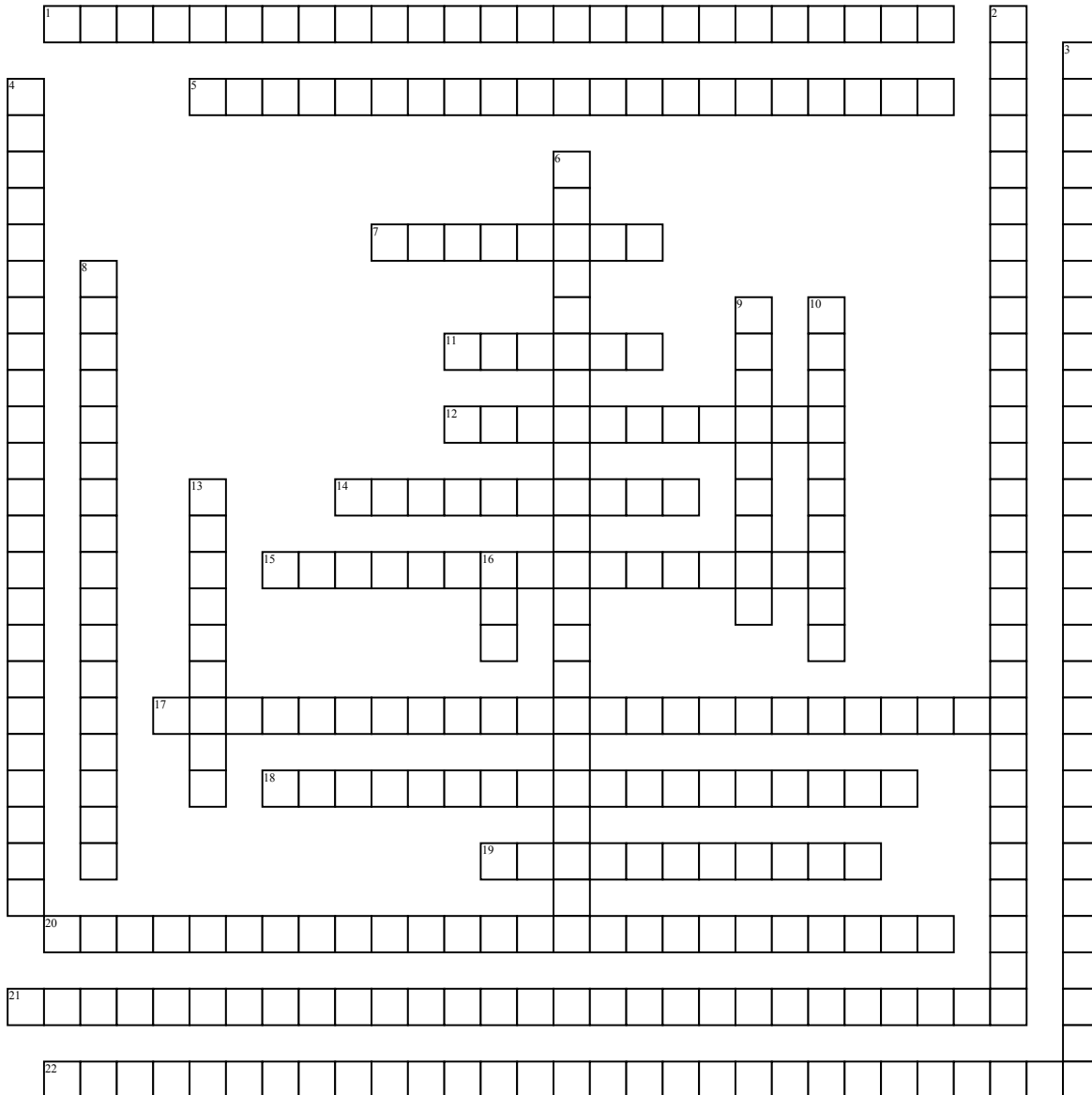


Name: _____

Date: _____

Exam #3



Across

1. you can protect your financial health from a loss of income due to illness or injury
5. insurance that pays for medical care in the event of a lengthy disability, especially at the end of life
7. relating to an order to sell a security or commodity at a specified price in order to limit a loss.
11. a course or principle of action adopted or proposed by a government, party, business, or individual
12. 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.
14. is the amount of expenses that must be paid out of pocket before an insurer will pay any expenses
15. is health insurance coverage provided by private companies designed to cover excess costs not covered by original Medicare
17. An insurance policy that provides coverage for the room and board and other basic expenses associated with a stay in a hospital

18. It combines characteristics of the health maintenance organization (HMO) and the preferred provider organization (PPO).

19. a type of insurance in which the insured pays a share of the payment made against a claim.

20. 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

21. A health insurance policy or 'rider'—extension to an insurance policy—that finances medical expenses incurred in injuries, catastrophic or prolonged illness, providing benefit payments above the base paid by the insurance company.

22. is a hybrid health insurance plan in which a primary care provider is not necessary

Down

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

3. an organization that provides or arranges managed care for health insurance, self-funded health care benefit plans, individuals, and other entities

4. 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.

6. is a practice used to ensure that insurance claims are not paid multiple times when someone is insured under multiple insurance plans

8. provides that property must be insured for a specific percentage, usually 80 percent of its actual cash value.

9. a payment made by a beneficiary (especially for health services) in addition to that made by an insurer

10. an independent nonprofit U.S. corporation that offers patient protection for costs of surgery and other medical services

13. A hospital expense plan that provides coverage for hospital treatment with some specific restrictions

16. A membership allows a substantial discount below the regularly charged rates of the designated professionals partnered with the organization.