Affordable Care Act (ACA), sometimes called Obamacare — A law passed in 2010 that made many changes to how Americans get health insurance. It created a website, the Health Insurance Marketplace, as a new way to buy health insurance.

Catastrophic coverage — An insurance plan in the Health Insurance Marketplace that offers limited coverage for health care services. This plan is only available to an adult under age 30 or an adult with a hardship waiver.

Certified Application Counselors (CACs) — People who provide free help to consumers enrolling in the Health Insurance Marketplace. CACs work at local community organizations, hospitals or health centers.

COBRA coverage — If you lose your job, you can temporarily keep your employee health insurance, but you must pay all of the monthly premiums, including the share the employer used to pay.

Coinsurance — Your share of the cost for health care services, after you have paid your deductible amount each year. For example, if you go for a doctor visit that costs $100, your share might be $20 and your insurance plan’s share might be $80.

Copayment — A fixed amount you might pay at the time you receive a health care service. For example, you might pay $15 when you go for a doctor visit.

Cost-sharing reductions — Money the government pays to help cover out-of-pocket health care costs for people who qualify. People who qualify, in general, are those who enroll in a Marketplace Silver plan and have a yearly income that is 100 percent to 250 percent of the Federal Poverty Level.

Deductible — The amount you must pay for your covered health care services each year. For example, $1,000 – before your insurance plan will begin sharing the cost with you (see coinsurance).

Employer-sponsored insurance plan — Insurance you get through your job. Employers that offer an insurance plan help pay part of their employees’ monthly premiums.

Essential health benefits — The 10 kinds of health care services most insurance plans must now cover. These include preventive care, care for children, emergency care, prescription drugs and more.

Excluded services — Health care services that are not covered and not paid for by your insurance plan.

Federal Poverty Level (FPL) — A measurement of how much a person or family needs to earn so that they can pay for food, clothing, housing and other necessary things. The government decides what the FPL is for each year.

Health Insurance Marketplace — An online marketplace where you can buy a Qualified Health Plan (Bronze, Silver and Gold in Missouri) or Catastrophic coverage from private insurance companies.

In-network providers — Health care providers, including doctors, hospitals and other suppliers, who contract with your insurance plan to give you health care services at a lower cost. In-network providers are also called preferred providers.
Medicaid — A government health insurance program for Americans who have low incomes or disabilities. In Missouri, this program is called “MO HealthNet” for adults and “MO HealthNet for Kids” for children up to age 19.

Medicare — A government health insurance program for Americans age 65 or older, certain people with disabilities, and people who have end-stage renal disease (kidney failure).

Navigators — People funded by the federal government who are licensed to provide free help to consumers enrolling in the Health Insurance Marketplace

Open Enrollment period — A time, usually three months, when you can enroll for insurance in the Marketplace. You can also change to a different plan in the Marketplace during this time. This year, Open Enrollment is from November 1, 2015 to January 31, 2016.

Out-of-network providers — Health care providers, such as doctors and hospitals, who have not contracted with your insurance plan. Out-of-network providers are also called non-preferred providers.

Out-of-pocket costs — Money you pay for health care services, out of your own pocket. These costs include deductibles, copayments and coinsurance. They do not include monthly premiums.

Pre-existing condition — A health problem you had before your health insurance started.

Premium — The cost you pay, usually monthly, for your health insurance plan.

Qualified Health Plan — An insurance plan sold in the Health Insurance Marketplace. In Missouri, you can buy a Bronze, Silver or Gold plan.

Special Enrollment period — A time when some people can enroll for an insurance plan in the Marketplace outside of the Open Enrollment Period. In general, you might get a Special Enrollment Period if you have a qualifying life event — for example, if you get married or divorced, have a baby, lose a job or move. Other rules for qualifying for a Special Enrollment period are shown at http://www.healthcare.gov.

Tax credit — Money the government pays to help cover monthly premium payments for people who qualify. People who qualify, in general, are those who enroll in a Marketplace plan and have a yearly income that is between 100 percent and 400 percent of the Federal Poverty Level.

To learn more
To enroll in the Health Insurance Marketplace, get information or find a Navigator or CAC:
• Online: http://www.healthcare.gov for English or https://cuidadodesalud.gov for Spanish
• By phone: Consumer call center open 24 hours a day at 800-318-2596 or for TTY/TDD: 855-889-4325

To find a Navigator, CAC or health insurance agent or broker: http://covermissouri.org/find/find.php

To report health insurance fraud: Missouri Department of Insurance at http://insurance.mo.gov or 573-751-4126

For more information: MU Extension at http://extension.missouri.edu/insure

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