

Glossary

APPEAL

An appeal asks for reconsideration of a MCAP decision.

APPLICANT

A pregnant woman 18 years of age or older who is applying on her own behalf, or a legal guardian or a natural parent, foster parent, or stepparent with whom the child resides, who applies for coverage under the program on behalf of a child.

"Applicant" also means a pregnant woman who is applying for coverage on her own behalf who is under 18 years of age, or who is an emancipated minor, or who is a minor not living in the home of a natural or adoptive parent, a legal guardian, foster parent or stepparent.

APPLICATION DATE

The date a complete and eligible application is sent to the MCAP as shown by the US postal postmark date on the application envelope, or documentation from other delivery services.

BENEFITS

The health services the pregnant woman and infant receive under the MCAP.

BINDING ARBITRATION

Binding Arbitration is an agreement between some insurance plans and subscribers to have health care disputes reviewed by a neutral person. If you choose an insurance plan with arbitration, you give up the right to a jury or court trial to resolve disputes you may have with your insurance plan. The neutral person makes a decision after reviewing and hearing all the facts from both parties. Both parties agree to accept the decision.

COORDINATION OF BENEFITS (COB)

Coordination of Benefits (COB) means that if you are covered by another health plan, that plan will pay first and the MCAP Health Plan will pay second for any services you receive under the MCAP. The total of the two payments cannot be more than the total amount allowed by the MCAP Health Plan. For more details on COB, please refer to your MCAP plan's Evidence of Coverage booklet.

COVERAGE

Coverage is services provided by MCAP for the payment of benefits through a health plan participating in the MCAP.

MEDI-CAL ACCESS INFANT PROGRAM

This program provides health care and vision coverage for your infant through Medi-Cal health plans and dental coverage through the Medi-Cal dental program. Your child will receive all of the same covered benefits as a child enrolled in Medi-Cal.

DISENROLLMENT

Disenrollment is the end of enrollment in the MCAP.

EMPLOYER-SPONSORED INSURANCE

A benefit offered by an employer at a cost or no cost to their employees that includes health plan coverage.

EFFECTIVE DATE OF COVERAGE

The date that health care coverage starts.

ELIGIBLE

A pregnant woman who meets all the requirements to qualify for coverage in the MCAP.

ENROLL

To accept an applicant as a subscriber by notifying a participating health plan to begin coverage.

EXCLUSION

A service or medical condition not covered by an insurance plan under the MCAP.

EXCLUSIVE PROVIDER ORGANIZATION (EPO)

A health plan whose members must seek care from a list of contracting providers. An EPO does not require you to choose a Primary Care Physician. Members also may self-refer to a specialist in the EPO contract network.

FAMILY PLANNING SERVICES

Family Planning Services are for counseling, surgical procedures for sterilization as permitted by state and federal law. This includes coverage for diaphragms and other approved devices pursuant to the prescription drug benefit, and voluntary termination of pregnancy.

FEDERAL INCOME GUIDELINES (FIG)

Federal Income Guidelines are the amount of money the federal government says that a family needs to meet basic needs. The guidelines change every year on April 1st.

FIRST TRIMESTER

First trimester means the first 13 weeks of a pregnancy, including the first two weeks before conception, as documented by a licensed health care professional.

HEALTH MAINTENANCE ORGANIZATION (HMO)

An organized system that provides a set of health care services to plan subscribers in a geographic area.

INFANT

A subscriber's child born to a subscriber while enrolled in the program.

LIVING IN THE HOME

Using the home as the primary place of residence.

RESIDENT

A person living in California who plans to stay except when absent for temporary purposes.

NO-COST FULL SCOPE MEDI-CAL

The State Medi-Cal program that pays for all services without requiring any payments or copayments by the subscriber.

OUT-OF-NETWORK

A service provided by a doctor, dentist, or other provider who does not have a contract with your insurance plan.

PRIMARY CARE PHYSICIAN

The doctor, selected by the pregnant woman who will be in charge of her health care and who will refer her to specialists as needed.

SHARE OF COST MEDI-CAL

A State Medi-Cal program that requires a subscriber to pay a certain amount of the medical expenses every month before it covers benefits. Share of Cost is based on monthly income.

SUBSCRIBER

A pregnant woman who is eligible for and enrolled in the MCAP.

SUBSCRIBER CONTRIBUTION

The amount paid by the pregnant woman for health care services provided in the MCAP.