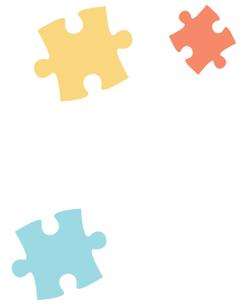




HEALTH INSURANCE ENROLLMENT GLOSSARY

Complex Terms Made Simple for Asian American
and Pacific Islander Communities



ENGLISH TO TRADITIONAL CHINESE

Asian & Pacific Islander American Health Forum
Association of Asian Pacific Community Health Organizations
Asian Americans Advancing Justice | AAJC
Asian Americans Advancing Justice | Los Angeles

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BACKGROUND

The Action for Health Justice (AHJ) Health Insurance Enrollment Glossary was developed in response to a lack of effective in-language training and consumer education materials provided by the federally facilitated and state-based marketplaces during the first Open Enrollment Period in 2013-2014. The shortage of translated materials led many in-person assisters and navigators working with limited English speakers with little choice but to create and translate their own consumer-directed educational tools. This additional work not only greatly impacted the enrollment capacity and efficiency of enrollment assisters and counselors serving Asian American, Native Hawaiian and Pacific Islander (AA and NHPI) communities, but also led to a wide variance in translated terminology.

The availability of translated health insurance glossaries developed by federally facilitated and state marketplaces as well as qualified health plans are currently limited. These glossaries also require the reader to have a fairly high reading ability. Chronic underfunding and low prioritization of the needs of limited English proficient (LEP) communities are often cited as reasons translated glossaries are rarely produced in a larger number of AA and NHPI languages.

In response to a need for an easily understandable, low-literacy, translated glossary of frequently used health insurance related terms, Action for Health Justice, a collaborative of four national organizations (Asian & Pacific Islander American Health Forum, Association of Asian Pacific Community Health Organizations, Asian Americans Advancing Justice | AAJC, and Asian Americans Advancing Justice | Los Angeles) and more than 70 AA and NHPI national and local community-based organizations and Federally Qualified Health Centers created a glossary of common health insurance terms in the following eleven Asian and Pacific Islander languages to maximize health coverage for the AA and NHPI communities:

English
Chinese (Traditional)
Tagalog
Hindi
Hmong

Vietnamese
Korean
Khmer
Laotian
Burmese

Tongan
Chuukese
Marshallese

METHODOLOGY

The AHJ Health Insurance Enrollment Glossary contains approximately 100 of the most frequently used (and often confused) terms encountered by in-person assisters and navigators during the first round of open enrollment. These individuals, from AHJ's partnering organizations were responsible for providing in-person assistance to approximately 600,000 AA and NHPIs, many of whom were LEP.

The eleven Asian and Pacific Islander languages were selected based on the following criteria: geographic distribution, linguistic isolation, and population size of AA and NHPI communities.

Glossary terms were identified based on recommendations from AHJ partner organizations. Definitions were developed through a review of recommendations from the National Health Law Program (NHeLP) and existing state and federally facilitated marketplace health insurance glossaries. Definitions were then further adapted by the AHJ Translation Workgroup to achieve an eighth grade readability level using the Flesch-Kincaid grade level scale. The AHJ Translation Workgroup's translation quality improvement process ensured accessibility, appropriate reading level, and accuracy in the final layout with the support of AHJ partner agencies with in-service expertise for the languages selected. This process was also supported by AHJ partners with expertise in the languages selected.

It is the intention of AHJ to continue to identify resources and support for maintenance of the glossary and expansion into additional Asian and Pacific Islander languages.

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ENGLISH TO CHINESE (TRADITIONAL)

Affordable Care Act (ACA)

Starting in March 2010, the Patient Protection and Affordable Care Act is a law that provides the framework, policies, regulations and guidelines for health care reform by the states. The Affordable Care Act (ACA) expands access to quality, affordable insurance and health care.

- Sometimes called “Obamacare”

Affordable Care Act (ACA)

由2010年三月開始，the Patient Protection and Affordable Care Act 成為一項為美國醫療改革提供架構、政策、法規和準則的法津。Affordable Care Act (ACA) 使更多人得到有質素、可負擔保險及醫療照護。

- 有時被稱為「奧巴馬醫療法案」

Affordable Coverage

Health coverage is considered affordable if an employer provides health insurance and the premium to cover a person is not more than 9.5% of household income. If the employer covers dependents, even though the cost is over 9.5% of household income, the plan is still considered affordable and a person will not be eligible for a tax credit

可負擔醫療保險

「可負擔醫療保險」是指如果僱主提供醫療保險及其個人保費不超過家庭收入的 9.5%。如果僱主提供保險給家屬，即使費用超過家庭收入的 9.5%，該計劃仍然被認為是可負擔的，同時該僱員不符合抵稅資格。

Advanced Premium Tax Credit (APTC)

A tax credit that can lower a monthly health plan payment when purchased through the Marketplace. If qualified, here are the ways to receive the tax credit: 1) advance credit payment: use it right away to lower monthly premium or 2) receive the credit as a lump sum, tax refund when taxes are filed next year. If the amount of the advance credit payment received for the year is less than the tax credit it will be refunded when filing taxes the following year. If advance payment for the year is more than the amount of the credit, the excess amount must be repaid with tax return, this is known as reconciliation.

- Sometimes called “Subsidy,” “Financial Assistance,” “Tax Credit,” or “Premium Assistance”

預付保費抵稅 (APTC)

透過Marketplace購買醫療保險，可享有抵稅以幫助降低每月保費。如果符合資格，以下是獲得抵稅的方式：（1）預付保費抵稅信用額：可立即降低每月的保費或（2）一次性獲取抵稅額，明年報稅時可用來申請退稅。如果本年度收到的預付保費抵稅信用額低於抵稅額：明年報稅時將得到退款。如果本年度的預付保費抵稅信用額超過抵稅額，超過的部分必須在明年報稅時償還，這就是所謂的對帳。

- 有時被稱為 “Subsidy,” “Financial Assistance,” “Tax Credit,” 或 “Premium Assistance”

Appeal

A formal request to the Marketplace, Medicaid or health plan, if a person disagrees with a decision to deny service, treatment or status and wants the decision or action reviewed again. There are different processes for appealing depending on the decision being disputed.

上訴

如果一個人對遭到拒絕服務、治療或身份的決定不同意，並希望有關決定或行動得到重審，可向Marketplace、Medicaid或醫療保險計劃提出正式請求。上訴程序因受爭議的決定而異。

Authorized Representative

A person you can choose to act for you to share information with the Marketplace or Medicaid, like a family member or other trusted person.

授權代表

一個由您選擇去代表您與Marketplace 或 Medicaid分享資料的人，如家庭成員或其他可信賴人士。

Certified Application Counselor (CAC)

A person who is trained to help others as they look for health coverage options through the Marketplace, CHIP, or Medicaid, including helping them complete application forms. Services are always free and available in-person by appointment.

- Sometimes called “Certified Enrollment Counselor (CEC)”
- Also see “Navigator”

認證協辦專員 (CAC)

一個受過訓練以幫助民眾通過Marketplace、CHIP、或 Medicaid去選擇醫療保險計劃的人，他的工作包括幫助民眾填寫申請表。只要預約便可獲得免費的面談服務。

- 有時被稱為 “Certified Enrollment Counselor (CEC)”
- 另請參見 “Navigator”

Child Support

A parent’s legal duty to contribute to the financial care and costs of raising his/her child.

子女撫養費

為人父母者有法律責任在經濟上付出撫養他/她孩子的費用。

Children’s Health Insurance Program (CHIP)

An insurance program funded by the state and federal government that provides health coverage to low-income children. CHIP may be part of the state’s Medicaid program or a separate program. In some states, CHIP may be available to pregnant women in families whose incomes are too high to qualify for Medicaid but cannot afford to purchase a private health plan. CHIP coverage for pregnant immigrant women and children also varies by state.

兒童醫療保險計劃 (CHIP)

由州政府和聯邦政府資助的醫療保險計劃，為低收入家庭兒童提供醫療保險。CHIP可能是該州Medicaid計劃的一部分，或是一個獨立計劃。在一些州，CHIP可能提供保險給那些因家庭收入太高而不符合Medicaid，但無法負擔購買私人醫療保險計劃的孕婦。CHIP為移民孕婦和兒童提供的保障會因所在州而異。

Citizenship Status

Information required for enrollment indicating if an individual is currently a U.S. citizen or a non-citizen (see immigration status).

U.S. Citizens:

- Individuals born in the United States, Puerto Rico, Guam, Northern Mariana Islands, or Virgin Islands
- Foreign-born children, under age 18, residing in the U.S. with their birth or adoptive parents, at least one of whom is a U.S. citizen by birth or naturalization
- Individuals granted citizenship status by the Department of Homeland Security or Immigration and Naturalization Services (INS), including Naturalized Citizens who were born outside the U.S.

公民身份

參保者必須提交當事人目前是美國公民或非公民的資料（見移民身份）。

美國公民：

- 在美國、波多黎各、關島、北馬里亞納群島、或屬維爾京群島出生的人
- 18歲以下在國外出生的兒童，與生父母或領養父母居於美國，而父母至少一方是美國出生公民或歸化公民
- 由國土安全部及移民和歸化服務局（INS），授予公民身份的人，包括在美國境外出生的歸化公民

Coinsurance

A set percentage of medical costs that a person is responsible for paying each time insurance is used.

Example: if the cost of an office visit through a health plan is \$100, and the consumer is responsible for 20% of the costs, the coinsurance payment is \$20. The health plan pays the rest of the amount if deductible is met.

共同保險

每次使用保險時，由個人承擔的醫療費用固定比例。

例如：如果透過醫療計劃的看診費是100元，而消費者承擔百分之二十，其共同保險金為20元。如果已達先付額上限，醫療計劃便會支付剩餘的金額。

Copayment	<p>A fixed amount that that a person is responsible for paying or health services each time insurance is used. The amount will be different depending on the plan and type of covered health service used.</p> <p><i>Example: the copayment for your doctor's visit is \$15, but the co-payment for your prescription is \$25.</i></p>
共付金	<p>每次使用保險時，個人要承擔的固定費用。金額取決於醫保計劃或所使用的醫療服務類型。</p> <p>例如：個人每次看醫生的共付金是15元，但個人拿處方藥的共付金是25元。</p>
Consolidated Omnibus Budget Reconciliation Act (COBRA)	<p>A Federal law that may allow a person to keep health coverage after employment ends for a fixed amount of time. If COBRA coverage is selected, the person needs to pay 100% of the costs, including the share the employer used to pay, plus a small administrative fee.</p>
統一綜合預算協調法案 (COBRA)	<p>讓一個人在失業後仍保持醫療保險一段特定時間的聯邦法律。如果一個人選擇COBRA保險，該人士需要支付百分之百的費用，包括僱主以前付的部分，再加上小額的行政費。</p>
Consent	<p>Permission or agreement to allow something to happen.</p> <p><i>Example: a person must consent to allow a Certified Application Counselor to share personal information, such as income, to the Marketplace to apply for health coverage.</i></p>
同意	<p>許可或同意進行一些事情。</p> <p>例如：一個人必須同意讓Certified Application Counselor將其個人資料，如收入，上傳到Marketplace，申請醫療保險。</p>
Cost Sharing	<p>The portion of health plan costs a person pays for themselves. This term generally includes deductibles, coinsurance, and copayments. It does not include premiums or the cost of non-covered services.</p>
分擔費用	<p>參保者為自己支付的一部分醫療計劃費用。這術語通常包括先付額、共同保險額和共付金。它不包括保費或不承保的服務費用。</p>

Deductible	<p>The money a person pays for medical care and medications before the health plan begins paying for covered services. This amount is set when buying a plan and has a limit each year.</p> <p><i>Example: if the deductible is \$1,000, the plan will not pay anything until \$1,000 is spent on covered medical care or medications subject to the deductible within one plan year.</i></p>
先付額	<p>在醫療保險計劃開始支付承保服務費用前，受保人必須先支付醫療和藥物費用。該金額在購買保險計劃時就設定，並有每年的限額。例如：如果先付額是1000元，在一個計劃年內，保險計劃在受保人未支付足1000元的承保醫療服務或藥物前，將不會支付任何費用，</p>
Dependent	<p>A person who relies on another for financial support, who is not a spouse, and who may be claimed as a tax exemption.</p> <p><i>Example: children, grandchildren, children of a domestic partner, or other qualifying relatives.</i></p>
從屬者	<p>一個依賴他人經濟支持者，不是配偶，但可申請稅項豁免。</p> <p>例如：子女、孫子女、同居伴侶的子女，或其他符合條件的親屬。</p>
Domestic Partner	<p>A couple of the same or opposite sex who live together and share a domestic life, but are not married or joined by a civil union.</p>
同居伴侶	<p>一對同居並共享家庭生活的同性或異性伴侶，但沒有結婚或進行民事結合。</p>
Eligible	<p>When an individual or family's income, immigration or citizenship status, and residency allow them to qualify, select, and enroll into a health plan through the Marketplace., CHIP or Medicaid.</p>
符合資格	<p>當個人或家庭收入、移民或公民身份、居留權讓他們有資格透過 Marketplace、CHIP或Medicaid選擇和加入醫療保險計劃。</p>

Exclusive Provider Organization (EPO)	A type of health plan where services will be reimbursed only if doctors, specialists, or hospitals are in the plan's network (except in an emergency).
獨家醫護人員組織 (EPO)	一種只支付網絡內醫生、專科、或醫院提供服務的醫療保險計劃 (緊急情況下除外)。
Fair Review of Decision	If a health plan refuses to pay a claim or ends coverage, a person may request that a third party look over the decision.
公平審核決定	如果醫療保險計劃拒絕支付醫療費用或終止保險，個人可以請求第三方調查有關決定。
Federal Income Tax Return	The tax form or forms a person uses to file income taxes with the Internal Revenue Service (IRS). A person or business must file a tax return every year that they received income
聯邦所得稅申報表	個人用來向Internal Revenue Service (IRS) 申報所得稅的稅表或表格。個人或企業必須每年為其所得收入報稅。
Federal Poverty Level (FPL)	A measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine a household's status for certain programs and benefits.
聯邦貧困線 (FPL)	每年由衛生和公眾服務局發出的收入水平指南。聯邦貧困線是用以決定一個家庭是否符合某些項目和福利的資格。
Federally Recognized Tribe	Any American Indian or Alaska Native tribal band, nation, pueblo, village, or community that the Department of the Interior accepts as an Indian tribe. The list is available on the U.S. Department of the Interior Indian Affairs website.
聯邦承認的部落	所有被Department of the Interior接受為印第安部落的美洲印第安人或阿拉斯加原住民部落支派、民族、鎮、村或社區。可在U.S. Department of the Interior Indian Affairs網頁瀏覽有關名單。
Formulary	A list of prescription medications covered by a health plan. <ul style="list-style-type: none"> ○ Sometimes called "Drug List"
Formulary	醫療保險計劃承保的處方藥列表。 <ul style="list-style-type: none"> • 有時稱為“藥物表”

Foster Care	A service for children who cannot live with their parent(s) or guardian(s) for some period of time. Children in foster care may live with relatives, unrelated foster parents, families who plan to adopt them, or group homes.
寄養	為不能跟父母或監護人同住一段時間的兒童提供的服務。寄養兒童可與親戚、沒血緣的寄養父母、打算收養他們的家庭同住，或在兒童之家寄居。
Foster Care System	A place where children that are placed by court order in the custody of the state's social services, welfare, human services agency, or department.
寄養制度	法院下令孩子的撫養權交到國家社會服務、福利、公眾服務機構或部門的地方。
Generic Drug	A prescription drug that is required to have the same active ingredients, strength, and type of direction as the brand name product. Generic drugs usually cost less than brand-name drugs and are approved by the Food and Drug Administration (FDA).
非專利藥	必須與專利藥有相同的活性成分、強度和藥效型的處方藥。非專利藥也是得到Food and Drug Administration (FDA) 的批准和一般比專利藥便宜。

Gross Income

A person or company's income before taxes or deductions have been taken out. This may include:

- Earned Income (wages, salaries, tips, and other taxable employee pay)
- Long-term Disability Benefits
- Capital Gains
- Sales income
- Pension
- Rental Income
- Royalty Income
- Retirement Payment
- Unemployment Benefit

總收入

個人或公司在稅前或扣除前的收入。這可以包括：

- 賺得收入（工資、薪金、小費，以及其他應稅員工薪資）
- 長期傷殘福利
- 資本收益
- 銷售收入
- 養老金
- 租金收入
- 版稅收入
- 退休金
- 失業福利金

Guardian

A person appointed by a court to manage the business of another person who is unable to conduct business on their own behalf.

監護人

由法院委派去處理一個無法自理個人事務人士的人。

Health Benefits

The health care items or services covered under a health plan. Examples: doctor's visits, medications, and x-rays.

- All Qualified Health Plans in the Marketplace and states that expanded their Medicaid programs must provide the following Essential Health Benefits: free preventive and screening services; ambulatory services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services; behavioral health treatment; prescription drugs; rehabilitation and habilitation services and devices; laboratory services; preventive and wellness services; chronic disease control; pediatric services, including dental and vision care.

醫療福利

醫療保險承保的醫療項目或服務。例如：看醫生、藥物和照X光。

- 所有在Marketplace符合資格的醫療計劃和擴大了的Medicaid項目必須提供以下Essential Health Benefits：免費的預防和篩檢服務；門診服務；緊急服務；住院治療；分娩和新生兒護理；心理健康和濫用毒品服務；行為健康治療；處方藥；復健服務及復健設備；化驗服務；預防和保健服務；慢性疾病的控制；兒科服務，包括牙科和視力保健。

Health Maintenance Organization (HMO)

A type of health plan that usually limits coverage to care from doctors who work for or contract with the organization. Most HMOs require that a Primary Care Provider is chosen and generally do not cover out-of-network care except in an emergency. An HMO may require that a person live or work in its service area to qualify for coverage.

維健組織 (HMO)

這類型的醫療保險計劃通常限制承保範圍由為組織工作的醫生或與組織有合約的醫生提供的服務。大部分HMOs規定病人選定一位Primary Care Provider，並一般不承保網絡外的保健服務除非屬緊急情況。HMO可以要求會員在其服務區域居住或工作，以符合承保的資格。

Health Insurance/ Health Coverage

Legal right to payment or reimbursement for health care costs, generally under a contract with a health plan company or government program like Medicare, Medicaid, or CHIP to pay a portion of health care costs.

醫療保險／醫療承保範圍	是一項法律權利，保障支付和報銷醫療費用，一般跟醫療保險公司或政府項目如Medicare、Medicaid、或CHIP有合約協定，以決定支付那部分的醫療費用。
Health Insurance Marketplace	A resource where persons, families, and small businesses can learn about health coverage options, compare health plans based on costs and benefits, choose a health plan, enroll in coverage, and receive APTCs to help people with low to moderate income pay for coverage. Some states run their own Marketplaces and others work with the federal government to run their Marketplaces. <ul style="list-style-type: none"> ○ Sometimes called “Marketplace” or “Health Insurance Exchange”
醫療保險Marketplaces	一個協助個人、家庭和小型企業了解醫療保險選擇、比較醫療保險的費用和福利、選擇醫療計劃、投保及接受APTCs，幫助中、低收入人士支付健保的資源。有些州經營自己的Marketplaces，有些則與聯邦政府共同運作他們的Marketplaces。 <ul style="list-style-type: none"> • 有時稱為“Marketplace”或者“Health Insurance Exchange”
Household	People who live together and are financially dependent on each other, which may include: self, spouse, children, relatives, in-laws, or other full time members who can be claimed as dependents on the head of household’s federal income tax return. <ul style="list-style-type: none"> ○ Sometimes called “Tax Household”
家庭	共同生活，並在經濟上互相依賴的人，其中可能包括：自己、配偶、子女、親屬、姻親，或在聯邦所得稅申報表可被申報為從屬者的其他家庭成員。 <ul style="list-style-type: none"> • 有時被稱為 “Tax Household”
Household Income	The combined incomes of all people in a household. The amount includes every form of income.
家庭收入	所有家庭成員的綜合收入。該金額包括所有形式的收入。
Immigration Status	A U.S. resident’s position in the legal process. A person’s immigration status may impact the ability to choose health coverage, and a change in status may allow a person to qualify for the Marketplace or Medicaid. Examples of different immigration statuses below.
移民身份	美國居民在法津程序所處的位置。一個人的移民身份可能會影響其選擇醫療保險的資格。移民身份的改變有可能讓個人有資格參加Marketplace 或者 Medicaid。以下是不同移民身份的例子。

U.S. Nationals are:

- Person born in American Samoa or Swain's Islands
- Children born abroad to at least one U.S. national parent

U.S. Nationals 是：

- 出生在美屬薩摩亞和斯溫群島的人
- 在國外出生而父母至少一方是U.S. National的兒童

Lawful Permanent Residents (LPR) are:

- Person who is in possession of a "green card"
- Person who is waiting for a green card and bears an I-551 stamp on passport
- LPRs may live and work permanently in the U.S.

Lawful Permanent Residents (LPR)是：

- 「綠卡」持有者
- 正等待綠卡，並在護照上有I-551印章的人
- LPRs可在美國永久居留和工作

Compacts of Free Association (COFA) Migrants are:

- Person who is a citizen of the Federated State of Micronesia, Republic of Marshall Islands, or Republic of Palau and resides in the U.S.
- COFA Migrant may live and work indefinitely in the U.S. and is considered non-immigrant

Compacts of Free Association (COFA) Migrants 是：

- 居住在美國的密克羅尼西亞聯邦國、馬紹爾群島共和國、或帕勞共和國公民
- COFA移民可以無限期在美國居留和工作，被視為非移民。

Non-Immigrants are:

- Person holding a non-immigrant visa or COFA migrant
- Non-immigrant visa includes F-1 visa for foreign students, B-1 visa for business visitors, J-1 visa for exchange visitors, and H-1b visa for specialty occupations, among others

Non-Immigrants是：

- 持有非移民簽證的人或COFA移民
- 非移民簽證包括外國學生的F-1簽證、商務旅客的B-1簽證、交換生的J-1簽證，以及特殊職業的H-1B簽證等等。

Undocumented Immigrant are:

- Person who has entered the U.S. illegally
- Person who entered the U.S. legally but who has violated the terms of status

Undocumented Immigrant 是：

- 非法入境美國的人
- 合法入境美國但違反了身份條款的人

Deferred Action for Childhood Arrivals (DACA) are:

- Person for whom the Department of Homeland Security has granted temporary relief from deportation because they were under 16 when brought to the U.S., were under 31 as of June 15, 2013, and meet certain other criteria. These individuals may be eligible for state-funded Medicaid in a limited number of states, such as California and New York, but are not eligible for the Marketplace or federal Medicaid.

Deferred Action for Childhood Arrivals (DACA)是：

- 被Department of Homeland Security給予暫緩驅逐出境的人，因為他們在未滿16歲時被帶到美國、在2013年6月15日未滿31歲，並符合其他特定條件。這些人可能有資格在某些州獲得州政府資助的Medicaid，例如加州和紐約州，但沒有資格參加Marketplace或聯邦Medicaid。

Individual Shared Responsibility

The ACA requirement that for people who do not have a health plan that meets minimum standards, most will have to pay a penalty starting in 2014.

- Also see “Minimum Essential Coverage”

個人承擔責任

從2014年開始，ACA 要求沒有醫療保險的人必須支付罰款。

- 另請參見“Minimum Essential Coverage”

Levels of Coverage

Marketplace health plans are grouped into four levels: Bronze, Silver, Gold, and Platinum. Bronze is the lowest level and covers 60% of the medical costs with the consumer responsible for 40%; Silver covers 70% (consumer 30%), Gold covers 80% (consumer 20%), and Platinum is the highest level covering 90% (consumer 10%). The lower levels have lower premiums but higher cost sharing, which means when medical care is needed, it will cost more to see the doctor, get tests, or get medications. The higher levels have higher payments but lower cost sharing, which means when medical care is needed, it will cost less.

醫保的等級

Marketplace醫保計劃分為四個等級：Bronze, Silver, Gold, 和Platinum。Bronze是最低的等級，承擔60%的醫療費用，而消費者則承擔40%；Silver承擔70%（消費者承擔30%），Gold承擔80%（消費者承擔20%），而Platinum是最高的等級，保險承擔90%（消費者承擔10%）。較低的等級保費較低，但分擔費用較高，這意味著當個人需要醫療服務時，個人將花費更多錢來看病、做檢測或買藥物。較高等級的保費較高，但分擔費用較低，這意味著當個人需要醫療服務時，花費會比較少。

Medicaid

A state and federally funded program that provides free or low-cost health care coverage to certain low-income persons. Income and immigration status varies among states. States that have expanded their Medicaid program cover almost everyone with an income less than 138% of the Federal Poverty Level. In some states, the Medicaid program has a different name (for example, in California, it is called “Medi-Cal”)

聯邦醫療補助

一個由州政府和聯邦政府資助的計劃，為某些低收入人士提供免費或低收費的醫療保險。收入和移民身份的規定因所在州而異。那些已經擴大了他們的醫療補助計劃的州，為幾乎每個收入低於聯邦貧困線138%的人提供補助。在一些州，醫療補助計劃有不同的名稱（例如，在加利福尼亞州，它被稱為“Medi-Cal”）

Medical Expense

The cost for determining treatment or prevention of disease. These expenses include payments for medical services provided by doctors, surgeons, dentists, and other medical professionals.

醫療支出

治療方案或預防疾病的費用。這些支出包括支付由醫生、外科醫生、牙醫及其他醫療專業人士提供的醫療服務的費用。

Medicare

A federal government program that provides health care coverage for some individuals age 65 or older or under age 65 with a disability, regardless of income or assets.

Medicare

一項聯邦政府計劃，不論收入或資產多少，為某些65歲或以上，或65歲以下殘疾人士提供醫療保險。

Minimum Essential Coverage	The type of coverage you must have to meet the Individual Shared Responsibility requirement. This includes Marketplace plans, job-based coverage, Medicare, Medicaid, CHIP, and certain other coverage.
最低基本健保範圍	個人必須有這類型醫療保險才能達到「個人承擔責任」的要求。這包括Marketplace計劃、雇主提供的醫保、Medicare、Medicaid、CHIP, 及其他醫保。
Modified Adjusted Gross Income (MAGI)	The figure used to determine a household's costs in the Marketplace, Medicaid, and CHIP. Generally, modified adjusted gross income is adjusted gross income plus any tax-exempt Social Security, interest, or foreign income.
修正調整後總收入 (MAGI)	在Marketplace、Medicaid和CHIP計劃中用以決定家庭付費的數字。一般情況下,「修訂調整後總收入」是調整後總收入加上任何免稅的社會保障金、利息或外匯收入。
Navigator	A person who is trained to provide in-person assistance to those seeking health coverage options through the Marketplace, including helping them complete application forms. These services are always free. They are part of a program that is funded by the government and are required to provide fair and neutral information to all consumers, including those who speak languages other than English.
導航者	一名受過訓練的人員,專門協助需要在Marketplace選擇醫保的民眾,提供面談服務和協助他們填寫申請表格。這些服務都是免費的,由政府資助,必須提供公平和中立的資料給所有消費者,包括那些講英語以外語言的人。
Network	The doctors, clinics, health centers, and hospitals that have contracts with a health plan to provide services. Each plan has different rules if services outside of network are used. Details of network coverage should be provided by every health plan, either on its website or in other health plan materials.
網絡	跟醫保計劃有合約去提供服務的醫生、診所、醫療中心和醫院。每個計劃對使用網絡外的服務都有不同的規則。每個計劃應在其網頁或其他醫保計劃說明書提供網絡覆蓋範圍的詳細資料。

Open Enrollment Period

The time frame during which a person is able to enroll in a Qualified Health Plan through the Marketplace. A person may also be approved for Special Enrollment Periods outside of Open Enrollment if they experience certain events.

- Special Enrollment Period: An extension of the Open Enrollment Period, to sign up for health coverage in the Marketplace. To qualify for a special enrollment period, a person must experience a qualifying life event that involves a change in family status (example: marriage or birth of a child) or loss of other health coverage.

公開申請期限

個人在指定的時期可透過Marketplace申請醫保計劃。「公開申請期限」過後，民眾如果遇到以下情況，有可能獲特別批准參保。

- 特別批准參保期：延長參保期，以在Marketplace加入醫保。符合特別批准參保期人士必須經歷家庭狀況改變的事件（例如：結婚或生孩子）或失去其他醫療保險。

Out-of-Pocket Costs

Medical expenses that are not paid back by your health plan, including deductibles, coinsurance, and copayments for covered services plus all costs for services that are not covered in your health plan.

自付費用

醫保計劃不支付的醫療費用，包括承保服務的先付額、共同保險和共付金，加上個人的醫保不承保服務的所有費用。

Out-of-Pocket Maximum

The maximum amount a person has to pay during a policy period (usually one year) before a health plan starts to pay 100% of covered health benefits. This amount typically includes deductibles, coinsurance, copayments, or similar charges, but does not include premiums.

- Sometimes called “Out-of-Pocket Limit”

最高自付額

在醫保開始百分之百支付承保醫療福利前，個人在受保期間（通常為一年）支付的最高金額。這項金額通常包括先付額、共同保險、共付金或類似的費用，但不包括保費。

- 有時被稱為“Out-of-Pocket Limit”

Penalty

A fee that a person may have to pay if they do not have minimum essential coverage. The fee will increase every year.

罰款

沒有最低基本醫保的人士可能要支付的費用。該費用將逐年增加。

Pending	A health plan application that is awaiting approval.
待定	醫保申請正等候批准。
Pre-Authorization	Requirement that a health plan approve health care service, treatment plan, prescription drug, or medical equipment before it is received. Example: a person broke their foot and needs pre-authorization from their health plan to rent a wheelchair. <ul style="list-style-type: none"> ○ Sometimes called “Prior Authorization,” “Prior Approval,” or “Precertification.”
預先批准	規定病人在接受治療前，醫保計劃必須批准有關醫療保健服務、治療方案、處方藥或醫療設備。例如：一個人摔斷腳，必須從醫保計劃取得預先批准才可租用輪椅。 <ul style="list-style-type: none"> • 有時被稱為“Prior Authorization,” “Prior Approval,” or “Precertification.”
Pre-existing Medical Condition	Any physical or mental health problem, including disabilities, a person had before the start of new health coverage. The ACA prohibits any health plan from refusing coverage because of a pre-existing medical condition.
已存在的疾病	在新醫保開始生效前就有的任何身體或精神健康問題，包括殘疾。ACA禁止醫保因投保前已存在的疾病而拒絕承保。
Preferred Provider Organization (PPO)	A type of health plan that contracts with doctors and hospitals to create a network of providers. Fees decrease when a person uses doctors and hospitals in the plan’s network, but if providers are used outside the network there can be an additional cost.
首選醫護人員組織 (PPO)	這種醫保與醫生和醫院合作建立一個醫療服務提供者的網絡。如果病人使用醫保網絡內的醫生和醫院，費用會降低。但如果使用網絡外的醫療服務提供者，可能要支付額外費用。
Premium	A set amount of money paid to health plan companies for coverage. This amount that is often charged on a monthly basis.
保費	支付給醫療保險公司以參保的特定金額。這金額通常是每月收取的。
Prescription drugs or medications	Drugs available only through a written order from a doctor or dentist to a pharmacist. A health plan will help pay for the drugs in their formulary.
處方藥	只能通過醫生或牙醫寫給藥劑師的書面指令才能獲得的藥物。醫保計劃會協助支付他們處方列表內的藥物。

Primary Care	Treatment received from a family doctor when sick, hurt (but is not an emergency) or seeking preventive care. Examples: vaccinations, physical exams.
基礎保健	當個人生病，或受傷(但不緊急) 或尋求預防性保健時，由家庭醫生提供的治療服務。例如：注射預防針、體檢。
Primary Care Provider	A family doctor or other health care professional a person sees for regular visits. They are responsible for referring to specialists for a specific condition (<i>example: cancer, physical therapy</i>) and will help to arrange care for all other health care providers.
主治醫生	病人定期去看的家庭醫生或其他醫療專業人士。他們負責把病人因特定情況需到專科醫生（如：癌症，物理治療），並協助安排其他醫療服務提供者的照護。
Qualified Health Plan (QHP)	A health plan the a Marketplace guarantees to provide necessary health benefits, follow established limits on cost sharing, and meet other requirements.
合資格醫保計劃(QHP)	獲得Marketplace認可的醫保計劃，保證會提供所需的醫療福利，按照已定分擔費用的限額及滿足其他需求。
Race	Refers to a group of genetically related people who share certain physical characteristics. Federal agencies must provide a minimum of 7 race categories including: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander, Some Other Race, and Two or More Races.
種族	指一群有相關基因，並有某些共同身體特徵的人。聯邦機構必須提供至少7種族類別，包括：白人、黑人或非裔美國人、美洲印第安人或阿拉斯加原住民、亞裔，以及夏威夷原住民或其他太平洋島民，一些其他種族，以及兩個或多個種族。
Reconciliation	A process that occurs if a tax credit is paid in advance and there is a change in ability to receive over the course of the year. Example: a change in household income is higher or lower than calculated, or household size changes the final tax credit may be greater or lesser than the amount already paid. If so, the difference must be paid or refunded.
對帳	如已提前支付抵稅額，而在一年內符合抵稅額的條件的情況。例如：家庭收入的改變高於或低於原本計算出的數額，或因為家庭人數的改變，最終的抵稅可能比已支付的金額較高或較低。如果是這樣，必須支付差額或退稅。

Referral	A written order from a primary care provider a person needs (in most HMOs) for a person to see a specialist or to get certain medical services. The health plan may not pay, if the services do not have a referral.
轉介	(在大部分 HMOs) 家庭醫生必須提供書面信，病人才可看專科醫生或獲得某些醫療服務。如果沒有轉介信，醫療保險計劃有可能不支付有關服務。
Renewal	At the end of each year of coverage, a health plan member is asked to update their information and to continue coverage. This process may be automatic, but the plan can be changed if needed. Ability to receive coverage may change depending on income and family size.
續期	在每年受保的年底，醫保計劃會員會被要求更新他們的資料，並繼續參保。這個過程可以是自動的，但如有需要，該計劃是可以改變的。根據收入和家庭大小，接受的承保範圍可能會改變。
Required Documents	Documents necessary to enroll into a health plan. Example: proof of residency, driver's license, proof of citizenship status or birth certificate, proof of income, and paycheck stub.
所需文件	參保醫療保險計劃時必須提交的文件。例如：居住證明、駕駛執照、公民身份證明或出生證明、收入證明，以及工資存根。
Seasonal/Migrant Worker	A person who works and has income during certain seasons of the year. <i>Example: farmworkers, construction workers, fishermen, etc.</i>
季節性／遷移的工人	一年中因某些季節有工作並賺取收入的人。例如：農場工人、建築工人、漁民等。
Self-Employment	Any person who owns a business or works for themselves. <i>Example: independent contractor, store owner, etc.</i>
自僱人士	任何有自己生意或為自己工作的人。 例如：獨立承包商、商店老闆等。

Small Business Health Options Program (SHOP)

Program that offers new health plan choices to small businesses and their employees. The program is specifically for employers with 50 or fewer eligible employees to give them opportunities to offer health plans.

小型企業醫保選擇項目 (SHOP)

提供醫療計劃給小型企業及其僱員的項目。這項目是特別為擁有50名或以下合資格的員工的合資格雇主，以讓他們有提供醫療計劃的機會。

Social Security

A government program that gives financial benefits to retired, disabled people, their spouses, and their dependent children based on their reported income.

Social Security(no highlight in English)

根據申報的收入，提供經濟福利給已退休、殘疾人士、其配偶和從屬子女的一項政府計劃。

Social Security Number (SSN)

The nine-digit identification number issued by the Social Security Administration, used to track individuals for social security purposes. It has become a national label for tax purposes and is associated with employment records. Every number is unique and is connected to a social security account. This number is printed on a Social Security Card issued to U.S. citizens, legal permanent residents, and temporary working residents.

Social Security 號碼 (SSN)

由social security局發出的九個數位識別碼，用以追蹤個人行徑以保障社會安全。它已成為全國交稅用途的標籤，並與就業記錄相連。每個數字都是獨特的，並連接到social security賬戶。該號碼被印在Social Security Card，發給U.S. citizens, legal permanent residents, 及 temporary working residents。

Spouse

A person recognized as a legally married (including same-sex couples) partner is referred to as a spouse. Spouses have different tax filing options including married filing jointly or married filing separately, but in order to qualify for APTC, must file jointly.

配偶

一個公認合法結婚（包括同性伴侶）的伴侶被稱為配偶。配偶有不同的報稅方法，包括已婚合併申報或已婚各別申報，但為了有資格獲得APTC，必須合併申報。

Summary of Benefits and Coverage

An easy-to-read, document that compares the costs and coverage between health plans.

福利及受保範圍摘要

一份易讀的文件用來比較各個醫保計劃的價格及承保範圍。

Supplemental Security Income (SSI)	<p>A monthly payment by the Social Security Administration to people who are disabled, blind, 65 or older and have limited income and resources.</p> <p>SSI payments are not the same as social security retirement or disability benefits in that the recipients do not have to meet the criteria of paying into the social security system through social security taxes.</p>
社會安全補助金(SSA)	<p>社會安全局每月支付給有殘疾、失明、65歲或以上，及收入和資源有限人士的補助金。</p> <p>SSI 補助金跟social security退休或殘疾福利不同之處在於收款人不須符合透過social security稅供款到social security系統這條件。</p>
Verification	<p>The process of establishing the truth, accuracy, or validity of something.</p>
驗證	<p>確定某事物真實性、準確性，或有效性的過程。</p>

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Educate, Enroll, and Empower Asian Americans, Native Hawaiians, and Pacific Islanders