

benefits terms & definitions



LifeTime
DriveTime Benefits Package

CO-PAYMENT: a cost-sharing arrangement in which you pay either a set dollar amount or a percentage of the eligible expense. Some plans require co-payments for physician office visits, prescriptions or hospital services. These are generally payable at the time you receive the health care service.

COST-SHARING: arrangements such as deductibles, co-payments, (or co-insurance) where you pay some of the cost of your health care, and the company pays a portion of your health care. See also co-payment, co-insurance, deductible and out-of-pocket limit.

DEDUCTIBLE: annual amount of eligible expense you must pay each year before the plan will make payment for eligible benefits.

EXPLANATION OF BENEFITS: the statement sent to you and your physician listing services received, amount billed, and any payments made.

IN-NETWORK: a system of contracted physicians, hospitals, and other health care professionals that provide health care to enrollees at lower rates negotiated by our insurance carriers.

OUT-OF-NETWORK: coverage for treatment obtained from non-participating physicians or other health care professionals. With an out-of-network physician there are no network discounts and you will have more out of pocket expenses compared to going to an in-network physician.

OUT-OF-POCKET COSTS/EXPENSES: the portion of annual payments for covered health services required to be paid by you, including co-payments, (or, co-insurance) and deductibles.

CLASSIC PLAN OUT-OF-POCKET MAXIMUM: the total annual expenses that you pay which includes the deductible. Once this limit is reached, your benefit plan will cover 100% for covered health services for the rest of the calendar year.

PREVENTATIVE CARE/WELLNESS: comprehensive care emphasizing priorities for prevention, early detection and early treatment of conditions, generally including routine physical examination, immunizations and well-person care.

COBRA: Under certain circumstances, you (or your covered dependent) may continue health care coverage when it would otherwise end through the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) coverage. Please contact the Benefits Department for additional materials and refer to the summary plan description regarding termination of coverage.

PRIVACY RIGHTS UNDER HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA): HIPAA includes provisions that protect the privacy of health plan participants. These provisions, which went into effect April of 2003, govern how covered entities such as health insurance companies and the plan sponsor must handle protected health information. The company distributes HIPAA Privacy Notices, in accordance with Federal Regulations. If you need to obtain a copy of the HIPAA Privacy Notice please contact Human Resources Benefits Department.