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1. **Medical Insurance:** Financial plan (the payer) that covers the cost of hospital and medical care

2. **Policyholder:** Person who buys an insurance plan; the insured, subscriber, or guarantor

3. **Health Plan:** Individual or group plan that provides or pays for the cost of medical care

4. **Benefits:** What a health plan pays for services covered in an insurance policy; listed in the schedule of benefits.

5. **Medical Necessity:** Reasonable services of provider (doctor or facility) consis- tent with professional medical standards.

6. **Covered Services:** Determined as being medically necessary and both reason- able and consistent with the standards for the diagnosis or treatment of injury or illness.

7. **Non-covered Services:** Medical procedures not covered in a plans benefits.

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