

Healthcare Reform Glossary

Many healthcare reform terms have different meanings for different people. We are using the following definitions.

Universal Care - Everyone has access to essential care.

Single Payer - Expenses for comprehensive universal health care are paid by one publicly financed insurance plan.

Medicaid (MediCal) - A cooperative program between federal and state governments. Medicaid recipients must be very low-income U.S. citizens, qualified non-citizens, or people with certain disabilities. States have power to determine eligibility.

Medicare - The federal insurance program for American citizens 65 and older, funded by employees (paying for future Medicare through payroll taxes) and employers (paying for future employee benefits as a tax deductible business expense). Medicare covers some but not all essential medical services and only half its beneficiaries' healthcare expenses; the remainder is paid out-of-pocket. Beneficiaries can buy supplemental insurance from Medicare-approved private insurers to limit deductibles and cover dental and vision care and prescription drugs. (<https://www.medicare.gov> has information on Part A hospitalization insurance; Part B outpatient insurance; Part C Medicare Advantage; and Part D prescription drug coverage.)

Medicare Advantage ("Part C") - Plans offered by private insurance companies that profit by contracting with Medicare to provide Part A and B benefits. Most Medicare Advantage Plans also offer some prescription drug coverage.

Medicare-for-All - Term for a Medicare program that would cover everyone. Proposals differ in details. "Improved and expanded M4A" is often used as a synonym for Single Payer.

Affordable Care Act ("ObamaCare") - Reform enacted in 2010 to: (1) make commercial insurance affordable to more people by providing subsidies to households with incomes between 100% and 400% of the federal poverty level; (2) offer states the opportunity to expand Medicaid to cover those below 138% of the federal poverty level; and (3) support innovative care to lower costs generally. Cuts have threatened the program and some states have declined to expand Medicaid. The ACA has done little to constrain health care costs.

Public Option - A policy that would have public insurance compete more broadly with private health insurance without replacing it entirely.

For more on terminology, see:

[NPR](#)

[Ballotpedia](#)

[Milbank Quarterly](#)

[HealthCare.gov](#)