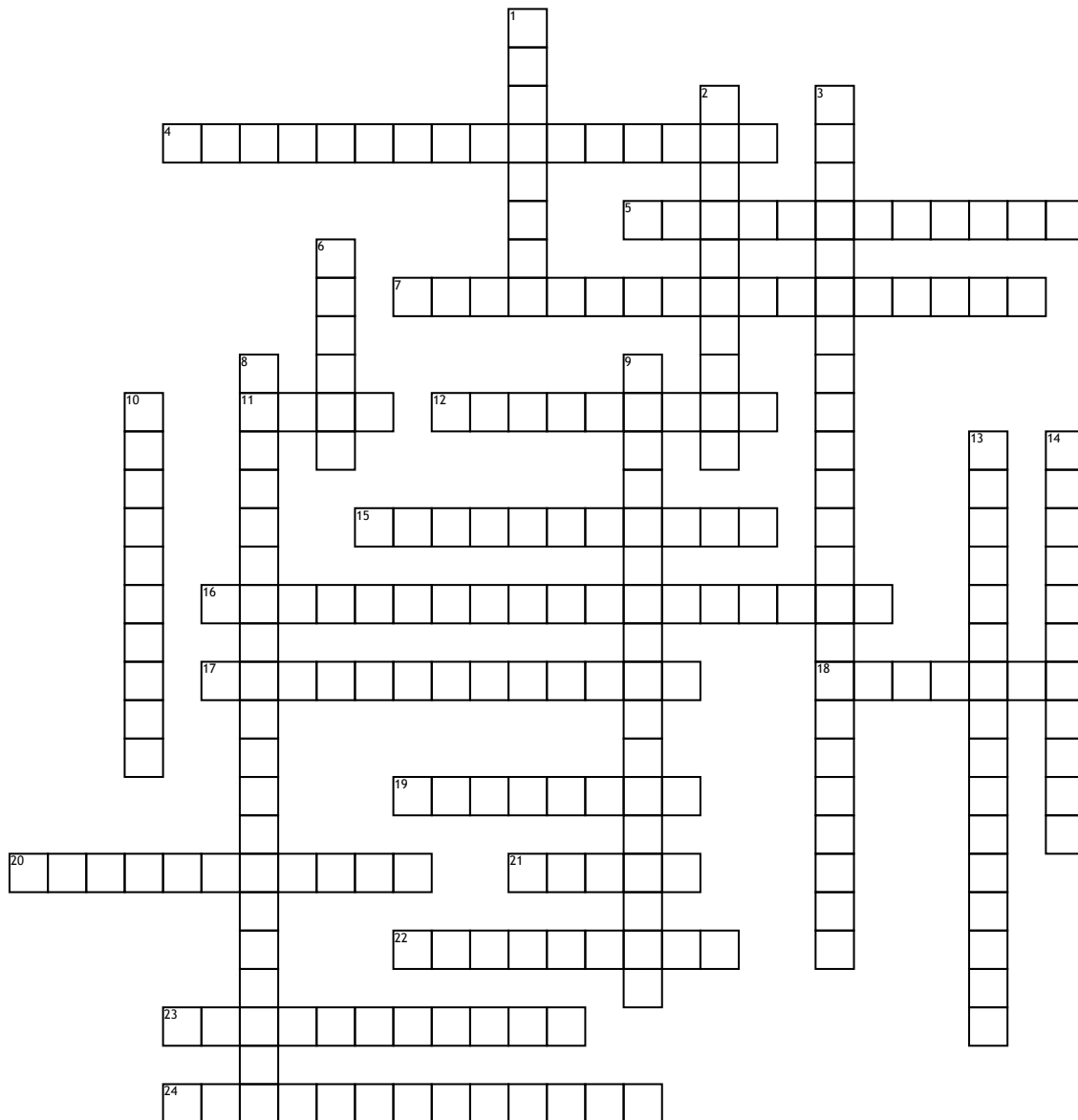


Name: _____

Date: _____

INSURANCE 101



Across

4. Health care services that your health insurance or plan doesn't pay for or cover.
5. Health insurance or plan that helps pay for prescription drugs and medications.
7. Drugs and medications that, by law, require a prescription
11. A benefit your employer, union or other group sponsor provides to you to pay for your health care services.
12. Most plans with Medicare prescription drug coverage (Part D) have a coverage gap (called a "donut hole").
15. A cap on the benefits your insurance company will pay in a year while you're enrolled in a health insurance plan.
16. Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.
17. The maximum amount a plan will pay for a covered health care service. May also be called "eligible expense," "payment allowance," or "negotiated rate."
18. The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services
19. A federal health insurance program for people 65 and older and certain younger people with disabilities. It also covers people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

20. A year of benefits coverage under an individual health insurance plan
21. A request for payment that you or your health care provider submits to your health insurer when you get items or services you think are covered
22. A fixed amount (\$20, for example) you pay for a covered health care service after you've paid your deductible
23. The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.
24. A program that helps pay for prescription drugs for people with Medicare who join a plan that includes Medicare prescription drug coverage. There are two ways to get Medicare prescription drug coverage: through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that includes drug coverage. These plans are offered by insurance companies and other private companies approved by Medicare.

Down

1. The health care items or services covered under a health insurance plan.
2. The amount you pay for covered health care services before your insurance plan starts to pay.
3. The percentage (for example, 40%) you pay of the allowed amount for covered health care services to providers who don't contract with your health insurance or plan

6. A request for your health insurance company or the Health Insurance Marketplace to review a decision that denies a benefit or payment. Authorized Representative: Someone who you choose to act on your behalf, like a family member or other trusted person.
8. The yearly period when people can enroll in a health insurance plan
9. Health care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.
10. A limit in a range of major life activities. This includes activities like seeing, hearing, walking and tasks like thinking and working.
13. The organization of your treatment across several health care providers
14. A health plan that contracts with doctors, hospitals, pharmacies, and other health care providers to provide members of the plan with services and supplies at a discounted price