

Name: _____

Date: _____

Health Insurance

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

non-participating provider
preexisting condition
Health Insurance
out of pocket
deductible
medicare
benefits
co-pay
HMO

Diagnostic Related Groups
employer contribution
covered services
primary care
acute care
medicaid
premium
HIPAA

open enrollment period
ancillary services
outpatient care
premium cap
emergency
elective
carrier
cobra

preventative services
preauthorization
ambulatory care
in-patient
provider
coverage
member
PPO