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Definitions

It is important for you to understand the meaning of the following terms. The definition of many terms determines your benefit eligibility.

Accidental injury — A bodily injury caused solely by external, traumatic, and unforeseen means. Accidental injury does not include disease or infection, hernia, or cerebral vascular accident. Dental injury caused by chewing, biting, or malocclusion is not considered an accidental injury.

Acupuncture — The use of needles inserted into the body for the prevention, cure, or correction of any disease, illness, injury, pain, or other condition by controlling and regulating the flow and balance of energy and functioning of the person to restore health.

Administrator — The company that has been selected to administer eligibility, billing, claims administration, and customer services for the Pool program.

Admission — The period of time between the dates a patient enters a facility as an inpatient and is discharged as an inpatient.

Alcoholism — A condition defined by patterns of usage that continue despite occupational, social, marital, or physical problems related to compulsive use of alcohol. There may also be significant risk of severe withdrawal symptoms if the use of alcohol is discontinued.

Alcoholism treatment facility, alcoholism treatment program — An appropriately licensed provider of detoxification and rehabilitation treatment for alcoholism.

Ambulance — A specially designed and equipped vehicle used **only** for transporting the sick and injured. It must have customary safety and lifesaving equipment such as first-aid supplies and oxygen equipment. The vehicle must be operated by trained personnel and licensed as an ambulance.

Ambulatory surgical facility — An appropriately licensed provider, with an organized staff of physicians, that meets all of the following criteria:

- has permanent facilities and equipment for the primary purpose of performing surgical procedures on an outpatient basis; *and*
- provides treatment by or under the supervision of physicians and nursing services whenever the patient is in the facility; *and*
- does not provide inpatient accommodations; *and*
- is not a facility used primarily as an office or clinic for the private practice of a physician or other provider.

Appliance — A device used to provide a functional or therapeutic effect.

Benefit year — The specified time period—the calendar year (January 1 through December 31 of the same year)—during which expenses for covered services must be incurred in order to be eligible for payment by the Pool. An expense is incurred on the date the service or supply was provided. A member may have an initial benefit year of less than 12 months.

Blue Cross and Blue Shield of New Mexico (BCBSNM) — The Administrator for this NM Medical Insurance Pool Program. BCBSNM is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association; also referred to as BCBSNM or the Administrator.

Brand-name drug — A drug that is available from only one source, or when available from multiple sources, is protected with a patent.

Cancer clinical trial — A course of treatment provided to a patient for the prevention of reoccurrence, early detection, or treatment or palliation of cancer for which standard cancer treatment has not been effective or does not exist. It does not include trials designed to test toxicity or disease pathophysiology, but must have a therapeutic intent and be provided as part of a study being conducted in a phase II, III, or IV cancer clinical trial. The scientific study must have been approved by an institutional review board that has an active federal-wide assurance of protection for human subjects, and include all of the following: specific goals, a rationale and background for the study, criteria for patient selection, specific direction for administering the therapy or intervention and for monitoring patients, a definition of quantitative measures for determining treatment response, methods for documenting and treating adverse reactions, and a reasonable expectation, based on clinical or pre-clinical data, that the treatment will be at least as efficacious as standard cancer treatment. The trial must have been approved by a United States federal agency or by a qualified research entity that meets the criteria established by the federal National Institutes of Health for grant eligibility.

Cardiac rehabilitation — An individualized, supervised physical reconditioning exercise session lasting from 4 – 12 weeks. Also includes education on nutrition and heart disease.

Certified nurse-midwife — A person who is licensed by the Board of Nursing as a registered nurse and who is licensed by the New Mexico Department of Health (or appropriate state regulatory body) as a certified nurse-midwife.

Certified nurse practitioner — A registered nurse whose qualifications are endorsed by the Board of Nursing for expanded practice as a certified nurse practitioner and whose name and pertinent information is entered on the list of certified nurse practitioners maintained by the Board of Nursing.

Cessation counseling — As applied to the “Smoking/Tobacco Use Cessation” benefit described in *Section 3*, cessation counseling means a program, including individual, group, or proactive telephone quit line, that:

- is designed to build positive behavior change practices and provides counseling at a minimum on: establishment of reasons for quitting, understanding nicotine addiction, techniques for quitting, discussion of stages of change, overcoming the problems of quitting, including withdrawal symptoms, short-term goal setting, setting a quit date, relapse preventive and follow-up;
- operates under a written program outline that meets minimum requirements established by the NM Public Regulation Commission;
- employs counselors who have formal training and experience in tobacco cessation programming and are active in relevant continuing education activities; and
- uses a formal evaluation process, including mechanisms for data collection and measuring participant rate and impact of the program.

Chemical dependency — Conditions defined by patterns of usage that continue despite occupational, marital, or physical problems that are related to aberrant use of alcohol, drugs, or other substance. Chemical dependency (also referred to as “substance abuse,” which includes alcoholism and drug abuse) may also be defined by significant risk of severe withdrawal symptoms if the use of alcohol, drugs, or other substance is discontinued.

Chemotherapy — Drug therapy administered as treatment for malignant conditions and diseases of certain body systems.

Chiropractor — A person who is a doctor of chiropractic (D.C.) licensed by the appropriate governmental agency to practice chiropractic medicine.

Church plan — That term as defined pursuant to Section 3(33) of the federal Employee Retirement Income Security Act of 1974.

Clinical psychologist — A person with a doctoral degree in clinical psychology licensed or certified in accordance with the New Mexico Professional Psychologist Act or similar statute in another state.

Coinsurance — The percentage of a covered charge that is your responsibility to pay for most covered services. For covered services that are subject to coinsurance, you pay the percentage (indicated on the *Summary of Benefits and Plan Options*) of the Administrator’s covered charge after the deductible (if any) has been met.

Complications of pregnancy — C-sections, ectopic pregnancies, toxemia, abruptio placentae, miscarriages, and other complications as determined by the Administrator. Elective abortions are not considered a complication of pregnancy under this Policy.

Copayment — The fixed-dollar amount (or in some cases, a percentage) of a covered charge that you pay for items covered under the prescription drug plan.

Cosmetic — See the “Cosmetic Services” exclusion in *Section 5*.

Cost-effective — A procedure, service, or supply that is an economically efficient use of resources, relative to the benefits and harms associated with the procedure, service, or supply. When determining cost effectiveness, the situation and characteristics of the individual patient are considered.

Covered charge — See “Claims Payment Provisions” in *Section 7*.

Covered services — Services or supplies that are listed in this Policy, including any endorsements, addenda, or riders, for which benefits are provided.

Creditable coverage — Health care coverage through an employment-based group health plan; health insurance coverage; Part A or B of Title 18 of the Social Security Act (Medicare); Title 19 of the Social Security Act (Medicaid) except coverage consisting solely of benefits pursuant to section 1928 of that title; 10 USCA Chapter 55 (military benefits); a medical care program of the Indian Health Service or of an Indian nation, tribe, or pueblo; the NM Medical Insurance Pool Act or similar state sponsored health insurance pool; a health plan offered pursuant to 5 USCA Chapter 89; a public health plan as defined in federal regulations, whether foreign or domestic; any coverage provided by a governmental entity, whether or not insured, a State Children’s Health Insurance Program; or a health benefit plan offered pursuant to section 5(e) of the federal Peace Corps Act.

Custodial care — Services to assist in activities of daily living (such as sitter’s or homemaker’s services), or services not requiring the continuous attention of

skilled medical or paramedical personnel, regardless of where they are furnished or by whom they were recommended. See the “Custodial Care” exclusion in *Section 5*.

Deductible — The amount that you must pay in a calendar year before this Policy pays benefits for all or part of your remaining covered charges incurred during the rest of the calendar year. Your individual deductible amount is indicated on your Pool program ID card.

Dental-related services — Services performed for treatment of conditions related to the teeth or structures supporting the teeth.

Dentist, oral surgeon — A doctor of dental surgery (D.D.S.) or doctor of medical dentistry (D.M.D.) who is licensed to practice prevention, diagnosis, and treatment of diseases, accidental injuries, and malformation of the teeth, jaws, and mouth.

Diagnostic services — Procedures such as laboratory and pathology tests, x-ray services, EKGs, and EEGs that do not require the use of an operating or recovery room, and that are ordered by a provider to determine a condition or disease.

Dialysis — The treatment of a kidney ailment during which impurities are mechanically removed from the body with dialysis equipment.

Doctor of oriental medicine — A person who is a doctor of oriental medicine (D.O.M.) licensed by the appropriate governmental agency to practice acupuncture and oriental medicine.

Drug abuse — A condition defined by patterns of usage that continue despite occupational, marital, or physical problems related to aberrant use of drugs or other substance. There may also be significant risk of severe withdrawal symptoms if the use of drugs is discontinued. Drug abuse does not include nicotine addiction or alcohol use.

Drug abuse treatment facility — An appropriately licensed provider primarily engaged in detoxification and rehabilitation treatment for chemical dependency.

Durable medical equipment — Any equipment that can withstand repeated use, is made to serve a medical purpose, and is generally considered useless to a person who is not ill or injured. This equipment is designed for repeated use, and includes items such as oxygen tents, wheelchairs, hospital beds, crutches, and other medical equipment.

Effective date of coverage — 12:01 A.M. of the date on which a member’s coverage begins.

Emergency — An accidental injury or a condition that occurs suddenly and unexpectedly and is life threatening or could result in permanent damage if not treated immediately. Initial treatment must be sought within 48 hours of the accident or onset of symptoms to qualify as an emergency. If you are hospitalized within 48 hours of an emergency occurrence, the entire hospitalization is considered part of the initial treatment.

Enteral nutritional product — A product designed to provide calories, protein, and essential micronutrients by the enteral route (i.e., by the gastrointestinal tract, which includes the stomach and small intestine only).

Governmental plan — That term as defined in Section 3(32) of the federal Employee Retirement Income Security Act of 1974 and includes a federal governmental plan (a governmental plan established or maintained for its employees by the United States government or an instrumentality of that government).

Group health plan — An employee welfare benefit plan as defined in Section 3(1) of the Employee Retirement Income Security Act of 1974 to the extent that the plan provides medical care and includes items and services paid for as medical care (directly or through insurance, reimbursement, or otherwise) to employees or their dependents (as defined under the terms of the plan).

HIPAA-eligible individual — Any person who has had 18 or more months of creditable coverage (the last of which was group coverage), received notice of termination of such coverage (including COBRA continuation), submits an application for Pool coverage within 63 days of losing creditable coverage, and provides notice of such creditable coverage with the application for Pool coverage.

Home health care services — Covered services, as listed under “Home Health Care/Home I.V. Services” in *Section 3*, that are provided in the home according to a treatment plan by a certified home health care agency under active physician and nursing management. Registered nurses must coordinate the services on behalf of the home health care agency and the patient’s physician.

Hospice — A licensed program providing care and support to terminally ill patients and their families. An approved hospice must be licensed when required, Medicare-certified as, or accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as, a hospice.

Hospice benefit period — The period of time during which hospice benefits are available. It begins on the date the attending physician certifies that the member is terminally ill and ends six months after the period began (or upon the member’s death, if sooner). The hospice benefit period must begin while the member is covered for these benefits, and coverage must be maintained throughout the hospice benefit period.

Hospice care — An alternative way of caring for terminally ill individuals in the home or institutional setting, which stresses controlling pain and relieving symptoms but does not cure. Supportive services are offered to the family before and after the death of the patient.

Hospital — A health institution offering facilities, beds, and continuous services 24 hours a day, 7 days a week. The hospital must meet all licensing and certification requirements of local and state regulatory agencies. Services provided include:

- diagnosis and treatment of illness, injury, deformity, abnormality, or pregnancy
- clinical laboratory, diagnostic x-ray, and definitive medical treatment provided by an organized medical staff within the institution
- treatment facilities for emergency and surgical services either within the institution or through a contractual arrangement with another licensed hospital (These contracted services must be documented by a well-defined plan and related to community needs.)

A hospital is not, other than incidentally, a skilled nursing facility, nursing home, custodial care home, health resort, spa, or sanatorium; is not a place for rest, the aging, or the treatment of mental illness, alcoholism, drug abuse, or pulmonary

tuberculosis; ordinarily does not provide hospice or rehabilitation care; and is not a residential treatment facility.

Inborn error of metabolism — A rare, inherited genetic disorder that is present at birth; if untreated, results in mental retardation or death; and causes the necessity for consumption of special medical foods.

Inpatient services — Care provided while you are confined as an inpatient in a hospital or treatment center for at least 24 hours. Inpatient care includes partial hospitalization (a nonresidential program that includes from 3–12 hours of continuous psychiatric care in a treatment facility).

Impacted teeth — Teeth that are fully or partially prevented from erupting in the dental arch by bone. Extraction of teeth that are only prevented from erupting by tissue, or fully impacted teeth that must be extracted in preparation of the mouth for dentures or orthodontic services are not covered.

Investigational drug or device — For purposes of the cancer clinical trial benefit described in *Section 3* under “Therapy and Rehabilitation,” an “investigational drug or device” means a drug or device that has not been approved by the federal Food and Drug Administration.

Licensed midwife — A person who practices lay midwifery and is registered as a licensed midwife by the New Mexico Department of Health (or appropriate state regulatory body).

Licensed practical nurse (L.P.N.) — A nurse who has graduated from a formal practical nursing education program and is licensed by appropriate state authority.

Maintenance therapy — Treatment that does not significantly enhance or increase the patient’s function or productivity, or care provided after the patient has reached his/her rehabilitative potential.

Maintenance medications — Prescription drugs taken regularly to treat a chronic health condition, such as high blood pressure or diabetes.

Maternity — Any condition that is related to pregnancy. Maternity care includes prenatal and postnatal care, and care for the complications of pregnancy, such as ectopic pregnancy, spontaneous abortion (miscarriage), elective abortion, or C-section. You may have benefits only for complications of pregnancy, depending on whether or not you purchased the optional routine maternity care coverage.

Medicaid — A state-funded program that provides medical care for indigent persons, as established under Title XIV of the Social Security Act of 1965, as amended.

Medical detoxification — Treatment in an acute care facility for withdrawal from the physiological effects of alcoholism or drug abuse (usually takes about three days in an acute care facility).

Medical supplies — Expendable items (except prescription drugs), ordered by a physician or other professional provider, that are required for the treatment of an illness or injury.

Medically necessary, medical necessity — The Administrator determines what is medically necessary based on what is:

- medically appropriate, considering your age and health, for the symptoms and diagnosis or treatment of your medical condition, illness, or injury;
- in accordance with standards of sound medical practice;
- not primarily for your, your family's, or your provider's convenience; and
- the most appropriate supply or level of service that can safely be provided to you. When applied to hospitalization, this also means that you require inpatient acute care due to the nature of the services rendered or of your condition, and you cannot receive safe or adequate care as an outpatient.

Note: The decision as to whether a service is medically necessary is based on generally accepted medical or surgical standards. **Because a provider prescribes, orders, recommends, or approves a service does not make it medically necessary or make it a covered service, even if it is not specifically listed as an exclusion.** If you disagree with a decision made by the Administrator, see *Section 7* for information on appeals.

Medicare — The program of health care for the aged, end-stage renal disease (ESRD) patients, and disabled persons established by Title XVIII of the Social Security Act of 1965, as amended.

Member — The person who is enrolled for coverage and entitled to receive benefits under this Policy in accordance with the law passed by the Legislature of the State of New Mexico. Throughout this booklet, the terms “you” and “your” refer to each member.

Mental illness — A clinically significant behavioral or psychological syndrome or condition that causes distress and disability and for which improvement can be expected with relatively short-term treatment. Mental illness does not include transitional responses to stress, adult situational reactions, social maladjustments, developmental disability, alcoholism, other chemical dependency, or learning disability.

Occupational therapist — A person registered to practice occupational therapy.

Occupational therapy — The use of rehabilitative techniques to improve a patient's functional ability to perform activities of daily living.

Optometrist — A licensed doctor of optometry (O.D.).

Orthopedic appliance — An individualized rigid or semirigid support that eliminates, restricts, or supports motion of a weak, injured, deformed, or diseased body part; for example, functional hand or leg brace, Milwaukee brace, or fracture brace.

Out-of-pocket limit — The maximum amount of coinsurance and deductible that you pay for most covered services in a calendar year. (Prescription drug plan copayments are not applied to the out-of-pocket limit.) After the out-of-pocket limit is reached, the Pool pays 100 percent of most of your covered charges for the rest of that calendar year, not to exceed any benefit limits.

Outpatient services — Medical/surgical services received in the outpatient department of a hospital, emergency room, ambulatory surgical facility, freestanding dialysis facility, or other covered outpatient treatment facility, such as intensive outpatient (IOP) services. Outpatient may also include office and urgent care facility services.

Participating pharmacy — See “Provider,” on the next page.

Participating provider — See “Provider,” on the next page.

Physical therapist — A licensed physical therapist. Where there is no licensure law, the physical therapist must be certified by the appropriate professional body.

Physical therapy — The use of physical agents to treat disability resulting from disease or injury. Physical agents include heat, cold, electrical currents, ultrasound, ultraviolet radiation, and therapeutic exercise.

Physician — A doctor of medicine (M.D.) or osteopathy (D.O.) who is licensed to practice medicine under the laws of the state or jurisdiction where the services are provided.

Podiatrist — A licensed doctor of podiatric medicine (D.P.M.).

Policy — This document or evidence of coverage, which explains the benefits, limitations, exclusions, terms, and conditions of your health coverage. Also referred to as a benefit booklet.

Practitioner of the healing arts — Any physician, professional provider, or other person holding a license or certificate provided for in Chapter 61, Article 4, 5, 6, or 14A NMSA 1978 authorizing the licensee to offer or undertake to diagnose, treat, operate on, or prescribe for any human pain, injury, disease, deformity or physical or mental condition.

Pre-existing condition — A pre-existing condition is a physical or mental condition for which medical advice, medication, diagnosis, care, or treatment was recommended for or received by an applicant within the **six-month** period before his/her effective date of coverage. Complication of pregnancy is **not** considered a pre-existing condition. Members enrolling in the Pool as “HIPAA-eligible individuals” are not subject to any pre-existing conditions limitations or exclusions.

Prescription drugs — Those that are taken at the direction and under the supervision of a provider, that require a prescription before being dispensed, and are labeled as such on their packages. All drugs and medicines must be approved by the FDA, and must not be experimental, investigational, or unproven. (See the “Experimental, Investigational, or Unproven Services” exclusion in *Section 5*.)

Preventive care services — Professional services rendered for the early detection of asymptomatic illnesses or abnormalities and to prevent illness or other conditions.

Prior approval — A requirement that you or your provider must obtain authorization from the Administrator before you are admitted as an inpatient (admission review approval) and before you receive certain types of services (other prior

approvals).

Prosthesis or prosthetic device — An externally attached or surgically implanted artificial substitute for an absent body part; for example, an artificial eye or limb.

Provider — A duly licensed hospital, physician, or other professional provider authorized to furnish health care services within the scope of licensure.

- **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 facility, a home health care agency, a diagnostic laboratory or imaging center, and a rehabilitation or other therapeutic health setting.
- **Professional provider:** A physician or health care practitioner, including a pharmacist, who is licensed, certified, or otherwise authorized by the state to provide health care services consistent with state law.
- **Participating provider:** Health care professionals and facilities that, for the service being provided, have directly contracted with the Administrator (or indirectly as a contractor or subcontractor), another BCBS Plan, or the Administrator's national transplant network as "participating" providers. These providers belong to the "Participating Provider Network."
- **Participating pharmacy:** A retail supplier that has contracted with the Administrator or its authorized representative to dispense covered prescription drugs and medicines, insulin, diabetic supplies, and special medical foods to Pool program members, and that has contractually accepted the terms and conditions as set forth by the Administrator and/or its authorized representative. Some participating pharmacies are contracted with the Administrator to provide specialty pharmacy drugs to Program members; these pharmacies are called "specialty pharmacy providers" and some drugs must be dispensed by these specially contracted pharmacy providers in order to be covered. They belong to the "Retail Pharmacy Network."
- **Nonparticipating provider:** An appropriately licensed health care provider that has not contracted directly or indirectly, for the service being provided, with the Administrator. **Note:** No benefits are available for transplants or related services if the transplant was received at a nonparticipating facility.
- **Other mental health/chemical dependency providers:** An alcoholism treatment program that complies with the Alcohol and Drug Abuse Program standards required by the state of New Mexico, a psychiatrist, clinical psychologists and the following masters-degreed psychotherapists (an independently **licensed** professional provider with either an M.A. or M.S. degree in psychology or counseling): licensed independent social workers (L.I.S.W.); licensed professional clinical mental health counselors (L.P.C.C.); masters-level registered nurse certified in psychiatric counseling (R.N.C.); licensed marriage and family therapist (L.M.F.T.). For chemical dependency services, a provider also includes a licensed alcohol and drug abuse counselor (L.A.D.A.C.).

In all cases, the provider agrees to provide health care services to members with an expectation of receiving payment (other than copayments, coinsurance, or deductibles) directly or indirectly from the Administrator (or other entity with whom the provider has contracted). A network provider agrees to bill the Administrator (or other contracting entity) directly and to accept this Policy's payment (provided in accordance with the provisions of the contract) plus the member's share (coinsurance, deductibles, copayments, etc.) as payment in full for covered services. However, if there is other coverage for your services (for example, auto

insurance, workers' compensation insurance, or other health plans), the participating provider under the contract with BCBSNM may be able to collect the billed charge amounts not covered by the BCBSNM payment. The Administrator (or other contracting entity) will pay the network provider directly.

Psychiatric hospital — A psychiatric facility licensed as an acute care facility or a psychiatric unit in a medical facility that is licensed as an acute care facility. Services are provided by or under the supervision of an organized staff of physicians. Continuous 24-hour nursing services are provided under the supervision of a registered nurse.

Pulmonary rehabilitation — An individualized, supervised physical conditioning program. Occupational therapists teach you how to pace yourself, conserve energy, and simplify tasks. Respiratory therapists train you in bronchial hygiene, proper use of inhalers, and proper breathing.

Radiation therapy — X-ray, radon, cobalt, betatron, telocobalt, and radioactive isotope treatment for malignant diseases and other medical conditions.

Reconstructive surgery — Reconstructive surgery improves or restores bodily function to the level experienced before the event that necessitated the surgery, or in the case of a congenital defect, to a level considered normal. Such surgeries may have a coincidental cosmetic effect.

Registered lay midwife — A person registered by the State of New Mexico to provide health care services in pregnancy and childbirth within the scope of New Mexico lay midwifery regulations.

Registered nurse (R.N.) — A nurse who has graduated from a formal program of nursing education (diploma school, associate degree, or baccalaureate program) and is licensed by appropriate state authority.

Rehabilitation hospital — An appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of a multidisciplinary team of physical, occupational, speech, and respiratory therapists, medical social workers, and rehabilitation nurses to enable patients disabled by illness or accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. Continuous nursing services are provided under the supervision of a registered nurse.

Residential treatment center — See the “Noncovered Providers of Service” exclusion in *Section 5*.

Respiratory therapist — A person qualified for employment in the field of respiratory therapy.

Routine newborn care — Care of a child immediately following his/her birth that includes: routine hospital nursery services; routine medical care in the hospital after delivery, including alpha-fetoprotein IV screening; pediatrician standby care at a Cesarean section procedure; and services related to circumcision of a male newborn.

Routine patient care cost — For purposes of the cancer clinical trial benefit described under “Therapy and Rehabilitation” in *Section 3*, a “routine patient care

cost” means a medical service or treatment that is covered under a health plan that would be covered if you were receiving standard cancer treatment, or an FDA-approved drug provided to you during a cancer clinical trial, but only to the extent that the drug is not paid for by the manufacturer, distributor, or provider of the drug. **Note:** For a covered cancer clinical trial, it is not necessary for the FDA to approve the drug for use in treating your particular condition. A “routine patient care cost” does **not** include the cost of any investigational drug, device, or procedure, the cost of a non-health care service that you must receive as a result of your participation in the clinical trial, costs for managing the research, costs that would not be covered or that would not be rendered if non-investigational treatments were provided, or costs paid or not charged for by the trial providers.

Skilled nursing care — Care that can be provided only by someone with at least the qualifications of a licensed practical nurse (L.P.N.) or registered nurse (R.N.).

Skilled nursing facility — A facility or part of a facility that:

- is licensed in accordance with state or local law; and
- is a Medicare-participating facility; and
- is primarily engaged in providing skilled nursing care to inpatients under the supervision of a duly licensed physician; and
- provides continuous 24-hour nursing service by or under the supervision of a registered nurse; and
- does not include any facility that is primarily a rest home, a facility for the care of the aged, or for treatment of drug abuse, mental disease, or tuberculosis, or for intermediate, custodial, or educational care.

Sound natural teeth — Teeth that are whole, without impairment, without periodontal or other conditions, and not in need of treatment for any reason other than the accidental injury. Teeth with crowns or restorations (even if required due to a previous injury) are not sound natural teeth. Therefore, injury to a restored tooth will not be covered as an accident-related expense. (Your provider must submit x-rays taken before the dental or surgical procedure in order for the Administrator to determine whether the tooth was “sound.”)

Special care unit — A designated unit that has concentrated facilities, equipment, and supportive services to provide an intensive level of care for critically ill patients. Examples of special care units are intensive care unit (ICU), cardiac care unit (CCU), subintensive care unit, and isolation room.

Special medical foods — Nutritional substances, in any form, that are:

- formulated to be consumed or administered internally under the supervision of a physician; and
- specifically processed or formulated to be distinct in one or more nutrients present in natural form; and
- intended for the medical and nutritional management of patients with limited capacity to metabolize ordinary foodstuffs or certain nutrients contained in ordinary foodstuffs or who have other specific nutrient requirements as established by medical evaluation; and
- essential to optimize growth, health, and metabolic homeostasis.

Specialty pharmacy drugs — Specialty pharmacy drugs must meet at least two of the following criteria: a) they are high cost, b) they are for use in limited patient populations or indications, c) they are typically self-injected, d) they have

limited availability, require special dispensing, or delivery and/or patient support is required and, therefore, they are difficult to obtain via traditional pharmacy channels, e) complex reimbursement procedures are required, and/or f) a considerable portion of the use and costs are frequently generated through office-based medical claims.

Speech therapist — A speech pathologist certified by the American Speech and Hearing Association.

Speech therapy — Services used for the diagnosis and treatment of speech and language disorders.

Summary of Benefits and Plan Options — The schedule, beginning on page iv, that defines your copayment and coinsurance requirements, deductible options, out-of-pocket limit, and prescription drug copayment amounts, and annual or lifetime benefit limits, and provides an overview of covered services.

Surgical services — Any of a variety of technical procedures for treatment or diagnosis of anatomical disease or injury including, but not limited to: cutting; microsurgery (use of scopes); laser procedures; grafting, suturing, castings; treatment of fractures and dislocations; electrical, chemical, or medical destruction of tissue; endoscopic examinations; anesthetic epidural procedures; other invasive procedures. Benefits for surgical services also include usual and related local anesthesia, necessary assistant surgeon expenses, and pre- and post-operative care, including recasting.

Temporomandibular joint (TMJ) syndrome — A condition that may include painful temporomandibular joints, tenderness in the muscles that move the jaw, clicking of joints, and limitation of jaw movement.

Terminally ill patient — A patient with a life expectancy of six months or less, as certified in writing by the attending physician.

Tertiary care facility — A hospital unit that provides complete perinatal care (occurring in the period shortly before and after birth), and intensive care of intrapartum (occurring during childbirth or delivery) and perinatal high-risk patients. This hospital unit also has responsibilities for coordination of transport, communication, and data analysis systems for the geographic area served.

Transplant-related services — Any hospitalizations and medical or surgical services related to a covered transplant or retransplant, and any subsequent hospitalizations and medical or surgical services related to a covered transplant or retransplant, and received within one year of the transplant or retransplant.

Urgent care — Medically necessary health care services received for an unforeseen condition that is not life-threatening. This condition does, however, require prompt medical attention to prevent a serious deterioration in your health (e.g., high fever, cuts requiring stitches).