

Your Exam Content Outline

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

Oregon Adjuster's Examination for Health Insurance Series 12-06

100 questions – Two-hour time limit

PLEASE NOTE: All code and RL references refer to ORS, unless otherwise noted.

1.0 Insurance Regulation 10%

1.1 Licensing requirements (744.505)

- Licensing exceptions (744.515)
- Qualifications (744.002, .525)
- Types of licenses
 - General lines adjuster (744.531)
 - Nonresident adjuster (744.528, .538)
 - Temporary adjuster permit (744.555)

1.2 Maintenance and duration

- Director's general duties and powers (731.236)
- Renewal (744.008, .009(1); OAR 836-071-0130)
- Expiration (744.007)
- Nonrenewal (744.009(2))
- Change of address or telephone number (744.028(1))
- Notification of change, deletion or addition of an assumed business name (744.028(2))

1.3 Disciplinary actions

- Cease and desist orders (731.252)
- Suspension, revocation, and nonrenewal (744.013)
- Probation (744.014)
- Civil penalty (731.988)
- Criminal penalty (731.992)

1.4 Claim settlement laws and regulations

- Unfair claim practices (746.230; OAR 836-080-0205)
- Misrepresentation and other prohibited claim practices (OAR 836-080-0220)
- Required claim communications practices (OAR 836-080-0225)
- Standard for prompt claim investigation (OAR 836-080-0230)
- Standard for prompt and fair settlements (OAR 836-080-0235)
- Adjustment of claims under policy issued by unauthorized insurer (744.541)

1.5 Federal regulation

- Fair Credit Reporting Act (15 USC 1681–1681d)
- Fraud and false statements (18 USC 1033, 1034)

2.0 Health Insurance Basics 17%

2.1 Definition of potential claims

- Accidental injury
- Sickness

2.2 Principal types of claims and benefits

- Loss of income from disability
- Medical expense
- Dental expense
- Long-term care expense

2.3 Classes of health insurance policies

- Individual versus group
- Private versus government
- Limited versus comprehensive

2.4 Limited policies

- Limited benefits 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

2.5 Common exclusions from coverage

2.6 Considerations in replacing health insurance (743.766 (2, 3))

- Pre-existing conditions
- Benefits, limitations and exclusions

2.7 Health insurance claims

- Insurer's investigation/verification of loss
- Insurer's payment of claim (743.432, .435)

3.0 Understanding the Language of Medical Reports 10%

3.1 Medical terminology and abbreviations

- Location terms
- Movement terms
- Prefixes, suffixes and root words
- Abbreviations used in medical reports
- Medical specialties

3.2 Basic human anatomy

- Skeletal structure
- Nervous system
- Respiratory system
- Cardiovascular system
- Abdominal organs

3.3 Injuries and diseases

- Strains and sprains
- Dislocations
- Fractures
- Soft tissue injuries
- Brain injuries
- Burn classifications
- Cumulative trauma
- Repetitive motion injuries
- Lung disease
- Diabetes mellitus
- Glaucoma
- Hypertension
- Osteoarthritis
- Osteomyelitis
- Osteoporosis
- Stroke
- Tachycardia
- Atherosclerosis
- Coronary thrombosis

3.4 Medical tests

- Laboratory
- Radiography (X-ray)
- Magnetic resonance imaging (MRI)
- Computerized tomography (CT or CAT)
- Electromyography (EMG)
- Nerve conduction studies
- Myelography
- Arthroscopy
- Electrocardiogram (EKG or ECG)
- Electroencephalography (EEG)

4.0 Individual Health Insurance Policy General Provisions 13%

4.1 Uniform required provisions

- Incontestability (743.414, .472)
- Grace period (743.417)
- Reinstatement (743.420)
- Claim procedures (743.423–.435)

4.2 Uniform optional provisions

- Change of occupation (743.450)
- Misstatement of age (743.453)
- Other insurance (743.456, .459, .462)

4.3 Other general provisions

- Right to examine (free look) (743.492)
- Insuring clause (743.405)
- Consideration clause
- Entire contract; changes (743.411)
- Physical examinations and autopsy (743.411, .438)
- Legal actions (743.441)
- Change of beneficiary (743.444)
- Unpaid premium (743.468)
- Conformity with state statutes (743.474)
- Illegal occupation (743.477)
- Renewability clause (743.495, .498, .766(5))
 - Noncancelable
 - Guaranteed renewable
 - Conditionally renewable
 - Renewable at option of insurer

Nonrenewable (cancelable, term)

5.0 Disability Income and Related Insurance 10%

5.1 Qualifying for disability benefits

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

5.2 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 (743.465)
- Other cash benefits
 - Accidental death and dismemberment
 - Rehabilitation benefit
 - Medical reimbursement benefit (nondisabling injury)
- Refund provisions
 - Return of premium
 - Cash surrender value

Exclusions

5.3 Unique aspects of individual disability underwriting

- Occupational considerations
- Benefit limits
- Policy issuance alternatives

5.4 Group disability income insurance

- Short-term disability (STD)
- Long-term disability (LTD)

5.5 Business disability insurance

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

5.6 Social Security disability

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

5.7 Workers compensation

- Eligibility

6.0 Medical Plans 10%

6.1 Medical plan concepts

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

6.2 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
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

6.3 Cost containment in health care delivery

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

6.4 Oregon requirements (individual and group)

Eligibility requirements
Newborn child coverage (743.707)
Dependent child age limit (743.405(3))
Coverage for adopted children (743.707)
Benefit offers
Alcoholism treatment (743.412)

6.5 HIPAA (Health Insurance Portability and Accountability Act) requirements

Eligibility
Guaranteed issue
Pre-existing conditions
Creditable coverage
Renewability

6.6 Health Savings Accounts (HSAs) and Health Reimbursement Accounts (HRAs)

Definition
Eligibility
Contribution limits
Portability

7.0 Group Health Insurance 10%

7.1 Characteristics of group insurance

Group contract
Certificate of coverage
Experience rating versus community rating

7.2 Types of eligible groups

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

7.3 Marketing considerations

Advertising
Regulatory jurisdiction/place of delivery

7.4 Employer group health insurance

Insurer underwriting criteria
Characteristics of group
Plan design factors
Persistency factors
Administrative capability
Eligibility for insurance
Employee eligibility
Dependent eligibility
Coordination of benefits provision
(OAR 836-020-0770–0805)
Change of insurance companies or loss of coverage
No-loss no-gain
Events that terminate coverage
Extension of benefits
Continuation of coverage under COBRA and
Oregon rules (743.610; OAR 836-052-0860)
Conversion rights for former spouse
(763.600–.602)

7.5 Small employer medical plans

Definition of small employer (743.730)
Basic coverage (743.730(4), .736)
Availability of coverage (743.752)
Renewability of coverage (743.737(5))
Pre-existing conditions (743.730, .737 (1–3), .754)
Participation requirements (743.737(7))
Open enrollment

8.0 Dental Insurance 7%

8.1 Categories of dental treatment

Diagnostic and preventive
Restorative
Oral surgery
Endodontics
Periodontics
Prosthodontics
Orthodontics

8.2 Indemnity plans

Choice of providers
Scheduled versus nonscheduled plans
Benefit categories
Diagnostic/preventive services
Basic services
Major services

Deductibles and coinsurance
Exclusions
Limitations

8.3 Employer group dental expense

Integrated deductibles versus stand-alone plans
Minimizing adverse selection

9.0 Insurance for Senior Citizens and Special Needs Individuals 10%

9.1 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 Insurance

9.2 Medicare supplements

Purpose (OAR 836-052-0103)

Open enrollment (OAR 836-052-0138)

Standardized Medicare supplement plans

Core benefits (OAR 836-052-0133)
Additional benefits

Oregon regulations and required provisions

Standards for marketing (OAR 836-052-0175)

Advertising (736.687; OAR 836-052-0170)

Appropriateness of recommended purchase and
excessive insurance (OAR 836-052-0180)

Right to return (free look) (743.686)

Replacement (743.013; OAR 836-052-0165,
0190)

Pre-existing conditions

Required disclosure provisions (743.685;
OAR 836-052-0160)

Outline of coverage (743.685(2);
OAR 836-052-0160, 0190)

Buyers guide (743.685(6))

Permitted compensation (OAR 836-052-0156)

Medicare SELECT (OAR 836-052-0139)

9.3 Other options for individuals with Medicare

Employer group health plans

Disabled employees

Employees with kidney failure

Individuals age 65 and older

Medicaid

Eligibility

Benefits

9.4 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

Oregon regulations and required provisions

Standards for marketing (OAR 836-052-0640)

Advertising (OAR 836-052-0620)

Shopper's guide (OAR 836-052-0610)

Outline of coverage (743.655(6); OAR 836-
052-0600)

Appropriateness of recommended purchase

Right to return (free look) (743.655(5))

Replacement (OAR 836-052-0575–0615)

Renewal provisions

Continuation or conversion

Required disclosure provisions
(OAR 836-052-0605)

Inflation protection

Pre-existing conditions (743.655(3))

Protection against unintentional lapse

Prohibited provisions

9.5 Oregon Medical Insurance Pool (735.600–.650)

Eligibility

Coverages and limits

Exclusions

Deductibles and coinsurance

10.0 Federal Tax Considerations for Health Insurance 3%

10.1 Personally-owned health insurance

Disability income insurance

Medical expense insurance

Long-term care insurance

10.2 Employer group health insurance

Disability income (STD, LTD)

Benefits subject to FICA

Medical and dental expense

Long-term care insurance

Accidental death and dismemberment

10.3 Medical expense coverage for sole proprietors and partners

10.4 Business disability insurance

Key person disability income

Buy-sell policy

10.5 Health Savings Accounts (HSAs) and Health Reimbursement Accounts (HRAs)