

**Virginia Life, Annuities, and Health Insurance Examination  
Series 11-01**

**140 scored (10 pretest) questions – 2.5-hour time limit**

**1.0 Insurance Regulation**

**10% (14 items)**

**1.1 Licensing**

General Provisions and Definitions (38.2-1800)

Process (38.2-1819)

Types of licensees

Agents (38.2-1800.1(A), 1801, 1814–1815.1, 1817–1820, 1822(A), (B), 1824)

Consultants (38.2-1837–1840)

Nonresidents (38.2-1836, 1845)

Business entities (38.2-1800.1(B), 1820, 1822(C), (D))

Viatical Settlements (38.2-1865.1; 6000; 14VAC5-71-20)

Exceptions (38.2-1821.1, 1822 (G))

Maintenance

Duration and termination (38.2-1825, 1826)

Address and/or name changes (38.2-1826(A))

Assumed names (38.2-1822(E), (F))

Requirement to report felony convictions (38.2-1826(B))

Requirement to report other states actions (38.2-1826(C))

Continuing education (38.2-1866, 1868.1–1871)

Appointment procedures (38.2-1825, 1833–1834.1)

Agent's contract with insurer versus agent's appointment with insurer

Agent's appointment versus agency's appointment

Solicitation prior to appointment

Appointment requirement after becoming licensed

Acknowledgment of appointment/notice to agent

Requirement to cease solicitation

Termination of appointment/notice to agent

Termination of license without active appointment

Disciplinary actions

Probation, suspension, revocation or refusal to issue or renew (38.2-1821, 1831, 1832)

Cease and desist order (38.2-219)

Penalties (38.2-218, 219, 1823, 1831)

**1.2 State regulation**

State Corporation Commission's general duties and powers (38.2-200)

Agent regulation

Acting for an unlicensed insurer (38.2-1802)

Record retention (38.2-1809(B))

Activities of unlicensed individuals (38.2-1821.1(B), 1822(G); AL 2002-9)

Payment and sharing of commissions (38.2-1812)

Charging of fees (38.2-310)

Illegal compensation; exceptions (38.2-1812.2)

Fiduciary capacity (38.2-1813)

Responsibility of trust accounts (38.2-1813)

Unfair trade practices

Misrepresentation (38.2-502, 512)

False advertising (38.2-503)

Defamation (38.2-504)

Boycott, coercion and intimidation (38.2-505)

Unfair discrimination (38.2-508)

Rebating (38.2-509)

Twisting (38.2-1831(5))

Referrals (38.2-1821.1 (B) 8)

Insurance information and privacy protection (38.2-604, 613.2)

### **1.3 Federal regulation**

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

Fraud and false statements (18 USC 1033, 1034)

ACA-Related Federal Market Reforms (Article 6, 38.2-3438 through 3454.1)

Definitions (38.2-3438)

Individual health insurance coverage

Dependent coverage (38.2-3439)

Lifetime and annual limits (38.2-3440)

Restrictions relating to premium rates (38.2-3447)

Essential health benefits (38.2- 3451)

Waiting periods (38.2-3452)

### **1.4 Industry regulation**

National Association of Insurance Commissioners (NAIC)

## **2.0 General Insurance**

**6% (8 items)**

### **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 assessment insurers

Fraternal benefit societies

Self insurers

Private versus government insurers

Admitted versus nonadmitted insurers

Domestic, foreign and alien insurers

Financial status (independent rating services) and operating results

Marketing (distribution) systems

### **2.3 Agents and general rules of agency**

Types

Captive

Independent

Insurer as principal

Agent of insurer

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
- 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 Life Insurance Basics**

**6% (8 items)**

**3.1 Insurable interest (38.2-301, 302, 3105)**

**3.2 Personal uses of life insurance**

- Survivor protection
- Estate creation
- Cash accumulation
- Liquidity
- Estate conservation

**3.3 Determining amount of personal life insurance**

- Human life value approach
- Needs approach
  - Types of information gathered
  - Determining lump-sum needs
  - Planning for income needs

**3.4 Business uses of life insurance**

- Buy-sell funding
- Key person
- Executive bonuses

**3.5 Classes of life insurance policies**

- Group versus individual
- Permanent versus term
- Participating versus nonparticipating
- Fixed versus variable life insurance and annuities
  - Regulation of variable products ( FINRA and Virginia) (38.2-3113; 14 VAC 5-20-30, 80)
  - Types of variable products

**3.6 Premiums**

- Factors in premium determination
  - Mortality
  - Interest
  - Expense
- Premium concepts
  - Net single premium
  - Gross annual premium
- Premium payment mode

### **3.7 Agent responsibilities**

Rules Governing Advertisement of Life Insurance and Annuities (14VAC 5-41)

Solicitation and sales presentations (14 VAC 5-41)

Virginia Life, Accident and Sickness Insurance Guaranty Association (38.2-1700, 1715)

Policy summary

Buyer's guide

Replacement (14 VAC 5-30-40)

Use and disclosure of insurance information (38.2-613)

Field underwriting

Notice of information practices (38.2-604)

Adverse underwriting decisions (38.2-610 – 612)

Application procedures

Required signatures

Changes in the application

Consequences of incomplete applications

Warranties and representations

Collecting the initial premium and issuing the receipt

Disclosures at point of sale (e.g., HIPAA, HIV consent)

USA PATRIOT Act/anti-money laundering

Delivery

Policy review

Effective date of coverage

Premium collection

Statement of good health

### **3.8 Individual underwriting by the insurer**

Information sources and regulation

Application

Agent report

Attending physician statement

Investigative consumer (inspection) report

Medical Information Bureau (MIB)

Medical examinations and lab tests including HIV (38.2-613.01; 14 VAC 5-180-50)

Selection criteria and unfair discrimination (38.2-508(1))

Discrimination against victims of domestic violence (38.2-508(7))

Classification of risks

Preferred

Standard

Substandard

Declined

## **4.0 Life Insurance Policies**

**10% (14 items)**

### **4.1 Term life insurance**

Level term

Annual renewable term

Level premium term

Decreasing term

Increasing term

Return of premium

### **4.2 Whole life insurance**

Ordinary whole life

Continuous premium (straight life)

Limited payment

Interest sensitive/current assumption

Indexed life

Equity indexed life

Single premium

Variable whole life  
Variable universal life

#### **4.3 Flexible premium policies**

Adjustable life  
Universal life

#### **4.4 Specialized policies**

Joint life (first-to-die)  
Survivorship life (second-to-die)  
Juvenile/student life

#### **4.5 Group life insurance**

Characteristics of group plans  
Types of eligible groups (38.2-3318.1)  
    Employer/employee  
    Debtor groups  
    Labor union groups  
    Trust  
    Associations  
Group underwriting requirements  
Benefit payments (38.2-3330)  
Covered dependents (38.2-3323)  
Lives covered (38.2-3322.2)  
Conversion to individual policy (38.2-3332–3334)  
Contributory vs. noncontributory

#### **4.6 Credit life insurance (individual versus group)**

### **5.0 Life Insurance Policy Provisions, Options and Riders**

**11% (16 items)**

#### **5.1 Standard provisions**

Ownership  
Assignment (38.2-3111)  
Entire contract (38.2-3304)  
Right to examine (free look) (38.2-3301)  
Payment of premiums (38.2-3302)  
Grace period (38.2-3303)  
Reinstatement (38.2-3311)  
Incontestability (38.2-3107, 3305)  
Misstatement of age and misstatement of gender (38.2-3108, 3306)  
Exclusions  
Suicide (38.2-3106)  
War clause  
Interest on proceeds (38.2-3115)  
Prohibited provisions including backdating (38.2-3104, 3316)

#### **5.2 Beneficiaries**

Designation options  
    Individuals  
    Classes  
    Estates  
    Minors  
    Trusts  
Succession  
Revocable versus irrevocable  
Annulment or divorce (38.2-305(C))  
Common disaster clause  
Spendthrift clause

#### **5.3 Settlement options**

Cash payment  
Interest only

- Fixed-period installments
- Fixed-amount installments
- Life income
  - Single life
  - Joint and survivor

**5.4 Nonforfeiture options**

- Cash surrender value
- Extended term
- Reduced paid-up insurance

**5.5 Policy loans (38.2-3308)**

- Cash loans
- Automatic premium loans
- Withdrawals or partial surrenders
- Educational loans (38.2-3113.3)

**5.6 Dividend options (38.2-3307)**

- Cash payment
- Reduction of premium payments
- Accumulation at interest
- One-year term option
- Paid-up additions
- Paid-up insurance

**5.7 Disability riders**

- Waiver of premium
- Waiver of cost of insurance
- Disability income benefit
- Payor benefit life/disability (juvenile insurance)

**5.8 Accelerated benefit provision/rider**

- Conditions for payment (38.2-3115.1; 14 VAC 5-70-40)
  - Diagnosis of terminal illness
  - Diagnosis of catastrophic illness
  - Permanent confinement
  - Inability to perform ADLs
- Disclosure (14 VAC 5-70-80)
  - Written disclosure required
  - Effect on death benefit
  - Cash value
  - Loans and loan interest
  - Tax consequences
  - Premium

**5.9 Riders covering additional insureds**

- Spouse/other-insured term rider
- Children's term rider
- Family term rider

**5.10 Riders affecting the death benefit amount**

- Accidental death
- Guaranteed insurability
- Cost of living
- Return of premium

**6.0 Annuities**

**6% (8 items)**

**6.1 Annuity principles and concepts**

- Accumulation period versus annuity period
- Owner, annuitant and beneficiary
- Insurance aspects of annuities

**6.2 Immediate versus deferred annuities**

- Single premium immediate annuities (SPIAs)

- Deferred annuities
  - Premium payment options
  - Nonforfeiture
  - Surrender charges
  - Bail-out provisions
  - Death benefits

**6.3 Annuity (benefit) payment options**

- Life contingency options
  - Pure life versus life with guaranteed minimum
  - Single life versus multiple life
- Annuities certain (types)

**6.4 Annuity products**

- Fixed annuities
  - General account assets
  - Interest rate guarantees (minimum versus current)
  - Level benefit payment amount
- Variable Annuities
- Equity indexed annuities
- Market value adjusted annuities (modified guaranteed annuities) (38.2-107.1, 3113.1)

**6.5 Uses of annuities**

- Lump-sum settlements
- Qualified retirement plans including group versus individual
- Personal uses
  - Tax-deferred growth
  - Retirement income
  - Education funds
  - Charitable gift annuity (38.2-106.1, 3113.2)
- Suitability in Annuity Transactions (14VAC5-45)

**7.0 Federal Tax Considerations for Life Insurance and Annuities**

**2% (3 items)**

**7.1 Taxation of personal life insurance**

- Amounts available to policyowner
  - Cash value increases
  - Dividends
  - Policy loans
  - Surrenders
- Amounts received by beneficiary
  - General rule and exceptions
  - Settlement options
- Values included in insured's estate

**7.2 Modified endowment contracts (MECs)**

- Modified endowment versus life insurance
- Seven-pay test
- Distributions

**7.3 Taxation of non-qualified annuities**

- Individually-owned
  - Accumulation phase (tax issues related to withdrawals)
  - Annuity phase and the exclusion ratio
  - Distributions at death
- Corporate-owned

**7.4 Taxation of individual retirement accounts (IRAs)**

- Traditional IRAs
  - Contributions and deductible amounts
  - Premature distributions (including taxation issues)
  - Annuity phase benefit payments
  - Values included in the annuitant's estate

Amounts received by beneficiary  
Roth IRAs  
Contributions and limits  
Distributions

**7.5 Rollovers and transfers (IRAs and qualified plans)**

**7.6 Section 1035 exchanges**

**8.0 Qualified Plans**

**2% (3 items)**

**8.1 General requirements**

**8.2 Federal tax considerations**

Tax advantages for employers and employees  
Taxation of distributions (age-related)

**8.3 Plan types, characteristics and purchasers**

Simplified employee pensions (SEPs)  
Self-employed plans (HR 10 or Keogh plans)  
Profit-sharing and 401(k) plans  
SIMPLE plans  
403(b) tax-sheltered annuities (TSAs)

**9.0 Health Insurance Basics**

**6% (8 items)**

**9.1 Definitions of perils**

Accidental injury  
Sickness

**9.2 Principal types of losses and benefits**

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

**9.3 Classes of health insurance policies**

Individual versus group  
Private versus government  
Limited versus comprehensive

**9.4 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  
Critical illness (specified conditions)  
Short-term medical

**9.5 Common exclusions from coverage**

Pre-existing conditions  
Intentionally self-inflicted injuries  
War or act of war  
Elective cosmetic surgery  
Conditions covered by workers compensation  
Government plans  
Participation in a felony or illegal occupation

**9.6 Agent responsibilities in individual health insurance**

Marketing requirements  
Advertising (14 VAC 5-90-10-180)



Life, Accident and Sickness Insurance Guaranty Association (38.2-1715)

Sales presentations

Field underwriting

Nature and purpose

Application procedures

Requirements at delivery of policy

Common situations for errors/omissions

Notification of Medicare eligibility

#### **9.7 Individual underwriting by the insurer**

Sources of underwriting information

Application

Agent report

Attending physician statement

Investigative consumer (inspection) report

Medical Information Bureau (MIB)

Medical examinations and lab tests (including HIV consent) (38.2-613.01; 14 VAC 5-180-50)

Unfair discrimination (38.2-508(2))

Discrimination against victims of domestic violence (38.2-508(7))

Genetic information privacy (38.2-508.4, 613(D))

Classification of risks

Preferred

Standard

Substandard

Declined

#### **9.8 Considerations in replacing health insurance**

Pre-existing conditions (38.2-3514)

Pre-existing condition exclusion (38.2-3514.1)

Benefits, limitations and exclusions

Underwriting requirements

Virginia replacement requirements (14 VAC 5-140-90)

### **10.0 Individual Health Insurance Policy General Provisions**

**11% (16 items)**

#### **10.1 Uniform required provisions (38.2-3503 A)**

Entire contract; changes

Time limit on certain defenses

Grace period

Reinstatement

Notice of claim

Claim forms

Proofs of loss

Time of payment of claims

Payment of claims

Physical examinations and autopsy

Legal actions

Change of beneficiary

Cancellation by insured

#### **10.2 Uniform optional provisions (38.2-3504)**

Change of occupation

Misstatement of age

Other insurance in this company

Insurance with other companies

Expense-incurred basis

Other benefits

Unpaid premium

Cancellation by company

Conformity with state statutes

Illegal occupation  
Intoxicants and narcotics

**10.3 Other general provisions**

Right to examine (free look) (38.2-3502)  
Insuring clause  
Consideration clause  
Renewability clause (38.2-3514.2; 14 VAC 5-140-50 A-C)  
    Noncancelable  
    Guaranteed renewable  
    Conditionally renewable  
    Renewable at option of insurer  
    Nonrenewable (cancelable, term)  
Interest on claim proceeds (38.2-3407.1)  
Military suspension provision (14 VAC 5-140-50(E))

**11.0 Disability Income and Related Insurance**

**5% (7 items)**

**11.1 Qualifying for disability benefits**

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

**11.2 Individual disability income insurance**

Basic total disability plan  
    Income benefits (monthly indemnity)  
    Elimination and benefit periods  
    Waiver of premium benefit  
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  
    Annual renewable term rider  
    Relation of earnings to insurance (38.2-3504)  
    Change of occupation  
Other cash benefits  
    Accidental death and dismemberment  
    Rehabilitation benefit  
    Medical reimbursement benefit (non disabling injury)  
Refund provisions  
    Return of premium  
    Cash value benefit

Exclusions

**11.3 Unique aspects of individual disability underwriting**

Occupational considerations  
Benefit limits  
Policy issuance alternatives

**11.4 Group disability income insurance**

Group versus individual plans  
Short-term disability (STD)

Long-term disability (LTD)

**11.5 Business disability insurance**

Key employee (partner) disability income  
Business overhead expense policy  
Business Disability buyout policy

**11.6 Social Security disability**

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

**11.7 Workers compensation**

Eligibility  
Benefits

**12.0 Medical Plans**

**6% (8 items)**

**12.1 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

**12.2 Types of providers and plans**

Major medical insurance (insurers)

Characteristics  
Common limitations  
Common exclusions from coverage  
Deductibles  
Coinsurance feature  
Stop-loss feature  
Maximum benefits

Health services plans

Definitions (38.2-4201)  
Plans offered (38.2-4202–4204, 4209)  
Other services (38.2-4205)  
Qualified providers (38.2-4221)  
Choice of provider or pharmacy (38.2-4209.1, 4218)  
Provider panels (38.2-3407.10)  
Disclosure of benefits (38.2-4219)  
Subscribers

Health maintenance organizations (HMOs) (38.2-4300–4323; 14 VAC 5-211-10–280)

Combined health care delivery and financing  
Limited service area/out of area benefits  
Limited choice of providers  
Gatekeeper concept  
Copayments  
Prepaid basis  
Preventive care services  
Primary care physician versus referral (specialty) physician  
Emergency care  
Hospital services  
Other basic services  
Subscribers

Preferred provider organizations (PPOs)

General characteristics  
Open panel or closed panel

Point-of-service (POS) plans

- Nature and purpose
- Out-of-network provider access (open-ended HMO)
- PCP referral
- Indemnity plan features

TRI-CARE

Virginia Family Access to Medical Insurance Security Plan (FAMIS) (RL 32.1-351)

**12.3 Cost containment in health care delivery**

- Cost-saving services
  - Preventive care
  - Outpatient ambulatory services
  - Alternatives to hospital services
- Utilization management
  - Prospective review
  - Concurrent review

**12.4 Virginia eligibility requirements**

- Dependent child age limit (38.2-3500(C), 3525)
- Coverage for adopted children (38.2-3411.2)
- Newborn child coverage (38.2-3411)
- Medical child support coverage (38.2-3407.2)
- Intellectual disability and physical handicap dependent adult coverage (38.2-3409)

**12.5 HIPAA (Health Insurance Portability and Accountability Act) requirements (38.2-3430.1–9; 3432.1–.3)**

- Eligibility
- Guaranteed issue
- Pre-existing conditions
- Creditable coverage
- Renewability

**12.6 Health Savings Accounts (HSAs) and Health Reimbursement Accounts (HRAs)**

- Definition
- Eligibility
- Contribution limits

**13.0 Group Health Insurance**

**5% (7 items)**

**13.1 Characteristics of group insurance**

- Group contract
- Certificate of coverage (38.2-3533)
- Experience rating versus community rating

**13.2 Defined groups (38.2-3521.1)**

- Employer
- Creditor
- Labor union
- Association
- Credit union

**13.3 Marketing considerations**

- Advertising
- Regulatory jurisdiction/place of delivery

**13.4 Employer group health insurance**

- Insurer underwriting criteria
  - Characteristics of the 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
  - Reinstatement of coverage for military personnel (38.2-508.1(B))
  - Notification of Medicare eligibility
  - Extension of benefits
  - Continuation of coverage under COBRA and Virginia specific rules (38.2-3541)

**13.5 Small employer medical plans (38.2-3431–3437)**

- Definition of small employer (38.2-3431)
- Availability of coverage (38.2-3431(C), 3432.2)
- Disclosure of coverage provisions (38.2-3434)
- Enrollment eligibility (38.2-3436)
- Renewability (38.2-3432.1)

**14.0 Dental Insurance**

**1% (2 items)**

**14.1 Types of dental treatment**

- Diagnostic and preventive
- Restorative
- Oral surgery
- Endodontics
- Periodontics
- Prosthodontics
- Orthodontics

**14.2 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

**14.3 Employer group dental expense**

- Integrated deductibles versus stand-alone plans
- Minimizing adverse selection

**15.0 Insurance for Senior Citizens and Special Needs Individuals**

**11% (15 items)**

**15.1 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

**15.2 Medicare supplement insurance (14 VAC 5-170-10–220)**

- Purpose (14 VAC 5-170-10)
- Open enrollment (14 VAC 5-170-100)
- Rating of Medicare supplement plans (14 VAC 5-170-30)
  - Attained age
  - Issue age
  - Community rated
- Standardized Medicare supplement plans (14 VAC 5-170-75, 85, 87)
  - Core benefits
  - Additional benefits
  - High deductible plans
- Virginia regulations and required provisions
  - Standards for marketing (14 VAC 5-170-180)
  - Advertising (38.2-3609; 14 VAC 5-170-170)
  - Appropriateness of recommended purchase and excessive insurance (14 VAC 5-170-190)
  - Buyer's guide (14 VAC 5-170-150(A)(6))
  - Outline of coverage (38.2-3606; 14 VAC 5-170-150(D))
  - Right to return (free look) (38.2-3604; 14 VAC 5-170-150(A)(5))
  - Replacement (14 VAC 5-170-160, 210)
  - Prohibited policy provisions (14 VAC 5-170-210)
  - Minimum benefit standards (14 VAC 5-170-75)
  - Required disclosure provisions (14 VAC 5-170-150)
  - Pre-existing conditions (38.2-3605)
  - Permitted compensation (14 VAC 5-170-140)
  - Guaranteed issue for eligible persons (14 VAC 5-170-105)
  - Continuation and conversion requirements (14 VAC 5-170-70(B)(5)(c), (d))
  - Medicare SELECT (14 VAC 5-170-90)

**15.3 Other options for individuals with Medicare**

- Employer group health plans
  - Disabled employees
  - Employees with kidney failure
  - Individuals age 65 and older
- Medicaid
  - Eligibility
  - Benefits

**15.4 Long-term care (LTC) policies (38.2-5200–5210; 14 VAC 5-200-10–210)**

- LTC, Medicare and Medicaid compared
- Eligibility for benefits (14 VAC 5-200-187)
- Levels of care
  - Skilled care
  - Intermediate care
  - Custodial care
  - Home health care (14 VAC 5-200-50, 90)
  - Adult day care (14 VAC 5-200-50)
  - Respite care
- Benefit periods
- Benefit amounts
- Optional benefits
  - Guarantee of insurability
  - Return of premium
- Qualified LTC plans (14 VAC 5-200-40)
- Deductibility of premiums for LTC insurance for state income tax purposes
- Exclusions (14 VAC 5-200-60(B))
- Underwriting considerations
- Virginia regulations and required provisions
  - Standards for marketing (14 VAC 5-200-170)
  - Advertising (14 VAC 5-200-160)

Consumer guide (38.2-5207(3))  
Outline of coverage (38.2-5207, 5207.1; 14 VAC 5-200-200)  
Suitability including personal worksheet (14 VAC 5-200-175)  
Right to return (free look) (38.2-5208)  
Replacement (14 VAC 5-200-110, 190)  
Renewal considerations (14 VAC 5-200-60(A))  
Continuation of benefits (14 VAC 5-200-60(D))  
Required disclosure provisions (14 VAC 5-200-70)  
Incontestability (38.2-5209)  
Inflation protection (14 VAC 5-200-100)  
Unintentional lapse (14 VAC 5-200-65)  
Pre-existing conditions (38.2-5204; 14 VAC 5-200-190)  
Nonforfeiture benefit (38.2-5210; 14 VAC 5-200-185)  
Benefit triggers (14 VAC 5-200-70(G), 187)

**16.0 Federal Tax Considerations for Health Insurance**

**2% (3 items)**

**16.1 Personally-owned health insurance**

Disability income insurance  
Medical expense insurance  
Long-term care insurance

**16.2 Employer group health insurance**

Disability income (STD, LTD)  
Medical and dental expense  
Long-term care insurance  
Accidental death and dismemberment

**16.3 Medical expense coverage for sole proprietors and partners**

**16.4 Business disability insurance**

Key person disability income  
Business overhead expense  
Buy-sell policy

**16.5 Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), and Flexible Spending Accounts (FSAs)**