**Health Connector Glossary**

**Actuarial Value (AV):** The percentage of total average costs for covered benefits that a plan will cover. For example, if a plan has an actuarial value of 70%, on average, you would be responsible for 30% of the costs of all covered benefits. However, you could be responsible for a higher or lower percentage of the total costs of covered services for the year, depending on your actual health care needs and the terms of your insurance policy.

**Advance Premium Tax Credit (APTC**)**:** The Affordable Care Act provides a tax credit to help consumers with income up to 400% FPL afford health coverage purchased through the Marketplace.

**Affordable Care Act (ACA):** The federal law that enacts comprehensive reforms for health insurance and requires the establishment of Marketplaces.

**[Catastrophic Health Plan:](https://www.mahealthconnector.org/glossary%22%20%5Cl%20%22fa77047ce933141fa)** Health plans that meet all of the requirements applicable to other Qualified Health Plans (QHPs) but that don’t cover any benefits other than 3 primary care visits per year before the plan’s deductible is met. The premium amount you pay each month for health care is generally lower than for other QHPs, but the out-of-pocket costs for deductibles, co-payments, and co-insurance are generally higher. To qualify for a catastrophic plan, you must be under 30 years old OR get a federal “hardship exemption” because the Marketplace determined that you’re unable to afford health coverage.

 **Co-payment:** A flat amount that you must pay for medical service, usually at the time the service is delivered.

**ConnectorCare Plan:** A Massachusetts program that supplements federal subsidies with state-funded premium and cost-sharing assistance to further strengthen affordability of coverage for individuals and families with incomes at or below 300% FPL.

**ConnectorCare Card to Culture:** A partnership between the Health Connector and Mass Cultural Council to provide discounted admissions to ConnectorCare members for art and cultural institutions starting January 1, 2020

**Cost-sharing:** The share of costs covered by your insurance that you pay out of your own pocket. This term generally includes deductibles, coinsurance, and co-payments, or similar charges, but it doesn’t include premiums, balance billing amounts for non-network providers, or the cost of non-covered services. Cost sharing in Medicaid and CHIP also includes premiums.

**Dependent:** Legal spouse or children by birth, adoption, or legal guardianship who are eligible for benefits under your insurance policy.

**Eligibility Determination:** An assessment to determine if someone meets requirements and qualifies for a federal or state benefit.

**Enrollee:** Eligible individuals, eligible employees and eligible dependents enrolled in a QHP and entitled to coverage thereunder.

**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 your eligibility for certain programs and benefits.

**Health Connector for Business:** Health Connector for Business is a one-stop shopping solution for small businesses (with 50 or fewer employees) and brokers looking for affordable, high-quality health and dental insurance.

**In-network:** In network providers contract with health insurance plans to provide care at a lower rate. If you go to an in-network care provider, your out-of-pocket costs will be lower.

**Minimum Creditable Coverage (MCC):** is the package of essential benefits you need to be considered insured and avoid tax penalties in Massachusetts. Health insurers licensed in Massachusetts must let consumers know if their plans meet these standards. Look for a notice on the front of your plan documents. All plans sold in the Health Exchange are Minimum Creditable Coverage. Learn more about MCC

**Minimum Essential Coverage (MEC):** The type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage. To avoid the penalty for being uncovered you must have insurance that qualifies as minimum essential coverage.

**Non-Group:** Individual health insurance.

**Open Enrollment Period (OE):** The period during which an eligible individual may enroll in health benefit coverage through the Health Connector.

**Premium:** A monthly payment made by, or on behalf of, a covered person to purchase and maintain a health benefit plan, regardless of whether the covered person uses health care services or not.

**Qualified Dental Plan (QDP**)**:** A dental plan that is certified by the Health Connector as meeting certain standards regarding quality, value, and coverage and is offered through the Marketplace.

**Qualified Health Plan (QHP):** A health plan that is certified by the Health Connector as meeting certain standards regarding quality, value, and coverage and is offered through the Marketplace.

**Qualifying Event:** A change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your family size (for example, if you marry, divorce, or have a baby) and gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder.

**Small group:** Small-group health insurance is medical insurance geared toward businesses with 50 or fewer full-time equivalent employees.

**Subscriber:** The person responsible for making premium payments or whose employment makes him or her eligible for membership in an HMO or other health plan.

**Special Enrollment Period (SEP):** A period during which a qualified individual or enrollee who experiences certain triggering events may enroll in, or change enrollment in, a QHP through the Health Connector outside of the Open Enrollment Period.

**Walk-In Center:** Health Connector members can visit one of our 4 walk-in centers to complete a new application, make changes to their existing Health Connector account, plus bring copies of verification documents, get help shopping for health and dental plans and drop off a payment (paper checks or money orders, only). Health Connector Walk-In Centers are located in Boston, Worcester, Brockton and Springfield.