

Your Exam Content Outline

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

Ohio Agent's Examination for Life, Accident and Health Insurance Series 11-35

150 questions – 2.5-hour time limit
Effective June 25th, 2015

1.0 Insurance Regulation 10%

1.1 Licensing

- Maintenance and duration (3905.06, .16; 3901-5-09)
 - Requirements (3905.02, .04, .05, .051, .06; 3901-5-09)
 - Resident/nonresident (3905.06, .07)
 - Change in name, address, telephone number (3905.061, 3905.071; 3901-5-09)
 - Renewal/nonrenewal (3905.06)
 - Temporary license (3905.09)
 - Duty to report criminal convictions and administrative disciplinary actions (3905.22)
 - Assumed business names (3905.11)
 - Continuing education including exemptions and penalties (3905.481; 3901-5-01; 3901-5-05(D))
 - Inactivity due to military service (3905.06(G); 3901-5-09)
 - Inactivity due to extenuating circumstances (3905.06(G); 3901-5-09)
- Disciplinary actions
 - License denial, probation, suspension, revocation, or refusal to issue or renew (3901.22(D)(1); 3905.14; 3901-5-12)
 - Failure to pay taxes (3905.14 (B)(14))
 - Failure to appear for an interview (3905.14(B)(22))
 - Failure to provide department with a written response (3905.14(B)(21))
 - Penalties and fines for violations (3905.14(D), (H), .99)
 - Cease and desist orders (3901.221; 3905.14(G), 3901.22(D))
 - Civil
 - Criminal
 - Hearings (3901.22; 3905.14(C); ORC 119, 3901.321)
 - Consent agreements

1.2 State regulation

- Acts constituting insurance transactions (3901.17; 3905.02, 3905.42)
 - Negotiate, sell, solicit (3905.01, .02)
- Director's general duties and powers (3901.011, .04, .041; 3905.12)
- Company regulation
 - Certificate of authority (3907.08; 3909.01, 08)
 - Insolvency (3903.01(N))
 - Policy forms/rates/exceptions (3915.051; 3918.08; 3935.04; 3937.03)
 - Financial requirements (3901-1-50; 3901-3-04; 3907.05)
 - Unfair claims settlement practices (3901.19--26; 3901-1-07; 3901-1-54)
- Agent regulation
 - Commissions, compensations, fees (3905.18; 3905.181; 3901-5-09(N), 3905.55)
 - Reporting of felony and crimes of moral turpitude (3905.14, .22)
 - Policy/application signature (3905.14(B)(11))
- Appointment procedures
 - Agent appointment (3905.20; 3901-1-10; 3901-5-09(K))
 - Cancellation of appointment (3905.16(B)(1))
 - Termination notification (3905.21)
- Unfair insurance trade practices (3901.20, .21)
 - Rebating (3911.20; 3933.01; 3999.05)
 - Premium refunds (3905.14(B)(32); 3999.05, Bulletin 2009-13)
 - False advertising (3901.21(B), (D), .24; 3905.43; 3999.10, .11)
 - Misrepresentation (3901.21(A),(B); 3905.14(B)(5); 3999.08)
 - Defamation of insurer (3901.21(C); 3999.09)
 - Unfair discrimination (3901.21(L), (M); 3911.16--19)
 - Illegal inducements (3933.01; 3999.05, 3901.21 (G), 3911. 20, Bulletin 2009-13)
 - General grounds for disciplinary action (3905.14(B))
- Examination of books and records (3901.04, .07)
- Insurance fraud regulation (3999.31, .37; ORC 2913.47, 3901.44)
- Insurance information privacy (3901.44; 3904.04-3904.14; 3905.24, 3904.13)

Consumer information/fees (3905.55; 3901-6-04; 3905.181)

1.3 Federal regulation

Fair Credit Reporting Act (15 USC 1681–1681d)
Fraud and false statements including 1033 waiver (18 USC 1033, 1034)
Other federal regulations (e.g., Do Not Call List) (<https://www.donotcall.gov/>)

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
Indemnity/pay on behalf of

2.2 Insurers

Types of insurers
Stock companies
Mutual companies
Fraternal benefit societies
Reciprocal
Lloyd's associations
Risk retention groups
Surplus lines
Authorized/admitted versus unauthorized/nonadmitted insurers
Domestic, foreign and alien insurers
Financial solvency status (e.g., A.M. Best, Standard and Poor's, Moody's, NAIC)
Marketing (distribution) systems

2.3 Agents and general rules of agency

Insurer as principal
Agent/insurer relationship
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 10%

3.1 Insurable interest (3911.091, .11)

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 Viatical settlements (Chapter 3916)

Nature and purpose
General rules
Viatical settlement broker authority and licensing (3916.02, .03)
Definitions (3916.01)
Viatical settlement broker (3916.01(N), .02, .03, .04)
Viatical settlement provider (3916.01(P), .07)
Viatical settlement contract (3916.01(O)(I), 3916.08)
Viator (3916.01(R))

3.6 Classes of life insurance policies

Group versus individual
Ordinary versus industrial (home service)
Permanent versus term
Participating versus nonparticipating
Fixed versus variable life insurance and annuities
Universal Life

3.7 Premiums

Factors in premium determination
Mortality
Interest

- Expense
- Premium concepts
 - Net single premium
 - Gross annual premium
- Premium payment mode

3.8 Agent responsibilities

- Solicitation, sales presentations, and disclosure requirements (3901-6-01, 03)
 - Advertising
 - Life and Health Insurance Guaranty Association (3956.06, .18; 3901-1-52)
 - Backdating of policies (3915.13)
 - Illustrations (3901-6-04)
 - Policy summary (3901-6-03(D)(6))
 - Buyer's guide (3901-6-03(D)(1))
 - Guaranty association disclaimer (3956.18; 3901-1-52)
 - Life insurance policy cost comparison methods
 - Replacement (3901-6-05)
 - Use and disclosure of insurance information
 - Post Application Consumer Review
- Field underwriting
 - Notice of information practices
 - Application procedures
- Delivery
 - Policy review
 - Effective date of coverage
 - Premium collection
 - Statement of good health

3.9 Individual underwriting by the insurer

- Information sources and regulation (3904)
 - Application
 - Agent report
 - Attending physician statement
 - Investigative consumer (inspection) report
 - Medical Information Bureau (MIB)
 - Medical examinations and lab tests including HIV (3901.46(B)(1))
- Selection criteria
- Classification of risks
 - Preferred
 - Standard
 - Substandard
 - Declined

4.0 Life Insurance Policies 8%

4.1 Term life insurance

- Level term
 - Annual renewable term
 - Level premium term
- Decreasing term

4.2 Whole life insurance

- Continuous premium (straight life)
- Limited payment
- Single premium

4.3 Flexible premium policies

- Adjustable life
- Universal life

4.4 Specialized policies

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

4.5 Group life insurance

- Characteristics of group plans
- Types of plan sponsors
- Group underwriting requirements
- Conversion to individual policy (3917.06(E--I))

4.6 Credit life insurance (individual versus group)

5.0 Life Insurance Policy Provisions, Options and Riders 10%

5.1 Standard provisions (3915.05)

- Entire contract (C)
- Right to examine (free look)
- Payment of premiums (A)
- Grace period (B)
- Reinstatement (J)
- Misstatement of age (E)
- Payment of claims (K)
- Exclusions
- Statements of the insured (D)
- Incontestability ((C), 3911.07)
- Prohibited provisions (3915.09)
- Modifications (3915.12)

5.2 Beneficiaries (3911.09,.10,.13,.14)

- Designation options
 - Individuals
 - Classes
 - Estates
 - Minors
 - Trusts
 - Divorced spouse (5815.33)
- Succession
- Revocable versus irrevocable
- 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 loan and withdrawal options

- Cash loans
- Automatic premium loans
- Withdrawals or partial surrenders

5.6 Dividend options

- 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 Living benefit provision/rider (3915.21–.24, 3923.44(K), (L); 3901-6-06)

- Accelerated benefit (terminal illness)
- Long-term care

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 5%

6.1 Annuity principles and concepts

- Accumulation period versus annuity period
- Owner, annuitant and beneficiary
- Insurance aspects of annuities
- Suitability requirements (3901-6-13)

6.2 Immediate versus deferred annuities

- Single premium immediate annuities (SPIAs)
- Deferred annuities
- Premium payment options
 - Nonforfeiture
 - Surrender charges
 - 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 Fixed annuities

- General account assets
- Interest rate guarantees (minimum versus current)
- Level benefit payment amount

6.5 Specialty annuity products

- Equity indexed annuities
- Market value adjusted annuities

6.6 Uses of annuities

- Lump-sum settlements
- Qualified retirement plans
 - Group versus individual annuities
- Personal uses
 - Individual retirement plans
 - Tax-deferred growth
 - Retirement income
 - Education funds

6.7 Suitability (3901-6-13)

7.0 Federal Tax Considerations for Life Insurance and Annuities 9%

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 plans

- 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 Accident and Health Insurance Basics 5%

8.1 Definition of perils

- Accidental injury
- Sickness

8.2 Principal types of losses and benefits

- Loss of income from disability
- Medical expense
- Dental expense
- Vision expense
- Long-term/home health care expense

8.3 Classes of health insurance policies

- Individual versus group
- Private versus government
- Limited versus comprehensive
- Self-funded/ERISA
- Employee association

8.4 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
 - Dental
 - Hearing
- Medicare supplement & Part D (OAC 3901-8-08)

8.5 Common exclusions from coverage

- Intentionally self-inflicted injuries
- War or act of war
- Elective cosmetic surgery
- Workers' compensation
- Commission or attempt of a felony
- State child health program

8.6 Agent responsibilities in individual health insurance

- Marketing requirements
 - Advertising
 - Life and Health Insurance Guaranty Association (3956.06; 3956.18; 3901-1-52)
 - Sales presentations
 - Outline of coverage
 - Health insurance association/fund
 - Common situations for omission/errors
- Field underwriting
 - Nature and purpose
 - Disclosure of information about individuals
 - Application procedures
 - Requirements at delivery of policy
 - Employee waiver form
 - Medicare Marketing Rules for CMS & Ohio

8.7 Individual underwriting by the insurer

- Criteria
- Unfair discrimination
- Genetic testing (3901.49 1)
- 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) (3901.46(B)(1))
- Classification of risks
 - Preferred
 - Standard
 - Substandard
 - Declined

8.8 Considerations in replacing accident and health insurance

- Pre-existing conditions
- Waiting period

- State requirements
- Benefits, limitations and exclusions
- Proof/certificate of credible coverage
- Underwriting requirements
- Agent liability for errors and omissions

9.0 Individual Accident and Health Insurance Policy General Provisions 4%

9.1 Standard provisions (3923.04)

- Entire contract; changes (A)
- Time limit on certain defenses (B)
- Grace period (C)
- Reinstatement (D)
- Claim procedures (E-I)
- Physical examinations and autopsy (J)
- Legal actions (K)
- Change of beneficiary (L)
- Cancellation by insured (M)

9.2 Optional standard provisions (3923.05)

- Change of occupation (A)
- Misstatement of age (B)
- Other insurance in this insurer (C)
- Insurance with other insurers
 - Expense-incurred basis (D)
 - Other than expense-incurred basis (E)
- Unpaid premium (G)
- Conformity with state statutes (H)
- Illegal occupation (I)
- Intoxicants and narcotics

9.3 Other general provisions

- Right to examine (free look) (3923.31)
- Insuring clause
- Consideration clause
- Subrogation
- Renewability clause
 - Noncancelable
 - Guaranteed renewable
 - Conditionally renewable
 - Renewable at option of insurer
 - Nonrenewable (cancelable, term)

10.0 Disability Income and Related Insurance 5%

10.1 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
- State minimum benefit standards and exclusions

10.2 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, eligibility and benefits
- 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 (3923.05(F))
- Other cash benefits
 - Accidental death and dismemberment
 - Rehabilitation benefit
 - Medical reimbursement benefit (nondisabling injury)
- Benefit and refund provisions
 - Return of premium
 - Cost of living adjustment
 - Future increase option
 - Relation of earnings to insurance
 - Loss-of-time benefit adjustment
 - Annual renewable term
 - Change of occupation
 - Cash surrender value

Exclusions

10.3 Unique aspects of individual disability underwriting

- Occupational considerations
- Benefit limits
- Policy issuance alternatives

10.4 Group disability income insurance

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

10.5 Business disability insurance

- Key person disability income
- Business overhead expense policy
- Disability buy-sell policy
- Reducing term

10.6 Social Security disability

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

10.7 Workers compensation

- Eligibility
- Benefits

11.0 Medical Plans 6%

11.1 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

11.2 Types of providers and plans

- Major medical insurance (indemnity plans)
 - Characteristics
 - Common limitations
 - Exclusions from coverage
 - Provisions affecting cost to insured
- Health insuring corporations (HICs) (formerly known as health maintenance organizations)
- Preferred provider organizations (PPOs)
 - General characteristics
 - In and out of network
 - Types of parties to the provider contract
- Point-of-service (POS) plans
 - Nature and purpose
 - Out-of-network provider access
 - PCP referral (gatekeeper PPO)
 - Indemnity plan features
 - HMO's
- Consumer Driven Plans
- Ohio Children's Health Insurance Program (5160; 5161)

11.3 Cost containment in health care delivery

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

11.4 Ohio requirements (individual and group)

- Eligibility requirements
 - Dependent child coverage (3923.24, .56; 1751.14, 3923.241)
 - Newborn child coverage (3923.26; 1751.61)
 - Coverage of adopted children (3923.40; 3924.51; 1751.59)
 - Enrollment
 - Special Enrollment Period
 - Non-custodial parent
 - Grandchildren
 - Immunizations
 - Physically/mentally handicapped coverage
- Women's benefits
 - Cytologic screening and mammography (3923.52; 1751.62)
 - Infertility
 - Maternity
 - Postpartum
 - Routine pap smears
 - Annual gynecological exams

11.5 HIPAA (Health Insurance Portability and Accountability Act) requirements

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

- Renewability
- Mental health parity
- Security provisions

11.6 Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs)

- Definition
- Eligibility
- Contribution limits

11.7 PPACA (Patient Protection and Affordable Care Act) (Bulletin 10-01; Bulletin 2011-03)

- Adverse benefit determination (3922.01-.23)
- Rollout schedule
- Employer compliance
- Department of labor audits
- Types of plans
- Enrollment periods
- Healthcare.gov versus private plans
- Statement of benefits, coverages and uniform glossary

12.0 Health Insuring Corporations (HICs) 4%

12.1 General characteristics

- Combined health care delivery and financing
- Limited service area
- Limited choice of providers
- Gatekeeper concept
- Copayments
- Prepaid basis

12.2 HIC services (1751.01)

- Basic health services (1751.01(A))
 - Preventive care services
 - Primary care physician versus referral (specialty) physician
 - Emergency care
 - Urgent care
 - Hospital services
 - Outpatient services
 - Diagnostic services
- Supplemental health care services (1751.01(B))
 - Intermediate or long-term care facilities
 - Dental care
 - Vision care
 - Podiatric care
 - Mental health services
 - Alcohol and drug abuse treatment
 - Home health services
 - Prescription drug services
 - Nursing services
 - Physical therapy
 - Chiropractic services

12.3 HIC certification and regulation

- Solicitation documents (1751.31)
- Advertising (1751.20)
- Confidentiality of medical and health information (1751.52)
- Evidence of coverage (1751.11, .33)
- Renewal (1751.18)

12.4 Specialty HIC (1751.01(C))

- Structure and providers
- Contractual plan
 - Evidence of coverage
 - Benefits and exclusions
 - Open enrollment provision
 - Member rights (1751.19(B))

13.0 Group Accident and Health Insurance 5%

13.1 Characteristics of group insurance

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

13.2 Types of eligible groups

- Employment-related groups
 - Individual employer plans
 - Multiple-Employer Trusts (METs) or Welfare Arrangements (MEWAs)
 - Associations
- Blanket
- Students
- Customer groups (depositors, creditor-debtor, other)

13.3 Marketing considerations

- Advertising
- Regulatory jurisdiction/place of delivery
- Disclosure form

13.4 Employer group health insurance

- Insurer underwriting criteria
 - Characteristics of group
 - Nondiscrimination
 - Plan design factors - contributory/noncontributory
 - Persistency factors
 - Administrative capability
 - State requirements
- Eligibility for coverage
 - Annual open enrollment
 - Part-time employees
 - Dependent, spousal eligibility
 - Domestic partners/civil unions
- Coordination of benefits provision
- Change of insurance companies or loss of coverage
 - Coinsurance and deductible carryover
 - No-loss no-gain
 - Events that terminate coverage
 - Extension of benefits
 - Continuation of coverage under COBRA and Ohio-specific rules (3923.38)
 - Cancellation or nonrenewal
 - Reinstatement for military personnel

13.5 Small employer medical plans

- Definition of small employer (3924.01(N))
- Eligibility/availability of employees (3924.01(G))
- Open/late enrollment (3924.01(I))
- Service waiting period (3924.01(M))
- Guaranteed issue (3924.03(E))
- Renewability (3924.03(B))
- Premium rates (3924.04)

Disclosure rules (3924.033)

14.0 Dental Care Plans 2%

14.1 Categories of dental treatment

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

14.2 Indemnity plans

- Choice of providers
 - Network versus out-of-network
- Scheduled versus nonscheduled plans
- Deductibles
- Coinsurance
- Exclusions, limitations
- 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
- Stand-alone plans

15.0 Insurance for Senior Citizens and Special Needs Individuals 8%

15.1 Medicare

- Nature, financing, administration and terminology
- Part A — Hospital Insurance
 - Individual eligibility requirements
 - Enrollment
 - Coverages and cost-sharing amounts
 - Exclusions
- 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
 - Eligibility for Part D coverage

15.2 Medicare supplements (3901-8-07, 08 Appendix C, D; 3923.33, .338, .41, .331-.336: OAC 3901-8-08 Amended, including Appendix C)

- Purpose
- Open enrollment
- Standardized Medicare supplement plans
 - Core benefits
 - Additional benefits

- Ohio regulations and required provisions
- Standards for marketing
- Certification requirements
- Advertising
- Appropriateness of recommended purchase and excessive insurance
- Outline of coverage
- Right to return (free look)
- Replacement
- Required disclosure provisions
- Permitted compensation arrangements
- Notice of change
- Guaranteed issue

Medicare SELECT

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
- Differences

15.4 Long-term care (LTC) policies (3901-4-01; 3923.44) ORC Chapters 1751, 3901, 3923)

- LTC, Medicare and Medicaid compared
- Eligibility for benefits
- Levels of care
 - Skilled care
 - Intermediate care
 - Custodial care
 - Home health care
 - Adult day care
 - Respite care
 - Assisted living
- Benefit periods
- Benefit amounts
- Optional benefits
 - Guarantee of insurability
 - Return of premium
- Qualified LTC plans
- Exclusions
- Underwriting considerations
- Ohio regulations and required provisions
 - Standards for marketing (3901-4-01(V))
 - Advertising (3901-4-01(U))
 - Appropriateness of recommended purchase (3901-4-01(W))
 - Inflation protection (3901-4-01(M))
 - Replacement (3901-4-01(N))
 - Unintentional lapse (3901-4-01(G))
 - Outline of coverage (3901-4-01, (DD); 3923.44(I))
 - Shopper's guide (3901-4-01(EE))
 - Pre-existing conditions (3923.44(B)(4))

16.0 Federal Tax Considerations for Accident and Health Insurance 4%

16.1 Personally-owned health insurance

- Disability income insurance
 - Benefits subject to FICA
- Medical expense insurance
- Long-term care insurance

16.2 Employer group health insurance

- Disability income (STD, LTD)
 - Benefits subject to FICA
- Medical, dental and vision 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
- Buy-sell policy

16.5 Medical Savings Accounts (MSAs) and Health Savings Accounts (HSAs)

16.6 Health Reimbursement Accounts (HRAs)