

## SECTION I

### Definitions

Defined terms will appear capitalized throughout this [Contract; Policy].

**Acute:** The onset of disease or injury, or a change in the Subscriber's condition that would require prompt medical attention.

**Allowed Amount:** The maximum amount on which Our payment is based for Covered Services. See the Cost-Sharing Expenses and Allowed Amount section of this [Contract; Policy] for a description of how the Allowed Amount is calculated.

**Ambulatory Surgical Center:** A Facility currently licensed by the appropriate state regulatory agency for the provision of surgical and related medical services on an outpatient basis.

**Appeal:** A request for Us to review a Utilization Review decision or a Grievance again.

**Balance Billing:** When a Non-Participating Provider bills You for the difference between the Non-Participating Provider's charge and the Allowed Amount. A Participating Provider may not Balance Bill You for Covered Services.

**[Contract; Policy]:** This [Contract; Policy] issued by [insert health plan name], including the Schedule of Benefits and any attached riders.

**Coinsurance:** Your share of the costs of a Covered Service, calculated as a percent of the Allowed Amount for the service that You are required to pay to a Provider. The amount can vary by the type of Covered Service.

**Copayment:** A fixed amount You pay directly to a Provider for a Covered Service when You receive the service. The amount can vary by the type of Covered Service.

**Cost-Sharing:** Amounts You must pay for Covered Services, expressed as Copayments and/or Coinsurance.

**Cover, Covered or Covered Services:** The Medically Necessary services paid for, arranged, or authorized for You by Us under the terms and conditions of this [Contract; Policy].

**Durable Medical Equipment ("DME"):** Equipment which is:

- Designed and intended for repeated use;
- Primarily and customarily used to serve a medical purpose;

- Generally not useful to a person in the absence of disease or injury; and
- Appropriate for use in the home.

**Emergency Condition:** A medical or behavioral condition that manifests itself by Acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy;
- Serious impairment to such person's bodily functions;
- Serious dysfunction of any bodily organ or part of such person; or
- Serious disfigurement of such person.

**Emergency Department Care:** Emergency Services You get in a Hospital emergency department.

**Emergency Services:** A medical screening examination which is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency Condition; and within the capabilities of the staff and facilities available at the Hospital, such further medical examination and treatment as are required to stabilize the patient. "To stabilize" is to provide such medical treatment of an Emergency Condition as may be necessary to assure that, within reasonable medical probability, no material deterioration of the condition is likely to result from or occur during the transfer of the patient from a Facility, or to deliver a newborn child (including the placenta).

**Exclusions:** Health care services that We do not pay for or Cover.

**External Appeal Agent:** An entity that has been certified by the New York State Department of Financial Services to perform external appeals in accordance with New York law.

**Facility:** A Hospital; Ambulatory Surgical Center; birthing center; dialysis center; rehabilitation Facility; Skilled Nursing Facility; hospice; Home Health Agency or home care services agency certified or licensed under Article 36 of the New York Public Health Law; a comprehensive care center for eating disorders pursuant to Article 27-J of the New York Public Health Law; and a Facility defined in New York Mental Hygiene Law Sections 1.03(10) and (33), certified by the New York State Office of Alcoholism and Substance Abuse Services, or certified under Article 28 of the New York Public Health Law (or, in other states, a similarly licensed or certified Facility). If You receive treatment for substance use disorder outside of New York State, a Facility also includes one which is accredited by the Joint Commission to provide a substance use disorder treatment program.

**Federal Poverty Level (FPL):** A measure of income level issued annually by the U.S. Department of Health and Human Services. Federal poverty levels are used to determine your eligibility for certain program and benefits, including the Essential Plan, and are updated on an annual basis.

**Grievance:** A complaint that You communicate to Us that does not involve a Utilization Review determination.

**Habilitation Services:** Health care services that help a person keep, learn or improve skills and functioning for daily living. Habilitative Services include the management of limitations and disabilities, including services or programs that help maintain or prevent deterioration in physical, cognitive, or behavioral function. These services consist of physical therapy, occupational therapy and speech therapy.

**Health Care Professional:** An appropriately licensed, registered or certified Physician; dentist; optometrist; chiropractor; psychologist; social worker; podiatrist; physical therapist; occupational therapist; midwife; speech-language pathologist; audiologist; pharmacist; behavior analyst; or any other licensed, registered or certified Health Care Professional under Title 8 of the New York Education Law (or other comparable state law, if applicable) that the New York Insurance Law requires to be recognized who charges and bills patients for Covered Services. The Health Care Professional's services must be rendered within the lawful scope of practice for that type of Provider in order to be covered under this [Contract; Policy].

**Home Health Agency:** An organization currently certified or licensed by the State of New York or the state in which it operates and renders home health care services.

**Hospice Care:** Care to provide comfort and support for persons in the last stages of a terminal illness and their families that are provided by a hospice organization certified pursuant to Article 40 of the New York Public Health Law or under a similar certification process required by the state in which the hospice organization is located.

**Hospital:** A short term, acute, general Hospital, which:

- Is primarily engaged in providing, by or under the continuous supervision of Physicians, to patients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- Has organized departments of medicine and major surgery;
- Has a requirement that every patient must be under the care of a Physician or dentist;
- Provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- If located in New York State, has in effect a Hospitalization review plan applicable to all patients which meets at least the standards set forth in 42 U.S.C. Section 1395x(k);
- Is duly licensed by the agency responsible for licensing such Hospitals; and

- Is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

Hospital does not mean health resorts, spas, or infirmaries at schools or camps.

**Hospitalization:** Care in a Hospital that requires admission as an inpatient and usually requires an overnight stay.

**Hospital Outpatient Care:** Care in a Hospital that usually doesn't require an overnight stay.

**Lawfully Present Immigrant:** The term "lawfully present" includes immigrants who have:

- "Qualified non-citizen" immigration status without a waiting period
- Humanitarian statuses or circumstances (including Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking)
- Valid non-immigration visas
- Legal status conferred by other laws (temporary resident status, LIFE Act, Family Unity individuals). To see a full list of eligible immigration statuses, please visit the web site at <http://www.healthcare.gov/immigrants/immigration-status/> or call the NY State of Health at 1-855-355-5777.

**Medically Necessary:** See the How Your Coverage Works section of this [Contract; Policy] for the definition.

**Medicare:** Title XVIII of the Social Security Act, as amended.

**New York State of Health ("NYSOH"):** The New York State of Health, the Official Health Plan Marketplace. The NYSOH is a marketplace where individuals, families and small businesses can learn about their health insurance options; compare plans based on cost, benefits and other important features; apply for and receive financial help with premiums and cost-sharing based on income; choose a plan; and enroll in coverage. The NYSOH also helps eligible consumers enroll in other programs, including Medicaid, Child Health Plus, and the Essential Plan.

**Non-Participating Provider:** A Provider who doesn't have a contract with Us [or another XXX plan] to provide services to You. The services of Non-Participating Providers are Covered only for Emergency Services [, Urgent Care] or when authorized by Us.

**Out-of-Pocket Limit:** The most You pay during a Plan Year in Cost-Sharing before We begin to pay 100% of the Allowed Amount for Covered Services. This limit never includes Your Premium, Balance Billing charges or the cost of health care services We do not Cover.

**Participating Provider:** A Provider who has a contract with Us [or another XXX plan] to provide services to You. A list of Participating Providers and their locations is available on Our website [at XXX] or upon Your request to Us. The list will be revised from time to time by Us.

*{Drafting Note: Insert the “or another plan” language and the name of the plan if you have affiliated arrangements with other plans. Insert the last sentence for tiered networks. }*

**Physician or Physician Services:** Health care services a licensed medical Physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

**Plan Year:** The 12-month period beginning on the effective date of the [Contract; Policy] or any anniversary date thereafter, during which the [Contract; Policy] is in effect.

**Preauthorization:** A decision by Us prior to Your receipt of a Covered Service, procedure, treatment plan, device, or Prescription Drug that the Covered Service, procedure, treatment plan, device or Prescription Drug is Medically Necessary. We indicate which Covered Services require Preauthorization in the Schedule of Benefits section of this [Contract; Policy].

**Premium:** The amount that must be paid for Your health insurance coverage.

**Prescription Drugs:** A medication, product or device that has been approved by the Food and Drug Administration (“FDA”) and that can, under federal or state law, be dispensed only pursuant to a prescription order or refill [and is on Our formulary]. A Prescription Drug includes a medication that, due to its characteristics, is appropriate for self administration or administration by a non-skilled caregiver.

*{Drafting Note: The bracketed language is optional.}*

**Primary Care Physician (“PCP”):** A participating nurse practitioner or Physician who typically is an internal medicine or family practice Physician and who directly provides or coordinates a range of health care services for You.

**Provider:** A Physician, Health Care Professional, or Facility licensed, registered, certified or accredited as required by state law. A Provider also includes a vendor or dispenser of diabetic equipment and supplies, durable medical equipment, medical supplies, or any other equipment or supplies that are Covered under this [Contract; Policy] that is licensed, registered, certified or accredited as required by state law.

**Referral:** An authorization given to one Participating Provider from another

Participating Provider (usually from a PCP to a participating Specialist) in order to arrange for additional care for the Subscriber. [A Referral can be transmitted electronically[ or by Your Provider completing a paper Referral form].] [Except as provided in the Access to Care and Transitional Care section of this [Contract; Policy] [or as otherwise authorized by Us,] a Referral will not be made to a Non-Participating Provider.] [A Referral is not required but is needed in order for You to pay the lower Cost-Sharing for certain services listed in the Schedule of Benefits section of this [Contract; Policy].]

*{Drafting Note: Insert the second, third and fourth sentences as applicable. Insert the reference to paper referral forms if the plan accepts paper referrals. The bracketed “or as otherwise authorized by us” language is optional. }*

**Rehabilitation Services:** Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services consist of physical therapy, occupational therapy, and speech therapy in an inpatient and/or outpatient setting.

**Schedule of Benefits:** The section of this [Contract; Policy] that describes the Copayments, Coinsurance, Out-of-Pocket Limits, [Preauthorization requirements,] [Referral requirements,] and other limits on Covered Services.

**Service Area:** The geographical area, designated by Us and approved by the State of New York, in which We provide coverage. Our Service Area consists of: [XXX]  
*{Drafting Note: Insert list of counties in the plan’s service area.}*

**Skilled Nursing Facility:** An institution or a distinct part of an institution that is: currently licensed or approved under state or local law; primarily engaged in providing skilled nursing care and related services as a Skilled Nursing Facility, extended care Facility, or nursing care Facility approved by the Joint Commission, or the Bureau of Hospitals of the American Osteopathic Association, or as a Skilled Nursing Facility under Medicare; or as otherwise determined by Us to meet the standards of any of these authorities.

**Specialist:** A Physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

**Subscriber:** The person to whom this [Contract; Policy] is issued. Whenever a Subscriber is required to provide a notice pursuant to a Grievance or Emergency Department admission or visit, “Subscriber” also means the Subscriber’s designee.

**UCR (Usual, Customary and Reasonable):** The cost of a medical service in a geographic area based on what Providers in the area usually charge for the same or similar medical service.

**Urgent Care:** Medical care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require Emergency Department Care. Urgent Care may be rendered in a [participating] Physician's office or Urgent Care Center.

*{Drafting Note: Insert the bracketed language, as consistent with the urgent care benefit in the Emergency Services and Urgent Care section of this contract; policy.}*

**Urgent Care Center:** A licensed Facility [(other than a Hospital)] that provides Urgent Care.

*{Drafting Note: The bracketed language is optional.}*

**Us, We, Our:** [Insert health plan name] and anyone to whom We legally delegate performance, on Our behalf, under this [Contract; Policy].

**Utilization Review:** The review to determine whether services are or were Medically Necessary or experimental or investigational (i.e., treatment for a rare disease or a clinical trial).

**You, Your:** The Subscriber.