

# AIA Trust Self-Assessment Test XXV

## Health Care Insurance a New Century

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Print out this page and fax back to The AIA Trust at (202) 626-7421.

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### DO THIS TEST-EARN LUS

From the AIA Trust and AGIA (Trust Broker)

In a world where change is constant, few things have changed more in the past ten years than the insurance that Americans have come to depend on for covering health care. A patchwork of state legislation and limited, if well intentioned, federal action has created a state of confusion. These ten questions address some currently universal truths.

The AIA Trust presents these instructional needs assessments to evaluate your lifelong learning. This self-assessment test focuses on knowledge of today's health insurance. The more you know the better prepared you are to find appropriate coverage for yourself, your family, and your employees.

The Trust is pleased to provide members with these opportunities to earn AIA Continuing Education System (CES) learning units (LUs). Circle your answers to the following 10 questions and return the test by fax to the AIA Trust, (202) 626-7421. You will earn one LU. You don't have to get a perfect score to receive credit.

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 this material, the Trust will report your LU to the University of Oklahoma. Because of the popularity of these self-assessments and the resulting volume, please allow four to six weeks for complete processing. Keeping this information in your files will help you plan your future continuing education schedule.

<b>T</b> <b>F</b>	1. An insurance carrier has the right to cancel a small group health insurance policy if the claims paid exceed the premium paid by a factor of two.
<b>T</b> <b>F</b>	2. A capitation arrangement in managed care plans refers to the act of forming physician groups in a given geographic area.
<b>T</b>	3. Under federal law, COBRA benefits (continuation of insurance) must be offered

<b>F</b>	to employees and their dependents upon termination of employment for a maximum period of 12 months.
<b>T</b> <b>F</b>	4. A Health Savings Account (HSA) combines the tax-advantage features of an Individual Retirement Account with high deductible health insurance (deductibles over \$1,000). It allows for savings account accumulation of unused premiums an insured would have paid to the insurance carrier, which then can be used to cover eligible medical expenses not paid by the insurance plan.
<b>T</b> <b>F</b>	5. As a result of HIPAA, it is possible to move from one group health insurance plan to another group health insurance plan and not be subject to pre-existing conditions.
<b>T</b> <b>F</b>	6. A copayment refers to a cost-sharing arrangement in which an insured person pays a specified charge for a specified service, such as \$10 for an office visit.
<b>T</b> <b>F</b>	7. The Employee Retirement Income Security Act of 1974, (ERISA) is the federal legislation that allows employers (typically large employers) who self-insure their health insurance plans to be exempt from state mandated benefits.
<b>T</b> <b>F</b>	8. Health insurance plans typically cover chiropractic treatments at the same level of benefits as any other conditions.
<b>T</b> <b>F</b>	9. Medicare supplement plans for those over age 65 are heavily regulated by the federal government to the point in which insurance carriers must all offer the same benefits in all 50 states (standardized plans A-J) to all applicants.
<b>T</b> <b>F</b>	10. Traditional indemnity health plans (freedom to choose your own physicians and hospitals) are usually less expensive than managed care plans (HMOs and PPOs) because traditional plans do not incur the cost of maintaining the large national managed care systems.

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Name

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Membership Number

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