

Vocabulary

Theme 1 - The Healthcare System

ACA (Affordable Care Act) (n)

- the comprehensive healthcare reform law passed in 2010 and its amendments; also known as the “Patient Protection and Affordable Care Act” or “Obamacare”

BHP (Basic Health Program) (n)

- a public health insurance program enacted by the ACA that gives states the option to provide coverage to low-income residents who do not qualify for Medicaid, CHIP, or other minimum essential coverage

catastrophic health plan (n)

- a qualified health plan offered through the Health Insurance Marketplace with low premiums but very high deductibles, covering essential health benefits, preventive care, and emergencies; only available for people under 30 or those 30 or older with a hardship or affordability exemption

CHIP (Children’s Health Insurance Program) (n)

- a public health insurance program that provides low-cost healthcare coverage to children (and in some states, pregnant women) in families who earn too much income to qualify for Medicaid but not enough to purchase private insurance

claim (n)

- a request for payment that a patient or healthcare provider submits to the patient’s health insurer when the patient receives items/services they think are covered

COBRA (Consolidated Omnibus Budget Reconciliation Act) (n)

- a federal law that may allow someone temporary continuation of health coverage after their employment ends

coinsurance (n)

- the percentage of healthcare costs a patient pays after meeting their deductible

copay or copayment (n)

- a fixed amount a patient pays every time they use a medical service

cost sharing (n)

- the share of costs covered by your insurance that you pay out of your own pocket, such as deductibles, coinsurance, and copayments

deductible (n)

- a fixed amount (usually per year) that an insured person pays before their insurance covers medical services

dental coverage (n)

- a health benefit that helps cover the costs of basic or preventive dental care (teeth cleaning, X-rays, fillings), provided under a health plan or purchased separately; required under the ACA for children 18 or younger

disparity (n)

- a difference in level or treatment, especially one that is seen as unfair

EOB (Explanation of Benefits) (n)

- a written statement from an insurance company summarizing the health services a patient received, showing covered expenses and the amount the patient owes (not a bill)

EPO (Exclusive Provider Organization) (n)

- a health insurance plan in which services are covered only through in-network providers (except in emergencies); networks are generally larger than those for HMOs and specialist care may not require a PCP referral

FSA (Flexible Spending Account) or flexible spending arrangement (n)

- an employer-sponsored savings account that lets employees set aside pre-tax income to use for certain out-of-pocket medical or dependent care costs

GHP (group health plan) or group coverage (n)

- a health insurance plan offered by an employer or employee organization that provides health coverage to current employees and their families

HDHP (High Deductible Health Plan) (n)

- a health insurance plan with lower premiums and higher deductibles than a traditional plan; often combined with an HSA

health center (n)

- a community-based clinic that receives federal grant funding through the HRSA (Health Resources & Services Administration) and provides comprehensive primary and preventive care to everyone, regardless of a person's ability to pay

Health Insurance Marketplace, Marketplace, or exchange (n)

- a service operated by the federal government through HealthCare.gov that helps people shop for and enroll in health insurance; some states run their own Marketplaces

health plan categories, metal levels, or metal tiers (n)

- a ranking system that indicates the percentage of healthcare costs covered by an insurance provider; on average, bronze plans cover 60%, silver plans cover 70%, gold plans cover 80%, and platinum plans (rare in the individual market) cover 90%

healthcare or health care (n)

related: healthcare (adj)

- the prevention, treatment, and management of illness and injuries, especially by trained and licensed professionals

HMO (Health Maintenance Organization) (n)

- a health insurance plan that usually limits coverage to in-network providers (except in emergencies), with patient care managed through a PCP

HSA (Health Savings Account) (n)

- an untaxed savings account that a person can use to pay qualified medical expenses; requires HDHP coverage

in network (n)

related: in-network (adj)

- healthcare providers that accept a negotiated rate with a patient's insurance, typically lowering their out-of-pocket costs

managed care plan (n)

- a health insurance plan that has a contract with healthcare providers to provide care for members at reduced costs; the four main types are HMO, PPO, POS, and EPO

Medicaid (n)

- a public health insurance program that provides health coverage to low-income and/or disabled individuals, funded jointly by federal and state governments

Medicare (n)

- a public health insurance program that serves those over 65 years of age, people under 65 with certain disabilities, and people of all ages with end-stage renal disease

Medigap or Medicare Supplement Insurance (n)

- private insurance that helps cover expenses not covered by Medicare

network (n)

- a group of doctors, hospitals, and specialists that provide care at predetermined rates

OEP (open enrollment period) (n)

- an annual window of time (typically in the fall) when individuals can enroll in a health insurance plan or make changes to their existing coverage

out of network (n)

related: out-of-network (adj)

- healthcare providers who do not have a contract with a patient's insurance plan, typically increasing their out-of-pocket costs

out-of-pocket costs (n)

- any medical care expenses not reimbursed by insurance; this includes deductibles, coinsurance, and copayments for covered services and all costs for services that are not covered

PCP (primary care physician) (n)

- a doctor that coordinates and provides a patient's general medical needs

POS (Point of Service or Point-of-Service) plan (n)

- a health insurance plan that is a hybrid of HMO and PPO plans; patients designate a PCP and pay less for in-network care, and out-of-network care is only covered with a PCP referral

PPO (Preferred Provider Organization) (n)

- a health insurance plan that provides services through a network of participating providers; patients can use providers both in and out of network, but out-of-network services come at a higher cost

pre-existing condition (n)

- a medical condition that a patient has already (such as cancer, asthma, or diabetes), before starting a new healthcare plan

premium (n)

- the amount a person pays for health insurance, usually a monthly or yearly cost

preventive services or preventive care (n)

- routine healthcare that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems

provider (n)

- an individual or facility that provides healthcare services

PTC (premium tax credit) (n)

- a refundable credit that helps eligible individuals and families cover premiums for their health insurance purchased through the Health Insurance Marketplace

QHP (qualified health plan) (n)

- an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (deductibles, copayments, etc.), and meets other ACA requirements

referral (n)

- a written order from a PCP allowing a patient to see a specialist or receive certain medical services (required for many HMOs and all POS out-of-network care)

SEP (special enrollment period) (n)

- a time outside the yearly OEP when individuals can enroll in a health insurance plan due to specific qualifying life events (losing health coverage, moving, getting married, etc.)

specialist (n)

- a doctor focusing on a specific area of medicine

subsidized coverage (n)

related: subsidy (n)

- health coverage available at reduced or no cost for people with incomes below certain levels

TRICARE (n)

- a federally-funded Department of Defense (DOD) health insurance program for active-duty and retired military members and their families

VA Health Care (n)

- a federally-funded Department of Veterans Affairs (VA) health insurance program for retired military members, implemented by the Veterans Health Administration (VHA)

vision coverage (n)

- a health benefit that helps cover the costs of vision care (eye exams, glasses), provided under a health plan or purchased separately