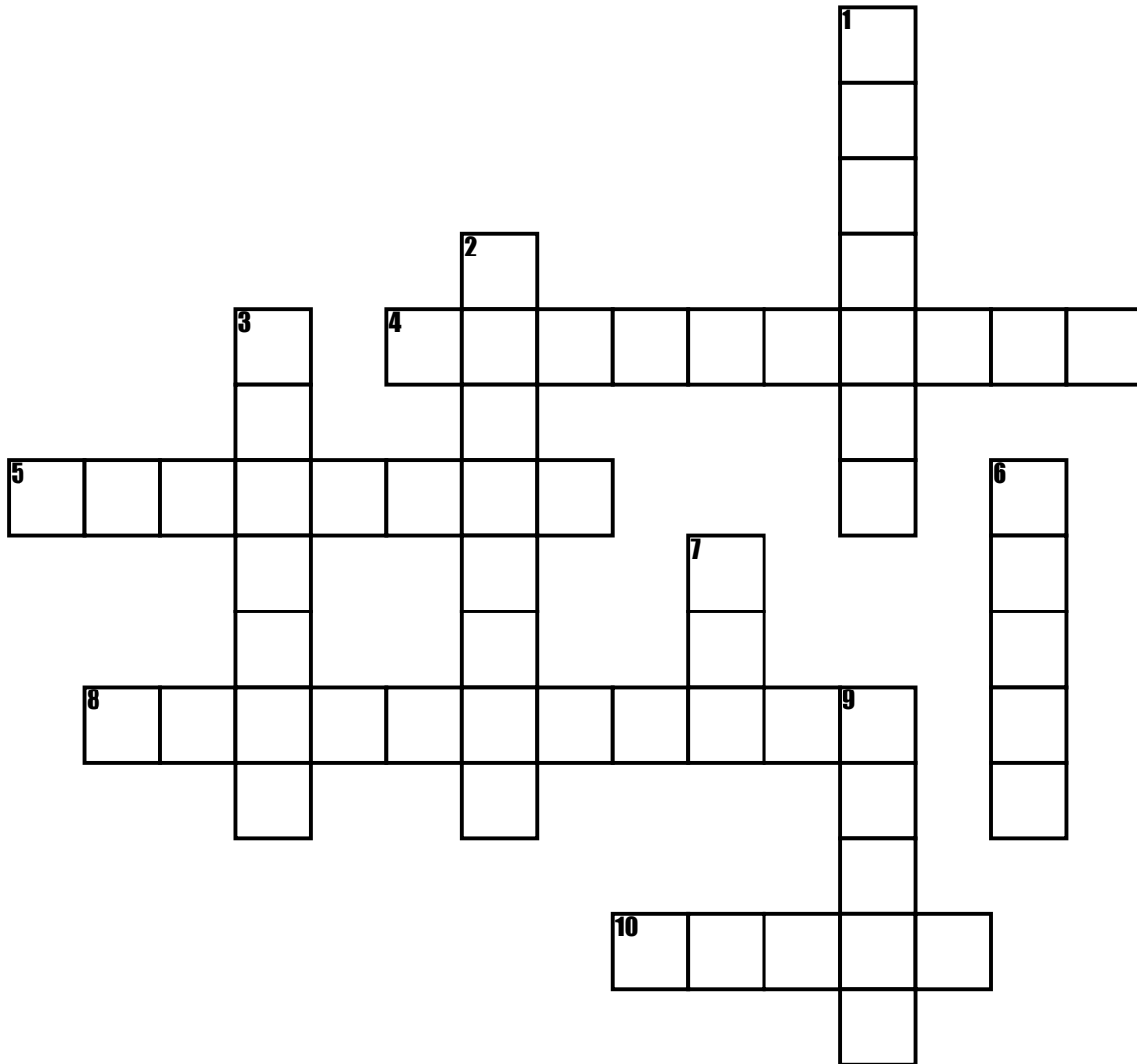


Name: _____

Date: _____

Insurance



Across

- 4. Amount paid by the patient each year before insurance will pay**
- 5. Insurance available to low income families**
- 8. This insurance covers people injured on the job**
- 10. This Medicare plan covers hospital stays**

Down

- 1. Amount paid monthly to have health insurance**
- 2. Insurance available for elderly or disabled**
- 3. This insurance covers military personnel**
- 6. Amount paid at each doctor visit**
- 7. This insurance group focuses on disease prevention**
- 9. This Medicare plan covers doctor visits**