

# 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 Independent Accident and Health Insurance Adjuster Examination Series 17-63

**60 questions - 1-hour time limit**  
**Live Date- September 20, 2018**

### 1.0 Insurance Regulation 10%

#### 1.1 Licensing requirements

- Qualifications (2108(c, g))
- Process (2108(d, f))
- Bond (2108(l))
- Fingerprints (2108(d)(2))
- Temporary adjuster permit (2108(h, n))
- Superintendent's general duties and powers (2404, Financial Services 201, 202, 301)

#### 1.2 Maintenance and duration

- Renewal (2108(i, j))
- Assumed names (2102(f))
- Change of address (all addresses including email) (2134, Reg 25, Part 26.6)
- Reporting of actions (2110(i)(j))
- Cyber Security Requirements for Financial Services Companies (Reg 23)

#### 1.3 Disciplinary actions

- Suspension, revocation, and nonrenewal (2110)
- Hearings-notice and process (2405, 2406, Financial services 305)
- Penalties (2127)

#### 1.4 Claim settlement laws and regulations (Reg 64, Part 216)

- Unfair claim practices (2601)
- Misrepresentation (2108(o))
- Prohibitions (Reg 25, Part 26.5)

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

#### 1.5 Federal regulation

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

### 2.0 Accident and Health Insurance Basics 17%

#### 2.1 Definition of potential claims

- Accidental injury
- Sickness and health

#### 2.2 Principal types of losses and benefits

- Loss of income from disability
- Hospital and medical expense
- Long-term care expense

#### 2.3 Classes of accident and health insurance coverage

- Individual and group
- Private versus government
- Limited versus comprehensive
- Self-insured versus insured

#### 2.4 Limited policies

- Limited benefits and amounts
- Required notice to insured
- Types of limited policies
  - Accident-only
  - Hospital indemnity (income)
  - Dental insurance
  - Specified (dread) disease
  - Vision care

#### 2.5 Common exclusions from coverage

- Workers' Compensation
- Cosmetic
- Experimental investigation
- Medical necessities

## 2.6 Accident and health insurance claims

- Insured's notice
- Standard claim forms
- Insurers' responsibility to provide claim forms
- Insured's submission of proof of loss
- Insurer's investigations/verification of loss
- Insurer's payment of claim
- Physical examination and autopsy
- Legal actions

## 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 Common 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
- Arthritis
- Osteomyelitis
- Stroke

- Tachycardia
- Atherosclerosis
- Coronary thrombosis
- Mental wellness

### 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 7%

### 4.1 Required provisions

- Entire contract; changes (3216(d)(1)(A))
- Time limit on certain defenses (3216(d)(1)(B))
- 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** 8%

### **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
  - Elimination and benefit periods
  - Waiver of premium feature
- Coordination of benefits
- Individual premium considerations
  - 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
  - Total disability benefit
  - Residual 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 8%**

### **6.1 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

### **6.2 Types of plans**

- Major medical insurance (indemnity plans)
  - Characteristics
  - Common limitations
  - Exclusions from coverage
  - Provisions affecting cost to insureds
- 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 Exclusion Provider Organizations (EPOs)
  - General characteristics
  - In-network and out-of-network provider access
  - Primary care physician (PCP) referral
  - Indemnity plan features
  - Catastrophic

### **6.3 Cost containment in health care delivery**

- Utilization review

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 9%**

**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 and lifetime dollar limits  
10 Essential benefits

**8.0 Long-term Care (LTC) Insurance 8%**

**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  
Assisted living

Benefit periods

Benefit amounts

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

**9.0 Group Health and Blanket Insurance 8%**

**9.1 Characteristics of group insurance**

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

**9.2 Types of eligible groups (4235 & 4237)**

Employment-related groups  
Individual employer groups  
Professional Employer organizations  
Associations (alumni, professional and other)  
Customer groups (depositors, creditor-debtor and others)  
Blanket customer groups (teams, passengers, 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 Employer group health insurance**

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))

### **9.5 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))

## **10.0 Dental Insurance 5%**

### **10.1 Types of dental treatment**

Diagnostic and preventive

Restorative

Oral surgery

Endodontics

Periodontics

Prosthodontics

Orthodontics

### **10.2 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

### **10.3 Employer group dental expense**

Integrated deductibles versus stand-alone plans

Minimizing adverse selection

## **11.0 Government Health Insurance Plans 5%**

### **11.1 Workers compensation**

Eligibility

Benefits

### **11.2 Social Security Disability**

Qualifications for disability benefits

Definition of disability

Waiting period

Disability income benefits

### **11.3 New York State Disability Benefits Law**

Purpose

Definitions

Employment covered

Benefits

### **11.4 Medicaid**

Eligibility and benefits

Child Health Plus

Eligibility and benefits

### **11.5 Medicare**

Nature, financing, and administration

Part A — Hospital Insurance  
Individual eligibility requirements  
Enrollment  
Coverages and cost-sharing amounts

Employer group health plans  
Employees age 65 or older

Part B — Medical Insurance  
Individual eligibility requirements  
Enrollment  
Coverages and cost-sharing amounts  
Exclusions

Part C — Medicare Advantage

Part D — Prescription Drug Insurance

Healthy New York (4326)

### **11.6 Medical Savings Accounts (MSAs), Flexible Accounts and Health Savings Accounts**

Definition

Eligibility

Contribution line

### **11.7 Healthy New York (4326)**

## **12.0 Private Insurance for Senior Citizens and Special Needs Individuals 5%**

### **12.1 Medicare supplements**

Purpose

Open Enrollment (Reg 193, Part 58)

Standardized Medicare supplement plans

Core benefits

Additional benefits

New York regulations and required provisions  
(Reg 193, Part 58)

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)

### **12.2 Other Medicare options for individuals**

Disabled individuals

Individuals with kidney failure