

Understanding Health Insurance Terms

Plan Selection

Open Enrollment

Open enrollment, also known as annual enrollment, is a period of time usually, but not always, occurring once per year, when employees may make additions, changes or deletions to their elected benefit options. In most cases, employees can only make changes in benefits elections during open enrollment or when they have experienced a specific qualifying event like the birth of a child or marriage. During this time period, an employer will typically communicate to all eligible employees what options they have for their benefit program.

Open enrollment is your opportunity to review your health insurance and spending accounts benefits coverage and make choices for the upcoming calendar year. You should actively enroll during open enrollment to ensure your benefits meet your needs.

Premium

The amount you pay for your health plan, usually biweekly or monthly.

Claims

Explanation of Benefits (EOB)

It looks like a bill, feels like a bill, but an EOB is not a bill. If you have a health plan, it's the statement Blue KC sends you after you receive services from a healthcare provider. The EOB lists several things including the services you received, the amount your plan covers, and the total amount billed to you.

Deductible

The amount you pay for services received before your health plan begins to pay. For example, if your deductible is \$1,000, your health plan will not pay for covered services until you've paid \$1,000 toward your covered healthcare expenses. Once your deductible is met, your health plan will begin to pay a portion of your covered healthcare.

High Deductible Health Plan (HDHP)

A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more healthcare costs yourself (your deductible) before Blue KC starts to pay its share. Certain plans that meet IRS guidelines are called qualified high deductible health plans (QHDHP). QHDHPs can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.

Health Savings Account (HSA)

An HSA allows you to pay for qualified medical expenses with tax-free money. To qualify for an HSA, you must have a qualified high deductible health plan (QHDHP). In general, you can use the money in your HSA to pay for deductibles, copayments and other expenses not covered by your health plan, like dental or vision expenses. If you don't use all the money in your account by the end of the year, don't worry. The money rolls over from year to year. An HSA is also portable, so you can take it with you if you change employers.

Coinsurance

The percentage you pay for covered healthcare service (for example, 20%) after you've paid your deductible.

Copayment

The fixed amount (for example, \$25) you pay for a covered healthcare service, usually when you receive the service. The amount can vary, depending on the provider and the type of healthcare service.

Out-of-Pocket Maximum

Most health plans have an out-of-pocket maximum. If the total dollar amount that you have paid in deductibles, coinsurance, and in some cases copayments, reach this maximum amount in a calendar year, then Blue KC will pay 100% of the allowed charges for the remainder of the year.

Want to learn more?

Review the Blue KC glossary online at BlueKC.com/Consumer/Glossary to find general definitions and examples of health insurance terms.



Networks

In/Out-of-Network

An out-of-network provider is any provider that does not have a contract with Blue KC. Generally, Blue KC will pay less money or not pay anything at all for services you receive from out-of-network providers.

To save money, it's important to understand who is an in-network provider in your healthcare plan. To learn more, visit the Find Care tool on [BlueKC.com](https://www.BlueKC.com) to find the most up-to-date and accurate information about an in-network doctor, hospital or other healthcare provider.

Exclusive Provider Organization (EPO)

A type of health plan where you receive healthcare services only from doctors, hospitals and specialists in your plan's network. There is no out-of-network coverage except for emergency services. Non-emergency services received out-of-network are not covered.

Preferred Provider Organization (PPO)

A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals and providers outside of the network for an additional cost.

Health Maintenance Organization (HMO)

A type of health plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integral care and focus on prevention and wellness.



Connect With Us

Connect with your hometown health insurer on social media for tips and resources to help you live your healthiest life.



Blue KC Is Here To Help

Need help? Don't worry, we're just a phone call away. If you have any questions, comments or concerns, call Customer Service at the phone number listed on your member ID card. We're available Monday through Friday from 8 a.m. to 5 p.m. Central Time. Plus, tons of tools and resources are available to you 24/7 at [MyBlueKC.com](https://www.MyBlueKC.com).



Provider Directory

As a Blue KC member, you're part of the largest provider network in the Kansas City area, with extensive access to medical professionals who meet your specific healthcare needs. The Find Care tool on [BlueKC.com](https://www.BlueKC.com) can help you find the most up-to-date and accurate information about a network, doctor, hospital or other healthcare provider.

To view the most accurate information related to your Blue KC network, be sure to first log in as a member on [MyBlueKC.com](https://www.MyBlueKC.com). By doing so, the results from the Find Care tool will be tailored to your specific Blue KC network.

Keep in mind that you'll need to refer to your certificate or contract documents for terms related to your specific health insurance plan. The terms found in those documents are legally binding and supersede the definitions and examples found in the glossary.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

NOTE: The Member Guide provides a general overview of services and benefits that may be included in some Blue KC health plans. Because coverage details can vary, we encourage you to review your specific plan documents for accurate information. For details about your coverage, please refer to your Summary of Benefits and Coverage (SBC) by visiting [MyBlueKC.com](https://www.MyBlueKC.com) and clicking on **Plan Benefits**.