

YOUR EXAM CONTENT OUTLINE

for examinations on or after March 1, 2006.

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The following outline describes the content of one of the Louisiana 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.

Louisiana Examination for Life, Health and Accident Insurance

Series 14-03

150 questions – 2.5- hour time limit

1.0 Insurance Regulation 6%

1.1 Licensing

- Types of licensees (22:1137, 1212(F))
 - Individual producer (22:1132(6), 1136(A))
 - Business entity (22:1132(2), 1136(B))
 - Resident versus nonresident (22:1136, 1138, 1146)
 - Temporary (22:1141)
- Maintenance and duration
 - Expiration (22:1137(B))
 - Renewal (22:1137(C))
 - Change of address (22:1137(G))
 - Assumed names (22:1140)
 - Reporting of actions (22:1149)
 - Continuing education requirements (22:1193; Rule 10 Sec 703, 705)
- Disciplinary actions
 - Hearings (22:1216, 1351–1367)
 - Cease and desist order (22:1217)
 - License probation, suspension, revocation, or refusal to issue or renew (22:1142)
 - Penalties with or without suspension of license (22:1217, 1217.1)

1.2 State regulation

- Commissioner's general duties and powers (22:2, 1215)
- Company regulation
 - Certificate of authority (22:35, 37)
 - Unfair claims settlement practices (22:1214(14))
 - Appointment (22:1144)
 - Termination of appointment (22:1145)
- Producer regulation

- Controlled business (22:1134(C))
- Shared commissions (22:1143)
- Payment to unlicensed entities (22:1148)
- Unfair trade practices (22:1214)
 - Misrepresentation (22:1214(1, 18))
 - False advertising (22:1214(2))
 - Defamation (22:1214(3))
 - Boycott, coercion and intimidation (22:1214(4))
 - False financial statements (22:1214(5))
 - Unfair discrimination (22:1214(7))
 - Rebating (22:1214(8))
- Examination of books and records (22:1215, 1301, 1309)
- Insurance fraud (22:1214(13), 1241–1247.1)
- Privacy of Consumer Financial Information (Reg 76 Sec 9901–9953)

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
 - Self insurers
 - Surplus lines
- Private versus government insurers
- Authorized versus unauthorized insurers
- Domestic, foreign and alien insurers
- Financial status (independent rating service)
- Marketing (distribution) systems

- 2.3 Producers and general rules of agency**
 - Insurer as principal
 - Producer/insurer relationship
 - Authority and powers of producers
 - 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 13%**
 - 3.1 Insurable interest (22:612, 613, 614.1, 616)**
 - 3.2 Personal uses of life insurance**
 - Survivor protection
 - Estate creation
 - Cash accumulation
 - Liquidity
 - Estate conservation
 - Viatical settlements (22:191–200)
 - 3.3 Determining amount of personal life insurance**
 - Human life value approach
 - Needs approach
 - Types of information gathered
 - Determining lump-sum needs
 - Planning for income needs
 - 3.4 Business uses of life insurance**
 - Buy-sell funding
 - Key person
 - Executive bonuses
 - 3.5 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
- Regulation of variable products (SEC, NASD and Louisiana) (22:1500; Reg 28 Sec 7705, 7715; Reg 35 Sec 8309)
- 3.6 Premiums**
 - Factors in premium determination
 - Mortality
 - Interest
 - Expense
 - Premium concepts
 - Net single premium
 - Gross annual premium
 - Premium payment mode
- 3.7 Producer responsibilities**
 - Solicitation and sales presentations
 - Advertising (Reg 60 Sec 4101–4123)
 - Prohibited advertising of Life and Health Insurance Guaranty Association (22:1395.18(A))
 - Illustrations (Reg 55 Sec 3301–3323)
 - Policy summary
 - Guaranty association disclaimer (22:1395.18(B–D); Reg 40 Sec 901–909)
 - Suitability
 - Life insurance policy cost comparison methods
 - Replacement (Reg 70 Sec 8901–8925)
 - 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
 - Delivery receipt requirements (22:170(A)(10)(b), (c))
- 3.8 Individual underwriting by the insurer**
 - Information sources and regulation
 - Application
 - Producer report
 - Attending physician statement
 - Investigative consumer (inspection) report
 - Medical Information Bureau (MIB)
 - Medical examinations and lab tests including HIV (RL 40:1300.11, .13, .14)
 - Selection criteria and unfair discrimination (22:652, 1214(7))
 - Classification of risks
 - Preferred
 - Standard
 - Substandard
 - Declined

4.0 Life Insurance Policies 8%

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
- Group standard provisions (22:176)
- Conversion to individual policy (22:176(10–12))

4.6 Credit life insurance (individual versus group)

5.0 Life Insurance Policy Provisions, Options and Riders 13%

5.1 Standard provisions (22:170)

- Ownership
 - Assignment (22:642)
 - Entire contract (22:170(A)(3))
- Modifications
- Right to examine (free look) (22:170(A)(10))
- Payment of premiums
 - Grace period (22:170(A)(1))
 - Reinstatement (22:170(A)(9))
 - Incontestability (22:170(A)(2))
 - Misstatement of age (22:170(A)(4))
- Exclusions (22:170(B))
- Interest on life insurance proceeds (22:182)
- Settlement of death benefit (22:656)
- Backdating of policies (22:171)

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
- Paid-up insurance

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 (Reg 44 Sec 1501–1523)

- Conditions for payment
- Effect on death benefit

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 5%

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
 - Group versus individual annuities
 - Personal uses
 - Individual retirement annuities (IRAs)
 - Tax-deferred growth
 - Retirement income
 - Education funds
 - Interest only income
 - Using tax advantage of exclusion ratio to fund purchase of other insurance
- 7.0 Federal Tax Considerations for Life Insurance and Annuities 2%**
 - 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 (including taxation issues)
 - 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 2%**
 - 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 Health Insurance Basics 10%**
 - 9.1 Definitions of perils**
 - Accidental injury
 - 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
 - Limited versus comprehensive
 - 9.4 Limited policies**
 - Limited perils and amounts
 - Required notice to insured
 - Types of limited policies
 - Accident-only
 - Specified (dread) disease
 - Hospital indemnity (income)
 - Credit disability
 - Prescription drugs
 - Vision care
 - 9.5 Common exclusions from coverage**
 - 9.6 Producer responsibilities in individual health insurance**
 - Marketing requirements
 - Advertising (Rule 3 Sec 1301–1337)
 - Prohibited advertising of Life and Health Insurance Guaranty Association (22:1395.18(A))
 - Sales presentations
 - Guaranty association disclaimer (22:1395.18(B–D); Reg 40 Sec 901–909)
 - Field underwriting
 - Nature and purpose
 - Disclosure of information about individuals
 - Application procedures
 - Requirements at delivery of policy (22:212(7)(b, c))
 - Common situations for errors/omissions

- 9.7 Individual underwriting by the insurer**
 - Underwriting criteria
 - Sources of underwriting information
 - Application
 - Producer report
 - Attending physician statement
 - Investigative consumer (inspection) report
 - Medical Information Bureau (MIB)
 - Medical examinations and lab tests including
 - HIV consent (RL 40:1300.11, .13, .14)
 - Unfair discrimination (22:213.6, 652, 1214(7))
 - Genetic testing (22:213.7; Reg 63 Sec 4511, 4513)
 - Classification of risks
 - Preferred
 - Standard
 - Substandard
 - Declined

- 9.8 Considerations in replacing health insurance**
 - Pre-existing conditions (22:215.6(E))
 - Pre-existing condition exclusion regulation (22:215.6(E); Reg 9107(K), (L))
 - Benefits, limitations and exclusions
 - Underwriting requirements
 - Producer liability for errors and omissions

10.0 Individual Health Insurance Policy General Provisions 5%

- 10.1 Required provisions (22:213(A))**
 - Entire contract; changes (22:213(A)(1))
 - Time limit on certain defenses (22:213(A)(13))
 - Grace period (22:213.3)
 - Reinstatement (22:213(A)(2))
 - Claim procedures (22:213(A)(3-7, 14); 22:250.32, 250.33, 657)
 - Physical examinations and autopsy (22:213(A)(8))
 - Legal action (22:213(A)(11))
 - Consent of beneficiary (22:213(A)(10))
 - Cancellation by insured (22:213(A)(9))
 - Extension of time limits (22:213(A)(12))
- 10.2 Other provisions (22:213(B))**
 - Change of occupation (22:213(B)(1))
 - Misstatement of age (22:213(B)(2))
 - Other insurance in this insurer (22:213(B)(3))
 - Insurance with other insurers (22:213(B)(4))
 - Unpaid premium (22:213(B)(6))
 - Cancellation (22:213(B)(7))
 - Conformity with state statutes (22:213(B)(8))
 - Illegal occupation (22:213(B)(9))
 - Intoxicants and narcotics (22:213(B)(10))
- 10.3 Other general provisions**
 - Right to examine (free look) (22:212(7)(a))
 - Insuring clause
 - Consideration clause
 - Military suspense provision (RL 29:407)

11.0 Disability Income and Related Insurance 3%

- 11.1 Qualifying for disability benefits**
 - Inability to perform duties
 - Own occupation
 - Any occupation
 - Pure loss of income (income replacement contracts)
 - Presumptive disability
 - Requirement to be under physician care
- 11.2 Individual disability income insurance**
 - Louisiana minimum benefit standards (22:230)
 - 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 (22:213(B)(5))
 - Other cash benefits
 - Accidental death and dismemberment
 - Rehabilitation benefit
 - Medical reimbursement benefit (non disabling injury)
 - Refund provisions
 - Return of premium
 - 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 person 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
 - Benefits

12.0 Medical Plans 9%

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 (PCP) versus referral (specialty) physician
 - Emergency care
 - Hospital services
 - Other basic services
- Preferred provider organizations (PPOs)
 - General characteristics
 - 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

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
 - Retrospective review

12.4 Louisiana requirements (individual and/or group)

- Eligibility requirements
 - Dependent child age limit (22:215(A)(1)(a)(vi), (2)(a))
 - Coverage of adopted children (22:227)
 - Newborn child coverage (22:215.1)
 - Physically or mentally handicapped dependents (22:215(A)(2)(a); 215.2)
 - Full-time student age limit (22:215.3, .4)
 - Grandchildren coverage (22:215(A)(1)(a)(vi), (2)(a))

Benefit offers

- Treatment for alcoholism and drug abuse (22:215.5)
- Speech, physical and occupational therapy services (22:230.1)
- Full coverage for mental disorders (22:669)

12.5 HIPAA (Health Insurance Portability and Accountability Act) requirements

- Eligibility (22:250.1, .3)
- Guaranteed issue (22:250.12)
- Pre-existing conditions (22:250.2, .11)
- Creditable coverage (22:250.1(4), .2(A–D), .14)
- Renewability (22:250.7, .13)

12.6 Medical savings accounts (MSAs)

- Definition
- Eligibility
- Contribution limits

13.0 Group Health Insurance 6%

13.1 Characteristics of group insurance

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

13.2 Types of eligible groups

- Individual employer groups
- Multiple-Employer Trusts (METs) or Welfare Arrangements (MEWAs)
- Blanket (22:215(A))
 - Associations (alumni, professional, other)
 - Customer groups (depositors, creditor-debtor, other)
 - Students

13.3 Marketing considerations

- Advertising
- Regulatory jurisdiction/acceptable place of delivery

13.4 Employer group health insurance

- Insurer underwriting criteria
 - Characteristics of group
 - Plan design factors
 - Administrative capability
- Eligibility for coverage
 - Annual open enrollment
 - Employee eligibility
 - Dependent eligibility
- Coordination of benefits provision (Reg 32 Sec 301–319)
- 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 Louisiana specific rules (22:215.7)
 - Conversion privilege (22:215.13(G)(4), 230.2)
 - Reinstatement of coverage for military personnel (RL 29:407(D))

- 13.5 Small employer medical plans (22:228.1–.5)**
 - Definition of small employer (22:250.1(5)(e)(iii))
 - Availability of coverage (guaranteed issue) (22:250.6)
 - Renewability of coverage (guaranteed issue) (22:250.7)
 - Disclosure requirements (22:228.4, 250.8)
- 14.0 Dental Insurance 1%**
 - 14.1 Types of dental plans**
 - Dental insurance
 - Dental referral plans
 - 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 Insurance for Senior Citizens and Special Needs Individuals 11%**
 - 15.1 Medicare**
 - 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 Coverage
 - 15.2 Medicare supplements (22:224; Reg 33)**
 - Purpose (Reg 33 Sec 501)
 - Open enrollment (Reg 33 Sec 530)
 - Standardized Medicare supplement plans (Reg 33 Sec 520)
 - Core benefits
 - Additional benefits
 - Louisiana regulations and required provisions
 - Standards for marketing (Reg 33 Sec 575)
 - Advertising (Reg 33 Sec 570; Rule 3A Sec 101–137)
 - Appropriateness of recommended purchase and excessive insurance (Reg 33 Sec 580)
 - Outline of coverage (Reg 33 Sec 560(C))
 - Right to return (free look) (Reg 33 Sec 560(A)(5))
 - Replacement (Reg 33 Sec 565, 590)
 - Minimum benefit standards (Reg 33 Sec 515)
 - Guaranteed issue (Reg 33 Sec 535)
 - Required disclosure provisions (Reg 33 Sec 560)
 - Permitted compensation (Reg 33 Sec 555)
 - Renewability and cancellation (Reg 33 Sec 515(A)(1)(e))
 - Continuation and conversion requirements (Reg 33 Sec 515(A)(1)(e))
 - Notice of Medicare benefit changes (Reg 33 Sec 560(B))
 - Medicare Select (Reg 33 Sec 525)
- 15.3 Other options for individuals with Medicare**
 - Employer group health plans
 - Disabled employees
 - Employees with kidney failure
 - Individuals age 65 and older
 - Medicaid
 - Eligibility
 - Benefits
- 15.4 Long-term care (LTC) insurance (22:1731–1741; Reg 46 Sec 1901–1961)**
 - LTC, Medicare and Medicaid compared
 - Eligibility for benefits
 - Levels of care
 - Skilled care
 - Intermediate care
 - Custodial care
 - Home health care (Reg 46 Sec 1923)
 - Adult day care
 - Respite care
 - Benefit periods
 - Benefit amounts
 - Optional benefits
 - Guarantee of insurability
 - Return of premium
 - Qualified LTC plans
 - Exclusions
 - Underwriting considerations
 - Louisiana regulations and required provisions
 - Advertising (Reg 46 Sec 1941)
 - Standards for marketing (Reg 46 Sec 1943)
 - Outline of coverage (22:1736(G); (Reg 46 Sec 1955))
 - Suitability (Reg 46 Sec 1945)
 - Shoppers guide (Reg 46 Sec 1957)
 - Right to return (free look) (22:1736(F))
 - Replacement (Reg 46 Sec 1925, 1947)
 - Benefit standards (22:1736)
 - Benefit triggers (Reg 46 Sec 1951, 1953)
 - Required disclosure provisions (Reg 46 Sec 1913)
 - Nonforfeiture (Reg 46 Sec 1949)

Pre-existing conditions (22:1736(C))
Inflation protection (Reg 46 Sec 1919)
Unintentional lapse (Reg 46 Sec 1911)

**15.5 Louisiana Health Insurance Association
(22:231–242)**

Eligibility (22:237)
Coverages and limits (22:240(A), (B))
Exclusions (22:240(E))
Deductibles and coinsurance (22:240(F)(4))

**16.0 Federal Tax Considerations for Health
Insurance 1%**

16.1 Personally-owned health insurance

Disability income insurance
Medical expense insurance
Long-term care insurance

16.2 Employer group health insurance

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

**16.3 Medical expense coverage for sole proprietors
and partners**

16.4 Business disability insurance

Key person disability income
Buy-sell policy

16.5 Medical savings accounts (MSAs)