

# Glossary of Covered Medical Services



## National Plan

### » Admitted

- » When the patient changes status from outpatient to inpatient. Note that “under observation” status, in the U.S. and Puerto Rico, does not qualify as “Admitted,” even though an individual may stay in the hospital for one or more nights.

### » Benefit Maximum

- » A dollar limit that an IDB plan will pay for covered services during a specified period of time.

### » Brand-name Drug

- » A drug still under patent by a specific pharmaceutical company.

### » Case Management

- » A free service Cigna Global provides, designed to ensure you receive the right medical care in the right setting when coping with a serious condition or illness.

### » Coinsurance

- » The portion (usually expressed as a percentage) of the total covered benefit costs that you pay (e.g., 50%), while the Plan pays the remainder of the total cost.

### » Continued Stay Review

- » Process for ensuring that a continued hospital stay is the most effective setting for medical treatment. It takes place after you are admitted and focuses on whether additional days in the hospital are appropriate.

### » Coordination of Benefits (“COB”)

- » When considering a claim for reimbursement of an eligible expense that is payable by an IDB Group plan and at least one other plan, the process of determining how much of the expense should be paid by the IDB Group. Coordination of benefits ensures the IDB Group will pay no more for such an expense than it would have had, had you been eligible for benefits under only the IDB Group plan.

# Glossary of Covered Medical Services



## National Plan

### » Co-payment or Co-Pay

- » The fixed amount in U.S. dollars a participant has to pay out of pocket when purchasing prescription drugs.

### » DAW

- » Short for “Dispense as Written,” an abbreviation doctors in the U.S. and Puerto Rico sometimes use on prescription forms when they want the pharmacy to dispense medicine exactly as prescribed, with no generic or other drug substitutes.

### » Deductible

- » An annual amount that members under the international plan must pay in the U.S. and Puerto Rico for out-of-network services before the medical plan pays benefits for eligible expenses. There is no deductible when you use in-network providers in the U.S. and Puerto Rico.

### » Emergency Care

- » Medical services you receive at an Emergency Room or Urgent Care Center for accidental injuries or life-threatening medical conditions.

### » Generic Drug (in the U.S. and Puerto Rico)

- » A drug that contains the same active ingredients and provides the same therapeutic benefits as an equivalent, higher-cost brand-name drug. Generic drugs become available when brand-name drug patents expire.

### » Home Health Care

- » Care provided by one or more of: Private Duty Skilled Nursing, Intermittent Home Nursing, or Home Health Aides, depending on the medically necessary needs of the patient.

### » Hospice

- » A health care facility or service providing medical care and support services to terminally ill individuals and their families, either on an in-patient or home-based basis.

### » Mail Order

- » An option available for members of the International Plan residing or visiting the U.S. for receiving prescription drugs through the mail. Mail Order prescriptions include up to a 90-day supply.

# Glossary of Covered Medical Services



## National Plan

### » Medical Necessity or Medically Necessary

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- » Shall mean health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:
- » a) in accordance with the generally accepted standards of medical practice (as approved by national relevant authorities and specialty associations, as well as in Cigna Global's Clinical Policy Bulletins);
- » b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
- » c) not primarily for the convenience of the patient, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. It is important to understand that even if you have a benefit for a particular service, if you do not have a medical need for that benefit, it will not be covered by the health plan.

### » Medicare

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- » The hospital and medical insurance program sponsored by the U.S. Government, which benefits only retirees under the International Plan 65 years and older who reside in the U.S. and Puerto Rico.

### » Network

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- » A group of hospitals, doctors, and other health care professionals contracted by Cigna Global that provide access to medical care, and in some facilities, at discounted rates.

### » Out-of-Pocket Maximum

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- » An annual individual or family limit on the amount you spend out of your own pocket for medical plan expenses that the plan doesn't cover in full. If you cover only yourself under the Medical Plan, there is an individual maximum that applies to you only. If you are covering yourself and your family members, there is a maximum that applies to all of you. If your eligible expenses exceed these maximums, the plan will pay 100% of the cost for any additional eligible Medical Plan expenses for the rest of the calendar year, except for service specific maximums.

# Glossary of Covered Medical Services

## National Plan

### » Over-the-Counter (“OTC”) Drug

- » A medicine that is available for purchase without requiring a prescription from a doctor. Over-the-counter drugs are not covered under the IDB Group medical plan.

### » Preferred Provider Network

- » In the U.S. and Puerto Rico, a broad network of doctors, hospitals and other health care providers contracted by Cigna Global, that delivers services for set fees, usually at a discount. While you may use any licensed medical provider you like, your benefits are highest (and your out-of-pocket costs lower) when you use in-network providers.

### » Pre-Admission Certification

- » The review and approval process Cigna Global conducts before you enter the hospital for treatment. Your doctor, you, or anyone close to you can start the process by notifying Cigna Global.

### » Pre-Admission Testing

- » Tests your doctor may want to do before you enter the hospital for treatment.

### » Pre-Existing Condition

- » Any diagnosed illness, injury, or other condition that you received treatment for before being covered by the IDB Group medical plan (applies to Sponsored Parents only).

### » Prior Creditable Coverage

- » A period of time when you were covered for a pre-existing condition under another health plan that reduces the pre-existing waiting period under the IDB Group medical plan.

### » Reasonable and Customary (R&C)

- » It refers to the prevailing out-of-network cost for a specific medical plan service within a given country. An R&C rate for each country will be determined by Cigna Global based on prevailing costs within each country.
- » Furthermore, when a member of the national plan residing outside of the U.S. and Puerto Rico seeks professional services from an out-of-network provider in a particular geographical area in the U.S. and Puerto Rico, an R&C rate will be

# Glossary of Covered Medical Services



## National Plan

applied, and it will be determined by Cigna Global as the 80th percentile of the costs of the service in that area established in nationally recognized databases utilized by third-party administrators and insurers as the acceptable rate of payment (i.e., limit). This means that, for a specific service, 80% of the providers in the geographic area charge the same or less than the R&C rate.

### » Routine Preventive Care

- » Regular medical plan benefits that you receive on a non-emergency basis for the maintenance of your good health.

### » Service-Specific Maximums

- » Specific dollar maximums that apply for certain medical plan benefits.

### » Settlement Note

- » A statement you receive from Cigna Global each time you receive medical plan services, showing how submitted charges affect your out-of-pocket maximum, the portion of the submitted charges that were paid by the plan, and what portion (if any) is your responsibility.

### » Subrogation

- » A legal process that entitles the IDB Group to recover payments for medical plan expenses on your behalf that a third party was obligated to pay.



## National Plan



To learn more about your Health Benefits for the National Plan visit the IDB Group Medical Benefits Web App following this link.