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

### Wisconsin Accident and Health: General and State Series 22-03

**100 questions (5 pre-test items)**  
**Two-hour time limit**  
**Effective October 17, 2016**

#### 1.0 Insurance Regulation 35%
- **Purpose**
  - Ref: ch. 628
- **Persons Required to be licensed**
  - Ref: s. 618.41, ch. 628, s. 628.02(1), s. 628.02(3), s. 628.02(4), s. 628.02(5), s. 628.03, s. 628.04, s. 628.49, s. 632.69(1)(b)(2), s. 632.69(1)(c)(2), s. Ins 6.58, s. Ins 42.01, s. Ins 42.03, s. Ins 47
- **License Requirements**
  - Ref: ch. 26, s. 628.03, s. 628.04, s. 628.04(2), s. 628.34, s. 628.51, s. 632.69(1)(b)2, s. 632.69(1)(c)2, s. Ins 6.59, s. Ins 6.59(4)(a), s. Ins 6.59(4)(c)
- **Record keeping, maintenance, and duration**
- **Renewal**
- **Continuing education requirements**
- **Reinstatement**
- **Assumed name**
- **Change of address or telephone number**
- **Reporting of actions**
  - Ref: s. 134.97, s. 601.42, s. 601.43, s. 601.43(1)(b), s. 601.43(1)(c), s. 601.43(2)(a), s. 601.45, s. 601.49, s. Ins 6.54, s. Ins 6.55, s. Ins 6.67, s. Ins 6.68
- **Disciplinary actions**
- **License termination, suspension, or revocation**
- **Penalties**
  - Insurance security fund
    - Ref: ch. 227, s. 227.12, s. 601.41, s. 601.41(4), s. 601.42, s. 601.42(4) s. 601.62, s. 601.62(5), s. 601.64, s. 601.64(2), s. 601.64(3), s. 601.64(3)(d), s. 601.64(4), s. 601.65, s. 628.10, s. 628.10(2)(b), s. Ins 6.59, ch. 646
- **Company regulation**
  - **Solvency**
  - **Responsibilities of the insurer**
  - **Rates**
  - **Use of Policy forms**
  - **Readability**
  - **Producer appointments/terminations**
  - **Unfair claims, methods, and practices**
  - **Notice of right to file complaint**
    - Ref: s. 628.11, s. 628.40, s. 631.20, s. 631.20(3), s. 631.22, s. 631.28, s. Ins 6.07, s. Ins 6.11, s. Ins 6.11(3), s. Ins 6.55, s. Ins 6.55(4)(b), s. Ins 6.57, s. Ins 6.65
  - **Producer regulation**
  - **Fiduciary and trust account responsibilities**
  - **Place of business/records maintenance**
  - **Compensation of agents**
  - **Controlled business**
  - **Shared commissions**
  - **Proper exchange of business**
  - **Ref: s. 628.32, s. 628.51, s. 628.61, s. Ins 6.66**
- **Marketing practices**
- **Misrepresentation**
- **False advertising**
- **Rebating**
- **Unfair discrimination**
- **Boycott, coercion or intimidation**
- **Illegal inducement**
  - Ref: ch. 20, s. 628.34, s. 628.34(1) – s. 628.34(9), s. Ins 6.54, s. Ins 6.55, s. Ins 6.67, s. Ins 6.68
- **Examination of records**
  - Ref: s. 601.43, s. 601.43(1)(b), s. 601.43(1)(c), s. 601.43(2)(a), s. 601.45, s. 601.49, s. Ins 16.01, s. Ins 26.10, s. Ins 26.10(3), s. Ins 28.10, s. Ins 28.10(3)
- **General statutes, rules, and regulations affecting insurance contracts**
- **Definitions**

#### 1.2 State regulation 30%
- **Commissioner's general duties and powers**
  - **Duties**
  - **Hearings**
Specific knowledge
Misrepresentation/Warranties
Knowledge and acts of the agent
Certificates of Insurance
Ref: s. 628.34, ch. 631, s. 631.08, s. 631.09, s. 631.11, s. 631.28, ch. 632
Regulation of specific clauses in insurance contracts
Cancellation
Renewal/Nonrenewal
Notice of proof of loss
Payment of claims
Ref: s. 102.31(2)(a), s. 102.31(2)(b)(1), s. 102.315(10)(a)(4), s. 102.315(10)(a)3, s. 102.315(10)(b)3, s. 628.46, s. 631.36, s. 631.43, s. 631.48, s. 631.81, s. 631.43, s. 631.48, s. 631.81, s. 631.43, s. 631.48, s. 631.81, s. 631.43, s. 631.48, s. 631.81, s. 631.43, s. 631.48, s. 631.81, s. 631.43, s. 631.48, s. 631.81, s. 631.43, s. 631.48, s. 631.81, s. 631.43, s. 631.48, s. 631.81
Privacy of Consumer Information
Ref: s. 134.97, s. 610.70, s. Ins 25

1.3 Federal regulation 15%
Fair Credit Reporting Act
Fraud and false statements
Hippa

1.4 Wisconsin statutes, rules, and regulations pertinent to disability (A&H) insurance only 30%
Policy provisions
Right to return a policy
Right of insurer to contest
Preexisting conditions
Application responsibilities
Grace period
Disclosure requirements
Continuation privileges
Independent review
Grievance
Ref: s. 628.32, s. 632.73, s. 632.745(11), s. 632.746(1), s. 632.76(1), s. 632.76(2), s. 632.76(2)(ac), s. 632.78(1), s. 632.83, s. 632.835, s. 632.897, s. 635.02(7), s. 635.11, s. Ins 18.01(4), s. Ins 18.01(6), s. Ins 18.02(1), s. Ins 18.10, s. Ins 18.105, s. Ins 18.11(2)(a)4, s. Ins 3.28, s. Ins 3.33, s. Ins 3.39(27), s. Ins 3.41 – 45, s. Ins 3.46(14), s. Ins 3.60(6) – (7), s. Ins 8.48
Coverages
Nurse practitioners
Ref: s. 632.87
Optometrists
Ref: s. 632.87(2)
Chiropractic benefits
Ref: s. 632.87
Handicapped children
Ref: s. 632.88
Alcohol, drug abuse, mental, and nervous disorders

Ref: s. 609.05(3), s. 609.655, s. 632.89, s. 632.895(12m)
Home care
Ref: s. 632.895, s. Ins 3.54
Skilled nursing facility
Ref: s. 632.895(3)
Kidney disease
Ref: s. 632.895(4)
Diabetes
Ref: s. 632.895(6)
Newborn children
Ref: s. 632.895(5), s. Ins 3.38
Maternity benefits for dependent children
Ref: s. 632.895(7)
Adopted children
Ref: s. 609.75, s. 631.07(3)(a)3.m, s. 632.896
Grandchildren
Ref: s. 632.895(5m)
Mammograms
Ref: s. 609.80, s. 632.895(8)
Lead poisoning screening
Ref: s. 632.895(10)
Temporomandibular joint disorders
Ref: s. 632.895(11)
Hospital and ambulatory surgery
Ref: s. 632.895(12)
Autism spectrum
Ref: s. 632.895(12m), s. Ins 3.36
Breast reconstruction
Ref: s. 632.895(13)
Immunizations
Ref: s. 632.895(14)
Student on medical leave
Ref: s. 632.895(15)
Hearing aids, cochlear implants, and related treatment for infants and children
Ref: s. 632895(16)
Colonrectal cancer screening
Ref: s. 632.895(16m), s. Ins 3.35
Contraceptives and services
Ref: s. 632.895(17)
Emergency medical services
Ref: s. 632.85
Prescription drugs and devices
Ref: s. 632.853, s. Ins 3.67(2)
Experimental treatment
Ref: s. 632.855, s. Ins 3.67(3)
Requirements relating to AIDS
Ref: s. 149.12(1), s. 631.90, s. 631.93, s. 632.895(9), s. Ins 3.53
Cancer clinical trials
Ref: s. 609.05(3), s. 609.655, s. 609.75, s. 609.80, s. 628.34, s. 631.07(3)(a)3.m, s. 631.93, s. 632.85, s. 632.853, s. 632.855, s. 632.87, s. 632.87(1) - s. 632.87(2), s. 632.87(5) (6), s. 632.88, s. 632.89, s. 632.89(2), s. 632.895, s. 632.895(3) – (14), s. 632.896, s. 632.875, , s. Ins 3.35, s. Ins
3.36, s. Ins 3.37 s. Ins 3.38, s. Ins 3.47, s. Ins 3.54, s. Ins 3.67(2) - (3)
Marketing methods and practices
Advertising
Suitability
Outline of coverage
Policy replacement
Interstate insurance product regulation compact
Ref: s. 14.82, s. 601.58, s. 628.34, s. Ins 3.27, s. Ins 3.27(1), s. Ins 3.27(12) – (13), s. Ins 3.27(22) – (24), s. Ins 3.27(5) – (5a), s. Ins 3.27(7) – (9), s. Ins 3.29, s. Ins 3.39(15), s. Ins 3.46, s. Ins 3.46(22), s. Ins 6.90
Long-term care insurance
Long-term care insurance
Long-term care partnership program
Agent training requirements
Ref: s. 632.825, s. Ins 3.46, s. Ins 3.465
Requirements for group health policies
Special provisions
Disclosure requirements
Termination/nonrenewal regulation
Fair marketing standards
Ref: s. 600.03(35)(a), s. 625.13, s. 627.446(6, 7, 9, 10), s. 632.747, s. 632.748, s. 632.749, s. 632.7495, ch. 635, s. 635(19), s. 635.11, s. 635.18, s. Ins 3.13(3), s. Ins 3.33, ch. Ins 8, s. Ins 8.48, s. Ins 8.68
Medicare supplement
Ref: s. 628.34, s. 632.84, s. Ins 3.27, s. Ins 3.39
Short-term medical policies
Ref: s. 632.7495(4)
Interstate insurance product regulation compact
Ref: s. 14.82, s. 601.58

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
Reciprocals
Lloyd's associations
Risk retention groups
Private versus government insurers
Admitted versus nonadmitted insurers
Domestic, foreign and alien insurers
Financial status (independent rating services)
Marketing (distribution) systems

2.3 Producers and general rules of agency
Insurer as principal
Producer/insurer relationship
Authority and powers of producer
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 Accident and Health Insurance Basics  8%

3.1 Definitions of perils
Accidental injury
Sickness, medical necessity and emergency

3.2 Principal types of losses and benefits
Loss of income from disability
Medical expense
Dental expense
Long-term care expense

3.3 Classes of health insurance policies
Individual versus group
Private versus government
Self-funded vs fully insured
Limited versus comprehensive
Employer group versus association group
3.4 Limited policies
Limited perils and amounts
Required notice to insured
Types of limited policies
Accident-only
Specified (dread) disease
Hospital indemnity (income)
Credit disability
Blanket insurance (teams, passengers, other)
Prescription drugs
Vision care

3.5 Common exclusions from coverage

3.6 Licensee responsibilities in individual health insurance
Marketing requirements
Advertising
Life and Health Insurance Guaranty Association
Sales presentations
Outline of coverage
Compensation disclosure
Field underwriting
Nature and purpose
Employee waiver form
Disclosure of information about individuals
Application procedures
Requirements at delivery of policy
Individual and small employer health insurance
application
Common situations for errors/omissions

3.7 Individual underwriting by the insurer
Underwriting criteria
Sources of underwriting information
Application
Licensee report
Attending physician statement
Investigative consumer (inspection) report
Medical Information Bureau (MIB)
Medical examinations and lab tests (including HIV consent)
Unfair discrimination
Genetic Information and Nondiscrimination Act of 2008 (GINA)
Classification of risks
Preferred
Standard
Substandard

3.8 Considerations in replacing accident and health insurance
Pre-existing conditions
Benefits, limitations and exclusions
Underwriting requirements
Licensee liability for errors and omissions
Required notification

3.9 Other required, uniform and general provisions
Incontestability
Grace period
Reinstatement

4.0 Disability Income and Related Insurance 8%

4.1 Qualifying for disability benefits
Inability to perform duties
Own occupation
Any occupation
Loss of income (income replacement contracts)
Definition of total disability
Presumptive disability
Requirement to be under physician care

4.2 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
Rehabilitation benefit
Medical reimbursement benefit (nondisabling injury)

4.3 Unique aspects of individual disability underwriting
Occupational considerations
Benefit limits
Policy issuance alternatives

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

4.5 Social Security disability
Qualification for disability benefits
Definition of disability
Waiting period
Disability income benefits

5.0 Medical Plans 8%

5.1 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

5.2 Types of providers and plans
Major medical insurance (indemnity plans)
Characteristics
Common limitations
Exclusions from coverage
Provisions affecting cost to insured
Defined contribution plans
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
Limited health plans
Open panel or closed panel
Types of parties to the provider contract
NetCare Plan

5.3 Cost containment in health care delivery
Cost-saving services
Preventive care
Hospital outpatient benefits
Alternatives to hospital services
Maternity stay minimum limits
Utilization management
Prospective review
Concurrent review

5.4 State requirements (individual and group)
Eligibility requirements
Newborn child coverage
Dependent child age limit
Court ordered dependency coverage
Eligibility of dependent children not based solely on residency
Policy extension for handicapped children
Adoptions
Federal health care reform required dependent coverage
Benefit offers
Substance abuse coverage

5.5 HIPAA (Health Insurance Portability and Accountability Act) requirements
Eligibility
Guaranteed issue
Creditable coverage
Renewability

5.6 Health Savings Accounts (HSAs) and Health Reimbursement Accounts (HRAs)
Definition
Eligibility
Contribution limits
Portability

5.7 Federal Health Care Reform (Patient Protection and Affordable Care Act)

6.0 Group Accident and Health Insurance 8%

6.1 Characteristics of group insurance
Group contract
Certificate of coverage
Experience rating versus community rating

6.2 Types of eligible groups
Employment-related groups
Individual employer groups
Multiple-Employer Trusts (METs) or Welfare Arrangements (MEWAs)
Associations (alumni, professional, other)
Customer groups (depositors, creditor-debtor, other)
Discretionary groups

6.3 Marketing considerations
Advertising
Unfair inducements
Regulatory jurisdiction/place of delivery

6.4 Employer group health insurance
Insurer underwriting criteria
Characteristics of group
Plan design factors
Persistency factors
Administrative capability
Eligibility for insurance
Annual open enrollment
Employee eligibility
Dependent eligibility
Coordination of benefits provision
Change of insurance companies or loss of coverage
Coinsurance and deductible carryover
No-loss no-gain
Events that terminate coverage
Continuation of coverage under COBRA
Reinstatement of coverage for military personnel

6.5 Small employer medical plans
- Definition of small employer
- Availability of coverage
- Rating of small employer plans
- Benefit choices
- Defined contribution arrangement market
- Renewability of coverage
- Participation requirements
- Open enrollment
- State Health Exchange

6.6 Regulation of employer group insurance plans
- Employee Retirement Income Security Act (ERISA)
- Applicability
- Fiduciary responsibilities
- Reporting and disclosure
- Age Discrimination in Employment Act (ADEA)
- Applicability to employers and workers
- Permitted reductions in insured benefits
- Permitted increases in employee contributions
- Requirements for medical expense coverage
- Civil Rights Act/Pregnancy Discrimination Act

6.7 Types of funding and administration
- Conventional fully-insured plans
- Fully self-funded (self-administered) plans
- Characteristics
- Conditions suitable for self-funding
- Benefits suitable for self-funding

6.8 Health Insurance Exchange

7.0 Dental Insurance

7.1 Categories of dental treatment
- Diagnostic and preventive
- Restorative
- Oral surgery
- Endodontics
- Periodontics
- Prosthodontics
- Orthodontics

7.2 Indemnity plans
- Choice of providers
- Scheduled versus nonscheduled plans
- Benefit categories
- Diagnostic/preventive services
- Basic services
- Major services
- Deductibles and coinsurance
- Combination plans
- Exclusions

7.3 Employer group dental expense
- Integrated deductibles versus stand-alone plans
- Minimizing adverse selection

8.0 Medicare

8.1 Medicare standard policies
- 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

8.2 Medicare supplement
- Purpose
- Open enrollment
- Standardized Medicare supplement plans
- Core benefits
- Additional benefits
- Regulations and required provisions
- Standards for marketing
- Advertising
- Appropriateness of recommended purchase
- and excessive insurance
- Right to return (free look)
- Replacement
- Pre-existing conditions
- Required disclosure provisions
- Outline of coverage
- Guide to Health Insurance for People with Medicare
- Permitted compensation
- New plans effective June 1, 2010
- Medicare Advantage

8.3 Other options for individuals with Medicare
- Employer group health plans
- Disabled employees
- Employees with kidney failure (End Stage Renal Disease) (ESRD)
- Individuals age 65 and older
- Medicaid
- Eligibility
- Benefits

8.4 Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

9.0 Long-Term Care Insurance

9.1 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
Tax Qualified LTC plans
Exclusions
Underwriting considerations
Regulations and required provisions
Standards for marketing
Advertising
Shopper’s guide
Outline of coverage
Appropriateness of recommended purchase
Right to return (free look)
Replacement
Renewal provisions
Continuation or conversion
Required disclosure provisions
Inflation protection
Pre-existing conditions
Protection against unintentional lapse
Prohibited provisions
Rate disclosure form

10.0 Federal Tax Considerations for Accident and Health Insurance 8%

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)