

## **COUNTY OF LEHIGH DEFINITIONS**

**Benefit Period** - Shall mean the specified period of time during which charges for Benefits must be incurred in order to be eligible for payment. A charge for Benefits shall be considered incurred on the date the service or supply was provided to a Member. The Benefit Period for this Group Contract is a calendar year.

**Coinsurance** - Shall mean the percentage amount of Eligible Charges that will be paid by the Member.

**Copayment** - Shall mean the fixed dollar amount that a Member must pay for certain Benefits. The Member must pay Copayments directly to the Provider at the time services are rendered.

**Deductible** - Shall mean the amount of Eligible Charges that must be incurred by a Subscriber and/or Subscriber's Dependents each Benefit Period before Benefits are covered under the Group Contract.

The Deductible dollar amount does not apply to:

- Plan Allowance for which a Copayment applies.
- Childhood immunizations.
- One routine gynecological exam per Benefit Period for females of any age.
- Nutritional Supplements as Medically Necessary and Appropriate for the treatment of phenylketonuria, branched-chain ketonuria, galactosemia, and homocystinuria.
- One routine mammogram per Benefit Period for females aged 40 and over.
- One Papanicolaou smear per Benefit Period for females.
- Emergency Services.
- Ambulance services for emergency care.
- Home health care visits related to childbirth.

**Emergency Service** - Shall mean any health care services provided to a Member after the sudden onset of a medical condition that manifests itself by acute symptoms of sufficient severity or severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

1. placing the health of the Member, or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
2. serious impairment to bodily functions, or
3. serious dysfunction of any bodily organ or part.

**Out-of-Pocket Maximum** - Shall mean the amount(s) of Eligible Charges that a Subscriber and/or a Subscriber's family (Subscriber and Dependents) shall be required to pay during a Benefit Period. After this amount has been paid, the Subscriber and/or the Subscriber's family is no longer required to pay any portion of Eligible Charges for Benefits during the remainder of that Benefit Period.