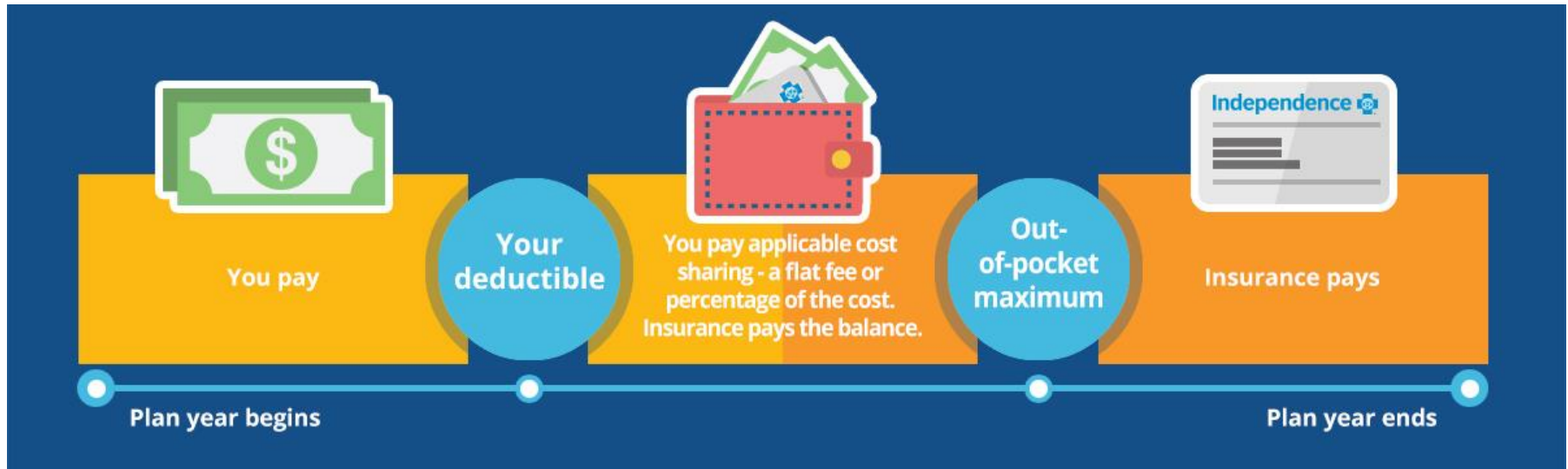


Benefit Terminology



- Annual Deductible** - The amount you have to pay for services before the Plan starts to share costs of care.
 - True Family** – One or combination of members enrolled must meet family deductible before the Plan starts to share in the cost of care. (Green and Blue Plan)
 - Embedded** – Each member has an individual deductible they must meet before the Plan starts to share in the cost of care. (Orange Plan)
- Annual Out-of-Pocket Maximum (OOPM)** - The amount you have to pay for services in deductible and coinsurance before the Plan pays 100%.
 - True Family** – One or combination of members enrolled must meet family OOPM before the Plan pays 100%. (Green and Blue Plan)
 - Embedded** – Each member has an individual OOPM they must meet before the Plan pays 100%. (Orange Plan)

- Coinsurance** – Percentage of the cost of care that you pay after your deductible has been met. The Plan pays the other percentage of the costs.
 - Example: 20% coinsurance is the amount you pay; 80% is the amount the Plan pays.
- Copayments** – Set fee for services provided
 - Example: \$20 is the amount you pay; the Plan covers the rest for in-network services

Additional Benefits Terminology



Costs

Billed Amount

The amount that a provider charges

Allowed Amount

The maximum amount that will be paid for a covered service

Balance Billing

The difference between the allowed amount and what the provider charges with an out of network provider

Premium

The amount you pay for insurance through your paycheck



Coverage

Health Savings Account

Both Spirit and you can contribute to this account that reduces out-of-pocket medical expenses

PCA

A Health Reimbursement Account that only Spirit can contribute to and pays toward medical deductible and coinsurance fees

Out of Network

Providers that are not part of the Network and can charge the billed amount and can balance bill a member

Network

A list of providers that your Plan contracts with to set the allowed amount



Administration

Administrator - AETNA

The organization that provides the network, adjudicates healthcare claims and provides payment to the provider

Annual Enrollment

A time period (April 24 – May 4) when you review and select the plans that meet your family needs