

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Insurance terms

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

coordination of benefits  
not allowed amount  
narrow network  
subscriber  
secondary  
tertiary  
premium

explanation of benefits  
allowed amount  
out of pocket  
in network  
dependent  
benefits  
policy

health savings account  
out of network  
coinsurance  
Deductible  
copayment  
primary  
denial