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| **Across****2.** Fixed dollar amounts a member pays for covered heath care, usually when receiving a service**7.** Durable Medical Equipment**8.** Employer**9.** Health Maintenance Organization - requires a PCP as the gateway to care**10.** Flexiblie Spending Account - pre-tax monies, Medical, Dependent Care, Limited Medical, Commuter**17.** Out-of-pocket costs - maximum member pays for a plan year**18.** Summary of Benefits and Coverage**19.** Long Term Disability**20.** Preferred Provider Organization - does not require a primary care provider to see a specialist**22.** Accidental Death & Dismemberment**25.** Employee**26.** Short Term Disabiliyt**27.** Primary Care Physician**28.** Protected Health Information - HIPAA protects members information**29.** Minimum Essential Coverage | **Down****1.** Explanation of Benefits **3.** Usual, Customary and Reasonable - amount paid for medical services in an area based on what area providers usually charge for the same or similar medical services.**4.** Family Medical Leave Act - state and federal**5.** Special Enrollment Period**6.** Member's share of the costs of a covered service, calculated as a percent of the allowed amount for the service. **11.** Health Reimbursement Account - funded by the ER**12.** Affordable Care Act**13.** Out-of-network - member will pay more or 100% for out-of-network providers/services unless a true emergency**14.** Exclusive Provider Organization plan**15.** Qualifying Life Event**16.** High Deductible Health Plan - $2700 individual deductible**21.** Cost of having health insurance or plan**23.** Health Savings Account - tax deferred dollars used for qualified medical expenses. Employees, **24.** Long Term Care |