

DKP INDIANA / KANSAS CITY
GLOSSARY OF EMPLOYEE BENEFIT TERMS

Term	Definition	Applicable Plans
Balance Billing	Member payment due for the difference between a provider's billed charge and the Plan in-network allowed amount. Applies only to services received outside the Plan network.	<ul style="list-style-type: none"> • Medical • Dental • Vision
Annual or Lifetime Benefit Maximum	The maximum amount the Plan will pay for benefits	<ul style="list-style-type: none"> • Medical • Dental
Co-insurance	The percentage of cost shared between the Plan and members	<ul style="list-style-type: none"> • Medical • Dental
Copay	Fixed member payment due at time of service	<ul style="list-style-type: none"> • Medical for prescription drugs filled after the deductible has been met and before the out-of-pocket maximum is met. • Vision in-network
Deductible	Member payment due before the Plan begins paying for any services. Applies to non-preventive services.	<ul style="list-style-type: none"> • Medical • Dental
Evidence of Insurability	Health verification process to determine if applicant meets the insurability requirements of the carrier.	<ul style="list-style-type: none"> • Voluntary Life/AD&D
Guarantee Issue	The amount of life insurance available to an employee, spouse, or dependent without Evidence of Insurability	<ul style="list-style-type: none"> • Basic Life • Voluntary Life
Network	A contracted group of clinical providers accept the contract's allowed amount as payment in full for the service, medication, or goods. Members cannot be balance billed above the allowed amount for covered services.	<ul style="list-style-type: none"> • Medical • Dental • Vision
Out-of-Pocket Maximum	The maximum amount of copay, co-insurance, and deductible a covered plan member or family must pay in the plan year before the plan will cover all eligible goods and services at 100%	<ul style="list-style-type: none"> • Medical