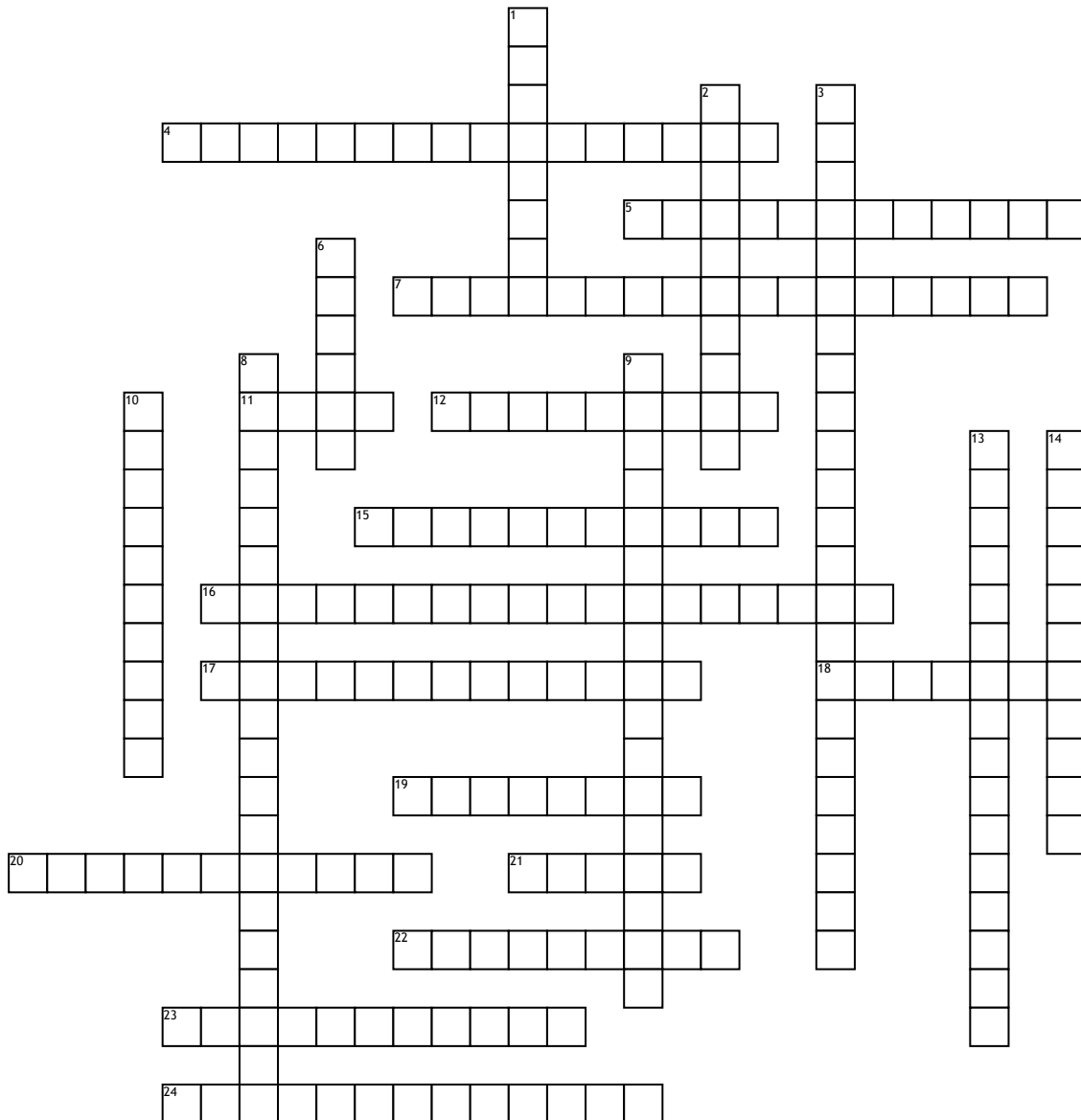


INSURANCE 101



Across

- 4. Health care services that your health insurance or plan doesn't pay for or cover.
- 5. Health insurance or plan that helps pay for prescription drugs and medications.
- 7. Drugs and medications that, by law, require a prescription
- 11. A benefit your employer, union or other group sponsor provides to you to pay for your health care services.
- 12. Most plans with Medicare prescription drug coverage (Part D) have a coverage gap (called a "donut hole").
- 15. A cap on the benefits your insurance company will pay in a year while you're enrolled in a health insurance plan.
- 16. Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.
- 17. The maximum amount a plan will pay for a covered health care service. May also be called "eligible expense," "payment allowance," or "negotiated rate."
- 18. The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services
- 19. A federal health insurance program for people 65 and older and certain younger people with disabilities. It also covers people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

- 20. A year of benefits coverage under an individual health insurance plan
- 21. A request for payment that you or your health care provider submits to your health insurer when you get items or services you think are covered
- 22. A fixed amount (\$20, for example) you pay for a covered health care service after you've paid your deductible
- 23. The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.
- 24. A program that helps pay for prescription drugs for people with Medicare who join a plan that includes Medicare prescription drug coverage. There are two ways to get Medicare prescription drug coverage: through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that includes drug coverage. These plans are offered by insurance companies and other private companies approved by Medicare.

Down

- 1. The health care items or services covered under a health insurance plan.
- 2. The amount you pay for covered health care services before your insurance plan starts to pay.
- 3. The percentage (for example, 40%) you pay of the allowed amount for covered health care services to providers who don't contract with your health insurance or plan

- 6. A request for your health insurance company or the Health Insurance Marketplace to review a decision that denies a benefit or payment. Authorized Representative: Someone who you choose to act on your behalf, like a family member or other trusted person.
- 8. The yearly period when people can enroll in a health insurance plan
- 9. Health care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.
- 10. A limit in a range of major life activities. This includes activities like seeing, hearing, walking and tasks like thinking and working.
- 13. The organization of your treatment across several health care providers
- 14. A health plan that contracts with doctors, hospitals, pharmacies, and other health care providers to provide members of the plan with services and supplies at a discounted price