

<b>Section 125 Plan</b>	Refers to the Section of the IRS code (IRC) that establishes Cafeteria and Premium Only Flexible Spending Accounts.
<b>Separate Application</b>	Refers to the separate application of either the deductible, shared expenses coinsurance), or both in a preferred provider or point-of-service plan. Separate application means you have two sets of deductibles, out-of-pocket expenses or both resulting in an increased penalty for receiving treatment outside the network as compared to Common Application.
<b>Short-Term Policies</b>	A policy of short duration usually from 30 days to 185 days for the purpose of providing temporary coverage for short term needs such as between jobs.
<b>Specialist</b>	A physician who specializes in a certain area of medical care or treatment.
<b>State Insurance Department</b>	The department in each state that has the primary responsibility for regulating health insurance sold in that state and usually a great source of information available for you to access.
<b>Stop Loss</b>	The point at which your losses stop and the insurance company takes over at the 100% level, expressed as a dollar amount of covered medical expenses after first satisfying the deductible. It refers to the total amount of shared expenses after the deductible, not just your share. Your share of those expenses is your Out-Of-Pocket expense.
<b>Third Party Administrator</b>	An independent third party who administers a self-funded insurance plan, a flexible spending account, or a health reimbursement arrangement.
<b>Tiered Benefit</b>	Refers to more than one level of benefits as would be used in a 3-tier or 4-tier prescription drug benefit.
<b>TPA</b>	See Third Party Administrator
<b>Traditional Plan</b>	See Fee-For Service.
<b>UCR</b>	See Usual, Customary and Reasonable
<b>Use-It-Or-Lose-It Provision</b>	That provision in a FSA plan or Cafeteria plan whereby funds placed in your account during the year are lost if not used by plan year-end. These funds revert back to the employer who can only use them for the benefit of all employees.
<b>Usual Customary and Reasonable</b>	Those charges for medical services that are considered usual, customary and reasonable in the geographic area you are a part of by an insurance company or health plan.
<b>Waiting Period</b>	A probationary period established by an employer, within required limits, that must be satisfied prior to your becoming eligible for enrollment in the company's group health plan.
<b>Waiver</b>	Your agreement with the insurance company, on an individual health insurance policy, to waive treatment for a specified medical condition as a pre-requisite for being approved for the policy applied for.