SILA Health Insurance Basics

Word count = 48,922 = 8 CE Credits

Course Description: Health insurance ranges in care from catastrophic coverage to Cadillac plans, from disability coverage to senior needs, from individual policies to group plans. As one of the hottest political topics of the last several years, reform is ongoing, with affordability of care and tax considerations topping the list. This course provides a detailed overview of key concepts in today's health insurance marketplace.

Chapter 1 General Insurance

Objectives; The World of Insurance; Types of Insurers-Insurance Companies or Carriers; Fundamentals of Insurers; Insurer Domicile and Admittance; Insurer Management and Distribution; Production Agencies and Insurance Producers; Federal Regulations; Risk and Risk Management; Insurance Concepts; Contracts; Insurer Underwriting; Review Questions

Chapter 2 Health Basics

Overview; General Definitions; Principal Types of Losses and Benefits; Classes of Disability Policies; Producer Responsibilities in Individual Insurance; Individual Underwriting; Replacement Considerations; Review Questions

Chapter 3 Medical Expense Plans and Concepts

Overview; General Definitions; Types of Health Insurance Providers (Issuers); Comparison of Plan Benefits; Preferred Provider Organizations (PPOs); Point of Service (POS); Exclusive Provider Organization (EPO); Basic Health Insurance Policy; Major Medical Expense Insurance and Terminology; Medical Expense Benefits and Provisions; Additional Health Insurance Benefits; Limited Policies; Common Exclusions from Coverage; Changes to the Health Insurance Marketplace as a result of the ACA; Review Questions

Chapter 4 Disability Income

Overview; Characteristics of Disability Income Insurance; Disability Income: Policy Definitions and Provisions; Unique Aspects of Individual Disability Underwriting; Group Disability Income; Disability Income: Special Uses; Disability Income: Policy Riders; Workers' Compensation Benefits; Social Security; Review Questions

Chapter 5 Senior Needs

Overview; Medicare Overview; Part A – Hospital Insurance (Inpatient); Part B – Medical Insurance (Physicians, Surgeons, and Outpatient); Part C – Medicare Advantage; Part D – Prescription Drug Benefit; Medicare Supplement Insurance (Medigap) Overview; Coverage Requirements for Standard Plans Issued on or after June 1, 2010; Medicare Supplement Minimum Benefit Standards; Medicare Supplement Replacement Requirements; Medicare Select; Long-Term Care Insurance Overview; Long-Term Care Coverages and Conditions; Long-term Care Minimum Benefit Standards and Exclusions; Replacement of Long-Term Care Policies; Tax-Qualified vs. Non-Tax-Qualified Long-Term Care Insurance Policies; Medicaid; Review Questions

Chapter 6 Individual Policy Provisions

Overview; Mandatory Uniform Provisions; Optional Uniform Provisions; Other Standard Provisions and Clauses; Renewability Provisions; Cost Containment in Health Care Delivery; Review Questions

Chapter 7 Group Health Insurance

Overview; Group Provisions; Group Underwriting Process; Types of Eligible Groups; Marketing Considerations; Employer Group Health; COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985); HIPAA (Health Insurance Portability and Accountability Act of 1997); Small Employer Medical Expense Insurance; Supplemental Benefits; Replacement of Group Policies; Review Questions

Chapter 8 Health Ins. Concepts, Programs, & Tax Considerations

Overview; Patient Protection and Affordable Care Act (ACA); Consumer-Driven Health Plans (CDHPs); TRICARE (The Uniformed Services Health program); Federal Tax Considerations for Individual Health Insurance Policies; Federal Tax Considerations for Business and Group Health Insurance Policies; Review Questions

Review Question Answers and Rationales