

Section 17. Glossary of Terms

Affordable Care Act: the Patient Protection and Affordable Care Act of 2010 as amended by the Health Care and Education Reconciliation Act of 2010, together with the federal regulations implementing this law and binding regulatory guidance issued by federal regulators.

Annual Out-of-Pocket Maximum:

For Individuals - is the total amount of Cost Sharing an individual member will have to pay for Covered Services in a calendar year. The Cost Sharing and individual Annual Out-of-Pocket Maximum amounts applicable to members are specified in the Molina Healthcare Benefits and Coverage Guide. Cost Sharing includes payments members make towards any Deductibles, Copayments or Coinsurance. Once a member's total Cost Sharing in a calendar year reaches the specified individual Annual Out-of-Pocket Maximum amount, Molina will pay 100% of the charges for Covered Services for the remainder of the calendar year. Amounts that members pay for services that are not Covered Services under this Certificate will not count towards the individual Annual Out-of-Pocket Maximum.

For Family (2 or more Members) – is the total amount of Cost Sharing that at least two or more members of a family will have to pay for Covered Services in a calendar year. The Cost Sharing and family Annual Out-of-Pocket Maximum amounts applicable are specified in the Molina Healthcare Benefits and Coverage Guide. Cost Sharing includes payments members make towards any Deductibles, Copayments or Coinsurance. Once the total Cost Sharing made by at least two or more members of a family reaches the specified Annual Out-of-Pocket Maximum amount, Molina will pay 100% of the charges for Covered Services for all enrolled family members for the remainder of the calendar year. Amounts that members pay for services that are not Covered Services under this Certificate will not count towards the family Annual Out-of-Pocket Maximum.

Authorization or Authorized: a decision to approve specialty or other Medically Necessary care for a member by the member's PCP, medical group or Molina Healthcare. An Authorization is usually called an "approval."

Benefits and Coverage: (also referred to as "**Covered Services**") the healthcare services that members are entitled to receive from Molina Healthcare under this Agreement.

Coinsurance: A percentage of the charges for Covered Services members must pay when they receive Covered Services. The Coinsurance amount is calculated as a percentage of the rates that Molina Healthcare has negotiated with the Participating Provider. Coinsurances are listed in the Molina Healthcare Benefits and Coverage Guide. Some Covered Services do not have Coinsurance and may apply a Deductible or Copayment.

Copayment: A specific dollar amount members must pay when they receive Covered Services. Copayments are listed in the Molina Healthcare Benefits and Coverage Guide. Some Covered Services do not have a Copayment, and may apply a Deductible or Coinsurance.

Cost Sharing: the Deductible, Copayment, or Coinsurance that members must pay for Covered Services under this Agreement. The Cost Sharing amount members will be required to pay for each type of Covered Service is listed in the Molina Healthcare Benefits and Coverage Guide.



Deductible: is any amount members must pay in a calendar year for certain Covered Services received before Molina Healthcare will cover those services at the applicable Copayment or Coinsurance. The amount that members pay towards their Deductible is based on the rates that Molina Healthcare has negotiated with the Participating Provider. The amount of the Deductible, if any, is listed in the Molina Healthcare Benefits and Coverage Guide. Depending on the member's coverage, the Deductible amount may be \$0. There are two kinds of Deductibles that apply to Covered Services.

A "**Medical Deductible**" applies only to Outpatient Hospital or Facility and Inpatient Hospital or Facility services. It does not apply to outpatient professional services such as doctor office visits.

A "**Prescription Drug Deductible**" applies only to Formulary Non-Preferred Brand Name drugs and Specialty Drugs as described in the Prescription Drug Coverage benefit in the EOC. When Molina Healthcare covers services at "no charge" subject to the Deductible and members have not met their Deductible amount, the member must pay the charges for the services. When preventive services covered by Molina are included in the Essential Health Benefits, members will not pay any Deductible or other Cost Sharing towards those preventive services.

Dependent: a member who meets the eligibility requirements as a Dependent, as described in the Evidence of Coverage.

Drug Formulary: is Molina Healthcare's list of approved drugs.

Durable Medical Equipment: is medical equipment that serves a repeated medical purpose and is intended for repeated use. It is generally not useful to members in the absence of illness or injury and does not include accessories primarily for member comfort or convenience.

Emergency or Emergency Medical Condition: the sudden onset of a medical, psychiatric or substance abuse condition that manifests itself by signs and symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to the individual's health or to a pregnancy in the case of a pregnant woman, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Emergency Services: mean health care services needed to evaluate, stabilize or treat an Emergency Medical Condition.

Essential Health Benefits or "EHB": a standardized set of essential health benefits that are required to be offered by Molina Healthcare to members and their dependents, as determined by the Affordable Care Act. Essential Health Benefits covers at least the following 10 categories of benefits:

- Ambulatory patient care
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices



- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including dental* and vision care for Members under the age of 19

*Pediatric dental services may be separately provided through a stand-alone dental plan that is certified by the Marketplace.

Experimental or Investigational: any medical service including procedures, medications, facilities, and devices that Molina Healthcare has determined have not been demonstrated as safe or effective compared with conventional medical services.

FDA: the United States Food and Drug Administration.

Health Care Facility: an institution providing health care services, including a hospital or other licensed inpatient center; an ambulatory surgical or treatment center; a skilled nursing center; a home health agency; a diagnostic, laboratory or imaging center; and a rehabilitation or other therapeutic health setting.

Marketplace: a governmental agency or non-profit entity that meets the applicable standards of the Affordable Care Act and helps residents of the State of Ohio buy qualified health plan coverage from insurance companies or health plans. The Marketplace may be run as a state-based marketplace, a federally-facilitated marketplace or a partnership marketplace. For the purposes of this document, the term refers to the Marketplace operating in the State of Ohio, however, it may be organized and run.

Medically Necessary or Medical Necessity: health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
- Not primarily for the convenience of the patient, physician, or other health care provider, 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.

For these purposes, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, the views of physicians practicing in relevant clinical areas and any other relevant factors.

Member: an individual who is eligible and enrolled under the Agreement, and for whom we have received applicable Premiums. The term includes a Subscriber and a Dependent.

Molina Healthcare of Ohio, Inc. (Molina Healthcare or Molina): the corporation licensed by Ohio as a Health Maintenance Organization, and contracted with the Marketplace.

Non-Participating Provider: refers to those physicians, hospitals, and other providers that have not entered into contracts to provide Covered Services to Molina Marketplace members.



Other Practitioner: refers to Participating Providers who provide Covered Services to Members within the scope of their license, but are not Primary Care Physicians or Specialist Physicians.

Participating Provider: refers to those providers, including hospitals and physicians, that have entered into contracts to provide Covered Services to Members through this product offered and sold through the Marketplace.

Premiums: mean periodic membership charges paid by or on behalf of each Member. Premiums are in addition to Cost Sharing.

Primary Care Doctor (also Primary Care Physician): the doctor who takes care of a member's health care needs. A Primary Care Doctor may be one of the following types of doctors:

- Family or general practice doctors who usually can see the whole family.
- Internal medicine doctors, who usually only see adults and children 14 years or older.
- Pediatricians, who see children from newborn to age 18 or 21.
- Obstetricians and gynecologists (OB/GYNs).

Primary Care Provider or "PCP":

- a Primary Care Doctor, or
- an individual practice association (IPA) or group of licensed doctors which provides primary care services through the Primary Care Doctor.

Referral: the process by which the Member's Primary Care Doctor directs the Member to seek and obtain Covered Services from other providers.

Service Area: the geographic area in Ohio where Molina Healthcare has been authorized by the Centers for Medicare and Medicaid Services to market individual products sold through the Marketplace, enroll Members obtaining coverage through the Marketplace and provide benefits through approved individual health plans sold through the Marketplace.

Specialist Physician: any licensed, board-certified, or board-eligible physician who practices a specialty and who has entered into a contract to deliver Covered Services to Members.

Spouse: the Subscriber's legal husband or wife.

Subscriber: an individual who is a resident of Ohio, satisfies the eligibility requirements of this Agreement, is enrolled and accepted by Molina Healthcare as the Subscriber, and has maintained membership with Molina Healthcare.

Urgent Care Services: those health care services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury.