

Name: _____

Date: _____

ACA

A M I X E S M T C T A X P A Y E R
Z X E I S I U E D P H C W D K T M
I N G W S L M S E S F S R A F R A
S J A F E V I U J U M L E E D X R
U A R E N E N O C S E C Y E D O K
J F E X T R I P G H D S O C Y I E
I F V E I Y M S G Z I P L N T U T
E O O M A B T Y P T C P P A I P P
C R C P L V C L N E A T M V L I L
N D H T B I A E A Z I U E D I H A
A A B I L T D P D N D O P A B S C
R B R O I N R L P O E K C B I D E
U L P N E E O O C R S P R S G R Y
S E U P M G A B D B P M U E I A T
N M E I E R A C H T L A E H L H H
I D U N P G U E N R O L L M E N T
F M G L A L L O C A T I O N Z U X

eligibility

healthcare

coverage

taxpayer

bronze

slcsp

marketplace

dependent

employer

advance

credit

chip

affordable

essential

hardship

minimum

policy

gold

allocation

exemption

medicaid

penalty

silver

enrollment

insurance

platinum

premium

spouse