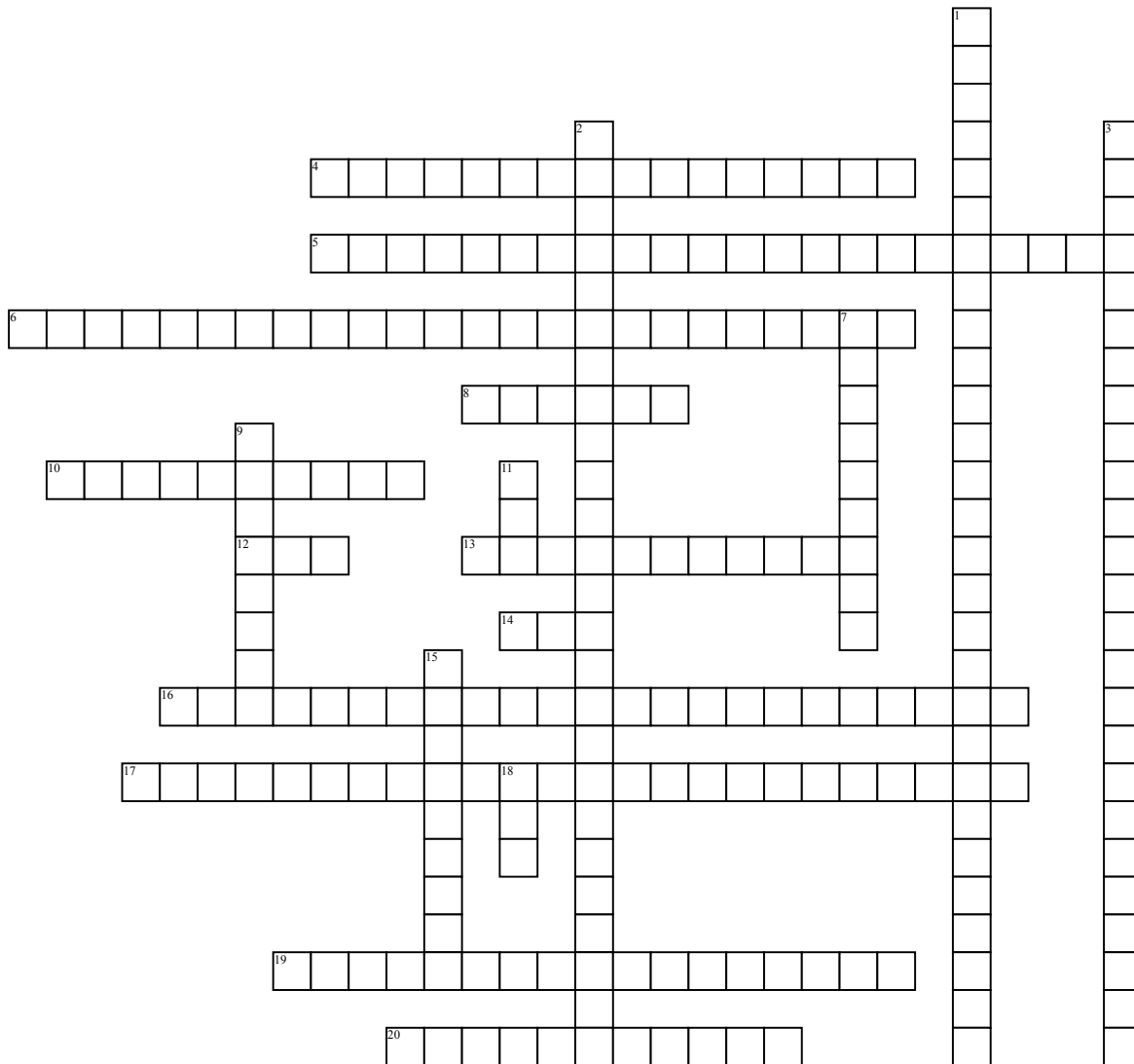


Name: _____

Date: _____

Exam #3



Across

4. These plans help pay some of the hospital and medical costs that Original Medicare doesn't cover, such as copayments, coinsurance, and yearly deductibles
5. is a practice used to ensure that insurance claims are not paid multiple times when someone is insured under multiple insurance
6. An insurance policy that provides coverage for the room and board and other basic expenses associated with a stay in a hospital.
8. principle of action adopted or proposed by a government, party, business, or individual
10. is the amount of expenses that must be paid out of pocket before an insurer will pay any expenses.
12. an organization providing approved health care under contract with an insurance agency
13. is the splitting or spreading of risk among multiple parties

14. is a hybrid health insurance plan in which a primary care provider is not necessary, but in which health care providers must be seen within a predetermined network
16. is also known as a reimbursement plan because the insurance reimburses the covered individual regardless of where or with whom the covered individual receives health care services from
17. is a type of insurance policy that helps cover medical fees involving operations
19. its insured value is less than 80% of its replacement value, when it suffers a loss, the insurance payout will be subject to the underreporting penalty
20. a system of health care in which patients agree to visit only certain doctors and hospitals, and in which the cost of treatment is monitored by a managing company.

Down

1. is a low cost, limited benefits plan designed to supplement regular health insurance

2. you can protect your financial health from a loss of income due to illness or injury
3. Coverage which provides benefits toward the cost of such services as doctor's fees for nonsurgical care in the hospital, at home or in a physician's office, and X-rays or laboratory tests performed outside the hospital
7. a fixed payment for a covered service, paid when an individual receives service
9. denoting or relating to an order to sell a security or commodity at a specified price in order to limit a loss
11. is an organization that provides or arranges managed care for health insurance, self-funded health care benefit plans, individuals, and other entities in the United States
15. A hospital expense plan that provides coverage for hospital treatment with some specific restrictions
18. It combines characteristics of the health maintenance organization (HMO) and the preferred provider organization (PPO).