

Glossary

BadgerCare: Wisconsin's form of Medicaid which is a joint federal and state program that helps with medical costs for some people with limited income and resources.

Cost-Sharing Reduction: A discount that will lower the amount you have to pay out-of-pocket for deductibles, coinsurance and copayments. This is available to people at or below 250% of the Federal Poverty Level.

Exchange: Also called the Marketplace, the Exchange is a new way to find health insurance choices and find out if you can get help paying for insurance. You can find it at www.Healthcare.gov.

Federal Poverty Level: Income levels classified by the Department of Health and Human Services to determine a person's eligibility for benefits.

2014 Levels

Annual Income (Individuals)	Annual Income (Couple)	Annual Income (Family of 3)	Annual Income (Family of 4)
\$11,670 or less	\$15,730 or less	\$19,790 or less	\$23,850 or less

**Families with more than four members should add \$4,020 to annual income levels for each additional*

Medicaid: A joint federal and state program that helps with medical costs for some people with limited income and resources. In Wisconsin, this is called BadgerCare.

Medicare: The federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Minimum Essential Coverage: The type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. All plans on the Exchange must meet this requirement. To qualify, a health plan must include services in at least ten of the services below:

- ambulatory patient services
- chronic disease management
- emergency services
- hospitalization
- laboratory services
- maternity and newborn care
- mental health and substance use disorder services
- pediatric services, including oral and vision care
- prescription drugs

- preventive and wellness services
- rehabilitative and habilitative services and devices

Open Enrollment: A time when people can enroll in a health plan. This year, open enrollment is October 1, 2014-March 31, 2015. After this period, you cannot enroll in a health plan unless you have a life changing event or wait until the following year's open enrollment period.

Pre-existing condition: A medical condition a person had before your health coverage went into effect. This can include pregnancy and even gender.

Premium Tax Credits: Tax credits used to lower you're your health care costs. You can choose to use these in advance to help pay your monthly premium costs rather than when you file your federal tax return. These are available for anyone at or below 400% of the Federal Poverty Level.