Affordable Care Act (also known as Obamacare)
In March 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act (ACA). The law makes preventive care more accessible and affordable for many Americans. Among other provisions, it enables people with pre-existing conditions to purchase insurance, creates tax incentives and other subsidies to help people purchase insurance, and establishes financial penalties for those who choose to remain uninsured. While some aspects of the law have already taken effect, many more provisions will be implemented in the coming years.

Apple Health
Beginning in January 2014, Medicaid eligibility limits will be increased so that adults earning up to 138 percent of the federal poverty level will be eligible. For a single person, that's an annual income of $15,856. This change will open Medicaid coverage to many childless adults not currently eligible. “Apple Health” is the name of Washington state’s expanded Medicaid program.

Catastrophic Health Plan
Health plans that meet all of the requirements applicable to Qualified Health Plans (QHPs), but only cover three primary-care visits per year before the plan’s deductible is met. The premium amount patients pay each month is generally lower than other QHPs, but the out-of-pocket costs for deductibles, copayments and coinsurance are generally higher. To qualify for a catastrophic plan, people must be under 30 years old or get a “hardship exemption” because the Health Benefit Exchange determines that they are unable to afford health coverage.

Federally Qualified Health Center
Federally funded nonprofit health centers or clinics that provide primary-care services regardless of ability to pay. Services are provided on a sliding scale fee.

Health-Plan Categories
Plans in the Health Benefit Exchange 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. The plan category people choose affects the total amount they’ll likely spend for essential health benefits during the year. The percentages the plans will spend, on average, are 60 percent (Bronze), 70 percent (Silver), 80 percent (Gold), and 90 percent (Platinum). This isn’t the same as coinsurance, in which people pay a specific percentage of the cost of a specific service.

In-Person Assister (also known as a Navigator)
The Affordable Care Act and related guidance have established In-Person Assisters to help individuals enroll on their state’s Health Benefit Exchange. These are individuals or organizations trained to help consumers, small businesses and their employees find health coverage options through the Exchange, including helping complete eligibility and enrollment forms. These individuals and organizations are required to be unbiased. Their services are free to consumers.

Life-Changing Event
A major event that changes a person’s status or circumstances, such as giving birth, marriage, divorce, death of spouse, loss of job or a recent diagnosis. Life-changing events can impact a person’s and/or family’s eligibility for certain health-insurance coverage.

Medicaid
A state-administered health-insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some states, other adults. The Federal government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their program, so Medicaid varies state by state.
Medicare
A Federal health-insurance program for people age 65 or older and certain younger people with disabilities. It is national and consistent among states.

Open Enrollment Period
The period of time during which individuals who are eligible to enroll in a Qualified Health Plan offered through the Health Benefit Exchange. For 2014, the Open Enrollment Period is Tuesday, Oct. 1, 2013-Monday, March 31, 2014. Individuals may also qualify for Special Enrollment Periods outside of Open Enrollment if they experience a life-changing event.

Patient Financial Advocate
Patient Financial Advocates will act as the In-Person Assistants for Swedish facilities. They will be available to meet with patients to assist them with Medicaid or Exchange plan enrollment.

Project Access Northwest
Founded in 2006, Project Access Northwest (PANW) provides access to needed primary and specialty-care services. This program builds on the safety net of primary care provided by the community health and public health clinics in King County. Through PANW, low-income uninsured patients — and the underinsured who have Medicaid or Basic Health but don’t have access to specialty resources — have access to needed specialty health care and donated, inpatient and outpatient hospital services.

Qualified Health Plan
Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Benefit Exchange and meets certain requirements including: providing essential health benefits and following established limits on cost-sharing such as deductibles, copayments, and out-of-pocket maximum amounts (defined as the fees required by health insurers to be paid by the patient at the time of each office visit, outpatient service, or filling a prescription). A QHP will have a certification by each Marketplace in which it is sold. Washington state QHPs include: BridgeSpan Health Company, Group Health Cooperative, Lifewise Health Plan of Washington, Premera Blue Cross, Community Health Plan of Washington (CHPW), Molina and Coordinated Care.

Subsidy
Also known as an Advanced Premium Tax Credit, this tax credit can be used to lower the health insurance premium costs of Washington Healthplanfinder Qualified Health Plans. If eligible, this tax credit provides an individual the option to either reduce the amount of monthly health insurance premiums or have a lump sum deduction when annual income tax returns are filed. The household income and tax filing information provided on the Washington Healthplanfinder application will determine how much tax credit individuals are eligible for.

Washington Health Benefits Exchange
A Health Benefit Exchange (Exchange) creates a new marketplace for each state to offer health benefits to individuals, families and small businesses. Under national health reform, states must have an Exchange in place by Wednesday, Jan. 1, 2014. The Washington Health Benefit Exchange was created in 2011 as a “public-private partnership” separate and distinct from the state. The Exchange is responsible for creating Washington Healthplanfinder, our state’s Health Benefit Exchange.

Washington Healthplanfinder
Washington Healthplanfinder is an easily accessible, online marketplace for individuals, families and small businesses to find, compare and enroll in qualified health-insurance plans. Starting Tuesday, Oct. 1, 2013, Washington Healthplanfinder will offer Washington state residents: comparisons of Qualified Health Plans; tax credits or financial help to pay for co-pays and premiums; expert customer support online, by phone or in-person through a local organization, insurance broker or agent.