

Your Exam Content Outline

The following outline describes the content of one of the New York insurance examinations. The examination will contain questions on the subjects contained in the outline. The percentages indicate the relative weight assigned to each section 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.

New York Accident and Health Insurance Agent/Broker Examination Series 17-52

100 questions - 2-hour time limit
Live Date- September 20, 2018

1.0 Insurance Regulation 8%

1.1 Licensing

Process (2103(d-i))

Definitions

Producer definition (2101(k))

Who should be licensed (2101(k))

Home state (2101(l))

Negotiate (2101(m))

Sell (2101(n))

Solicit (2101(o))

Types of licensees

Agents (2101(a, k); 2103; Reg 6, Part 22.2; Reg 7, Part 23.2)

Brokers (2101(c, h, k); 2104)

Consultants (2107)

Adjusters (2101(g), 2108)

Nonresident (2101(d, e); 2103(g)(5, 11); 2136)

Business entities (2101(p), (2103(i)(2))

Temporary (2109; Regs 9, 18, 29, Part 20.1)

Maintenance and duration

Renewal (2103(j); Reg 5, Part 21.2)

Continuing education (2132)

Assumed names (2102(f))

Change of address (all addresses, including email) (2134; Reg 5, Part

21.4; Reg 6, Part 22.3; Reg 7, Part 23.4)

Reporting of actions (2110(i)(j))

Disciplinary actions

Hearings-Notice and Process (2405, 2406, Financial Services 305)

Suspension, revocation, and nonrenewal (2110)

Penalties (2127, 109)

1.2 State regulation

Superintendent's general duties and powers (2404, Financial Services 201, 202, 301)

Company regulation

Certificate of authority (1102(a-b))

Solvency (307)

Unfair claim settlement practices (2601; Reg 64, Part 216.3-216.6)

Appointment of agent (2112(a-c))

Termination of agent appointment (2112(d); Regs 9, 18, 29, Part 20.2)

Unfair and prohibited practices

Misrepresentation (2123; Reg 64, Part 216.3)

False advertising (2603)

Defamation of insurer (2604)

Unfair discrimination (2606-2608, 2612)

Rebating (2324, 4224)

Licensee regulation

Controlled business (2103(i))

Sharing commissions (2121, 2128)

Fiduciary responsibility (2120; Regs 9, 18, 29, Parts 20.3, 20.4)

License display (Reg 125, Part 34.5)

Commissions and compensation
(2102(e), 2114–2116, 2119; Regs 9, 18,
29, Part 20.6; Reg 194, Part 30)

Termination responsibilities of producer
(2112(g))

Examination of books and records (2404;
Reg 152, Parts 243.0 to 243.3)

Insurance Frauds Prevention Act (401–405,
Financial Services 403-405)

Aiding Unauthorized Insurer (2117)

Prohibitions (403)

Reporting (405)

Consumer privacy regulation (Reg 169, Parts
420.0–420.4)

Producer Compensation Transparency (Reg
194, Parts 30.1 to 30.5)

Cyber Security Requirements for Financial
Services Companies (Reg 23)

1.3 Federal regulation

Fair Credit Reporting Act (15 USC 1681a–
1681d)

Fraud and false statements including 1033
waiver (18 USC 1033, 1034)

2.0 General Insurance 6%

2.1 Concepts

Risk management key terms

Risk (pure and speculative)

Exposure

Hazard (physical, moral, morale)

Peril

Loss

Methods of handling risk

Avoidance

Retention

Sharing

Reduction

Transfer (by contractual liability or
insurance contract)

Elements of insurable risks

Adverse selection

Law of large numbers

Reinsurance

2.2 Insurers

Types of insurers

Stock companies

Mutual companies

Fraternal benefit societies

Private versus government insurers

Admitted versus nonadmitted insurers

Domestic, foreign and alien insurers

Financial status (independent rating services)

Marketing (distribution) systems

2.3 Agents and general rules of agency

Insurer as principal

Agent/insurer relationship

Authority and powers of agents

Express

Implied

Apparent

Responsibilities to the applicant/insured

2.4 Contracts

Elements of a legal contract

Offer and acceptance

Consideration

Competent parties

Legal purpose

Characteristics of insurance contracts

Contract of adhesion

Aleatory contract

Personal contract

Unilateral contract

Conditional contract

Legal concepts and interpretations affecting
contracts

Indemnity

Utmost good faith

Representations/misrepresentations
(3105)

Warranties (3106)

Rescission

Concealment

Fraud

Waiver and estoppel

Benefits, limitations and exclusions

Licensee liability for errors and omissions

3.0 Accident and Health Insurance Basics 12%

3.1 Definitions of perils

Accidental injury

Sickness

3.2 Principal types of losses and benefits

Loss of income from disability

Hospital and medical expense

Long-term care expense

3.3 Classes of accident and health insurance coverage

Individual and group

Private versus government

Limited versus comprehensive

3.4 Types of Limited policies

Limited benefits and amounts

Required notice to insured

Types of limited policies

Accident-only

Specified (dread) disease

Hospital indemnity (income)

Dental insurance

Vision care

3.5 Common exclusions from coverage

Workers compensation

Cosmetic

Experimental/investigation

Medical necessity

3.6 Licensee responsibilities in individual accident and health insurance

Marketing requirements

Advertising (Reg 35, Parts 215.1–215.18)

Sales presentations

Outline of coverage

Application procedures

Requirements at delivery of policy

3.7 Considerations in replacing accident and health insurance

3.8 Community rating of policies (4317; Reg 145, Part 360)

Definition of small group

4.0 Individual Accident and Health Insurance Policy General Provisions 10%

4.1 Required provisions

Entire contract; changes (3216(d)(1)(A))

Grace period (3216(d)(1)(C))

Reinstatement (3216(d)(1)(D))

4.2 Other provisions

Coordination of benefits

Other benefits (3216(d)(2)(E))

Unpaid premium (3216(d)(2)(G))

Cancellation (3216(d)(2)(H))

Conformity with state statutes (3216(d)(2)(I))

Illegal occupation (3216(d)(2)(J))

Intoxicants and narcotics (3216(d)(2)(K))

4.3 Other general provisions

Right to examine (free look)

Insuring clause

Consideration clause

Renewability clause (3216(g))

Noncancelable

Guaranteed renewable

5.0 Disability Income and Related Insurance 10%

5.1 Qualifying for disability benefits

Inability to perform duties

Own occupation

Any occupation

Presumptive disability

Proof of Loss

5.2 Individual disability income insurance

Basic total disability plan

Income benefits (monthly indemnity)

Elimination and benefit periods

Waiver of premium feature

- Coordination of benefits
- Individual premium consideration
 - Additional monthly benefit (AMB)
 - Social insurance supplement (SIS)
 - Occupational versus nonoccupational coverage
 - Noncancelable (3216(d)(2)(H))
 - Guaranteed renewability
- Other provisions affecting income benefits
 - Cost of living adjustment (COLA) rider
 - Future increase option (FIO) rider
 - Relation of earnings to insurance (3216(d)(2)(F))
- Benefits
 - Accidental death and dismemberment
 - Rehabilitation benefit
 - Medical reimbursement benefit (nondisabling injury)
 - Partial disability benefit
 - Residual disability benefit
 - Total disability benefit
 - 24-hour coverage versus limited/at-work coverage
 - Exclusions

5.3 Group disability income insurance

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

5.4 Business disability insurance

- Key person disability income
- Disability buy-sell policy
- Business overhead expense policy

6.0 Medical Plans 15%

6.1 Medical plan concepts

- Coordination of benefits
- 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

6.2 Types of 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 (4303(j))
- Primary care physician (PCP)
- Referral (specialty) physician

Emergency care

Hospital services

Other basic services

Preferred provider organizations (PPOs), point-of-service (POS) plans and Exclusive Provider Organizations (EPOs)

General characteristics

In-network and out-of-network provider access

Primary care physician (PCP) referral

Catastrophic

6.3 Cost containment in health care delivery

- Utilization review (Art .49)
 - Prospective review
 - Concurrent review
 - Retrospective review

6.4 New York dependent requirements (individual and/or group)

- Dependent child age limit (3216(a)(4); 4235(f)(1)(2))
- Policy extension for handicapped children (3216(c)(4)(A))
- Newborn child coverage (3216(c)(4)(C))

6.5 New York required benefits (Individual and/ or group)

6.6 New York mandated offers (individual and/ or group)

6.7 HIPAA (Health Insurance Portability and Accountability Act) requirements

Eligibility
Guaranteed issue
Renewability
Privacy protections

7.0 Federal Patient Protection and Affordable Care Act 10%

7.1 Affordable Care Act

Preexisting conditions
Insurance exchanges
 Eligibility (individual and small employer)
 APTC (advance premium tax credit)
 Cost share reduction
 Benchmark plan
 State vs. federal
 Metal levels
Catastrophic
Medical loss ratio
Actuarial value
Enrollment period
Individual mandate
Employer shared responsibility
Annual lifetime dollar limits
10 Essential benefits

8.0 Long-term Care (LTC) Insurance 5%

8.1 Benefits

LTC, Medicare and Medicaid compared
Eligibility for benefits
Levels of care
 Skilled care
 Intermediate care
 Custodial care
Types of care
 Home health care
 Adult day care
 Respite care
 Nursing home facility care
 Assisted living

Benefit periods
Benefit amounts

Activities of Daily Living (ADLs)

Optional benefits

Reimbursement versus indemnity/cash
Inflation protection (COLA) (Reg 62, Part 52.25(c)(3))

Nonforfeiture benefits (Reg 62, Part 52.25(c)(7))

Guarantee of insurability

Return of premium

Shared care

Individual, group and association plans

Hybrid plans

Exclusions (Reg 62, Part 52.25(b)(2))

Underwriting considerations

Suitability

8.2 New York regulations and required provisions

Renewability (Reg 62, Part 52.25(b)(1))
Required disclosure provisions (Reg 62, Part 52.65)
Prohibited practices
Replacement (Reg 62, Part 52.29)
New York State Partnership for Long Term Care (Reg 144, Part 39)
Dollar for dollar or time element
Medicaid Estate Recovery Act (OBRA '93)
New York Tax Credit

9.0 Group Health and Blanket Insurance 10%

9.1 Characteristics of group insurance

Group contract
Certificate of coverage
Experience rating versus community rating
Definition of eligible group (4235(b)(c))

9.2 Types of eligible groups (4235)

Employer group
Customer groups (depositors, creditor-debtor and others)
Blanket customer groups (teams, passengers, students, associations, PEO, and others)

9.3 Regulation of employer group insurance plans

Employee Retirement Income Security Act (ERISA)

Applicability

Fiduciary responsibilities

Reporting and disclosure / compliance

Family Medical Leave Act (FMLA)

Relationship with Medicare

Medicare secondary rules

Medicare carve-outs and supplements

Nondiscrimination rules (highly-compensated)

9.4 Types of funding and administration

Conventional fully-insured plans

Partially self-insured plans

Stop-loss coverage

Administrative-services only (ASO) arrangements

9.5 Marketing considerations

Advertising

Regulatory jurisdiction/place of delivery

9.6 Employer group health insurance

Insurer underwriting criteria

Characteristics of group

Plan design factors

Persistency factors

Administrative capability

Eligibility for coverage

Annual open enrollment

Employee eligibility

Probationary period

Dependent eligibility

Coordination of benefits provision (Reg 62, Part 52.23)

Change of insurers or loss of coverage

Events that terminate coverage

Extension of benefits

Continuation of coverage under COBRA and New York continuations

Conversion privilege (3221(e))

9.7 Small employer medical plans

Definition of small employer (Reg 145, Part 360.2(f))

Benefit plans offered

Availability of coverage (Reg 145, Part 360.2(e), 360.3)

Renewability (Reg 145, Part 360.2(e))

9.8 Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA)

Definition

Eligibility

Contribution

10.0 Government Health Insurance Plans 9%

10.1 Worker's compensation

Eligibility

Benefits

10.2 Social Security Disability

Qualifications for disability benefits

Definition of disability

Waiting period

Disability income benefits

10.3 New York State Disability Benefits Law

Purpose

Definitions

Employment covered

Benefits

10.4 Medicaid

Eligibility and Benefits

Child Health Plus

10.5 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

Part C — Medicare Advantage

Part D — Prescription Drug Insurance

10.6 Healthy New York (4326)

11.0 Private Insurance for Senior Citizens and Special Needs Individuals 5%

11.1 Medicare supplements (Reg 62 Part 58)

Purpose

Open Enrollment (Reg 193, Part 58)

Standardized Medicare supplement plans

Core benefits

Additional benefits

New York Regulations and Required Provisions

Standards for marketing (Reg 193, Part 58)

Permitted Compensation Arrangements (Reg 193, Part 58)

Appropriateness of Recommended Purchase or Replacement (Reg 193, Part 58)

Replacement (Reg 193, Part 58)

Disclosure Statement (Reg 193, Part 58)

Renewability (Reg 193, Part 58)

Med Advantage

11.2 Other Medicare options for individuals

Disabled individuals

Individuals with kidney failure

Employer group health plans

Employees age 65 or older