

Your Exam Content Outline

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

Oregon Adjuster's Examination for Health Insurance Series 12-06

100 questions – Two-hour time limit

1.0 Insurance Regulation 10%

1.1 Licensing requirements (ORS 744.505)

- Licensing exceptions (ORS 744.515)
- Qualifications (ORS 744.002, .525)
- Types of licenses
 - General lines adjuster (ORS 744.531)
 - Nonresident adjuster (ORS 744.528, .538)
 - Temporary adjuster permit (ORS 744.555)

1.2 Maintenance and duration

- Director's general duties and powers (ORS 731.236)
- Renewal (ORS 744.008, .009(1); OAR 836-071-0130)
- Expiration (ORS 744.007)
- Nonrenewal (ORS 744.009(2))
- Change of address or telephone number (ORS 744.028(1))
- Notification of change, deletion or addition of an assumed business name (ORS 744.028(2))

1.3 Disciplinary actions

- Cease and desist orders (ORS 731.252)
- Suspension, revocation, and nonrenewal (ORS 744.013)
- Probation (ORS 744.014)
- Civil penalty (ORS 731.988)
- Criminal penalty (ORS 731.992)

1.4 Claim settlement laws and regulations

- Unfair claim practices (ORS 746.230; OAR 836-080-0205)
- Misrepresentation and other prohibited claim practices (OAR 836-080-0220)
- Required claim communications practices (OAR 836-080-0225)
- Standard for prompt claim investigation (OAR 836-080-0230)
- Standard for prompt and fair settlements (OAR 836-080-0235)
- Adjustment of claims under policy issued by unauthorized insurer (ORS 744.541)

1.5 Federal regulation

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

Fraud and false statements (18 USC 1033, 1034)

2.0 Health Insurance Basics 17%

2.1 Definition of potential claims

- Accidental injury
- Sickness

2.2 Principal types of claims and benefits

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

2.3 Classes of health insurance policies

- Individual versus group
- Private versus government
- Limited versus comprehensive

2.4 Limited policies

- Limited benefits 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

2.5 Common exclusions from coverage

2.6 Considerations in replacing health insurance (ORS 743.766 (2, 3))

- Pre-existing conditions
- Benefits, limitations and exclusions

2.7 Health insurance claims

- Insurer's investigation/verification of loss
- Insurer's payment of claim (ORS 743.432, .435)

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 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
Osteoarthritis
Osteomyelitis
Osteoporosis
Stroke
Tachycardia
Atherosclerosis
Coronary thrombosis

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 13%

4.1 Uniform required provisions

Incontestability (ORS 743.414, .472)
Grace period (ORS 743.417)
Reinstatement (ORS 743.420)
Claim procedures (ORS 743.423–.435)

4.2 Uniform optional provisions

Change of occupation (ORS 743.450)
Misstatement of age (ORS 743.453)
Other insurance (ORS 743.456, .459, .462)

4.3 Other general provisions

Right to examine (free look) (ORS 743.492)
Insuring clause (ORS 743.405)
Consideration clause
Entire contract; changes (ORS 743.411)
Physical examinations and autopsy (ORS 743.411, .438)
Legal actions (ORS 743.441)
Change of beneficiary (ORS 743.444)
Unpaid premium (ORS 743.468)
Conformity with state statutes (ORS 743.474)
Illegal occupation (ORS 743.477)
Renewability clause (ORS 743.495, .498, .766(5))
Noncancelable
Guaranteed renewable

Conditionally renewable
Renewable at option of insurer
Nonrenewable (cancelable, term)

5.0 Disability Income and Related Insurance 10%

5.1 Qualifying for disability benefits

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

5.2 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
Residual disability benefit
Other provisions affecting income benefits
Cost of living adjustment (COLA) rider
Future increase option (FIO) rider
Relation of earnings to insurance (743.465)
Other cash benefits
Accidental death and dismemberment
Rehabilitation benefit
Medical reimbursement benefit (nondisabling injury)
Refund provisions
Return of premium
Cash surrender value

Exclusions

5.3 Unique aspects of individual disability underwriting

Occupational considerations
Benefit limits
Policy issuance alternatives

5.4 Group disability income insurance

Short-term disability (STD)
Long-term disability (LTD)

5.5 Business disability insurance

Key employee (partner) disability income
Disability buy-sell policy

5.6 Social Security disability

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

5.7 Workers compensation

Eligibility

6.0 Medical Plans 10%

6.1 Medical plan concepts

- Fee-for-service basis versus prepaid basis
- Benefit schedule versus
 - usual/reasonable/customary charges
- Any provider versus limited choice of providers
- Insureds versus subscribers/participants

6.2 Types of providers and plans

- Major medical insurance (indemnity plans)
 - Characteristics
 - Common limitations
 - Exclusions from coverage
 - Provisions affecting cost to insured
- 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
 - Open panel or closed panel
 - Types of parties to the provider contract
- Point-of-service (POS) plans
 - Nature and purpose
 - Out-of-network provider access (open-ended HMO)
 - PCP referral (gatekeeper PPO)
 - Indemnity plan features

6.3 Cost containment in health care delivery

- Cost-saving services
 - Preventive care
 - Hospital outpatient benefits
 - Alternatives to hospital services
- Utilization management
 - Prospective review
 - Concurrent review

6.4 Oregon requirements (individual and group)

- Eligibility requirements
 - Newborn child coverage (ORS 743A.090)
 - Dependent child age limit (ORS 743.405(3))
 - Coverage for adopted children (ORS 743A.090)
- Benefit offers
 - Alcoholism treatment (ORS 743A.160)

6.5 HIPAA (Health Insurance Portability and Accountability Act) requirements

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

6.6 Health Savings Accounts (HSAs) and Health Reimbursement Accounts (HRAs)

- Definition
- Eligibility
- Contribution limits
- Portability

7.0 Group Health Insurance 12%

7.1 Characteristics of group insurance

- Group contract
- Certificate of coverage
- Experience rating versus community rating

7.2 Types of eligible groups

- Employment-related groups
 - Individual employer groups
 - Multiple-Employer Trusts (METs) or Welfare Arrangements (MEWAs)
 - Associations (alumni, professional, other)

7.3 Marketing considerations

- Advertising
- Regulatory jurisdiction/place of delivery

7.4 Employer group health insurance

- Insurer underwriting criteria
 - Characteristics of group
 - Plan design factors
 - Persistency factors
 - Administrative capability
- Eligibility for insurance
 - Employee eligibility
 - Dependent eligibility
- Coordination of benefits provision (OAR 836-020-0770–0806)
- Change of insurance companies or loss of coverage
 - No-loss no-gain
 - Events that terminate coverage
 - Extension of benefits
 - Continuation of coverage under COBRA and Oregon rules (ORS 743.610; OAR 836-052-0860)
 - Conversion rights for former spouse (ORS 743.600–.602)

7.5 Small employer medical plans

- Definition of small employer (ORS 743.730)
- Basic coverage (ORS 743.730(4), .736)
- Availability of coverage (ORS 743.752)
- Renewability of coverage (ORS 743.737(5))
- Pre-existing conditions (ORS 743.730, .737 (1–3), .754)
- Participation requirements (ORS 743.737(7))
- Open enrollment

8.0 Dental Insurance 5%

8.1 Categories of dental treatment

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

8.2 Indemnity plans

- Choice of providers
- Scheduled versus nonscheduled plans
- Benefit categories
 - Diagnostic/preventive services
 - Basic services

- Major services
- Deductibles and coinsurance
- Exclusions
- Limitations

8.3 Employer group dental expense

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

9.0 Insurance for Senior Citizens and Special Needs Individuals 10%

9.1 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

9.2 Medicare supplements

- Purpose (OAR 836-052-0103)
- Open enrollment (OAR 836-052-0138)
- Standardized Medicare supplement plans
 - Core benefits (OAR 836-052-0133)
 - Additional benefits
- Oregon regulations and required provisions
 - Standards for marketing (OAR 836-052-0175)
 - Advertising (ORS 743.687; OAR 836-052-0170)
 - Appropriateness of recommended purchase and excessive insurance (OAR 836-052-0180)
 - Right to return (free look) (ORS 743.686)
 - Replacement (ORS 743.013; OAR 836-052-0165, 0190)
 - Pre-existing conditions
 - Required disclosure provisions (ORS 743.685; OAR 836-052-0160)
 - Outline of coverage (ORS 743.685(2); OAR 836-052-0160, 0190)
 - Buyers guide (ORS 743.685(6))
 - Permitted compensation (OAR 836-052-0156)
- Medicare SELECT (OAR 836-052-0139)

9.3 Other options for individuals with Medicare

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

9.4 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
- Qualified LTC plans
- Exclusions
- Oregon regulations and required provisions
 - Standards for marketing (OAR 836-052-0706)
 - Advertising (OAR 836-052-0696)
 - Shopper's guide (OAR 836-052-0786)
 - Outline of coverage (ORS 743.655(7); OAR 836-052-0776)
 - Appropriateness of recommended purchase
 - Right to return (free look) (ORS 743.655(6))
 - Replacement (OAR 836-052-0626, 0736)
 - Renewal provisions
 - Continuation or conversion
 - Required disclosure provisions (OAR 836-052-0716)
 - Inflation protection
 - Pre-existing conditions (ORS 743.655(3))
 - Protection against unintentional lapse
 - Prohibited provisions

9.5 Oregon Medical Insurance Pool (ORS 735.600–.650)

- Eligibility (ORS 735.615)
- Coverages and limits (ORS 735.625)
- Exclusions
- Deductibles and coinsurance

10.0 Federal Tax Considerations for Health Insurance 3%

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)