Glossary of Terms

**Coinsurance** – Medical cost sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, was paid. In the case of the CIGNA 90/70 Plan, 90 represents the percentage that the plan pays for in-network benefits and 70 represents the amount that the plan pays for out-of-network expenses. The insured will then pay 10 percent for in-network benefits and 30 percent for out-of-network benefits.

**Co-payments** – Fixed dollar amounts the insured pays for medical services (such as office visits) and prescriptions.

**Deductible** – The amount that the insured must pay before the insurance carrier starts to pay its portion of costs for a covered health expense.

**In-network** – The use of health care providers who have contracted with the health plan to provide the medical services for a predetermined rate of reimbursement.

**Out-of-network** – Services received from a provider who does not participate with the insured’s health plan.

**UCR (Usual, Customary & Reasonable)** – Rates calculation by a healthcare provider of what it believes is the appropriate fee to pay for a specific health care product or service in the geographic area in which the plan operates.