

Name: _____

Date: _____

Health Insurance

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

provider

PPO

outpatient care

member

HIPAA

emergency

deductible

carrier

acute care

primary care

premium

out of pocket

medicare

Health Insurance

elective

covered services

benefits

preventative services

preexisting condition

open enrollment period

medicaid

HMO

cobra

coverage

ancillary services

premium cap

preauthorization

non-participating provider

in-patient

employer contribution

Diagnostic Related Groups

co-pay

ambulatory care