

## Adobe HCR Glossary Terms

**Actuarial value:** The average worth of a health plan to a person.

**Affordable Care Act (ACA):** A law passed in March 2010. Also called the health care reform law and Obamacare. It contains hundreds of provisions, but most importantly, it requires all Americans to have health insurance coverage, most employers to provide coverage, and changes the structure of insurance plans in terms of what they have to cover.

**Affordable coverage:** The amount you pay for health care must meet very specific rules. First, your plan must pay for at least 60% of a group of health care services, also known as minimum essential coverage. Second, your premium for single coverage (not the cost to cover your family—that's important) cannot be more than 9.5% of your total household income.

**Essential health benefits:** A list of health services that all plans must cover. Essential benefits include (but are not limited to) emergency care, prescription drugs, maternity and newborn care, mental health and substance abuse services, preventive and wellness care and pediatric services including dental and vision care. Our plans help you pay for essential health benefits and other valuable medical services.

**Individual mandate:** Part of the Affordable Care Act that requires all Americans to have health insurance or pay a fine. The rule goes into effect January 1, 2014. There are specific rules about what kind of plan you're required to have, whether or not you can get help paying for your plan and the fine for not having one.

**Minimum essential coverage:** Your plan must help pay for at least 60% of a specific list of health care services, also called essential health benefits. This is also sometimes referred to as minimum essential value.

**Premium tax credit:** A cash advance to help cover part of the cost of health insurance through a state exchange. An American who does not have affordable coverage through their employer and has a total household income below 400% of the poverty level, is eligible for a premium tax credit. The credit amount is determined by family size, household income and the cost of plans in the individual's state exchanges. If you're benefits-eligible, you have access to affordable coverage through Adobe and therefore you're not eligible for a premium tax credit. If you're not eligible for Adobe benefits, you can learn more by visiting [healthcare.gov](http://healthcare.gov).

**Qualified health plan:** State exchanges must review and certify all plans sold in their marketplace. These are referred to as qualified health plans. All plans must cover the minimum essential benefits. Plans may have different features—like the amount of the deductible or the copay, but the overall value of the plan must equal one of the four standard levels of coverage:

- Bronze: benefits equal 60% of actuarial value
- Silver: benefits equal 70% of actuarial value
- Gold: benefits equal 80% actuarial value
- Platinum: benefits equal 90% of actuarial value

Lastly, a qualified health plan must also maintain a network of providers that has enough hospitals, doctors, mental health providers and other health care providers, and make sure that all services are "accessible without reasonable delay."

**State exchange:** A marketplace where people can shop for and purchase health insurance online. Think of a mall, but where all the stores sell health care.

**Subsidy:** See premium tax credit.