



BlueEdge (CDHP) Glossary	
Terms	Definitions
Aggregate	To collect a total or gross amount.
Coinsurance	The percentage of a covered charge that is the member's responsibility to pay after the deductible has been met. Providers may not bill members for coinsurance prior to billing Blue Cross and Blue Shield of Illinois.
Copayment	A specified charge that the member must pay out-of-pocket at the time services are rendered. The specified charges will vary by contract.
Deductible	A specific dollar amount that must be paid before benefits provided under the contract will be paid. Deductibles vary by contract. Providers may not bill covered members for deductible amounts prior to billing Blue Cross and Blue Shield of Illinois.
Aggregate Deductible	There is one deductible amount for all covered family members. Entire family deductible must be met before health plan benefits begin for any covered family member.
Embedded Deductible	Each covered family member has an individual deductible. Once it is satisfied, that family member is eligible for health plan benefits.
Health Care Account (BlueEdge HCA)	A Health Care Account is an account owned and funded by the employer
Health Savings Account (BlueEdge HSA)	A Health Saving Account is an account which is owned by the member and is funded by the member and/or the employer. Contributions are tax deductible and placed in an interest-bearing transactional account. Funds cover eligible PPO expenses.
High Deductible Health Plan (HDHP)	A high deductible health plan is defined by the IRS code as follows: <ul style="list-style-type: none"> ✓ a higher annual deductible than typical health plans ✓ a maximum limit on the sum of the annual deductible and out-of-pocket medical expenses that are paid for covered expenses. Out-of-pocket expenses include copayments and other amounts, but do not include premiums ✓ may provide preventive care benefits without a deductible or with a deductible below the minimum annual deductible.
Portability	This feature allows the funds contributed to a Health Savings Account (HSA) to stay with the member should they change jobs or health plans.
Preventive Care	Care which concerns itself with the prevention of disease, i.e., immunizations, routine well baby care, routine physical exams and vision and hearing examinations.
Qualified Medical Expenses	Qualified medical expenses are defined in Section 213(d) of the Internal Revenue Service (IRS) code or those covered by the employer plan. Examples of such expenses include amounts paid for doctors' fees, prescription medicines, and necessary medical services not paid for by insurance (including many over-the-counter medications)
Rollover	This feature allows the balance in either a Health Care Account (HCA) or Health Savings Account (HSA) to be added to the annual contribution. For HCA, funds are allowed to rollover for two years, up to the amount of the deductible or whatever the employer chooses.
Tax-exempt	An account that does not create a tax liability. None of the funds going into health care accounts is taxable, nor are the outgoing funds that are used to pay for qualified expenses.
Wellness Care	A term often used to describe emphasis on preventive health care through proper diet, exercise, lifestyle and stress management.