals and other facilities across the USA. When provided or arranged by Tufts Health Plan's contracted providers, services are typically covered in full with copayments. Services received outside of Tufts Health Plan's contracted provider network are subject to deductibles and coinsurance.

Premium

The total monthly cost of Individual or Family Coverage which the Group pays to Tufts Health Plan.

Primary Care Physician (PCP)

The physician you have chosen from the Tufts Health Plan Directory of Health Care Providers and who has an agreement with Tufts Health Plan to provide primary care and to coordinate, arrange, and authorize the provision of Covered Services.

Provider

A health care professional or facility licensed in accordance with applicable law, including, but not limited to, hospitals, physicians, certified nurse midwives, certified registered nurse anesthetists, nurse practitioners, optometrists, podiatrists, psychiatrists, psychologists, licensed mental health counselors, licensed independent clinical social workers, licensed psychiatric nurses who are certified as clinical specialists in psychiatric and mental health nursing, licensed speech-language pathologists, and licensed audiologists.

Tufts Health Plan will only cover services of a Provider, if those services are listed as Covered Services; and within the scope of the Provider's license.

Notes:

- With respect to Outpatient services for the treatment of alcoholism, Provider means an accredited or licensed hospital or any public or private facility or portion of that facility providing services especially for the rehabilitation of intoxicated persons or alcoholics and which is licensed by the Massachusetts Department of Public Health or under other applicable state law.
- With respect to Inpatient Services for the treatment of alcoholism, Provider means: an accredited or licensed hospital or any public or private facility or portion of that facility providing services especially for the detoxification or rehabilitation of intoxicated persons or alcoholics and which is licensed by the Massachusetts Department of Public Health; or a residential alcohol treatment program, as defined under Massachusetts law or other applicable state law.

Reasonable Charge (also referred to as “Usual and Customary Charge)

The lesser of the amount charged; or the amount that Tufts Health Plan determines, based upon nationally accepted means of claims payment and the fees most often charged by similar Providers for the same service in the geographic area in which it is given, to be the reasonable amount for the service.

Routine Nursery Care

Routine care provided to a well newborn Child immediately following birth until discharge from the hospital.

Service Area

The Service Area is the geographical area within which Tufts Health Plan has developed a network of Providers to afford Members with adequate access to Covered Services. The Enrollment Service Area consists of the Primary Service Area and the Extended Service Area.

The Primary Service Area is comprised of:

- all of Massachusetts, except Nantucket and Martha's Vineyard; and
- the cities and towns in New Hampshire and Rhode Island in which Tufts Health Plan PCPs are located.

The Extended Service Area includes certain towns in Connecticut, New Hampshire, Rhode Island and Vermont which surround the Primary Service Area and are within a reasonable distance to the location of Primary Care Physicians.

Notes:

- There are generally no Tufts Health Plan PCPs located within the Extended Service Area.
- See a list of cities and towns in the [Service Area](#)

Spouse

The Subscriber's legal spouse, according to the law of the state in which you reside; or divorced spouse as required by Massachusetts law.

Skilled

A type of care that is Medically Necessary and must be provided by, or under the direct supervision of, licensed medical personnel. Skilled care is provided to achieve a medically desired and realistically achievable outcome.

Student Dependent

The Subscriber's unmarried Child who is:

- between age 19-25 and age 20-27; and
- enrolled as a full-time student at an accredited educational institution.

Subscriber

The person who:

- is an employee of the Group;
- enrolls in Tufts Health Plan and signs the Membership application form on behalf of himself or herself and any Dependents; and
- in whose name the Premium is paid by the Group.

Tertiary Hospital

Each of the following hospitals:

- Beth Israel Deaconess Medical Center (Boston, MA);
- Boston Medical Center (Boston, MA);
- Brigham & Women's Hospital (Boston, MA);
- Children's Hospital (Boston, MA);
- Dana-Farber Cancer Institute (Boston, MA);
- Lahey Clinic (Burlington and Peabody, MA);
- Mary Hitchcock Memorial Hospital (Hanover, NH);
- Massachusetts Eye & Ear Infirmary (Boston, MA);
- Massachusetts General Hospital (Boston, MA);
- New England Baptist Hospital (Boston, MA);
- New England Medical Center (Boston, MA);
- Rhode Island Hospital, including Hasbro Children's Hospital (Providence, Rhode Island);
- UMass Memorial Medical Center (Worcester, MA).

Tufts Health Plan Provider

A Provider with which Tufts Health Plan has an agreement to provide Covered Services to Members. Providers are not Tufts Health Plan's employees, agents or representatives.

Usual and Customary Charge

See "Reasonable Charge".