

RCW 43.71A.010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Advance premium tax credit" means the premium assistance amount determined in accordance with the affordable care act.

(2) "Affordable care act" means the federal patient protection and affordable care act, P.L. 111-148, as amended by the federal health care and education reconciliation act of 2010, P.L. 111-152, or federal regulations or guidance issued under the affordable care act.

(3) "Authority" means the Washington state health care authority.

(4) "COFA citizen" means a person who is a citizen of:

(a) The Republic of the Marshall Islands;

(b) The Federated States of Micronesia; or

(c) The Republic of Palau.

(5) "Health benefit exchange" or "exchange" means the Washington health benefit exchange established in chapter 43.71 RCW.

(6) "Income" means the modified adjusted gross income attributed to an individual for purposes of determining his or her eligibility for advance premium tax credits.

(7) "In-network provider" means a health care provider or group of providers that directly contracts with an insurer to provide health benefits covered by a health benefit plan offered by an insurer.

(8) "Open enrollment period" means the period during which a person may enroll in a qualified health plan.

(9) "Out-of-pocket costs" means copayments, coinsurance, deductibles, and other cost-sharing requirements imposed under a qualified health plan for services, pharmaceuticals, devices, and other health benefits that are covered by the plan and rendered by in-network providers.

(10) "Premium cost" means an individual's premium for a qualified health plan less the amount of the individual's advance premium tax credit.

(11) "Qualified health plan" means a health benefit plan sold through the health benefit exchange.

(12) "Resident" means a person who is domiciled in this state.

(13) "Special enrollment period" means a period during which a person who has not done so during the open enrollment period may enroll in a qualified health plan through the exchange if the person meets specified requirements. [2018 c 161 § 2.]