

26 Important Words to Know

*Denotes essential health benefits, under the Affordable Care Act

1. Ambulatory patient services*
 2. Chronic disease management *
 3. Coinsurance
 4. Copayment
 5. Deductible
 6. Durable Medical Equipment (DME)
 7. Emergency services *
 8. **Essential health benefits**
- a) Health services provided on an outpatient basis to those who visit a hospital or another health care facility and depart after treatment on the same day.
 - b) An integrated care approach to managing illness which includes screenings, check-ups, monitoring and coordinating treatment, and patient education. It can improve your quality of life while reducing your health care costs by preventing or minimizing the effects of a disease.
 - c) Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service.
 - d) A fixed amount you pay for a covered health care service, usually when you get the service, and can vary based on the type of service.
 - e) The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay.
 - f) Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.
 - g) Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.
 - h) A set of health care service categories that must be covered by certain plans, starting in 2014.

- 9. Exclusive Provider Organization (EPO)
 - i) A managed care plan where services are covered only if you go to doctors, specialists, or hospitals in the plan’s network (except in an emergency).

- 10. Formulary *
 - j) A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

- 11. Habilitative services *
 - k) Health care services that help you keep, learn, or improve skills and functioning for daily living.

- 12. Hospitalization *
 - l) Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

- 13. Mental health and substance use disorder services *
 - m) Treatment and services to improve mental health and to address substance use disorders, including behavioral health treatment, counseling and psychotherapy

- 14. Navigator
 - n) An unbiased individual or organization trained and able to help consumers and small businesses as they look for health coverage options through the Marketplace, including completing eligibility and enrollment forms. Their services are free to consumers.

- 15. Network
 - o) The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

- 16. Oral care (Pediatric *)
 - p) Benefits that help pay for the cost of visits to a dentist for basic or preventive services, like teeth cleaning, X-rays, and fillings.

- 17. Point of Service (POS) plans
 - q) Type of plan in which you pay less if you use health care providers that belong to the plan’s network. Requires you to get a referral from your primary care doctor in order to see a specialist.

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| 18. Preferred Provider Organization (PPO) | r) Type of health plan that contracts with medical providers to create a network of participating providers. You pay less if you use providers that belong to the plan's network. |
| 19. Premium | s) The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly. |
| 20. Prescription drugs | t) Drugs and medications that by law require a prescription. |
| 21. Preventive services * | u) Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. |
| 22. Rehabilitative services * | t) Health care services that help you keep, get back, or improve skills and functioning for daily living that have been lost or impaired because you were sick, hurt, or disabled. |
| 23. Specialists | v) Focuses on a specific area of medicine or health care. |
| 24. Vision services
(Pediatric service *) | w) Health benefit that at least partially covers vision care, like eye exams and glasses. |
| 25. Well-baby & Well-child care * | x) Routine doctor visits for comprehensive preventive health services that occur when a baby is young and annual visits until a child reaches age 21. |
| 26. Wellness services * | y) A program intended to improve and promote health and fitness that's usually offered through the work place, although insurance plans can offer them directly to their enrollees. The program allows your employer or plan to offer you premium discounts, cash rewards, gym memberships, and other incentives to participate. |

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Source: www.healthcare.gov/glossary

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