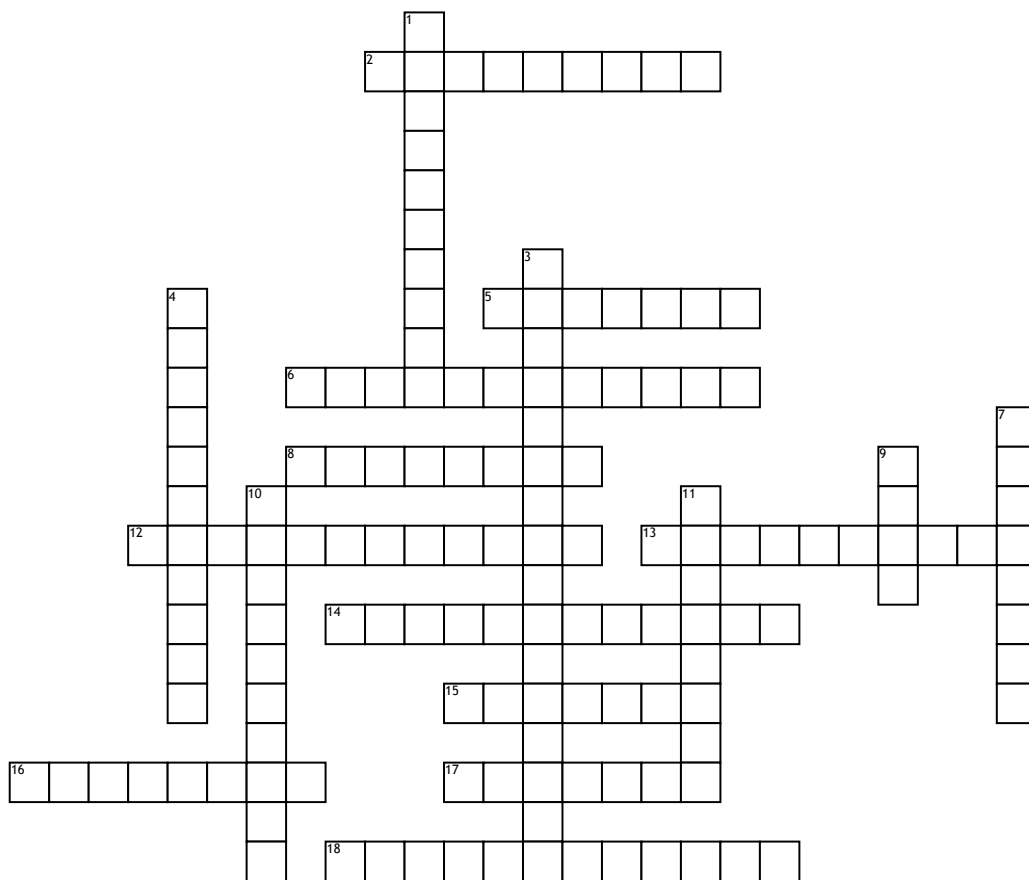


Name: _____ Date: _____

INSURANCE VOCABULARY



Across

2. Any health condition that a person has prior to enrolling in health coverage. pre-existing

5. The payment or installment you agree to pay a company in order to have insurance.

6. The parent whose birthday falls first in a calendar year is the parent with the primary coverage for the dependent.

8. Statement from your health insurance company providing details on payment for a medical service you received. explanation of

12. A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the organization. It generally won't cover out-of-network care except in an emergency and may require you to live or work in its service area to be eligible for coverage. health maintenance

13. The amount you pay for covered health care services before your insurance plan starts to pay.

14. A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. preferred provider

15. Health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries.

16. Public health insurance program that provides health care coverage to low-income families and individuals in the United States.

17. Health care program for uniformed service members, retirees, and militia.

18. Type of business insurance that provides benefits to employees who suffer work-related injuries or illnesses. workers

Down

1. A fixed amount (\$20, for example) you pay for a covered health care service usually paid at the time of service.

3. A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or medical equipment is medically necessary.

4. The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

7. An agreement that transfers the insurance claims rights or benefits of the policy to a third-party. assignment of

9. Insurance program that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid but not enough to buy private insurance.

10. An accounting method in which a cost is included in the value of an asset and expensed over the useful life of that asset.

11. The federal health insurance program for: People who are 65 or older.

Word Bank

CHIP

PREMIUM

Tricare

benefits

organization

benefits

birthday rule

MEDICAID

COINSURANCE

Medicare

compensation

Deductible

preauthorization

Capitation

champVA

organization

COYPAYMENT

condition