

Note: Some terms and definitions are from the *Benefits and Coverage Uniform Glossary* by Centers of Medicaid and Medicare Services (See: <http://www.cms.gov/ccio/Resources/forms-reports-and-other-resources/index.html#Summary%20of%20Benefits%20and%20Coverage%20and%20Uniform%20Glossary>).

#	English	Spanish Translation	Definition
1.	Affordable Care Act (ACA) <i>Syn. Health Care Reform;</i> Obamacare	Ley del Cuidado de la Salud (ACA); Ley de Cuidado de Salud a Bajo Precio (ACA) (<i>de healthcare.gov</i>) <i>Syn. Reforma del Cuidado de la Salud;</i> Obamacare	The comprehensive federal health care reform law enacted in March 2010.
2.	Health Insurance	Seguro médico; aseguranza (<i>común en Estados Unidos en de la comunidad mexicana/oeste del país</i>)	A contract that requires an individual's health insurer to pay some or all of their health care costs in exchange for a premium.
3.	Health Insurance Marketplace <i>Syn. Exchange</i>	Mercado de seguros médicos <i>Syn. Intercambio</i>	State- or federally run and regulated market where an individual can shop, compare, and buy health care coverage.
4.	Eligibility requirements	Requisitos de elegibilidad	Conditions that must be met in order for an individual or group to be considered eligible for insurance coverage.
5.	Open enrollment (period)	(Período de) inscripción abierta	A period of time each year when an individual can purchase or change health coverage.
6.	Medicaid	Medicaid	Health insurance provided by the government to some low-income people, families and children, pregnant women, the elderly, and people with disabilities. In some states the program covers all adults below a certain income level. Medicaid programs must follow federal guidelines, but coverage and costs may be different from state to state.
7.	Children's Health Insurance Program (CHIP)	Plan de Seguro Médico para Niños (CHIP)	Health insurance provided by the government to children in families that earn too much money to qualify for Medicaid. In some states, CHIP covers parents and pregnant women. Each state works closely with its state Medicaid program. In many cases, if an individual qualifies for Medicaid your children will qualify for either Medicaid or CHIP.
8.	Medicare	Medicare	A federal health insurance program, administered by the Social Security Administration, that provides health care for most people over 65 and certain other eligible individuals.
9.	Health plan	Plan médico	A benefit an individual's employer, union or other group sponsor provides to that individual to pay for their health care services.

10.	Secondary coverage	Cobertura secundaria	When a person is covered under more than one health insurance plan, this term describes the health insurance plan that provides payment on claims after the primary coverage (i.e. main plan).
11.	Managed care	Cuidado administrado Atención administrada	A general term used to describe a variety of health care and health insurance systems that attempt to guide a patient's use of benefits, typically by requiring that a patient coordinate his or her health care through a primary care physician, or by encouraging the use of a specific network of healthcare providers. The management of health care is intended to keep costs -and monthly premiums- as low as possible. Examples of managed care plans include: <ul style="list-style-type: none"> • Health maintenance organizations (HMOs), • Preferred provider organizations (PPOs), • Exclusive provider organizations (EPOs), and • Point of service plans (POSs).
12.	Premium	Prima	The amount that must be paid for an individual's health insurance or plan. The individual and/or their employer usually pay it monthly, quarterly or yearly.
13.	Dependent	Dependiente	A spouse, child, or domestic partner who is covered under a policyholder or subscriber's plan, depending on applicable law and the plan's terms and conditions.
14.	Covered services	Servicios cubiertos	Health care services that are included in and paid for by an individual's health insurance or plan.
15.	Excluded services	Servicios excluidos	Health care services that an individual's health insurance or plan doesn't pay for or cover.
16.	Pre-existing condition	Condición preexistente Problema preexistente Trastorno preexistente	A medical condition that a person has before being enrolled in a health plan.
17.	Service area	Área de servicio área de cobertura	The geographic area in which a health insurance plan's benefits are made available. Some health insurance plans will not provide coverage outside of a plan's service area.
18.	Network	Red (de cobertura)	The facilities, providers and suppliers an individual's health insurer or plan has contracted with to provide health care services.
19.	Provider	Proveedor	A physician (M.D.– Medical Doctor or D.O.– Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.
20.	Primary Care Provider/ Physician (PCP)	Proveedor de atención primaria (PCP); Proveedor principal de atención a la salud (PCP); médico de cabecera; médico principal	A physician (M.D. – Medical Doctor or D.O.– Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.



21.	Specialist	Especialista	A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.
22.	Preferred provider	Proveedor preferido (<i>de healthcare.gov</i>); proveedor preferente (<i>también usado</i>)	A provider who has a contract with an individual's health insurer or plan to provide services to them at a discount. Health insurance plans can have a "tiered" network, meaning the individual must pay extra to see some non-preferred providers.
23.	Participating provider	Proveedor participante	Generally, this term is used in a sense synonymous with Network Provider. However, not all healthcare providers contract with health insurance companies at the same level. Some providers contracting with insurers at lower levels may sometimes be referred to as "participating providers" as opposed to "preferred providers."
24.	Non-preferred provider	Provedor no preferido	A provider who doesn't have a contract with an individual's health insurer or plan to provide them with services. The individual pays more to see a non-preferred provider.
25.	Cost share	Costo compartido	The portion of charges for a service or prescription that an individual is responsible for paying, such as a copayment, coinsurance, or deductible payment.
26.	Co-insurance	Coseguro	An individual's share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. The individual pays co-insurance plus any owed deductibles.
27.	Co-payment	Copago	A fixed amount (for example, \$15) an individual pays for a covered health care service, usually when they receive the service. The amount can vary by the type of covered health care service.
28.	Deductible	Deducible	The amount an individual owes for health care services their health insurance or plan covers before the individual's health insurance or plan begins to pay. For example, if an individual's deductible is \$1000, their plan won't pay anything until they've met their \$1000 deductible for covered health care services subject to the deductible.
29.	Allowed amount <i>Syn. Eligible expense;</i> Payment allowance; Negotiated rate	Cantidad aprobada; Monto permitido <i>Syn. Gasto elegible;</i> Subsidio de pago; Tarifa negociada/ Costo negociado	Maximum amount on which payment is based for covered health care services. If the individual's provider charges more than the allowed amount, the insured may have to pay the difference.
30.	Usual, Customary, Reasonable (UCR) charge	Cargo Usual, Acostumbrado, y Razonable (UCR)	The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.
31.	Balance billing	Saldo facturado	When a provider bills an individual for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill the individual for the remaining \$30.



32.	Out-of-pocket costs	Gastos de su bolsillo	Any amounts an individual pays for covered services, not including their monthly premiums.
33.	Out-of-pocket limit <i>Syn. Out-of-pocket maximum</i>	Límite de gastos de su bolsillo <i>Syn. Máximo de gastos de su bolsillo</i>	The most an individual pays during a policy period (usually a year) before their health insurance or plan begins to pay 100% of the allowed amount. This limit never includes the premium, balance-billed charges or health care the individual's health insurance or plan doesn't cover.
34.	In-network payments	Pagos a proveedores dentro de la red	Payments (co-insurance, co-payment) for covered health care services to providers who contract with an individual's health insurance or plan.
35.	Out-of-network payments	Pagos a proveedores fuera de la red	Payments (co-insurance, co-payment) for covered health care services to providers who do not contract with an individual's health insurance or plan. Out-of-network payments are usually high than in-network ones.
36.	Medically necessary	Clínicamente necesario; Médicamente necesario; Necesario por razones médicas (<i>de healthcare.gov</i>)	Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.
37.	Preauthorization <i>Syn. Prior authorization; prior approval; precertification</i>	Preautorizado <i>Syn. Autorizado previamente</i> Certificado previamente	A decision by an individual's patient's health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. The health insurance or plan may require preauthorization for certain services before the individual receives them, except in an emergency. Preauthorization isn't a promise an individual's health insurance or plan will cover the cost.
38.	Grievance	Queja	A complaint that an individual communicates to their health insurer or plan.
39.	Appeal	Apelación	A request by an individual to their health insurer or plan to review a decision or a grievance again.
40.	Physician services	Servicios médicos; Servicios del médico	Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.
41.	Ambulatory care	Cuidado ambulatorio; Cuidado a pacientes ambulatorios; Atención ambulatoria	Medical care provided on an outpatient basis which may include diagnosis, certain forms of treatment, surgery and rehabilitation.
42.	Hospitalization	Hospitalización; Internación	Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.
43.	Hospital Outpatient Care	Cuidado hospitalario a pacientes externos; Atención ambulatoria en el hospital;	Care in a hospital that usually doesn't require an overnight stay.



		Atención a pacientes ambulatorios en el hospital	
44.	Prescription drug coverage	Cobertura de las recetas médicas [<i>de healthcare.gov</i>]; Cobertura de medicinas con receta médica; Cobertura de medicamentos despachados con receta	Health insurance or plan that helps pay for drugs and medications that by law require prescription.
45.	Emergency medical condition	Condición/enfermedad médica de emergencia; Problema médico de emergencia	An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.
46.	Emergency room care	Cuidado de emergencias; Servicios de la sala de emergencias Atención en la sala de emergencias	Emergency services an individual gets in an emergency room, i.e. Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.
47.	Emergency medical transportation	Trasporte médico de emergencia; Traslado por emergencia médica	Ambulance services for an emergency medical condition.
48.	Urgent care	Cuidado urgente; Servicio de urgencias	Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.
49.	Chronic disease management	Manejo/ Gestión de enfermedades crónicas	Health care provided to patients with chronic conditions such as diabetes, asthma, heart disease, depression, etc.
50.	Long-term care	Servicios de atención a largo plazo; Cuidado a largo plazo; Atención a largo plazo	Care provided on a continuing basis for the chronically ill or disabled. Long-term care may be provided on an inpatient basis (at a long-term care facility) or in the home setting.
51.	Nursing home	Centro/Casa de convalecencia; Casa de convalecencia; Asilo de ancianos; residencia de personas mayores	A licensed facility which provides general nursing care to those who are chronically ill or who require constant supervision and assistance with the needs of daily living.
52.	Palliative care	Cuidado paliativo	Specialized medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.
53.	Preventive care Syn. Preventive & wellness services	Cuidado preventivo Syn. Servicios preventivos y de bienestar general	Health services provided to prevent diseases (or injuries) rather than curing them or treating their symptoms. Examples include routine examinations and immunizations.



54.	Annual physical examination <i>Syn. Routine physical; Annual check-up</i>	Examen médico anual; Revisión médica anual <i>Syn. Examen físico de rutina; Chequeo anual</i>	A yearly medical examination by a physician or nurse practitioner to determine the state of a person's health, identify risk factors for disease, and devise strategies for disease prevention.
55.	Maternity and newborn care	Cuidado prenatal y del recién nacido; Atención médica del embarazo y recién nacidos	Health care for pregnant women and newborns.
56.	Mental health services <i>Syn. Behavioral health services</i>	Servicios de salud mental <i>Syn. Servicios de salud conductual</i>	Care provided for people with mental illnesses and those who are at-risk.
57.	Substance use disorder services	Servicios para trastornos del uso de sustancias; Servicios para trastornos de adicción; Servicios para el abuso de sustancias	Care provided to people with addictions and substance use problems.
58.	Home health care	Atención a la salud en el hogar; Cuidados de salud en el hogar	Health care services a person receives at home.
59.	Skilled nursing care	Cuidados de enfermería especializada; Atención de enfermería especializada	Services from licensed nurses in an individual's own home or in a nursing home. Skilled care services are from technicians and therapists in their own home or in a nursing home.
60.	Rehabilitation services	Servicios de rehabilitación	Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.
61.	Habilitation services	Servicios para recuperar sus habilidades [<i>de healthcare.gov</i>]	Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.
62.	Physical therapy	Terapia física; Fisioterapia	A form of rehabilitative care that uses specially designed exercises and equipment to help patients regain or improve their physical abilities such as walking, the use of limbs, etc.
63.	Occupational therapy	Terapia ocupacional	A form of therapy for those recuperating from physical or mental illness that encourages rehabilitation through the performance of activities required in daily life.
64.	Speech-language pathology	Logopedia; Patología del habla- y lenguaje	A form of therapy for the improvement or cure of communication disorders, including speech, language, and swallowing disorders.



65.	Hospice services	Servicios para pacientes terminales; Servicios de hospicio	Services to provide comfort and support for persons in the last stages of a terminal illness and their families.
66.	Respite care	Servicio de relevo en el cuidado del paciente	Normally associated with hospice care, this service is often made available for family members of a patient, providing the patient's primary caretaker with a break or respite from caring for the patient. Respite care may be provided for the patient in either the home or a nursing home setting.
67.	Durable Medical Equipment (DME)	Equipo médico duradero (DME)	Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.
68.	Ancillary services	Servicios auxiliares	Supplemental healthcare services such as laboratory work, x-rays or physical therapy that are provided in conjunction with medical or hospital care.

