

# 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