



JVC Domestic Volunteers Health Insurance

Terminology

Authorization – Some services, like surgery or medical equipment, may need to be authorized by a physician ahead of time with the insurance company. If that pre-authorization was not obtained, the insurance company may deny or reduce their coverage. If you have a question regarding this, be sure to contact Christian Brothers.

Co-Insurance – A percentage the patient is responsible for on a given insurance claim. Most insurance companies pay a percentage of a claim, such as 80/20. In this case, the insurance company pays 80% and the “co-insurance” of 20% is the patient’s responsibility. This is the portion of the bill that would normally come out of your pocket, but will be paid by JVC while you are a Jesuit Volunteer.

Co-Payment – A per occurrence payment. The Co-Payment is a specified dollar amount the patient must pay the medical provider during an office visit or for a prescription. Co-payments must be paid at the time of service. Co-payments for most medical services in your plan are \$20. ER co-pay is \$50. The co-pay is the patient’s responsibility and will be reimbursed by JVC while you are a JV.

Deductible – A set dollar amount that must be paid by the patient within the volunteer year before the health plan begins making payments. Deductibles are primarily applied to surgeries, labs, x-ray, hospitalizations and dental visits. Some services, like physician visits, are always a co-payment and do not factor in to deductibles. The deductible is a patient responsibility and will be covered by JVC while you are a JV. Your medical deductible is \$100 for the year; dental is \$50.

Exclusions – Those items or medical services that are not covered by a health plan. It is important to verify exclusions a health plan imposes on its insured, especially when starting with a new insurance plan. The Christian Brothers plan excludes services or medications that run counter to Catholic teaching, like contraception prescriptions. If a service that is excluded is medically necessary, you can often get the exclusion waived by providing Christian Brothers a letter from your doctor.

Explanation of Benefits (EOB) – This is not a bill! It is a summary from the insurance company that explains its response to a claim from your medical or dental provider for services you received. The same EOB gets sent to the provider and the patient. It tells what the provider charged, what the insurance network allows them to charge and what the patient responsibility is (this is usually the portion JVC can reimburse). Your EOBs will come from Christian Brothers. Please read carefully because the EOB will also let you know in the **Remarks** section if the claim is pending because the insurance company needs more information from you or your doctor. It is your responsibility to follow up on pending claims.

Formulary – A listing of pharmaceuticals the health plan pays for. If you need a particular medication that is not part of the formulary, your doctor may prescribe something similar or a generic equivalent.

In-network provider – A physician, hospital or other medical or dental provider who is in your health or dental plan’s network and thus has agreed to accept a set fee for services (noted as “allowable charge” on EOBs) from members of that plan. They are also called a “participating provider.” The importance of visiting in-network providers is based on the payment rate. It is a benefit to the provider to be listed in the plan and they agree to the reduced fees in exchange. The health insurance usually also covers more of the cost and

lowers the patient responsibility when the patient chooses to stay in-network. JVC is only able to reimburse your patient costs up to the amount that in-network service would have cost you. If you choose to go out of network, you will be paying the difference. Staying in-network will limit the expense to you and to JVC.

Provider – This is the generic term used to refer to a physician, dentist, hospital or other medical provider.

Participating Provider – See In-Network Provider

PPO (Preferred Provider Organization) – A plan that contracts with medical providers for a discounted rate on medical services. A PPO allows a person to see a physician without a referral. There are better benefits if you visit a physician within the insurance (PPO) network. JVC's health insurance is a PPO. We ask that you visit doctors within network.

Premium – This is what it costs to have an insurance policy. A specific dollar amount is paid on a regular schedule. While you are a JV, JVC pays your premium. Your agency covers the premium cost in regular payments to JVC.