

Name: _____

Date: _____

CH 14 DENTAL INSURANCE PART 2

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

NONDUPLICATIONOFBENEFITS
EXPLANATIONOFBENEFITS
ACCOUNTABILITYACT
NATIONALPROVIDER
PRIMARYCARRIER
LIMITATIONS
FEESCHEDULE
MEDICAID
INSURER
HIPAA

EXCLUSIVEPROVIDERORGPLAN
PREFERREDPROVIDERORG
FEEFORSERVICEPLAN
OPENPANELSYSTEM
EXPIRATIONDATE
PORTABILITY
GENDERRULE
ENROLLEE
INSURED
GROUP

MAXIMUMALLOWABLEBENEFIT
POINTOFSERVICEPLAN
PREDETERMINATION
HEALTHINSURANCE
ELIGIBLEPERSON
GROUPMEMBER
EXCLUSIONS
PREMIUM
MEMBER