***Welcome to Stillman Translations preliminary onboarding assessment!***

*This assessment has 5 sections. Make sure to follow the instructions and complete all the information needed.*

*The goal of this request is to analyze your performance and your potential.*

*Breath in and out, and do your best. Hope we can count on you soon!*

**SECTION 1. INSTRUCTIONS**

Below you will find a special instruction for section 3:

\*Please make sure target text mirrors source format.

\*Normalize spaces.

**SECTION 2. GLOSSARY**

*In this section, you are required to complete this task:*

*\*Extract four terms (cells 1 to 4) from the text in Section 3 that you consider are worth being in the glossary.*

|  |  |  |
| --- | --- | --- |
|  | **Source** | **Target** |
| 1 | Employee Retirement Income Security Act of 1974 (ERISA) | La *Employee Retirement Income Security Act* de 1974 (Ley estadounidense para los ingresos de jubilación de los empleados, en adelante ERISA) |
| 2 | out-of-network | sin cobertura, que no cubre el seguro |
| 3 | in-network | con cobertura, que cubre el seguro |
| 4 | provider(s) | personal, profesional(es) |

**SECTION 3. TRANSLATION**

Please, add your sample translation below (between 300-500 words). Bear in mind this should be the best sample of your work!

|  |  |
| --- | --- |
| **Source** | **Target** |
| Covid-19 also creates unique affordability challenges related to surprise medical billing, which can occur when a patient receives treatment from an out-of-network physician at an in-network facility. Staffing shortages and triage protocols make it more likely that patients will be sent to out-of-network facilities or be seen by out-of-network providers when they cannot check providers’ network status. Furthermore, provider shortages may require providers to fill in care gaps for many conditions, not just Covid-19, expanding the potential for out-of-network care and surprise bills during this time. Though more than half the states offer some surprise-billing protections, policymakers should eliminate bills from out-of-network providers that exceed in-network cost-sharing limits for any medical treatment received during the public health emergency. While states should continue leading the way on Covid-19 policies, comprehensive protections demand federal intervention. The Employee Retirement Income Security Act of 1974 (ERISA) prohibits  State laws governing health insurance from applying to selfinsured employer plans, typically offered by large employers such as Apple, Intuit, and Microsoft. As a result, current state surprisebilling protections, cost-sharing prohibitions, and coverage mandates will not apply to nearly 60% of Americans with employersponsored health insurance (nearly  30% of the population). ERISA thus leaves millions of people unprotected by state health care reforms. Absent a federal response, states can avoid some ERISA entanglements by directly prohibiting providers from charging costsharing rates for Covid-19 treatment and from surprise billing, but historically this approach has been politically infeasible. Perhaps Covid-19 provides the necessary impetus for change. Never before has the interdependence of all our health, finances, and social fabric been so starkly visible. Never before has the need for health care reforms that ensure universal access to affordable care for all Americans been more apparent. Our policies on health and health care, both during this pandemic and in the future, should reflect this reality, and we should not let the lessons of this crisis pass us by. | La COVID-19 también supone verdaderos desafíos de asequibilidad en lo que se refiere a las facturas médicas sorpresa, que pueden aparecer cuando a un paciente lo trata un médico que no cubre el seguro en instalaciones que sí tienen cobertura. La escasez de personal y los protocolos de intervención hacen más probable que, cuando no pueden comprobarse las coberturas, a los pacientes se les traslade a instalaciones o los traten médicos que no cubre su seguro. Además, la escasez de personal para tratar muchas enfermedades (no solo la COVID-19), puede hacer necesario el servicio de profesionales que no cubra el seguro y aumentar, por lo tanto, la probabilidad de que haya facturas sorpresa durante este periodo. Aunque más de la mitad de estados ofrecen protección contra estas facturas sorpresa, los legisladores deberían eliminar aquellas que excedan el límite de costes compartidos que cubre el seguro por cualquier tratamiento médico recibido durante el estado de emergencia. Y aunque los estados deberían seguir marcando las pautas de actuación frente a la COVID-19, la intervención federal es necesaria para que haya una protección amplia. La *Employee Retirement Income Security Act* de 1974 (Ley estadounidense para los ingresos de jubilación de los empleados, en adelante ERISA) prohíbe que las leyes estatales sobre cobertura sanitaria se apliquen a los planes que normalmente ofrecen empresas autoaseguradas como Apple, Intuit y Microsoft. Como resultado, la protección contra facturas sorpresa, las prohibiciones en el reparto de costes y las exigencias de cobertura no se aplicarán a cerca del 60 % de estadounidenses cuyo seguro esté financiado por su empresa (casi el 30 % de la población). Por lo tanto, la ERISA deja sin la protección de las reformas sanitarias estatales a millones de personas. Ante la falta de una repuesta del Gobierno federal, los estados pueden esquivar las implicaciones de la ERISA y prohibir directamente tanto que los proveedores cobren por el reparto de costes de tratamiento contra la COVID-19 como que haya facturas sorpresa; una medida que, sin embargo, nunca ha sido políticamente factible. Quizás la COVID-19 es el impulso necesario para un cambio. La interdependencia de nuestros sistemas sanitario, financiero y social nunca había sido tan clara. Y nunca había sido tan aparente la necesidad de reformas sanitarias que garanticen el acceso universal de todos los estadounidenses a la asistencia sanitaria. Nuestras políticas de salud y atención médica, tanto durante la pandemia como en el futuro, deberían reflejar esta realidad, y no deberíamos ignorar las lecciones que nos está dando esta crisis. |

**SECTION 4. QUESTIONS AND COMMENTS**

We also need to check your capacity to spot potential issues beforehand.

In the table below, please list your questions and comments in relation with this test:

1. Challenging sections from the source text or sections you are unsure of should be copied or inserted into the **Source Text** column.

2. Write your translation in the **Target Text** column.

3. Doubts and comments should be written in English.

|  |  |  |
| --- | --- | --- |
| Source Text | Target Text | Question / Comment  (in English) |
| Employee Retirement Income Security Act of 1974 (ERISA) | La Employee Retirement Income Security Act de 1974 (Ley estadounidense para los ingresos de jubilación de los empleados, en adelante ERISA) | US legislative system has not specific equivalence in Spain, which makes explanations necessary |
| Americans | estadounidenses | Many authors refer to US people as "Americans". This needs to be clarified for Spanish readers in Spain. |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 5. REFERENCES**

In the table below, please list the reference material you have consulted to carry out this test.

1. Please introduce the **Reference source** (including publisher and full title as appropriate) in the first column.
2. Specify if your reference source is general or specific. If specific, clarify which term or section the reference covers.

|  |  |
| --- | --- |
| Reference Source | General / Specific (Term) |
| Cheng, K. et al. (2020). Wearing face masks in the community during the COVID-19 pandemic: altruism and solidarity. *The Lancet*. https://doi.org/https://doi.org/10.1016/S0140-6736(20)30918-1 | General |
|  |  |
|  |  |

Thanks!