Chapter 11: Definitions of important words

**Introduction**

This chapter includes key terms used throughout the *Member Handbook* with their definitions. The terms are listed in alphabetical order. If you can’t find a term you’re looking for or if you need more information than a definition includes, contact Member Services.

[Plans should insert definitions of key terms in the first section where they are used in the Member Handbook and here in Chapter 11. Definitions in this chapter should be listed alphabetically and should include a reference to the section where the term is first used. For consistency, plans should update definitions in Chapter 11 when a term’s definition is updated elsewhere in the Member Handbook.]

[Plans should refer members to other parts of the handbook using the appropriate chapter number and section. For example, "refer to Chapter 9, Section A."]

[Plans should use the format in the following examples throughout this chapter.]

Activities of daily living: The things people do on a normal day, such as eating, using the toilet, getting dressed, bathing, or brushing the teeth.

Biological Product: A prescription drug that is made from natural and living sources like animal cells, plant cells, bacteria, or yeast. Biological products are more complex than other drugs and cannot be copied exactly, so alternative forms are called biosimilars. (See also “Original Biological Product” and “Biosimilar”).

Biosimilar: A biological product that is very similar, but not identical, to the original biological product. Biosimilars are as safe and effective as the original biological product.Some biosimilars may be substituted for the original biological product at the pharmacy without needing a new prescription. (See “Interchangeable Biosimilar”).

[*Plans that do not have cost sharing should add the following definition:* **Drug tiers:** Groups of drugs on our *Drug List*. Generic, brand, or over-the-counter (OTC) drugs are examples of drug tiers. Every drug on the *Drug List* is in one of [insert number of tiers]tiers.]

[*Plans should delete any existing definition of* ***Balance billing*** *and replace with:* **Improper/inappropriate billing:** A situation when a provider (such as a doctor or hospital) bills you more than the plan’s cost sharing amount for services. Show your <plan name> Member ID Card when you get any services or prescriptions. Call Member Services if you get any bills you do not understand.]

Interchangeable Biosimilar: A biosimilar that may be substituted at the pharmacy without needing a new prescription because it meets additional requirements related to the potential for automatic substitution. Automatic substitution at the pharmacy is subject to state law.

[*Plans should add the following definitions:* **Medicare Advantage Plan:** A Medicare program, also known as “Medicare Part C” or “MA Plans,” that offers plans through private companies. Medicare pays these companies to cover your Medicare benefits.

**Original Medicare (traditional Medicare or fee-for-service Medicare):** Original Medicare is offered by the government. Under Original Medicare, Medicare services are covered by paying doctors, hospitals, and other health care providers amounts that are set by Congress.

* You can use any doctor, hospital, or other health care provider that accepts Medicare. Original Medicare has two parts: Part A (hospital insurance) and Part B (medical insurance).
* Original Medicare is available everywhere in the United States.
* If you do not want to be in our plan, you can choose Original Medicare.
* Covered drugs that need our plan’s prior authorization (PA) are marked in the *List of Covered Drugs*.

**Over-the-counter (OTC) Drugs:** Over-the-counter drugs refers to any drug or medicine that a person can buy without a prescription from a health care professional.

**Personal health information (also called Protected health information) (PHI):** Information about you and your health, such as your name, address, social security number, physician visits and medical history. Refer to <plan name>’s Notice of Privacy Practices for more information about how <plan name> protects, uses, and discloses your PHI, as well as your rights with respect to your PHI.]

**Real Time Benefit Tool:** A portal or computer application in which enrollees can look up complete, accurate, timely, clinically appropriate, enrollee-specific covered drugs and benefit information. This includes cost sharing amounts, alternative drugs that may be used for the same health condition as a given drug, and coverage restrictions (prior authorization, step therapy, quantity limits) that apply to alternative drugs.

[*Plans may add a back cover for the Member Handbook that contains contact information for Member Services. Below is an example plans may use. Plans also may add a logo and/or photographs, as long as these elements do not make it difficult for members to find and read the contact information.*]

**<Plan name> Member Services**

| **CONTACT METHOD** |  |
| --- | --- |
| **CALL** | <phone number*>*  Calls to this number are free. [*Insert days and hours of operation, including information on the use of alternative technologies.*]  Member Services also has free language interpreter services available for non-English speakers. |
| **TTY** | *<*TTY number>  [*Insert if plan uses a direct TTY number:* This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.]  Calls to this number are free. [*Insert days and hours of operation.*] |
| **FAX** | [*Optional:* *Insert fax number.*] |
| **WRITE** | <address>  [***Note:*** *Plans may add email addresses here.*] |
| **WEBSITE** | <URL> |