FSI/AOIS 1 Big Dawg Notes





Chapter 29 LAW – HEALTH

Affordable Care Act (ACA) (Federal Law)

- Grandfathered plans are those that existed before the law took effect and have continued in force, and so don't have to follow the new law.
- Non-grandfathered plans are those that started after the law took effect and so do have to follow the new law.
- Dependents can stay on your plan up to age 26 under ACA (age 30 under FL law)

All Florida Law after this

Required and Optional Coverages

- Medical providers NOT naturopathic or homeopathic doctors
- Diabetes coverage must include self-management and educational services
- Osteoporosis coverage diagnosis and treatment for high-risk individuals
- Newborns newborn child of a covered dependent family member (grandkid) at least 18 months
- Mastectomies
- Mammograms covered for ANY woman if recommended by physician
- Cleft lip/palate up to age 18 minimum, includes medical, dental, speech therapy, audiology and nutritional services
- Rebates for wellness programs maximum 10% of annual premium
- Experimental treatment
- Emergency services
- Autism/Down Syndrome
- Opioids
- Step-therapy protocol new coverage cannot make you start new step-therapy protocol if already satisfied under previous coverage
- Balance billing not allowed

Group Health

COBRA (Federal Law)	Mini COBRA (Florida Law)
 For groups of 20+ EEs (min. of 20) 	 For groups of less than 20 EEs (max.
 Continuation of group coverage 	19)
 Other than gross misconduct 	 Continuation of group coverage
18 months – normal	 Other than gross misconduct
29 months – disabled	 18 months – normal
36 months – children of deceased	 115% of group premium
worker/divorced/Medicare eligible	11-month extension if disabled
 max. 102% of group premium 	 months 19 – 29
	 150% of group premium

Associations

- Must have at least 25 people in the association and
- At least 15 of them have to enroll in the group coverage

Credit disability insurance – pays the monthly loan amount for the number of months the person is disabled

Blanket health – covers public places, unnamed insureds, airline insuring its passengers

Conversion to individual plan

- Same insurer
- Premium goes up
- Health issues may not affect new premium
- Cannot be denied conversion (without evidence of insurability)

Coordination of Benefits

- Children covered under both parents' plans:
 - Married = parent with earliest birthday is primary
 - Divorced = parent with primary custody is primary
- Adults covered under several plans:
 - 1. Worker's Comp.
 - 2. Your group coverage
 - 3. Spouse's group coverage
 - 4. Medicare

Outline of Coverage – must include info about benefits, exclusions, and renewability provisions

MEDICARE SUPPLEMENTS

8 supplement plans Grace period – 30 days Free-look – 30 days 1st three pints of blood If someone already has a supplement, you can only sell them another one if they sign something saying it will replace what they have (can't have duplicate coverage/multiple policies).

LONG-TERM CARE

Grace period – 30 days Free-look – 30 days Exclusions – NOT ALZHEIMER'S Elimination period – maximum 180 days Respite care – for the caregiver Acute illness – curable Chronic condition – treatable but not curable Skilled nursing – around-the-clock, 24-hour supervision, under the "direct supervision" of a physician Cognitive impairment – short/long term memory, orientation to people, places and time, or judgement related to safety LTC Partnership – dollar-for-dollar asset protection Advertising – Ins. company must file with O.I.R. Can use **immediately** until disapproved.

FLORIDA EMPLOYEE HEALTHCARE ACCESS ACT

Eligible employee – works 25+ hours/week Small employer – 1-50 employees

FLORIDA HEALTHY KIDS CORPORATION***

- Family only pays a PORTION of the premium
- Risk is underwritten by commercial health insurers (regular insurance companies issue the policies)
- Family income has to be below 200% of the federal poverty line
- Family does NOT qualify for Medicaid

HIV

- Company must disclose intent to test for HIV and get signed consent
- Applicant notified of a positive test result by their doctor or Department of Health if not doctor given
- Cannot use sexual orientation to decide if they test you
- Cannot ask about sexual orientation or use demographic info to guess about it
- Must treat HIV/AIDS claims like any other claim
- Cannot cancel or nonrenew because of HIV/AIDS diagnosis

Discount medical plans

 Licensed/approved by the OIR but NOT insurance, so cannot use language that sounds like insurance, and marketers of these plans are not required to be licensed agents

Shared savings incentive program

Approved, inspected and monitored by the OIR

Direct primary care agreements

- Not insurance, not monitored by OIR
- Direct agreement between patient and doctor and does not involve insurance at all

ERISA does not preempt insurance*****know this statement

Note: E.R.I.S.A. (Employee Retirement Income Security Act) is a federal law that regulates retirement plans and some health plans like Unions (AFL-CIO). There has been lawsuits that have tried to prove that ERISA regulated health plans in the states. Just know this. THEY DO NOT. ERISA does not preempt (over-ride, usurp) state insurance laws. Insurance IS state regulated.

Outline of Coverage –

- Health Insurance: <u>At time of application</u> & receipt of such given to ins. company
- Medicare Supplement: <u>At time of application</u> & receipt of such given to ins. company
- Long Term Care (LTC): <u>At time of application</u> & receipt of such given to ins. company but the **Buyers Guide** for LTC must be given BEFORE the presentation of an application

Various Q & A

Which pertains to Social Security? FICA Which protects someone who has irresponsible spending habits? Spendthrift A field underwriter is what? An agent If you leave the appointment and the app is incomplete, what should you do? Schedule another appointment Warrantees are what? Guaranteed Alzheimer's cannot be excluded from LTC