

Acronym	Definition
CDHP	<p>Consumer Driven Health Plan</p> <p>This term can have different practical meanings but in general it means a plan that places more fiscal responsibility on a participant for the cost of the plan. Generally, these plans provide tools for participants to use to become more effective consumers of health care and tools to improve health status.</p>
DM	<p>Disease Management</p> <p>Program designed to identify participants with chronic conditions and work with those participants to better manage their care.</p>
DME	<p>Durable Medical Equipment</p> <p>Reusable medical equipment that the doctor orders the patient to use at home – includes items like wheelchairs, walkers, and hospital beds, etc.</p>
FSA	<p>Flexible Spending Account</p> <p>A reimbursement plan that allows employees to set aside funds on a pre-tax basis to be used for qualified expenses during the plan year. There are two types of FSAs that an employer may choose to offer it's employees: Healthcare and Dependent Care.</p>
HDHP	<p>High Deductible Health Plan</p> <p>Catastrophic health plan that meets all the IRS required parameters. In order to contribute to an HSA, an individual must be covered by a qualified HDHP.</p>
HMO	<p>Health Maintenance Organization</p> <p>A comprehensive managed care plan that pays only for in-network care, that delivers physician and hospital services to members directly or through contracts with affiliated providers. Plan members are required to select a PCP (primary care physician) to coordinate their health care. A referral is required from the PCP to obtain services from a specialist provider within the network.</p>
HSA	<p>Health Savings Account</p> <p>A tax-exempt trust or custodial account established for the purposes of paying for qualified medical expenses in conjunction with a high deductible medical plan. This type of account must be have covered under a high deductible health plan.</p>
HRA	<p>Health Reimbursement Arrangement</p> <p>A benefit plan funded solely through employer contributions that reimburses employees for specific qualified medical expenses. In some plan designs, the HRA may pay providers directly instead of the participant submitting reimbursement requests.</p>

HRA	<p>Health Risk Assessment</p> <p>There are two HRAs in the benefit world. When used in context of wellness plans or employee health, this refers to a health and lifestyle assessment, typically conducted by a health plan or wellness vendor.</p>
LTD	<p>Long Term Disability</p> <p>Generally, LTD is associated with a prolonged medical or mental disability lasting longer than six or twelve months, and may lead into a total and permanent disability.</p>
OTC	<p>Over-the-Counter</p> <p>Medication that can be purchased without a physician's prescription.</p>
PCP	<p>Primary Care Physician</p> <p>This is a physician chosen by or assigned to a patient, who both provides primary care and acts as a gatekeeper to control access to other medical services. In an HMO health care plan, a patient must select an in-network PCP within his/her network.</p>
POS	<p>Point-of-Service</p> <p>POS plans may require members to choose a primary care physician (PCP). As in a traditional HMO, the PCP acts as a "gatekeeper" when making referrals. POS members also may opt to visit an out-of-network provider at their discretion. If so, a member copays, coinsurance, and deductibles are substantially higher.</p>
PPO	<p>Preferred Provider Organization</p> <p>A group of health care providers working together as a network of providers to provider discounts for services. Members often have a choice of using the PPO or non-PPO provider, but there is a financial incentive to use the PPO.</p>
STD	<p>Short Term Disability</p> <p>Generally, STD is associated with a medical or mental disability lasting shorter than six months.</p>