

# Your Exam Content Outline

The following outline describes the content of one of the Utah insurance examinations. The outlines are the basis of the examinations. The examination will contain questions on the subjects contained in the outline. The percentages indicate the relative weights assigned to each part of the examination. For example, 10 percent means that 6 questions will be drawn from the section on a 60-question exam, 10 will be drawn on a 100-question exam and 15 will be drawn on a 150-question exam.

## Utah Producer's Examination for Life, Accident and Health Insurance Series 17-03

150 questions – 2.5-hour time limit

### 1.0 Insurance Regulation 7%

#### 1.1 Licensing

- Purpose (31A-23a-101)
- Process (31A-23a-103–105, 107, 302)
- Types of licensees (31A-23a-106, 203, 401)
  - Producers
  - Consultants
  - Adjusters
  - Nonresidents (31A-23a-109)
- Maintenance and duration
  - Renewal (31A-23a-105)
  - Continuing education requirements (31A-23a-202; Reg R590-142-1 through 10)
  - Reinstatement (31A-23a-111(2), 113)
  - Assumed name (31A-23a-110(2))
  - Change of address or telephone number (31A-23a-412(1)(c))
  - Reporting of actions (31A-23a-105(2)(b))
- Disciplinary actions
  - License termination, suspension, or revocation (31A-2-308(10)(a); 31A-23a-111)
  - Probation (31A-23a-112)
  - Monetary forfeiture (fines) (31A-2-308)

#### 1.2 State regulation

- Commissioner's general duties and powers (31A-2-201)
- Company regulation
  - Solvency (31A-4-105, 105.5)
  - Rates (31A-19a-201–203)
  - Policy forms (31A-21-201–203)
  - Producer appointment (31A-23a-115; Reg R590-244-1–14)
  - Termination of appointment (Reg R590-244-1–14)
  - Unfair claim settlement practices (31A-26-303; Reg R590-190–192)
- Producer regulation
  - Fiduciary and trust account responsibilities (31A-23a-409)
  - Place of business/records maintenance (31A-23a-412)
  - Controlled business (31A-23a-502)

- Shared commissions (31A-23a-504)
  - Unfair marketing practices (Reg R590-154)
  - Misrepresentation (31A-21-105; 31A-23a-402(1))
  - False advertising (31A-23a-402(1))
  - Rebating (31A-23a-402(2))
  - Unfair discrimination (31A-23a-402(3))
  - Boycott, coercion or intimidation (31A-23a-402(4))
  - Illegal inducement (Reg R590-154-11)
  - Examination of records (31A-2-203–205; 31A-23a-412)
  - Privacy of Consumer Information (Reg R590-206)
  - Insurance fraud regulation (31A-31-103–106)
  - Personal liability for unpaid claims (31A-15-105)
- #### 1.3 Federal regulation
- Fair Credit Reporting Act (15 USC 1681–1681d)
  - Fraud and false statements (18 USC 1033, 1034)

### 2.0 General Insurance 5%

#### 2.1 Concepts

- Risk management key terms
  - Risk
  - Exposure
  - Hazard
  - Peril
  - Loss
- Methods of handling risk
  - Avoidance
  - Retention
  - Sharing
  - Reduction
  - Transfer
- Elements of insurable risks
  - Adverse selection
  - Law of large numbers
  - Reinsurance

#### 2.2 Insurers

- Types of insurers
  - Stock companies
  - Mutual companies
  - Fraternal benefit societies
  - Reciprocal
  - Lloyd's associations
  - Risk retention groups
- Private versus government insurers
- Admitted versus nonadmitted insurers
- Domestic, foreign and alien insurers

Financial status (independent rating services)  
Marketing (distribution) systems

### **2.3 Producers and general rules of agency**

Insurer as principal  
Producer/insurer relationship  
Authority and powers of producer  
    Express  
    Implied  
    Apparent  
Responsibilities to the applicant/insured

### **2.4 Contracts**

Elements of a legal contract  
    Offer and acceptance  
    Consideration  
    Competent parties  
    Legal purpose  
Distinct characteristics of an insurance contract  
    Contract of adhesion  
    Aleatory contract  
    Personal contract  
    Unilateral contract  
    Conditional contract  
Legal interpretations affecting contracts  
    Ambiguities in a contract of adhesion  
    Reasonable expectations  
    Indemnity  
    Utmost good faith  
    Representations/misrepresentations  
    Warranties  
    Concealment  
    Fraud  
    Waiver and estoppel

## **3.0 Life Insurance Basics 7%**

### **3.1 Insurable interest (31A-21-104)**

### **3.2 Personal uses of life insurance**

Survivor protection  
Estate creation  
Cash accumulation  
Liquidity  
Estate conservation

### **3.3 Life settlements (including stranger originated life insurance)**

### **3.4 Determining amount of personal life insurance**

Human life value approach  
Needs approach  
    Types of information gathered  
    Determining lump-sum needs  
    Planning for income needs

### **3.5 Business uses of life insurance**

Buy-sell funding  
Key person  
Executive bonuses  
Deferred compensation funding  
Split dollar plans  
Change of insured provision

### **3.6 Classes of life insurance policies**

Group versus individual  
Ordinary versus industrial (home service)  
Permanent versus term  
Participating versus nonparticipating  
Fixed versus variable life insurance and annuities  
    including regulation of variable products  
    (SEC, FINRA, and Utah) (31A-5-217, 217.5;  
    31A-23a-206)

### **3.7 Premiums**

Factors in premium determination  
    Mortality  
    Interest  
    Expense  
Premium concepts  
    Net single premium  
    Gross annual premium  
Premium payment mode

### **3.8 Licensee responsibilities**

Solicitation and sales presentations  
    (Reg R590-79-1-8)  
    Advertising (Reg R590-130-4-16)  
    Utah Life and Health Insurance Guaranty  
    Association (31A-28-119(1))  
    Illustrations (31A-22-631;  
    Reg R590-177-1-13)  
    Policy summary (31A-22-631;  
    Reg R590-79-4(F), 5)  
    Buyer's guide (Reg R590-79-4(A), 5)  
    Guaranty association disclosure  
    (31A-28-119(2-4); Reg R590-155-2, 3)  
    Life insurance policy cost comparison methods  
    Replacement (Reg R590-93-1-12)  
    Use and disclosure of insurance information  
Field underwriting  
    Notice of information practices  
    Application procedures  
Delivery  
    Policy review  
    Effective date of coverage  
    Premium collection  
    Statement of good health

### **3.9 Individual underwriting by the insurer**

Information sources and regulation  
    Application  
    Licensee report  
    Attending physician statement  
    Investigative consumer (inspection) report  
    Medical Information Bureau (MIB)  
    Medical examinations and lab tests (including  
    HIV consent) (Reg R590-132-3)  
Selection criteria and unfair discrimination  
    (31A-23a-402(3))  
Classification of risks  
    Preferred  
    Standard  
    Substandard

#### **4.0 Life Insurance Policies 7%**

##### **4.1 Term life insurance**

- Level term
  - Annual renewable term
  - Level premium term
- Decreasing term

##### **4.2 Whole life insurance**

- Continuous premium (straight life)
- Limited payment
- Single premium

##### **4.3 Flexible premium policies**

- Adjustable life
- Universal life

##### **4.4 Specialized policies**

- Joint life (first-to-die)
- Juvenile life

##### **4.5 Group life insurance**

- Characteristics of group plans
- Types of plan sponsors
- Group underwriting requirements
- Conversion to individual policy (31A-22-517-519)

#### **5.0 Life Insurance Policy Provisions, Options and Riders 10%**

##### **5.1 Standard provisions**

- Ownership
- Assignment (31A-22-412)
- Entire contract (31A-22-424)
- Modifications
- Right to examine (free look) (31A-22-423)
- Payment of premiums
- Grace period (31A-22-402)
- Reinstatement (31A-22-407)
- Incontestability (31A-22-403)
- Misstatement of age and gender (31A-22-405)
- Exclusions
- Suicide exclusion (31A-22-404)
- Medical examination; autopsy (31A-22-417)
- Prohibited provisions including backdating (31A-22-401)

##### **5.2 Beneficiaries**

- Designation options
  - Individuals
  - Classes
  - Estates
  - Minors
  - Trusts
- Succession
- Revocable versus irrevocable
- Common disaster clause
- Spendthrift clause

##### **5.3 Settlement options**

- Cash payment
- Interest only
- Fixed-period installments
- Fixed-amount installments
- Life income
  - Single life

Joint and survivor

##### **5.4 Nonforfeiture options**

- Cash surrender value
- Extended term
- Reduced paid-up insurance

##### **5.5 Policy loan and withdrawal options**

- Cash loans
- Automatic premium loans
- Withdrawals or partial surrenders

##### **5.6 Dividend options**

- Cash payment
- Reduction of premium payments
- Accumulation at interest
- One-year term option
- Paid-up additions

##### **5.7 Disability riders**

- Waiver of premium
- Waiver of cost of insurance
- Disability income benefit
- Payor benefit life/disability (juvenile insurance)

##### **5.8 Accelerated (living) benefit provision/rider**

- Qualifying events
- Disclosure
- Effect of benefit payment

##### **5.9 Riders covering additional insureds**

- Spouse/other-insured term rider
- Children's term rider
- Family term rider

##### **5.10 Riders affecting the death benefit amount**

- Accidental death
- Guaranteed insurability
- Cost of living
- Return of premium

#### **6.0 Annuities 8%**

##### **6.1 Annuity principles and concepts**

- Accumulation period versus annuity period
- Owner, annuitant and beneficiary
- Insurance aspects of annuities

##### **6.2 Immediate versus deferred annuities**

- Single premium immediate annuities (SPIAs)
- Deferred annuities
  - Premium payment options
  - Nonforfeiture
  - Surrender charges
  - Death benefits

##### **6.3 Annuity (benefit) payment options**

- Life contingency options
  - Pure life versus life with guaranteed minimum
  - Single life versus multiple life
- Annuities certain (types)

##### **6.4 Annuity products**

- Fixed annuities
  - General account assets
  - Interest rate guarantees (minimum versus current)
  - Level benefit payment amount
- Equity indexed annuities

Market value adjusted annuities

## 6.5 Uses of annuities

Lump-sum settlements

Qualified retirement plans including group versus individual annuities

Personal uses

Individual retirement annuities (IRAs)

Tax-deferred growth

Retirement income

Education funds

## 7.0 Federal Tax Considerations for Life Insurance and Annuities 7%

### 7.1 Taxation of personal life insurance

Amounts available to policyowner

Cash value increases

Dividends

Policy loans

Surrenders

Amounts received by beneficiary

General rule and exceptions

Settlement options

Values included in insured's estate

### 7.2 Modified endowment contracts (MECs)

Modified endowment versus life insurance

Seven-pay test

Distributions

### 7.3 Taxation of non-qualified annuities

Individually-owned

Accumulation phase (tax issues related to withdrawals)

Annuity phase and the exclusion ratio

Distributions at death

Corporate-owned

### 7.4 Taxation of individual retirement annuities (IRAs)

Traditional IRAs

Contributions and deductible amounts

Premature distributions (including taxation issues)

Annuity phase benefit payments

Values included in the annuitant's estate

Amounts received by beneficiary

Roth IRAs

Contributions and limits

Distributions

### 7.5 Rollovers and transfers (IRAs and qualified plans)

### 7.6 Section 1035 exchanges

## 8.0 Qualified Plans 4%

### 8.1 General requirements

### 8.2 Federal tax considerations

Tax advantages for employers and employees

Taxation of distributions (age-related)

### 8.3 Plan types, characteristics and purchasers

Simplified employee pensions (SEPs)

Self-employed plans (HR 10 or Keogh plans)

Profit-sharing and 401(k) plans

SIMPLE plans

403(b) tax-sheltered annuities (TSAs)

## 9.0 Accident and Health Insurance Basics 8%

### 9.1 Definitions of perils

Accidental injury (R590-126, 233)

Sickness

### 9.2 Principal types of losses and benefits

Loss of income from disability

Medical expense

Dental expense

Long-term care expense

### 9.3 Classes of health insurance policies

Individual versus group

Private versus government

Self-funded versus fully insured

Limited versus comprehensive

### 9.4 Limited policies (R590-126)

Limited perils and amounts

Required notice to insured

Types of limited policies

Accident-only

Specified (dread) disease

Hospital indemnity (income)

Credit disability

Blanket insurance (teams, passengers, other)

Prescription drugs

Vision care

### 9.5 Common exclusions from coverage

### 9.6 Licensee responsibilities in individual health insurance

Marketing requirements

Advertising (Reg R590-130-4-16)

Utah Life and Health Insurance Guaranty Association (31A-28-119(1))

Sales presentations

Outline of coverage (Reg R590-126-8, 233-8)

Guaranty association disclosure

(31A-28-119(2-4); Reg R590-155-2, 3)

Compensation disclosure (31A-23a-501)

Field underwriting

Nature and purpose

Disclosure of information about individuals

Application procedures

Requirements at delivery of policy

Utah individual and small employer health insurance application (R590-247)

Common situations for errors/omissions

### 9.7 Individual underwriting by the insurer

Underwriting criteria

Sources of underwriting information

Application

Licensee report

Attending physician statement

Investigative consumer (inspection) report

Medical Information Bureau (MIB)

- Medical examinations and lab tests (including HIV consent) (Reg R590-132-3)
- Unfair discrimination (31A-23a-402(3))
- Genetic Information and Nondiscrimination Act of 2008 (GINA)
- Classification of risks
  - Preferred
  - Standard
  - Substandard

### **9.8 Considerations in replacing accident and health insurance (Reg R590-126-9, 233)**

- Pre-existing conditions (31A-22-605.1)
- Benefits, limitations and exclusions
- Underwriting requirements
- Licensee liability for errors and omissions

## **10.0 Individual Accident and Health Insurance Policy General Provisions 4%**

### **10.1 Uniform required provisions (R590-126, 233)**

- Incontestability (31A-22-609)
- Grace period (31A-22-607)
- Reinstatement (31A-22-608)
- Claim procedures (31A-21-312; 31A-22-614; 31A-26-301; Reg R590-192-1-14)

### **10.2 Uniform optional provisions**

- Change of occupation (31A-22-613(1))
- Misstatement of age (31A-22-613(2, 3))
- Coordination of benefits (31A-22-619)

### **10.3 Other general provisions**

- Right to examine (free look) (31A-22-606)
- Insuring clause
- Consideration clause
- Entire contract; changes
- Physical examinations and autopsy
- Legal actions
- Change of beneficiary
- Unpaid premium
- Conformity with state statutes
- Illegal occupation
- Renewability clause (31A-30-107; Reg R590-126-5)
  - Noncancelable
  - Guaranteed renewable
  - Conditionally renewable
  - Renewable at option of insurer
  - Nonrenewable (cancelable, term)

## **11.0 Disability Income and Related Insurance 5%**

### **11.1 Qualifying for disability benefits**

- Inability to perform duties
  - Own occupation
  - Any occupation
- Loss of income (income replacement contracts)
- Definition of total disability (R590-126-3)
- Presumptive disability
- Requirement to be under physician care

### **11.2 Individual disability income insurance**

- Basic total disability plan
  - Income benefits (monthly indemnity)
  - Elimination and benefit periods
  - Waiver of premium feature
- Coordination with social insurance and workers compensation benefits
  - Additional monthly benefit (AMB)
  - Social insurance supplement (SIS)
  - Occupational versus nonoccupational coverage
- At-work benefits
  - Partial disability benefit
  - Residual disability benefit
- Other provisions affecting income benefits
  - Cost of living adjustment (COLA) rider
  - Future increase option (FIO) rider
  - Relation of earnings to insurance
- Other cash benefits
  - Accidental death and dismemberment
  - Rehabilitation benefit
  - Medical reimbursement benefit (nondisabling injury)
- Refund provisions
  - Return of premium
  - Cash surrender value
- Exclusions

### **11.3 Unique aspects of individual disability underwriting**

- Occupational considerations
- Benefit limits
- Policy issuance alternatives

### **11.4 Group disability income insurance**

- Group versus individual plans
- Short-term disability (STD)
- Long-term disability (LTD)

### **11.5 Business disability insurance**

- Key employee (partner) disability income
- Disability buy-sell policy

### **11.6 Social Security disability**

- Qualification for disability benefits
- Definition of disability
- Waiting period
- Disability income benefits

### **11.7 Workers compensation**

- Eligibility

## **12.0 Medical Plans 8%**

### **12.1 Medical plan concepts**

- Fee-for-service basis versus prepaid basis
- Specified coverages versus comprehensive care
- Benefit schedule versus
  - usual/reasonable/customary charges
- Any provider versus limited choice of providers
- Insureds versus subscribers/participants

### **12.2 Types of providers and plans**

- Major medical insurance (indemnity plans)
  - Characteristics
  - Common limitations

- Exclusions from coverage
- Provisions affecting cost to insured
- Health maintenance organizations (HMOs)
  - General characteristics
  - Preventive care services
  - Primary care physician versus referral (specialty) physician
  - Emergency care
  - Hospital services
  - Other basic services
- Preferred provider organizations (PPOs)
  - General characteristics
  - Limited health plans (31A-8-101(6))
  - Open panel or closed panel
  - Types of parties to the provider contract
- Point-of-service (POS) plans
  - Nature and purpose
  - Out-of-network provider access (open-ended HMO)
  - PCP referral (gatekeeper PPO)
  - Indemnity plan features

- Exclusions (31A-29-113)
- Deductibles and coinsurance (31A-29-114)

## 13.0 Group Accident and Health Insurance 8%

### 13.1 Characteristics of group insurance

- Group contract
- Certificate of coverage
- Experience rating versus community rating

### 13.2 Types of eligible groups

- Employment-related groups
  - Individual employer groups
  - Multiple-Employer Trusts (METs) or Welfare Arrangements (MEWAs)
- Associations (alumni, professional, other)
- Customer groups (depositors, creditor-debtor, other)
- Discretionary groups

### 13.3 Marketing considerations

- Advertising
- Regulatory jurisdiction/place of delivery

### 13.4 Employer group health insurance

- Insurer underwriting criteria
  - Characteristics of group
  - Plan design factors
  - Persistency factors
  - Administrative capability
- Eligibility for insurance
  - Annual open enrollment
  - Employee eligibility
  - Dependent eligibility
- Coordination of benefits provision (Reg R590-131)
- Change of insurance companies or loss of coverage
  - Coinsurance and deductible carryover
  - No-loss no-gain
  - Events that terminate coverage
  - Extension of benefits
  - Continuation of coverage under COBRA and Utah Mini-COBRA (31A-22-722)
  - Utah NetCare Plan
  - Conversion rights (31A-22-723)
  - Conversion rights for former spouse (31A-22-612)
  - Reinstatement of coverage for military personnel (31A-22-717)

### 13.5 Small employer medical plans

- Definition of small employer (31A-1-301)
- Basic coverage (31A-22-613.5; Reg R590-175)
- Availability of coverage
- Benefit choices (31A-30-109)
- Defined contribution arrangement market (31A-30, Part 2)
- Renewability of coverage (31A-30-107)
- Pre-existing conditions (31A-22-605.1)
- Participation requirements (31A-30-112)
- Surcharge for charging carriers (31A-30-106.7)
- Open enrollment (Reg R590-176)

### 12.3 Cost containment in health care delivery

- Cost-saving services
  - Preventive care
  - Hospital outpatient benefits
  - Alternatives to hospital services
- Utilization management
  - Prospective review
  - Concurrent review

### 12.4 Utah requirements (individual and group)

- Eligibility requirements
  - Newborn child coverage (31A-22-610)
  - Dependent child age limit (31A-22-610.5)
  - Court ordered dependency coverage (31A-22-610.5)
  - Eligibility of dependent children not based solely on residency (31A-22-718)
  - Policy extension for handicapped children (31A-22-611)
  - Adoptions (31A-22-610.1)
- Benefit offers
  - Substance abuse coverage (31A-22-715)

### 12.5 HIPAA (Health Insurance Portability and Accountability Act) requirements

- Eligibility
- Guaranteed issue
- Pre-existing conditions
- Creditable coverage
- Renewability

### 12.6 Health Savings Accounts (HSAs) and Health Reimbursement Accounts (HRAs)

- Definition
- Eligibility
- Contribution limits
- Portability

### 12.7 HIPUtah (31A-29-101–107, 119–123)

- Eligibility (31A-29-111)
- Coverages and limits (31A-29-113)

### 13.6 Regulation of employer group insurance plans

- Employee Retirement Income Security Act (ERISA)
  - Applicability
  - Fiduciary responsibilities
  - Reporting and disclosure
- Age Discrimination in Employment Act (ADEA)
  - Applicability to employers and workers
  - Permitted reductions in insured benefits
  - Permitted increases in employee contributions
  - Requirements for medical expense coverage
- Civil Rights Act/Pregnancy Discrimination Act
  - Applicability
  - Guidelines
- Relationship with Medicare
  - Medicare secondary rules
  - Medicare carve-outs and supplements
- Nondiscrimination rules (highly-compensated)

### 13.7 Types of funding and administration

- Conventional fully-insured plans
- Fully self-funded (self-administered) plans
  - Characteristics
  - Conditions suitable for self-funding
  - Benefits suitable for self-funding

## 14.0 Dental Insurance 1%

### 14.1 Categories of dental treatment

- Diagnostic and preventive
- Restorative
- Oral surgery
- Endodontics
- Periodontics
- Prosthodontics
- Orthodontics

### 14.2 Indemnity plans

- Choice of providers
- Scheduled versus nonscheduled plans
- Benefit categories
  - Diagnostic/preventive services
  - Basic services
  - Major services
- Deductibles and coinsurance
- Combination plans
- Exclusions
- Limitations
- Predetermination of benefits

### 14.3 Employer group dental expense

- Integrated deductibles versus stand-alone plans
- Minimizing adverse selection

## 15.0 Medicare 5%

### 15.1 Medicare standard policies

- Nature, financing and administration
- Part A — Hospital Insurance
  - Individual eligibility requirements
  - Enrollment
  - Coverages and cost-sharing amounts
- Part B — Medical Insurance
  - Individual eligibility requirements

- Enrollment
- Coverages and cost-sharing amounts
- Exclusions
- Claims terminology and other key terms
- Part C — Medicare Advantage
- Part D — Prescription Drug Insurance

### 15.2 Medicare supplements

- Purpose
- Open enrollment (Reg R590-146-11)
- Standardized Medicare supplement plans
  - Core benefits (Reg R590-146-8(B))
  - Additional benefits (Reg R590-146-8(C))
- Utah regulations and required provisions
  - Standards for marketing (Reg R590-146-20)
  - Advertising (Reg R590-146-19)
  - Appropriateness of recommended purchase and excessive insurance (Reg R590-146-21)
  - Right to return (free look) (31A-22-620(6))
  - Replacement (Reg R590-146-18, 23)
  - Pre-existing conditions (Reg R590-146-23)
  - Required disclosure provisions (Reg R590-146-17)
  - Outline of coverage (Reg R590-146-17(C))
  - Guide to Health Insurance for People with Medicare (Reg R590-146-17(A)(6)(a))
  - Permitted compensation (Reg R590-146-16)
- Medicare Select (Reg R590-146-10)

### 15.3 Other options for individuals with Medicare

- Employer group health plans
  - Disabled employees
  - Employees with kidney failure (End Stage Renal Disease) (ESRD)
  - Individuals age 65 and older
- Medicaid
  - Eligibility
  - Benefits

### 15.4 Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

## 16.0 Long-Term Care Insurance 5%

### 16.1 Long-term care (LTC) policies

- Eligibility for benefits
- Levels of care
  - Skilled care
  - Intermediate care
  - Custodial care
  - Home health care
  - Adult day care
  - Respite care
- Benefit periods
- Benefit amounts
- Optional benefits
  - Guarantee of insurability
  - Return of premium
- Qualified LTC plans
- Exclusions
- Underwriting considerations
- Utah regulations and required provisions
  - Standards for marketing (Reg R590-148-18)

Advertising (Reg R590-148-20)  
Shopper's guide (Reg R590-148-16)  
Outline of coverage (31A-22-1409;  
Reg R590-148-15)  
Appropriateness of recommended purchase  
(Reg R590-148-17)  
Right to return (free look) (31A-22-1408)  
Replacement (Reg R590-148-6(6))  
Renewal provisions (Reg R590-148-6(1))  
Continuation or conversion (Reg R590-148-10)  
Required disclosure provisions  
(Reg R590-148-6)  
Inflation protection (Reg R590-148-13)  
Pre-existing conditions (31A-22-1406;  
Reg R590-148-6(3))  
Protection against unintentional lapse  
(Reg R590-148-11)  
Prohibited provisions (31A-22-1405, 1407)

## **17.0 Federal Tax Considerations for Accident and Health Insurance 1%**

### **17.1 Personally-owned health insurance**

Disability income insurance  
Medical expense insurance  
Long-term care insurance

### **17.2 Employer group health insurance**

Disability income (STD, LTD)  
Benefits subject to FICA  
Medical and dental expense  
Long-term care insurance  
Accidental death and dismemberment

### **17.3 Medical expense coverage for sole proprietors and partners**

### **17.4 Business disability insurance**

Key person disability income  
Buy-sell policy

### **17.5 Health Savings Accounts (HSAs) and Health Reimbursement Accounts (HRAs)**