

# Terms & Definitions

<b>After-Tax Deduction</b>	A deduction from an employee's pay that does not reduce the employee's taxable wages. It is taken out only after all applicable taxes and other deductions have been withheld.
<b>Coinsurance</b>	Shared cost for services between you and the company after the plan deductible is met.
<b>Copayment</b>	A flat-dollar fee that is charged when you receive healthcare services.
<b>Deductible</b>	The annual amount you pay out-of-pocket before the plan begins to pay benefits. Example: if your deductible is \$1,500, the plan won't pay anything until you have met the \$1,500 deductible for covered health care services subject to the deductible. The deductible may not apply to all services. The deductible amount varies by plan and is figured by plan year: October 1 – September 30.
<b>Deduction</b>	An amount subtracted from an employee's gross pay to reach net pay.
<b>Dependent Care FSA</b>	An account that allows you to set aside pre-tax dollars to pay for eligible child care expenses such as before- and after-school care and tuition, or elder care expenses such as in-home care and convalescent home expenses.
<b>HDHP/HSA</b>	High Deductible Health Plan / Health Savings Account
<b>Healthcare FSA</b>	An account allowing you to set aside pre-tax dollars to pay for out-of-pocket medical, dental, and vision expenses, including deductibles, coinsurance, and eligible services and supplies not covered. <b>NOTE:</b> Participants or family members in high-deductible plans are not eligible for a Healthcare FSA.
<b>Health Savings Plan</b>	Provides comprehensive medical coverage through the Trend plan and qualifies for a Health Savings Account. The plan gives you the flexibility to use pre-tax dollars to pay for your eligible health expenses.
<b>In-Network</b>	Healthcare services from a healthcare facility, physician or professional that is contracted with CIGNA network. Using in-network services will typically lower your out-of-pocket costs. To find out if a healthcare provider is in-network, visit <a href="http://www.cigna.com">www.cigna.com</a> . <b>NOTE:</b> FCPS does not offer CIGNA insurance, we simply "rent" CIGNA's network of participating providers.
<b>Out-of-Network</b>	Healthcare services from a healthcare facility, physician or professional that is not contracted with BPA. If you receive services out-of-network, you will typically have higher out-of-pocket costs.
<b>Out-of-Pocket Maximum</b>	The maximum amount that you could spend on covered health expenses each plan year. In-network medical and prescription deductibles, copays and coinsurance apply toward the out-of-pocket maximum. <b>NOTE:</b> The following do not count toward the out-of-pocket maximum: costs above any benefit limits and non-covered services or supplies, or amounts health care providers not in-network may bill above the allowance.
<b>Premiums</b>	The amount you pay each pay period to have coverage in FCPS's group healthcare plans. This amount is automatically deducted pre-taxed.
<b>Pre-Taxed Premiums</b>	Insurance premiums are automatically deducted before taxes are calculated. This reduces your taxable income. If you DO NOT want your premiums pre-taxed, you must submit a pre-tax waiver form. Please contact the Payroll/Benefits Office for this form.
<b>Preventative Care</b>	Services such as annual physical exams, routine health screenings such as mammograms, prostate exams and colonoscopies, well-child care and routine and adult immunizations are covered at 100%. <b>NOTE:</b> Once you've been diagnosed with a condition or disease such as asthma, diabetes or hypertension, doctor visits to control or maintain those conditions are no longer preventative care.
<b>Qualifying Event</b>	Enrollments, changes, or cancellations during the year will be allowed only for the following events within 30 days of their occurrence: <ul style="list-style-type: none"> <li>• Marriage, death of spouse, divorce</li> <li>• Birth of child or placement of child for adoption</li> <li>• Termination or commencement of spouse's employment</li> <li>• Switching from part-time to full-time employment or vice versa by the spouse or employee</li> <li>• Termination of spouse's COBRA coverage</li> <li>• Spouse's open enrollment</li> <li>• Change in spouse's coverage</li> <li>• Coverage or loss of coverage under Medicare, Medicaid, and certain other government-sponsored programs</li> <li>• Decree or order resulting from divorce, legal separation, annulment, or change in legal custody that requires health coverage of a child who is a dependent of the employee</li> <li>• Dependent satisfies or ceases to satisfy eligibility requirements</li> </ul>