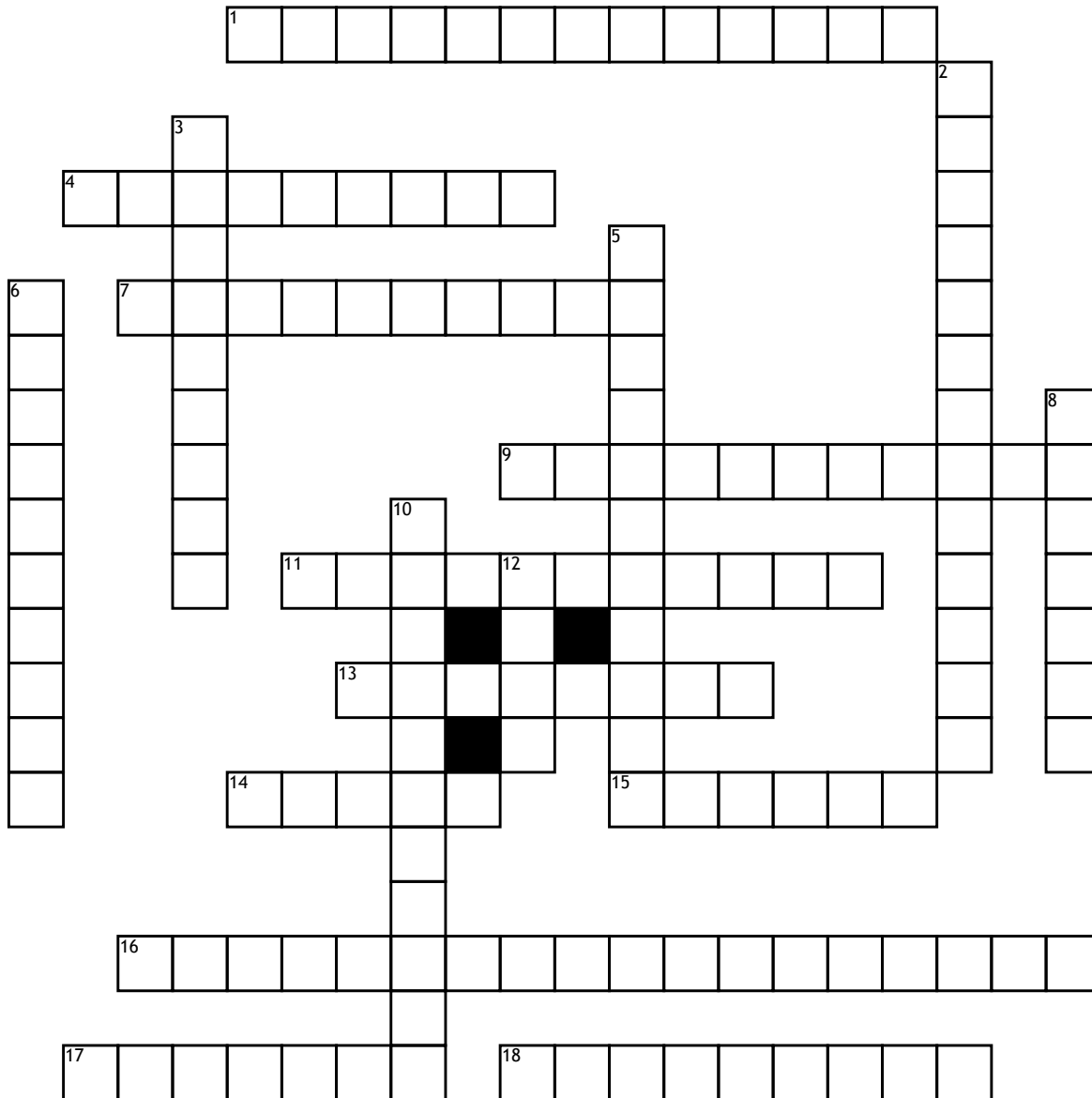


Name: _____

Date: _____

Medicare 101



Across

1. The way that Original Medicare measures your use of hospital and skilled nursing facility (SNF) services.
4. A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits.
7. The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.
9. An amount you may be required to pay as your share of the cost for services after you pay any deductibles.
11. A coverage rule used by some Medicare Prescription Drug Plans that requires you to try one or more similar, lower cost drugs to treat your condition before the plan will cover the prescribed drug.
13. A written order from your primary care doctor for you to see a specialist or get certain medical services.

14. A request for payment that you submit to Medicare or other health insurance when you get items and services that you think are covered.

15. the action you can take if you disagree with a coverage or payment decision made by Medicare, your Medicare health plan, or your Medicare Prescription Drug Plan.

16. Approval that you must get from a Medicare drug plan before you fill your prescription in order for the prescription to be covered by your plan.

17. An amount added to your monthly premium for Part B or a Medicare drug plan (Part D) if you don't join when you're first eligible. You pay this higher amount as long as you have Medicare. There are some exceptions.

18. A type of Medicare prescription drug coverage determination, a drug plan's decision to cover a drug that's not on its drug list or to waive a coverage rule

Down

2. Health care that you get when you're admitted to a health care facility, like a hospital or skilled nursing facility.

3. A complaint about the way your Medicare health plan or Medicare drug plan is giving care.

5. A geographic area where a health insurance plan accepts members if it limits membership based on where people live.

6. An agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.

8. The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

10. A person who has health care insurance through the Medicare or Medicaid programs.

12. Groups of drugs that have a different cost for each group.