**BRANCHES OF OUR HEALTHCARE SYSTEM:**

* Patients
* Providers
* Purchasers
* Payers
* Policymakers

**GROSS DOMESTIC PRODUCT:** The total value of goods and services provided in a country in one year

UNIVERSAL HEALTH CARE: A health care system in which all residents of a particular country or region are assured access to health care without financial hardship. Also known as national health insurance

**SINGLE PAYER SYSTEM:** A type of universal healthcare in which the costs of essential healthcare for all residents are covered by a single public system

AFFORDABLE CARE ACT (ACA): The name for the comprehensive health care reform of March 2010, which addresses health insurance coverage, health care costs, and preventative care

MEDICARE FOR ALL: A proposed expansion to Medicare where all citizens would be on a health insurance program provided through the federal government

MEDICAID VS. MEDICARE: Medicaid is a state and federal program that provides health coverage for very low-income individuals whereas Medicare is a federal program that provides health coverage if you are 65+ or under 65 and have a disability

ACCESS: The ability of an individual to obtain health care services when needed regardless of having health insurance

NETWORK: A group of medical providers that are contracted with a specific insurance company for highest payment levels

PAY FOR PERFORMANCE: The idea that providers should be paid for medical services based on the quality of the service which they provide

MANAGED CARE ORGANIZATION (MCO): A general term that refers to health plans that attempt to control the cost and quality of care by coordinating medical and other health-related services

**HEALTH MAINTENANCE ORGANIZATION (HMO):** A health insurance organization to which subscribers pay a predetermined fee in return for a range of medical services from physicians and healthcare workers registered with the organization

PREFERRED PROVIDER ORGANIZATION (PPO): A medical care arrangement in which medical professionals and facilities provide services to subscribed clients at reduced rates

**CO-INSURANCE:** Your share of the costs of a covered health care service, calculated as a percent

BENEFITS: The money the insurance company pays a provider for medical services if you become ill or injured

COVERAGE: The conditions for which the insurance company will pay for medical services

DEDUCTIBLE: The amount that you must pay annually before benefits will be paid by the insurance company

PREMIUM: The price you pay for your insurance policy

CLAIM: A request by you for payment by the insurance company for medical expenses covered by your policy