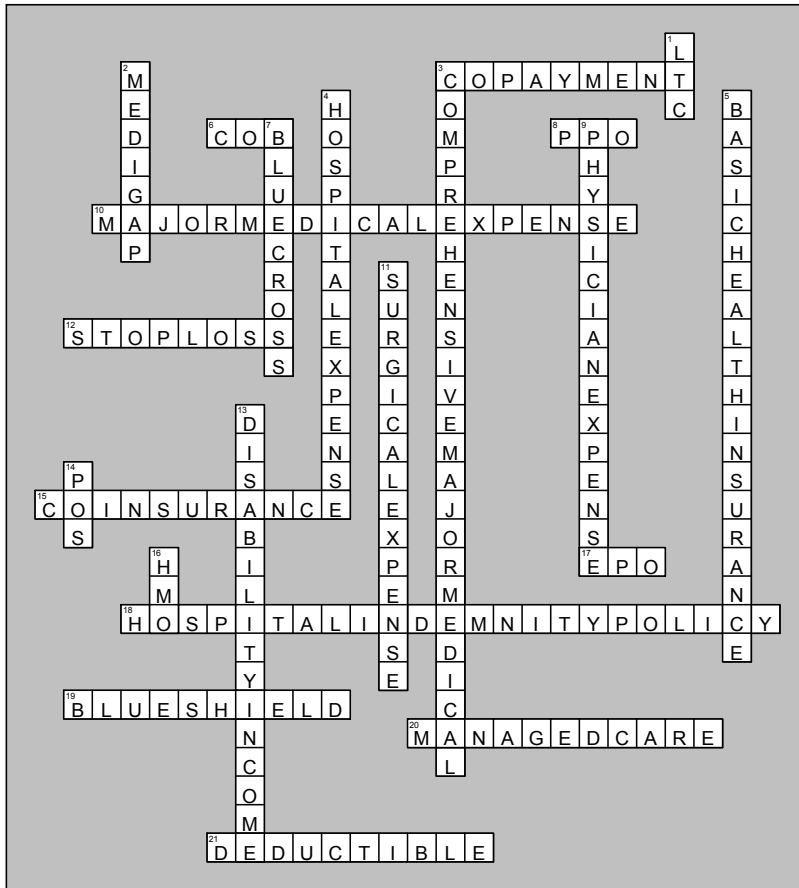


## Chapter 11: Health, Disability, and Long-Term Care Insurance



**Across**

3. A provision under which the insured pays a flat dollar amount each time a covered medical service is received after the deductible has been met.
6. A method of integrating the benefits payable under more than one health insurance plan (abbreviation).
8. A group of doctors and hospitals that agree to provide health care at rates approved by the insurer (abbreviation).
10. Insurance that pays most of the costs exceeding those covered by the hospital, surgical, and physician expense policies.
12. A provision under which an insured pays a certain amount, after which the insurance company pays 100 percent of the remaining covered expenses.
15. A provision under which both the insured and the insurer share the covered losses.
17. An extreme form of the PPO. Services rendered by nonaffiliated providers are not reimbursed (abbreviation).
18. Pays stipulated daily, weekly, or monthly cash benefits during hospital confinement.
19. An independent, nonprofit membership corporation that provides protection against the cost of surgical and medical care.
20. Prepaid health plans that provide comprehensive health care to members.
21. An amount the insured must pay before benefits become payable by the insurance company.

**Down**

1. Insurance that provides day-in, day-out care for long-term illness or disability (abbreviation).
2. Insurance that supplements Medicare by filling the gap between Medicare payments and medical costs not covered by Medicare. (Also called "MedSup.")
3. A type of major medical insurance that has a very low deductible and is offered without a separate basic plan.
4. Insurance that pays part or all of hospital bills for room, board, and other charges.
5. Coverage that includes hospital expense insurance, surgical expense insurance, and physician expense insurance.
7. An independent, nonprofit membership corporation that provides protection against the cost of hospital care.
9. Insurance that provides benefits for doctors' fees for nonsurgical care, X rays, and lab tests.
11. Insurance that pays part or all of the surgeon's fees for an operation.
13. Insurance that provides payments to replace income when an insured person is unable to work.
14. A network of selected contracted, participating providers; also called an "HMO-PPO hybrid" or "open-ended HMO" (abbreviated).
16. A health insurance plan that directly employs or contracts with selected physicians, surgeons, dentists, and optometrists to provide a wide range of health care services for a fixed, prepaid monthly premium (abbreviation).