Jargon

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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 |