

Term	Definition
Advanced Premium Tax Credit	A tax credit that can reduce what you pay for health insurance purchased through the Health Insurance Marketplaces.
Authorized Representative	Someone who you choose to act on your behalf with the Marketplaces, like a family member or other trusted person.
Catastrophic Health Plan	Health plans that meet all of the requirements applicable to other qualified health plans but that do not cover any benefits other than three primary care visits per year before the plan's deductible is met.
Children's Health Insurance Program (CHIP)	Insurance program that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid but not enough to buy private insurance. In some states, CHIP covers pregnant women.
Coinsurance	The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.
Copayment	A fixed amount (\$20, for example) you pay for a covered health care service after you have paid your deductible.
Deductible	The amount you pay for covered health care services before your insurance plan starts to pay.
Essential Health Benefits	A set of 10 categories of services health insurance plans must cover under the Affordable Care Act.
Exemption	People who qualify for a health coverage exemption do not have to pay a fee.
Federal Poverty Level	A measure of income issued every year by the Department of Health & Human Services.
Health Plan Categories	Plans in the Marketplaces are primarily separated into four health plan categories — Bronze, Silver, Gold, or Platinum — based on the percentage the plan pays of the average overall cost of providing essential health benefits to members.
Individual Shared Responsibility Payment	When you do not have health insurance with minimum essential coverage, you have to pay a fee for the months that you do not have medical coverage.
Minimum Essential Coverage	Any insurance plan that meets the Affordable Care Act requirement for having health coverage.
Modified Adjusted Gross Income	The figure used to determine eligibility for premium tax credits and other savings for Marketplace health insurance plans and for Medicaid and CHIP.
Open Enrollment Period	The yearly period when you can enroll in a health insurance plan.
Out of Pocket Cost	Your expenses for medical care that are not reimbursed by insurance.
Plan Year	A 12-month period of benefits coverage under a group health plan.
Premium	The amount you pay for your health insurance every month.
Qualified Health Plan	An insurance plan that's certified by the Health Insurance Marketplaces, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements under the Affordable Care Act.
Qualifying Life Event	A change in your situation that can make you eligible for a special enrollment period, allowing you to enroll in health insurance outside the yearly Open Enrollment period.
Service Area	A geographic area where a health insurance plan accepts members if it limits membership based on where people live.
Shared Costs	The share of costs covered by your insurance that you pay out of your own pocket.
Special Enrollment Period	A time outside the yearly Open Enrollment period when you can sign up for health insurance.
Summary of Benefits and Coverage	An easy-to-read summary that lets you make apples-to-apples comparisons of costs and coverage between health plans.