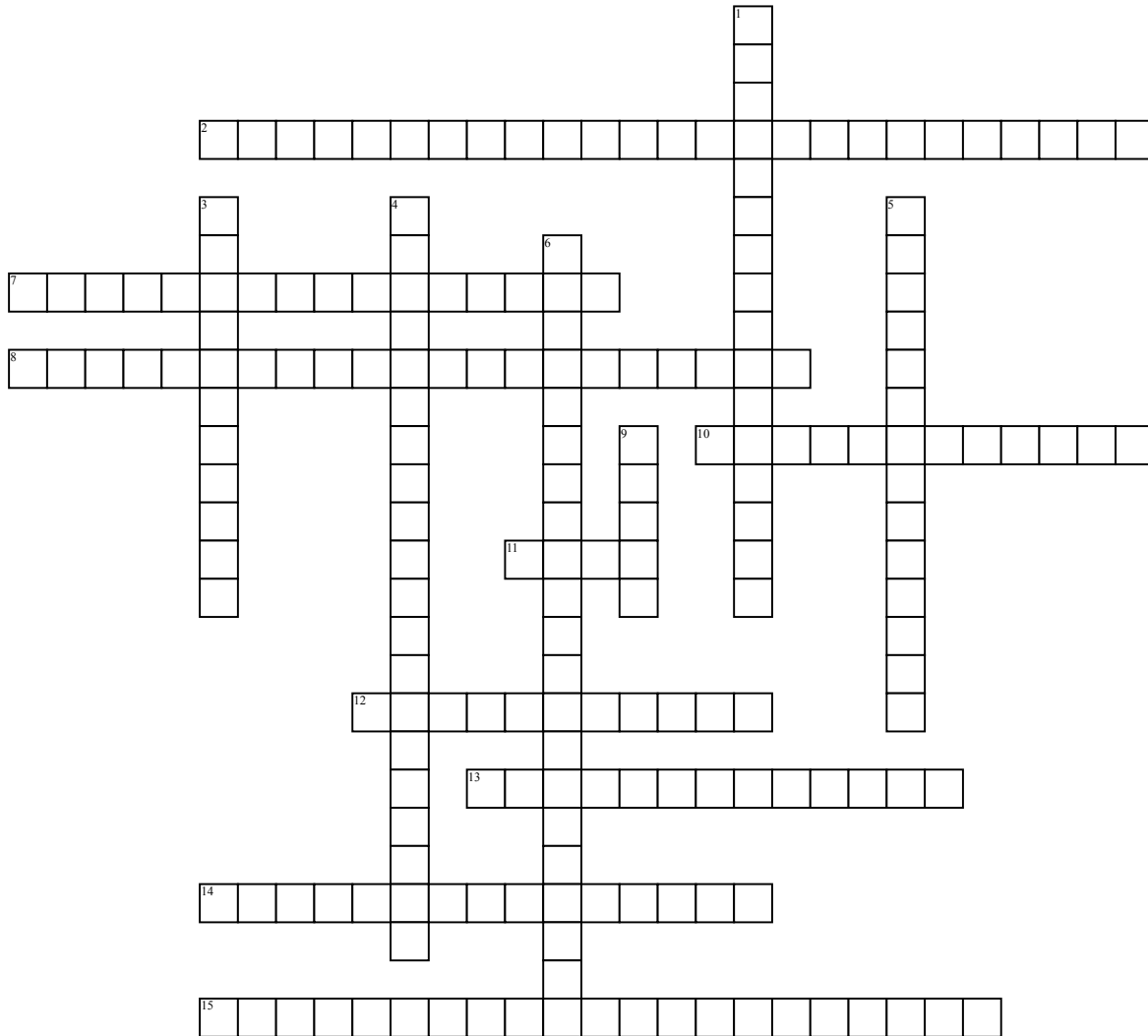


# Group Health Insurance



## Across

2. As a condition of transacting business in this state with small employers, every small employer carrier is required to actively offer to small employers at least 2 health benefit plans: Basic health benefit plan; and Standard health benefit plan.

7. (alumni or professional) can buy group insurance for its members. The group must have at least 100 members be organized for a reason other than buying insurance have been active for at least 2 years have a constitution by law and must hold at least annual meetings

8. involve the theory of indemnification and the concept of placing the insured in the same economic position after a loss as the insured was in prior to a loss. When changing health insurance, benefits must be paid for ongoing claims regardless of pre-existing conditions.

10. In group insurance the policy is called

11. Can be any entity, other than a duly admitted insurer, that establishes an employee benefit plan for the purpose of offering or providing accident and sickness or death benefits to the employees of at least 2 employers, including self-employed individuals and their dependents.

12. Requires any employer with 20 or more employees to extend group health coverage to terminated employees and their families after a qualifying event. Qualifying events include the following: Voluntary termination of employment; Termination of employment for reasons other than gross misconduct (e.g. company downsizing); Employment status change: from full time to part time.

13. Is a specialized use of group life and group health insurance that covers debtors (borrowers).

14. Individual policies are subject to.... where the premium is based upon the overall claims experience of the insurance company

15. The individuals covered under a group insurance plan are issued evidence of coverage in the form of

## Down

1. Helps employers with low claims experience because they get lower premiums. Group health insurance is usually subject to....., where the premiums are determined by the experience of this particular group as a whole.

3. The portion of Medicare approved amount that beneficiary is responsible for paying

4. 30 day.... is available once a year to employees who reject coverage during the initial enrollment period and later wish to have coverage or to add dependent coverage. Evidence of insurability is not required during open enrollment.

5. Is a federal legislation which amended the national labor relations act and that monitors the activities and power of labor unions

6. Is made up of two or more employers in similar or related businesses who do not qualify for group insurance on their own

9. Is a federal law that protects health information