

SELF-ASSESSMENT TEST XV

HEALTH INSURANCE PLAN

The AIA Trust presents the latest in a series of instructional needs assessments to evaluate your lifelong learning. The Trust is pleased to provide members with these opportunities to earn AIA/CES learning units. Circle your answers to the following 10 questions; return the test by fax to AIA Trust, (202) 626-7421; and earn one LU. You don't have to have all the right answers to get credit. After all, the learning objectives of this exercise are to:

- Learn what you don't know about the subject, in this case health insurance
- Use your corrected test and the follow-up materials and resources you will receive to increase your knowledge
- Identify areas for more extensive study.

When you fax the completed test to the Trust, it will be scored and your results will be returned to you, along with annotated answers and related references. After you have read the material, the Trust will report your learning unit to the University of Oklahoma. Keeping this information in your files will help you plan your future continuing education schedule.

T F	1. In a health insurance policy, the term "deductible" refers to the concept of both the insurance company and the insured sharing the cost of a claim.
T F	2. If your health insurance policy does not state the specific dollar benefit amount, but defines reimbursements based on charges for like services in the same geographical area the reimbursed amount is based on usual and customary charges.
T F	3. In most Health Maintenance Organizations (HMOs), the use of a primary care physician is known as a "gatekeeper" system.
T F	4. Many health insurance policies now include a Preferred Provider Organization (or PPO). If you obtain medical care from a doctor or hospital that is not in the PPO network, benefits are not paid under the insurance policy.
T F	5. In a group health policy where the employer pays a portion of the employee's premium, at least 50% of all eligible employees must participate in the plan.
T F	6. Employees covered by a group health plan will receive individual insurance policies.
T	7. Under a health insurance policy a general definition of a "preexisting medical condition" is any medical condition which an individual received medical advice or

F	treatment during the 12 months prior to an effective date of a group health insurance plan.
T F	8. Regarding group insurance policies, any insurer discontinuing a policy must provide the policyholders notice as to the date of termination and urge the insureds to review their continuation of coverage or conversion rights.
T F	9. If an HMO denies coverage for medical care and a dispute exists, the patient can have a similarly licensed doctor to review the coverage. If this doctor concludes the patient is in medical necessity the HMO must provide the service.
T F	10. If dependents of employees enrolled in small employer group health plans are covered under two policies, benefits of the policy of the insured whose birthday falls earlier in the year are determined before those of the policy of the insured whose birthday falls later in the year.

While the AIA Trust no longer has access to an affordable health plan. Visit Healthinsurance.com. It's a service endorsed by the AIA Trust which works with all the national carriers and many regional. There are 50+ carriers quoted with thousands of plans. All companies that quote are rated A- or better. There is also a toll free number that you can call if you have questions - 800-230-2632.

Name

Membership Number

Firm Name

Address

City State Zip

Phone/Fax
