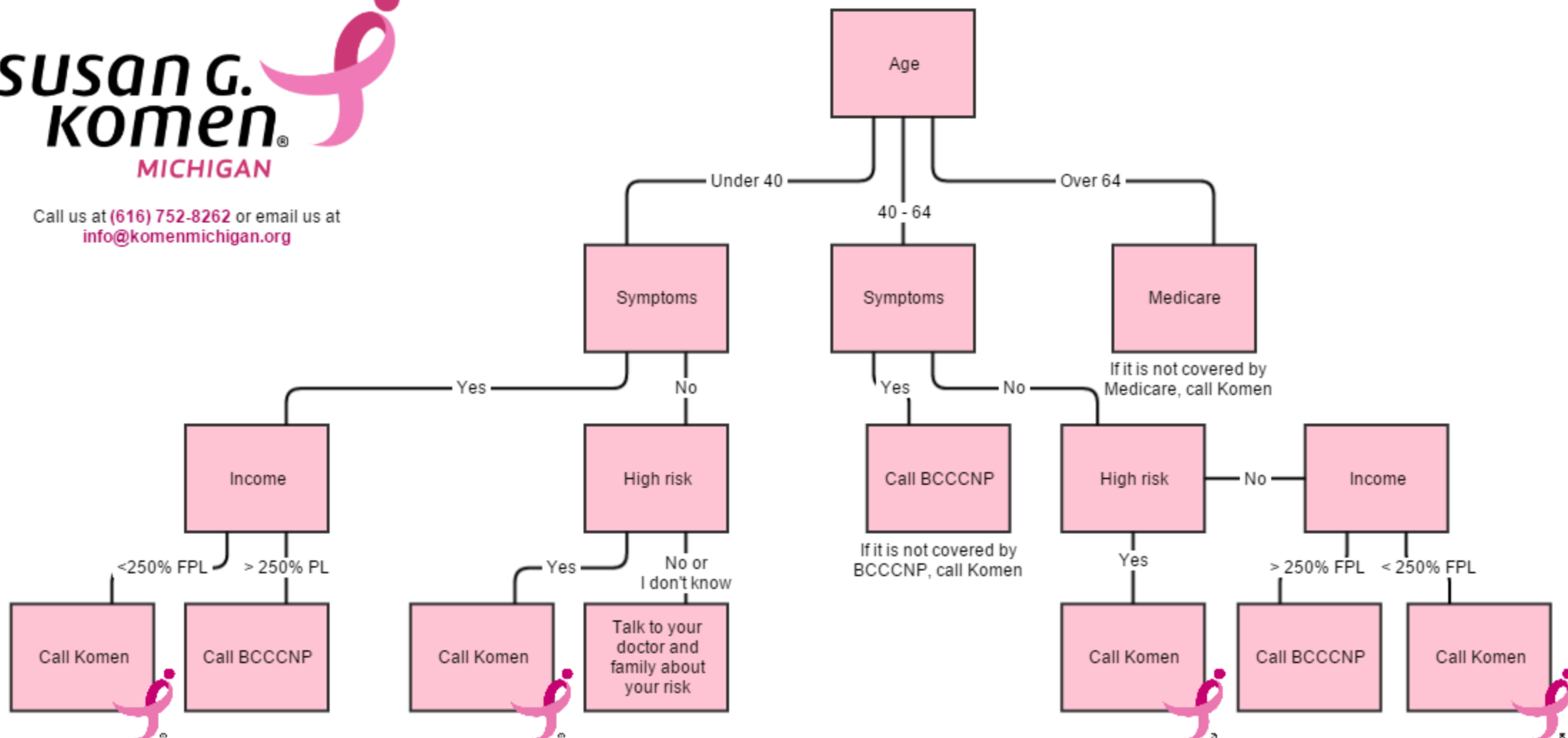




Call us at (616) 752-8262 or email us at [info@komenmichigan.org](mailto:info@komenmichigan.org)

When someone calls to find a mammogram...



GLOSSARY

**ACA (Affordable Care Act)** - Expands health insurance availability and, in some states, also expands Medicaid coverage to individuals previously without insurance.

**BCCCNP (Breast and Cervical Cancer Control Navigation Program)** - A program implemented by the Michigan Department of Health and Human Services dedicated to providing low-income women with access to life-saving cancer screening services and follow-up care. BCCCNP also assists patients with insurance navigation as required.

**Diagnostic Services** - Services performed as follow-up to an abnormal breast cancer screening result to confirm or rule out a cancer diagnosis.

**EOB (Explanation of Benefits)** - An explanation of the provider's charges that are eligible for benefits under your current insurance plan.

**FPL (Federal Poverty Level)** - The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities as determined by the Department of Health and Human Services. This level varies annually.

**High Deductible** - A large, pre-determined sum of money an insured person must pay annually before insurance covers their services.

**HMP (Healthy Michigan Plan)** - Michigan's plan for Medicaid Expansion.

**High Risk** - Whether or not you are high risk must be determined by your primary care physician based on family health history. If an individual is high risk, they may need to be screened earlier and more often than women at average risk.

**Medicare** - Federal health insurance program for people 65 years+ or for certain younger people with disabilities.

**Navigation** - The process of assisting individuals through the healthcare system to ensure they receive necessary clinical services.

BCCCNP CONTACT INFORMATION

Mid-Michigan: (517) 887-4364  
 Southwest Michigan: (269) 373-5383  
 West Michigan: (616) 632-7283

FEDERAL POVERTY LEVEL (FPL)\*

Updated annually. For current data, please visit [www.Healthcare.gov](http://www.Healthcare.gov)

Family Size	250% FPL
1	\$29,175
2	\$39,325
3	\$49,475
4	\$59,625
5	\$69,775
6	\$79,925