# **HEALTH INSURANCE DUMP SHEET**

# Concepts, contracts, and basics



#### **General insurance concepts**

#### Risk types

- Pure: Only loss possible; insurable. Insurance restores, it does not create profit (principle of indemnity).
- Speculative: Loss or gain possible; not insurable (e.g., gambling, investing).

# How to manage risk

- Avoid: Eliminate the risk entirely (e.g., don't drive).
- Reduce: Lower the chance or severity of risk (e.g., healthy habits).
- Retain: Accept and pay for the risk yourself (e.g., deductibles).
- Share: Spread the risk with others (e.g., business partners).
- Transfer: Shift the risk to another party (e.g., buying insurance).

#### Law of large numbers

• The larger the group, the more accurately insurers can predict losses and set premiums. It's the statistical foundation of insurance.

#### Insurable interest

- Must have a financial or personal stake in the insured at time of application (e.g., self, family, business).
- Free look period: Policy owners have 10 days (or as required by state law) to cancel a new policy and receive a full refund.

#### Insurance contracts

#### Four elements of a valid contract

- Offer: An offer is made when the applicant completes the application; it's
  accepted when the insurer issues the policy.
- Acceptance: Acceptance occurs when the insurer agrees to the offer as written or with counter-offers.
- Consideration: Consideration is the exchange of value the applicant's premium for the insurer's promise to pay claims.
- Legal capacity and purpose: Both parties must be legally able to enter the contract, and the purpose must be legal (no fraudulent intent).

# Key features

- Adhesion: "Take it or leave it", the insurer sets terms.
- Aleatory: Unequal value exchange (small premium for large benefit).
- **Unilateral**: Only the insurer makes a binding promise (the insured does not promise anything in return).
- Conditional: Terms and conditions must be met to receive benefits.

## · Utmost good faith

• Both parties must act honestly and rely on each other's representations.

# • Representations vs. warranties

- Representation: Statements believed to be true to the best of the applicant's knowledge.
- Warranty: Guaranteed truth; false = void policy.
- Misrepresentation: Knowingly false information may void the contract.

#### · Doctrine of adhesion

 If contract terms are ambiguous, they are interpreted in favor of the insured.

#### · Principle of indemnity

 Insurance restores the insured to their financial position before the loss; no opportunity for gain.

#### Health insurance basics

#### Types of polices

#### Disability income

- Pays monthly income (typically 60–70% of gross income) if unable to work due to illness or injury.
- Elimination period: Waiting period before benefits begin (e.g., 7–90 days).
- Benefit period: How long benefits are paid (short-term <2 yrs, long-term ≥2 yrs or to age 65).
- Own occupation: Pays benefits if you can't perform the duties of your specific occupation.
- Any occupation: Pays benefits only if you're unable to work in any occupation for which you're reasonably qualified by education, training, or experience.

#### Medical expense insurance (HMO, PPO, POS)

- · Basic medical expense
- Covers hospital, surgery, and miscellaneous expenses from the first dollar.

#### Major medical

• Covers high expenses after deductible, with coinsurance (e.g., 80% insurer, 20% insured).

# Comprehensive major medical

• Combines basic and major medical coverages with a deductible after the basic limit.

# Key providers:

- HMO: Preventive care, must use HMO-approved providers.
- PPO: More provider flexibility, but higher costs for out-of-network care.

#### Long term care (LTC)

- Pays for care if unable to do 2+ ADLs (e.g., bathing, eating, walking).
- Must be guaranteed renewable and offer inflation protection.
- · Covers home or facility care; includes Alzheimer's.

## Accidental Death and Dismemberment (AD&D)

- Pays lump sum for accidental death (principal sum) or dismemberment.
- Covers loss of limb (above wrist/ankle) or total blindness.
- Excludes injuries from crime, substance use, or workers' comp cases.

# Regulations and provisions

- HIPAA: Limits pre-ex condition exclusion to 12 months; no wait if <63-day break. Guarantees group access (2–50 employees). Newborns/adoptions covered from birth/legal date.
- COBRA: Employers (20+ employees) must offer 18–36 months of group plan continuation after qualifying events (e.g., termination, divorce, disability).
- Coordination of Benefits (COB): Ensures no more than 100% of a loss is paid when multiple policies apply.
- Preauthorization: Required approval for certain procedures or specialists before care is given; avoids denied claims.

#### · Common terms

- **Deductible**: Amount you pay out-of-pocket first before insurance kicks in.
- Coinsurance: After deductible, you split costs (e.g. 80/20 insurer/you).
- Copayment: Flat fee (e.g. \$20) you pay per visit or service.
- Out-of-pocket max: Max you pay in a year; after that, insurance pays 100%.