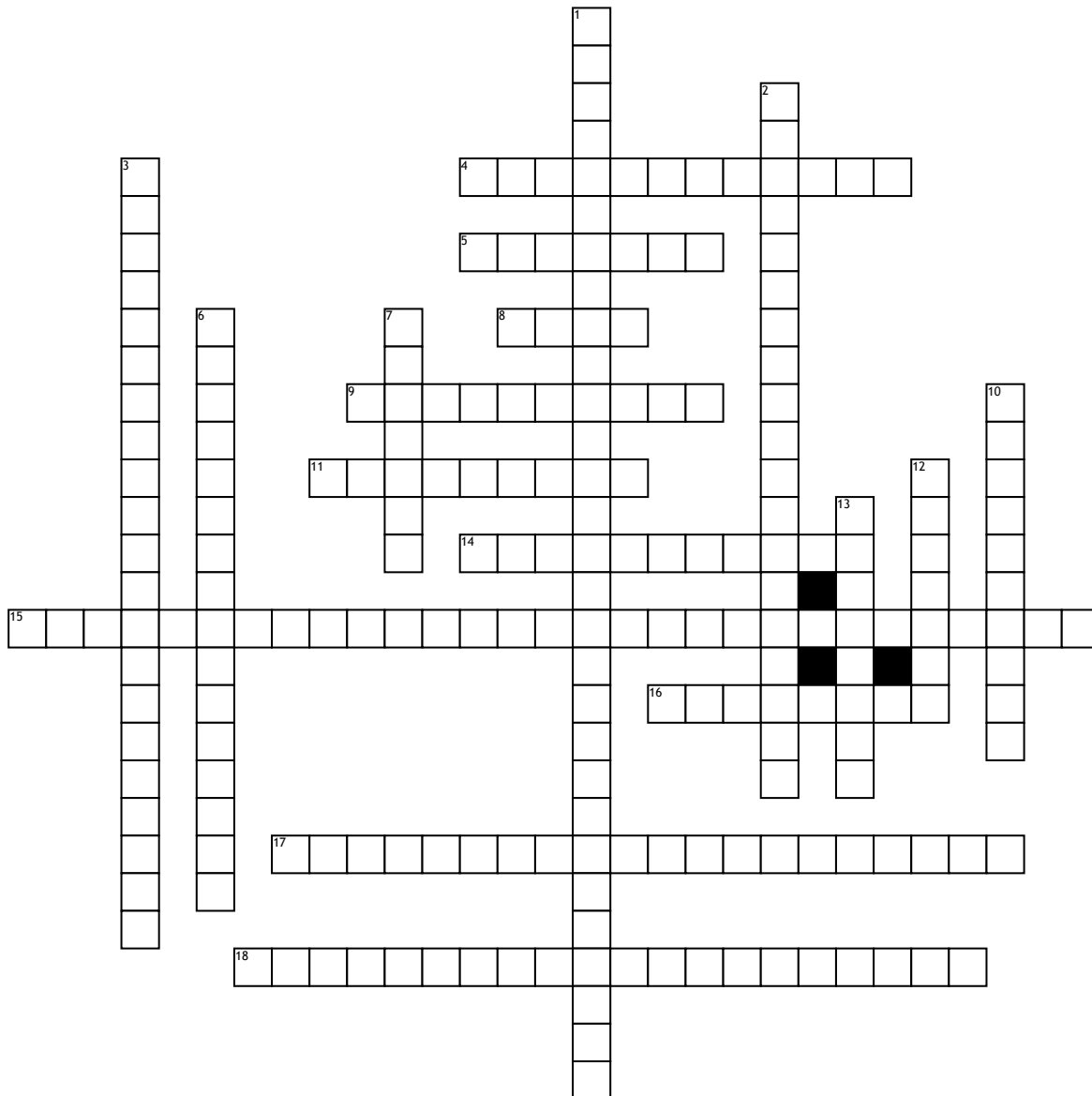


insurance vocabulary



Across

4. a method used to determine when a plan is primary or secondary for a dependent child when covered by both parents' benefit plan. The parent whose birthday falls first in the year is the parent with the primary coverage for the dependent.

5. an amount to be paid for an insurance policy.

8. provides medical coverage to children under age 19 whose parents earn too much income to qualify for Medicaid but can't afford private insurance

9. Capitation is a payment arrangement for health care service providers. It pays a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

11. is a fixed amount for a covered service, paid by a patient to the provider of service before receiving the service.

14. a type of insurance in which the insured pays a share of the payment made against a claim.

15. is a type of health insurance plan that offers you a network of doctors and hospitals for care, but doesn't require you to choose a primary care physician (PCP).

16. is a national health insurance program in the United States, begun in 1966 that helps people over the age of 65

17. is a medical condition that started before a person's health insurance went into effect

18. An arrangement by which a patient requests that their health benefit payments be made directly to a designated person or facility, such as a physician or hospital.

Down

1. a health insurance organization to which subscribers pay a predetermined fee in return for a range of medical services from physicians and healthcare workers registered with the organization.

2. Workers' compensation or workers' comp is a form of insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee's right to sue his or her employer for the tort of negligence.

3. is a statement sent by a health insurance company to cover individuals explaining what medical treatments and/or services were paid for on their behalf.

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

7. The Civilian Health and Medical Program of the Department of Veterans Affairs is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries.

10. a specified amount of money that the insured must pay before an insurance company will pay a claim.

12. is the health care program for uniformed service members, retirees, and their families

13. in the United States is a federal and state program that helps with medical costs for some people with limited income and resources.