

BENEFIT GLOSSARY

DOH – DATE OF HIRE

The date in which your paid worked time begins, for example, new employee orientation (NEO).

CARRIER

Another name for an insurance company. Also known as “insurer” or “insurance company.”

BENEFICIARY

A person or legal organization that is assigned by the member to receive a benefit upon the member’s death. Common reasons to assign a beneficiary are when the member has a retirement account and/or life insurance policy. It is important to designate at least one beneficiary if you have any of these benefits.

DEPENDENT

A person who is eligible to be covered under a policyholder’s (the team member’s) coverage. Common dependents may include spouse and child who meets certain age requirements.

PREMIUM

The dollar amount paid for voluntary employment benefits for items such as health and dental insurance. This commonly ties to the payroll cycle.

CO-INSURANCE

A percentage of a health care cost that the covered member (employee and/or their dependents) pays after meeting the deductible. For example, if the plan pays 70% of a given charge, 30% is your coinsurance.

DEDUCTIBLE

A fixed dollar amount that the covered member (employee and/or their dependents) must pay each calendar year before the insurance plan will begin paying for expenses. Plans usually require separate limits per person and per family.

CO-PAYMENT

The fixed dollar amount that the covered member (employee and/or their dependents) pays at the time care is received, i.e., medical, dental, vision, or prescription costs/services.

IN-NETWORK

Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

OUT-OF-NETWORK

A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered members will pay more out-of-pocket to use out-of-network providers than for in-network providers.

OUT-OF-POCKET MAXIMUM (LIMIT)

The most a member could pay during a coverage period (usually one year) for his/her share of the costs of covered services, including co-payments & co-insurance.

EOB – EXPLANATION OF BENEFITS

A document provided to the member with a breakdown of costs and where the financial responsibility lands.

HDHP – HIGH DEDUCTIBLE HEALTH PLAN

A health insurance plan with lower premiums and higher deductibles. With the exception of preventive care, members must meet the annual deductible before the plan pays any benefits.

SBC – SUMMARY OF BENEFITS AND COVERAGE

A summary & condensed quick view of medical insurance benefits.

SPD – SUMMARY PLAN DESCRIPTION

A full, detailed document for a benefit. This must be available to distribute at the request of a team member at any time.

PHI – PROTECTED HEALTH INFORMATION

Data associated with personal healthcare info, i.e., demographic data, history, tests, conditions, insurance, etc.

HIPAA – HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT

A federal legal requirement that regulates how organizations and providers handle Protected Health Information.

COBRA – CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT

Health coverage continuation (which may include medical, dental, vision, EAP) is designed to bridge the gap of group coverage loss due to voluntary or involuntary employment termination, job transition, reduction in hours worked, etc. Continuation under COBRA has time limitations, commonly up to 18 months but in certain situations up to 36 months. A COBRA notice is mailed to affected team members which details available benefits and costs.

VHE – VARIABLE-HOUR EMPLOYEE

A term used to identify team members who have inconsistencies in their work schedule. The hours of service cannot be determined at the time of hire.

ONGOING EMPLOYEE

A team member who has been employed for at least one full standard measurement period (Nye's SMP is 10/14-10/15).

MEASUREMENT PERIOD

The period of time during which we will "look back" to see how many hours of service per week hourly, non-exempt employees were credited on average. We will use that average to determine the eligibility or continued eligibility for health benefits for those employees.

ADMINISTRATIVE PERIOD

The period of time to evaluate eligibility for coverage and allows for enrollment/unenrollment which falls either at the start of employment or between the measurement period and the stability period.

STABILITY PERIOD

A stability period is a period of time during which a team member will either be considered to be a full-time or non-full-time team member. Coverage must be provided in this period if the team member elects as such.

HSA – HEALTH SAVINGS ACCOUNT

A tax-advantaged medical savings account available to individuals who are enrolled in a High Deductible Health Plan. Payroll HSA deductions may be pre-taxed. Employers may also contribute funds to these accounts. IRS contribution limits apply. No tax is owed on funds withdrawn from an HSA to pay for *qualified* expenses. These accounts are individually owned, and the account remains with the employee after employment ends.

FSA – FLEXIBLE SPENDING ACCOUNT

A plan that allows team members to pay for unreimbursed *qualified* medical, dental, or vision costs using pre-tax dollars. This is a “use-it-or-lose-it” plan by the calendar year which means it does not roll over to the next year. Any unused money reverts back to the company. FSA is also known as a Cafeteria Plan or Section 125.

PRE-TAX

An amount of income before taxes have been subtracted.

AFTER-TAX

An amount of income after taxes have been subtracted.

EAP – EMPLOYEE ASSISTANCE PROGRAM

A program which provides initial physical, emotional, financial counseling resources to assist team members and their immediate family members at no cost to the team member. Frequency and limitations to free services apply.

SOCIAL SECURITY START AGE

The age at which you expect to start receiving Social Security benefits. The earliest age to receive benefits is 62.

ROTH

An after-tax retirement plan. Pay taxes now and take your retirement funds tax-free.

BASIC AD&D

Company-provided basic accidental death and/or dismemberment. Death as a result of an accident must occur for the benefit to be paid out.

BASIC LIFE

Company-provided basic life insurance often times combined with basic AD&D. It can be offered as a flat amount or as a multiple of salary. This plan may pay in any manner of death (exclusions may apply) if they are still employed by the company.

EOI – EVIDENCE OF INSURABILITY

An application that is sometimes required by an insurance company in which a team member completes a series of questions concerning health issues to determine the risk involved to insure the participant. The carrier may require a physical examination to determine insurability.

STD – SHORT-TERM DISABILITY

A form of salary continuance (waiting periods may apply) to help a team member during an illness or the birth of a child. The team member has a doctor complete required forms to verify the illness. This benefit will last approximately three months.

LTD – LONG-TERM DISABILITY

A benefit that picks up after short-term disability ends. Once on LTD, an employee is usually required to apply for Social Security Disability which works in conjunction with LTD. This benefit may continue until an employee dies or retires.

QUALIFYING LIFE EVENT

Mid-year changes in situation, i.e., loss of coverage, eligibility for other coverage, changes in household (birth/adoption/death/marriage/divorce), change in employment status, or certain leaves of absence, which would allow eligibility to enroll/unenroll in coverage outside of the annual benefits open enrollment. Must be reported to HR within 30 days of change. Proof of life event is required.