



## Across

2. One of the ways you share in your medical costs. You pay a flat fee for certain medical expenses (e.g., \$10 for every visit to the doctor), while your insurance company pays the rest.
5. Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.
9. A coverage plan offered by an employer or other organization that covers the individuals in that group and their dependents under a single policy.
12. A health problem that has been diagnosed, or for which you have been treated, before buying a health insurance plan.
13. Health care services that the health insurance or plan doesn't pay for or cover.
14. Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.
17. The period of time that an employer makes a new employee wait before he or she becomes eligible for coverage under the company's health plan. Also, the period of time beginning with a policy's effective date during which a health plan may not pay benefits for certain pre-existing conditions.
18. The amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.
20. The 12-month period for which health insurance benefits are calculated, not necessarily coinciding with the calendar year.

## Down

1. Any individual, either spouse or child, that is covered by the primary insured customer's plan.
3. The group of doctors, hospitals, and other health care providers that insurance companies contract with to provide services at discounted rates.
4. Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.
6. The amount you pay to share the cost of covered services after your deductible has been paid. The coinsurance rate is usually a percentage. For example, if the insurance company pays 80% of the claim, you pay 20%.
7. A list of prescription medications covered by the medical insurance plan.
8. Drugs and medications that by law require a prescription.
10. Coverage options that enable you to expand your basic insurance plan for an additional premium. A common example is a maternity rider.
11. The process by which health insurance companies determine whether to extend coverage to an applicant and/or set the policy's premium.
15. The amount you or your employer pays each month in exchange for insurance coverage.
16. Any person (i.e., doctor, nurse, dentist) or institution (i.e., hospital or clinic) that provides medical care.
19. A request by a plan customer, or a plan customer's health care provider, for the insurance company to pay for medical services.

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