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, 2017 |

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 Regulation (23 NYCRR 500)

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

6.1 Medical plan concepts

- Fee-for-service basis versus prepaid basis
- Specified coverages versus comprehensive care

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

7.2 Federal Patient Protection and Affordable Care Act 9%

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
  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
Employer group health plans
  Employees age 65 or older