## Group and Health DESIGN & PRICING Fall 2012/ Spring 2013

## Important Exam Information:

Exam Date and Time	A read-through time will be given prior to the start of the exam–15 minutes in the morning session and 15 minutes in the afternoon session.
Exam Registration	Candidates may register online or with an application.
Order Study Notes	Study notes are part of the required syllabus and are not available electronically but may be purchased through the online store.
Introductory Study Note	The Introductory Study Note has a complete listing of all study notes as well as errata and other important information.
Case Study	This case study will also be provided with the examination. Candidates will not be allowed to bring their copy of the case study into the examination room.
Past Exams	Past Exams from 2000-present are available on SOA web site.
Updates	Candidates should be sure to check the Updates page on the exam home page periodically for additional corrections or notices.

## Group and Health DESIGN & PRICING Fall 2012/ Spring 2013

Exam	Group/Health Design & Pricing
earni	ng Objectives
. (	<ul> <li>Jnderstand and evaluate the effectiveness of the various types of Single Employer group coverage typically offered under:</li> <li>Group health plan, including Consumer driven plans, etc.</li> <li>Prescription Drug</li> <li>Group dental plan</li> <li>STD or LTD plan (incl. mention of coverage within other plans)</li> <li>Group life plan</li> <li>Other miscellaneous benefits</li> <li>Multi-employer groups (Taft-Hartley, etc)</li> </ul>
earni	ng Outcomes
t c c f f	<ul> <li>ndidate will be able to:</li> <li>Describe the various coverages, including typical benefit provisions, eligibility requirements, cost-sharing provisions, limits and funding mechanisms</li> <li>Identify the potential gaps in needed or desired coverages</li> <li>Identify which participants would find each coverage a valued benefit and why</li> <li>Assess the advantages and disadvantages to an sponsor of offering a given coverage/benefit</li> <li>Evaluate potential financial, legal and moral risks associated with each coverage</li> <li>Recommend policy provisions to minimize the risks identified above</li> <li>Assess the advantages and disadvantages to an participant of offering a given coverage/benefit</li> <li>Evaluates several coverage scenarios as alternatives to a given scenario</li> </ul>
2	us Resources
1	The Handbook of Employee Benefits, Rosenbloom, Seventh Edition, 2011
	<ul> <li>Ch. 4, Health Plan Evolution</li> <li>Ch. 7. Consumer-Driven Health Plans</li> </ul>
	<ul> <li>Ch. 8, Understanding Managed Behavioral Health Care Benefits</li> <li>Ch. 10, Pharmacy Benefits</li> </ul>
	Group Insurance, Bluhm, Fifth Edition, 2007
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	Canadian Handbook of Flexible Benefits, Third Edition, McKay, 2007
c	
	Managing and Evaluating Healthcare Intervention Programs, Duncan, 2008
C	Ch. 13, Introduction to Wellness and Integrated Programs
(	GH-D100-07: Specialty Accident and Health Products
(	GH-D101-07: Group Disability Insurance (sections 1, 8, 10, 11)
	GH-D102-07: Group Life Insurance Introduction, Sections 1–3
	GH-D103-07: Pricing Long Term Care, <b>pp. 1-9</b>
(	GH-D106-07: EBRI Fundamentals of Employee Benefit Programs
c	Ch. 14, Multi-Employer Plans
(	GH-D127-10: The Handbook of Employee Benefits, Ch. 6
	/alue-Based Insurance Design, The American Academy of Actuaries <u>http://www.actuary.org/pdf/health/vbid_june09.pdf</u>
	Effective Contracting with Pharmacy Benefit Managers, HealthWatch, February 2010 <u>http://www.soa.org/library/newsletters/health-watch</u> newsletter/2010/february/hsn-2010-iss63.pdf
I	Bariatric Surgery Holds Promise for Patients and Payors, HealthWatch, January 2011 http://www.soa.org/library/newsletters/health-watch

• Bariatric Surgery Holds Promise for Patients and Payors, HealthWatch, January 2011 <u>http://www.soa.org/library/newsletters/health-watch-newsletter/2011/january/hsn-2011-iss65.pdf</u>

Exam	Group/Health Design & Pricing
Learning Objectives	
<ol> <li>Understand and evaluate the effectiveness of the various types of Individual health plan         <ul> <li>Individual health plan</li> <li>LTC (including group and individual)</li> <li>Individual DI plan</li> <li>Medicare Supplement</li> </ul> </li> </ol>	dividual and multi-life coverage typically offered under:
Learning Outcomes	
<ul> <li>The candidate will be able to:</li> <li>a) Describe the various coverages, including typical qualification funding mechanisms</li> <li>b) Identify the potential gaps in needed or desired coverages</li> <li>c) Identifies which insureds would find each coverage a valued b</li> <li>d) Evaluate potential financial, legal and moral risks associated w</li> <li>e) Recommend policy provisions to minimize the risks identified</li> <li>f) Evaluates several coverage scenarios as alternatives to a given</li> </ul>	vith each coverage above
Syllabus Resources	
<ul> <li>Individual Health Insurance, Bluhm, 2007 - (including any CD RO o Ch. 2, The Products</li> <li>GH-D104-07: Pricing Medicare Supplement Benefits, Sections I &amp; Comparison of the section of the section</li></ul>	
GH-D105-07 Direct Marketing	
Medicare Supplement: Critical Factors for Success, HealthWatch, J <u>newsletter/2011/january/hsn-2011-iss65.pdf</u>	anuary 2011 http://www.soa.org/library/newsletters/health-watch-
Critical Issues in Health Reform: Market Reform Principles <u>http://w</u>	ww.actuary.org/pdf/health/market_reform_may09.pdf
<ul> <li>Health Reform in the 21<sup>st</sup> Century, proposals to Reform the health S <u>http://www.actuary.org/pdf/health/health_systems_june09.pdf</u></li> </ul>	ystem, AAA

Exam		Group/Health Design & Pricing
Learnir	g Objectives	
3. E	<ul> <li>valuates employer strategies for designing and fundin</li> <li>i) Active employees</li> <li>ii) Dependents</li> <li>iii) Pre-65 retirees</li> <li>iv) Post-65 retirees</li> <li>v) Disabled (short and long-term)</li> </ul>	1g benefit plans for:
	g Outcomes	
<ul> <li>a) D</li> <li>b) E</li> <li>c) R</li> <li>d) E</li> </ul>	valuate potential financial, legal, moral risks associate ecommend benefit, eligibility, or funding provisions t valuate integration strategies with government progra	to minimize each of the risks identified above
Syllabu	s Resources	
• C 0 0 0	<ul> <li>anadian Handbook of Flexible Benefits, McKay, Thir Ch. 2, Elements of Flex Plans</li> <li>Ch. 3, Starting and Maintaining a Flexible Progra</li> <li>Ch. 7, Flexible Expense Accounts – Health Spenc</li> <li>Ch. 23, Case Studies</li> </ul>	am
• <i>Ti</i> 0 0 0 0	he Handbook of Employee Benefits, Rosenbloom, Sev Ch. 1, The Environment of Employee Benefit Pla Ch. 2, Functional Approach to Designing & Evalu Ch. 3, Risk Concepts and Employee Benefit Plan Ch. 4, Health Plan Evolution	ans luating Employee Benefits
• F	<i>undamentals of Retiree Group Benefits</i> , Yamamoto, 2 Ch. 1, Introduction Ch. 2, Erosion of Retiree Health Benefits Ch. 4, Retiree Benefit Design Ch. 5, Funding	2006

Exam	Group/Health Design & Pricing
Learr	ning Objectives
	Evaluate the various types of coverages typically offered under a government health plan (e.g., Medicare, Medicaid, Canadian health plan, Social Security Disability Income, states' Temporary Disability Income programs, Workers Compensation, etc.)
Learr	ning Outcomes
The c	andidate will be able to:
	a) Describe the various coverages, including typical qualifications for benefits, coverage eligibility, cost-sharing provisions, limits, taxation and funding mechanisms
	b) Identify the potential gaps in needed or desired coverages
	c) Assess the social good and risks associated with each coverage
Sylla	bus Resources
•	Canadian Handbook of Flexible Benefits, McKay, Third Edition, 2007
	• Ch. 4, Plan Structure and Eligibility
	• Ch. 5, Health Care (section 5.12, Provincial Health Insurance Plans only)
•	The Handbook of Employee Benefits, Rosenbloom, Seventh Edition, 2011
	o Ch. 20, Social Security and Medicare: Focus on Disability, Survivorship, and Medicare Provisions, pp. 517-523
•	Group Insurance, Bluhm, Fifth Edition, 2007
	o Ch. 7, Health Benefits in Canada
	• Ch. 12, Government Old-Age, Survivors, and Disability Plans in the U.S.
	• Ch. 13, Government Health Care Plans in the U.S. (Medicaid Section only pp. 237-243)
•	Fundamentals of Retiree Group Benefits, Yamamoto, 2006

• Ch. 3, Medicare

LAU	Im Group/Health Design & Pricing
Lea	rning Objectives
5.	Apply U.S. and Canadian nation-specific regulation to product design and pricing
Lea	rning Outcomes
The	e candidate will be able to:
	a) Determine if given policy provision is compliant with the regulation
	<ul><li>b) Describe key provisions of major legislation</li><li>c) Evaluate the potential financial and moral risk associated with the legislation</li></ul>
	<ul><li>d) Determine the potential impact on the cost of complying with the regulation</li></ul>
Syl	labus Resources
•	Group Insurance, Bluhm, Fifth Edition, 2007
	• Ch. 21, Small Group Rate Filings and Certifications
•	Individual Health Insurance, Bluhm, 2007 (including any CD ROM references)
	• Ch. 1, Introduction
	o Ch. 3, Policy Forms
	o Ch. 9, Regulation
•	GH-D101-07: Group Disability Insurance (section 5 only)
•	GH-D104-07 Pricing Medicare Supplement Benefits, Section III
•	GH-D118-11: National Healthcare Reform: Strategic Considerations for Large Employers
•	GH-D119-11: What Kind of Risk Adjustment Systems Are Necessary for Health Insurance Exchanges?, Milliman
•	GH-D120-11: Operation of a Health Exchange Within the PPACA: What Needs to be in Place, How Does it operate, and How Might States Approach
	Governance?, Milliman
•	GH-D121-11: Health Insurers Need to Quickly Assess Operational Costs for Medical Services Under Health Care Reform, Milliman
•	GH-D122-11: Should Your State Establish a Health Insurance Exchange?, Milliman
•	GH-D123-11: Health Insurance Exchanges: Implementation and Data Considerations for States and Existing Models for Comparison, Robert Woods Johnsor Foundation
•	GH-D124-11: What Do We Really Know About Consumer-Driven Health Plans? EBRI Issue Brief 345
•	GH-D125-11: Kaiser Summary of New Health Reform Law
•	GH-D128-12: Canadian Life and Health Insurance Association: Guideline G3, Group Life and Health Insurance (on CIA syllabus)
•	GH-D129-12: The Chaoulli Case and its Impacts on Public and Private Health Insurance (on CIA syllabus)
•	Actuarial Equivalence, the American Academy of Actuaries
	http://www.actuary.org/pdf/health/equivalence_may09.pdf
•	Administrative Expenses, The American Academy of Actuaries http://www.actuary.org/pdf/health/admin_expenses_sept09.pdf
•	Gender Considerations in a Voluntary Individual Insurance Market, American Academy of Actuaries http://www.actuary.org/pdf/health/gender_may09.pdf
•	Health Cooperatives, The American Academy of Actuaries http://www.actuary.org/pdf/health/coops_oct09.pdf
•	Individual Mandate, The American Academy of Actuaries
	http://www.actuary.org/pdf/health/individual_mandate_may09.pdf
•	Market Reform, The American Academy of Actuaries http://www.actuary.org/pdf/health/market_reform_may09.pdf
•	Merging the Small Group and Individual Markets, The American Academy of Actuaries
	http://www.actuary.org/pdf/health/merging_markets_sept09.pdf
•	Minimum Loss Ratios, The American Academy of Actuaries
	http://www.actuary.org/pdf/health/loss_july09.pdf
•	Premium Setting in the Individual Market, The American Academy of Actuaries http://www.actuary.org/pdf/health/premiums_mar10.pdf
•	Risk Pooling, The American Academy of Actuaries
	http://www.actuary.org/pdf/health/pool_july09.pdf
•	State Level Impacts, The American Academy of Actuaries
	http://www.actuary.org/pdf/health/state_level_nov09.pdf
•	Transitioning to New Market Rules, The American Academy of Actuaries
	http://www.actuary.org/pdf/health/transition_aug09.pdf

Exam	Group/Health Design & Pricing	
Learning Objectives		
6. Apply U.S. and Canadian taxation rules to employer and individual	health plan	
Learning Outcomes		
<ul> <li>The candidate will be able to:</li> <li>a) Recommend strategy for legally minimizing taxes for both employer and employee</li> <li>b) Describe key provisions of major regulation</li> <li>c) Assess pricing impact of taxation on employer, employee or policy holder</li> </ul>		
Syllabus Resources		
<ul> <li>Canadian Handbook of Flexible Benefits, McKay, Third Edition, 20</li> <li>Ch. 12, Taxation of Flexible Benefits</li> <li>Ch. 13, Discrimination Issues</li> </ul>	07	
• The Handbook of Employee Benefits, Rosenbloom, Seventh Edition,	2011	
• Ch. 25, Cafeteria Plan Design and Administration		
• GH-D102-07: Group Life Insurance Section 4		
• GH-D103-07: Pricing Long-Term Care, page 5		

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aeming Outcomes be candidate will be able to: a) telenitly and evaluate sources of data needed for pricing and underwriting including the quality, appropriateness, and limitations each data source b) telenitly and evaluate the rating parameters needed to evaluate and manage a book-of-business c) Develop tecperience analysis (claims cost and expenses) c) Develop tecperience analysis (claims cost of funding strategy c) Develop tecperine analysis (claims cost of funding constance on funding strategy c) Develop tecperience analysis (claims cost for claims on pricing c) Develop tecperience analysis (claims cost for claims on pricing benefits for which little or no data is available c) Construct a rating model to be used for rating individual customers or plan designs c) Develop tecperience and the into pricing c) Develop teches peeting print values including teches for which little or no data is available c) Ch. 32, Estimating Chaim Costs for Disability Benefits c) Ch. 34, Calculaing foros Preniums c) Ch. 34, Calculaing foros Preniums c) Ch. 44, Calculaing foros Preniums c) Ch. 44, Calculaing foros Preniums c) Ch. 45, Management of Provider Networks	earning	Objectives
he candidate will be able to: a) Identify and evaluate sources of data needed for pricing and underwriting including the quality, appropriateness, and limitations each data source: b) Identify and evaluate the rating parameters needed to evaluate and manage a book-of-business c) Develop the appropriate analysis (claims cost and expenses) i) Construct the appropriate models ii) Develop the appropriate autous following the study including trend, anti-selection, etc. d) Recommend appropriate autous following the study including trend, anti-selection, etc. d) Recommend appropriate autous following the study including strategy ii) Changes in coverage, eligibility requirements or funding strategy iii) Changes in coverage, eligibility requirements or funding strategy iii) Changes in coverage, eligibility requirements or funding strategy iii) Construct a rating magnetent data into pricing f) Evaluate provider compensation model, including capitation, and its impact on projected claim costs. f) Integrate utilization management data into pricing f) Modify manual rates to reflect specific plan values including benefits for which little or no data is available f) Construct a rating model to be used for rating individual customers or plan designs f) Syllabus Resources forup Insurance, Bluhm, Fith Edition, 2007 o Ch. 29, Estimating Claim Costs for Life Benefits o Ch. 30, Estimating Medical Claim Costs o Ch. 41, Calculating Gross Premiums o Ch. 50, Medical Claim Costs for Life Benefits o Ch. 42, Calculating Gross Premiums o Ch. 54, Management of an Indysis o Ch. 54, Management of Provider Networks Individual Health Insurance, Bluhm, 2007 (including any CD ROM references) o Ch. 64, Management of Provider Networks Individual Health Insurance, Bluhm, 2007 (including any CD ROM references) o Ch. 5, Setting Premium Rates o Ch. 9, Understanding Patient Risk and Its Impact on Chronic and Non-Chronic Member Trends o Ch. 15, The Relationship Between Risk Factors and Health Care Claims Costs in Program Design and Evaluation GH-D30-12:	'. Eva	luate the process and be able to develop a medical manual rate for government programs, ASO and insured business
he candidate will be able to: a) Identify and evaluate sources of data needed for pricing and underwriting including the quality, appropriateness, and limitations each data source: b) Identify and evaluate the rating parameters needed to evaluate and manage a book-of-business c) Develop the appropriate analysis (claims cost and expenses) i) Construct the appropriate models ii) Develop the appropriate autous following the study including trend, anti-selection, etc. d) Recommend appropriate autous following the study including trend, anti-selection, etc. d) Recommend appropriate autous following the study including strategy ii) Changes in coverage, eligibility requirements or funding strategy iii) Changes in coverage, eligibility requirements or funding strategy iii) Changes in coverage, eligibility requirements or funding strategy iii) Construct a rating magnetent data into pricing f) Evaluate provider compensation model, including capitation, and its impact on projected claim costs. f) Integrate utilization management data into pricing f) Modify manual rates to reflect specific plan values including benefits for which little or no data is available f) Construct a rating model to be used for rating individual customers or plan designs f) Syllabus Resources forup Insurance, Bluhm, Fith Edition, 2007 o Ch. 29, Estimating Claim Costs for Life Benefits o Ch. 30, Estimating Medical Claim Costs o Ch. 41, Calculating Gross Premiums o Ch. 50, Medical Claim Costs for Life Benefits o Ch. 42, Calculating Gross Premiums o Ch. 54, Management of an Indysis o Ch. 54, Management of Provider Networks Individual Health Insurance, Bluhm, 2007 (including any CD ROM references) o Ch. 64, Management of Provider Networks Individual Health Insurance, Bluhm, 2007 (including any CD ROM references) o Ch. 5, Setting Premium Rates o Ch. 9, Understanding Patient Risk and Its Impact on Chronic and Non-Chronic Member Trends o Ch. 15, The Relationship Between Risk Factors and Health Care Claims Costs in Program Design and Evaluation GH-D30-12:	earning	Outcomes
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<ul> <li>b) Identify and evaluate the traing parameters needed to evaluate and manage a book-of-business</li> <li>c) Develop the appropriate models</li> <li>ii) Construct the appropriate models</li> <li>iii) Develop the appropriate sumption, including trend, anti-selection, etc.</li> <li>d) Recommend appropriate actions following the study including</li> <li>i) Arreas for further study</li> <li>ii) Changes in coverage, eligibility requirements or funding strategy</li> <li>e) Evaluate the impact of changing economic conditions on pricing</li> <li>f) Fvaluate provider compensation model, including garbation, and its impact on projected claim costs.</li> <li>g) Integrate utilization management data into pricing</li> <li>f) Modify mania rates to reflect specific plan values including benefits for which little or no data is available</li> <li>i) Construct a rating model to be used for rating individual customers or plan designs</li> </ul> Syllabus Resources Syllabus Resources Crowp Insurance, Bluhm, Fifth Edition, 2007 <ul> <li>o Ch. 29, Estimating Medical Claim Costs</li> <li>c Ch. 31, Estimating Claim Costs for Disability Benefits</li> <li>c Ch. 32, Calculating for Goss Fremiums</li> <li>c Ch. 34, Data Sources and Structures</li> <li>c Ch. 44, Management of Provider Networks</li> <li>Individual Health Insurance, Bluhm, 2007 (including any CD ROM references)</li> <li>o Ch. 45, String Premium Rates</li> <li>c Ch. 9, Comparative Analysis of Chronic and Non-Chronic Member Trends</li> <li>c Ch. 11, Comparative Analysis of Chronic and Non-Chronic Member Trends</li> <li>c Ch. 13, The Relationship Between Risk Factors and Health Care Claims Costs in Program Design and Evaluation</li> <li>GH-D30-12: 2011 Health Meeting, Session 36. Evidence for Drug Adherence Savings and Pharmacy Cost Trend Outlook (GH-D30-12: 2011 Health Meeting, Session 36. Evidence for Dr</li></ul>	a)	Identify and evaluate sources of data needed for pricing and underwriting including the quality, appropriateness, and limitations of
<ul> <li>c) Develop experience analysis (claims cost and expenses) <ul> <li>i) Construct the appropriate models</li> <li>ii) Develop the appropriate assumption, including trend, anti-selection, etc.</li> </ul> </li> <li>d) Recommend appropriate actions following the study including <ul> <li>i) Areas for further study</li> <li>ii) Changes in coverage, cligbility requirements or funding strategy</li> <li>i) Evaluate the impact of changing economic conditions on pricing</li> <li>i) Evaluate provider compensation model, including capitation, and its impact on projected claim costs.</li> <li>j) Integrate utilization management data into pricing</li> <li>ii) Modify manual rates to reflect specific plan values including benefits for which little or no data is available</li> <li>i) Construct a rating model to be used for rating individual customers or plan designs</li> </ul> </li> <li>Syllabus Resources</li> </ul> Syllabus Resources Syllabus Resources Croup Insurance, Bluhm, Fifth Edition, 2007 <ul> <li>Ch. 20, Estimating Claim Costs for Life Benefits</li> <li>Ch. 31, Estimating Claim Costs for Disability Benefits</li> <li>Ch. 32, Estimating Dedical Claim Costs</li> <li>Ch. 34, Calculating Gross Premiums</li> <li>Ch. 34, Calculating Gross Premiums</li> <li>Ch. 34, Calculating Gross Premiums</li> <li>Ch. 34, Chalculating Gross Premiums</li> <li>Ch. 34, Chalculating Gross Premiums</li> <li>Ch. 45, Management of Provider Networks</li> <li>Individual Health Insurance, Bluhm, 2007 (including any CD ROM references)</li> <li>Ch. 46, Management of Provider Networks</li> <li>Individual metalting match Intervention Programs, Duncan, 2008</li> <li>Ch. 91, Understanding Patient Risk and Its Impact on Chronic Member Trends</li> <li>Ch. 11, Comparative Analysis of Chronic and Non-Chronic Member Trends</li> <li>Ch. 15, The Relationship Between Risk Factors and Health Care Claims Costs in Program Design and Evaluation</li> <li>GH-D30-12: 2011 Health Meeting, Session 36. Evidence for Drug Adherence Savings and Phar</li></ul>	L.)	
<ul> <li>i) Construct the appropriate models</li> <li>ii) Develop the appropriate actions following the study including trend, anti-selection, etc.</li> <li>d) Areas for further study</li> <li>ii) Changes in coverage, eligibility requirements or funding strategy</li> <li>ii) Changes in coverage, eligibility requirements or funding strategy</li> <li>iii) Evaluate the impact of changing economic conditions on pricing</li> <li>f) Fvaluate the impact of changing economic conditions on pricing</li> <li>iiii (1) Fvaluate provider compensation model, including capitation, and its impact on projected claim costs.</li> <li>iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>	,	
<ul> <li>d) Recommend appropriate actions following the study including <ol> <li>Areas for further study</li> <li>Changes in coverage, eligibility requirements or funding strategy</li> <li>Evaluate the impact of changing economic conditions on pricing</li> <li>Integrate the impact of reflect specific plan values including capitation, and its impact on projected claim costs.</li> <li>Integrate utilization management data into pricing</li> <li>Nodity manual rates to reflect specific plan values including benefits for which little or no data is available</li> <li>Construct a rating model to be used for rating individual customers or plan designs</li> </ol> </li> <li>Syllabus Resources</li> <li>Syllabus Resources. Bluhm, Fifth Edition, 2007</li> <li>Ch. 29, Estimating Claim Costs for Life Benefits</li> <li>Ch. 30, Estimating Claim Costs for Disability Benefits</li> <li>Ch. 31, Estimating Claim Costs for Disability Benefits</li> <li>Ch. 34, Calculating Gross Premiums</li> <li>Ch. 35, Medical Claim Costs</li> <li>Ch. 34, Calculating Corsor for Disability Benefits</li> <li>Ch. 35, Medical Claim Costs</li> <li>Ch. 34, Medical Claim Costs</li> <li>Ch. 35, Medical Claim Costs</li> <li>Ch. 34, Medical Statistes</li> <li>Ch. 35, Medical Claim Cost Trend Analysis</li> <li>Ch. 36, Setting Premium Rates</li> <li>Ch. 46, Management of Provider Networks</li> <li>Individual Health Insurance. Bluhm, 2007 (including any CD ROM references)</li> <li>Ch. 5, Setting Premium Rates</li> <li>Ch. 9, Understanding Patient Risk and Its Impact on Chronic and Non-Chronic Member Trends</li> <li>Ch. 11, Comparative Analysis of Chronic and Anon-Chronic Insured Commercial Member Cost Trend Outlook GH-D30-12: 2011 Health Meeting, Session 36. Evidence for Drug Adherence Savings and Pharmacy Cost Tr</li></ul>	- /	i) Construct the appropriate models
<ul> <li>i) Areas for further study</li> <li>ii) Charges in coverage, eligibility requirements or funding strategy</li> <li>e) Evaluate the impact of charging economic conditions on pricing</li> <li>f) Evaluate the impact of charging economic conditions on pricing</li> <li>h) Modify manual rates to reflect specific plan values including benefits for which little or no data is available</li> <li>i) Construct a rating model to be used for rating individual customers or plan designs</li> </ul> Syllabus Resources <i>Group Instrunce</i> , Bluhm, Fifth Edition, 2007 <ul> <li>Ch. 29, Estimating Claim Costs for Life Benefits</li> <li>Ch. 30, Estimating Claim Costs for Life Benefits</li> <li>Ch. 30, Estimating Claim Costs for Disability Benefits</li> <li>Ch. 34, Calculating Gross Premiums</li> <li>Ch. 35, Setting premium Rates</li> <li>Ch. 8, Forecasting and Modeling</li> </ul> <i>Managing and Evaluating Healthcare Intervention Programs, Duncan, 2008</i> <ul> <li>Ch. 11, Comparative Analysis of Chronic and non-Chronic and Non-Chronic Member Trends</li> <li>Ch. 11, Comparative Analysis of Chronic and non-Chronic and Non-Chronic Member Trends</li> <li>Ch. 15, The Relationship Between Risk Factors and Health Care Claims Costs in Program Design and Evaluation</li> <li>GH-D30-12: 2011 Health Meeting, Session 66, Mortality Issues for Group Insurance</li> <li>GH-D104-07: Fricing Long-Term Care pp. 9–34</li> <li>GH-D104-07: Pricing Medicare Supplement Benefits, Sections IV &amp; V</li> <li>GH-D104-07: Pr</li></ul>	(b	
<ul> <li>i) Changes in coverage, eligibility requirements or funding strategy</li> <li>Fealuate the impact of changing conomic conditions on preing</li> <li>Finaluate provider compensation model, including capitation, and its impact on projected claim costs.</li> <li>integrate utilization management data into pricing</li> <li>Modify manual rates to reflect specific plan values including benefits for which little or no data is available</li> <li>Construct a rating model to be used for rating individual customers or plan designs</li> </ul> Syllabus Resources           Group Insurance, Bluhm, Fifth Edition, 2007           C Ch. 29, Estimating Claim Costs for Life Benefits           C Ch. 30, Estimating Claim Costs for Disability Benefits           C Ch. 31, Estimating Claim Costs for Disability Benefits           C Ch. 32, Estimating Claim Costs for Disability Benefits           C Ch. 34, Calculating Gost Permiums           C Ch. 35, Medical Claim Costs           C Ch. 36, Medical Claim Cost For Disability Benefits           C Ch. 34, Calculating Gosts Permiums           C Ch. 34, Management of Provider Networks           Individual Health Insurance, Bluhm, 2007 (including any CD ROM references)           C Ch. 40, Management of Provider Networks           Individual Paratile Insulating Pattern Risk Factors and Amounting Pattern Risk Factors and Amounting Pattern Risk and Its Impact on Chronic and Non-Chronic Member Trends           C Ch. 11, Comparative Analysis of Chronic and non-Chronic Insured Commercial Member Cost Trend Outlook GH-D30-12: 2011 Health Meeting, Session 36. Evidence for Drug Adherence Savings and Pharmacy Cost Trend Out	u)	
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- Timing's Everything: The Impact of Benefit Rush, Health Watch, May 2008 <u>http://www.soa.org/library/newsletters/health-watch-newsletter/2008/may/hsn-2008-iss58.pdf</u>
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- New Member Impact on Medicaid Managed Care Costs, HealthWatch, February 2010 <u>http://www.soa.org/library/newsletters/health-watch-newsletter/2010/february/hsn-2010-iss63.pdf</u>
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- Rethinking Family Tiers, HealthWatch, January 2011 <u>http://www.soa.org/library/newsletters/health-watch-newsletter/2011/january/hsn-2011-iss65.pdf</u>
- Retirees vs. Active Workers: What's the Cost Difference?, HealthWatch, May 2011 <u>http://www.soa.org/library/newsletters/health-watch-newsletter/2011/may/hsn-2011-iss66.pdf</u>

Exa	am Group/Health Design & Pricing
Lea	rning Objectives
8.	Applies principles of pricing, benefit design and funding to an underwriting situation
	arning Outcomes
	e candidate will be able to:
a)	Understand the risks and opportunities associated with a given coverage, eligibility requirement or funding mechanism
b)	Evaluates the criteria for classifying risks
c)	Recommends strategies for minimizing or properly pricing for risks
d)	Describe basic approaches to credibility theory
e)	Apply the credibility theory to a given underwriting situation
Syl	labus Resources
•	Canadian Handbook of Flexible Benefits, McKay, Third Edition, 2007
-	
	• Ch. 16, Adverse Selection
•	Group Insurance, Bluhm, Fifth Edition, 2007
	<ul> <li>Ch. 24, Underwriting Large Groups</li> <li>Ch. 25, Underwriting Small Groups</li> </ul>
	o Ch. 35, Experience Rating and Funding Methods
	<ul> <li>Ch. 42, Underwriting Gain and Loss Cycles</li> <li>Ch. 44, Product Development</li> </ul>
•	Individual Health Insurance, Bluhm, 2007 (including any CD ROM references)
	• Ch. 4, Managing Anti-Selection
	o Ch.11, Managing the Business, pp. 311-319 and 322-334
•	GH-D101-07: Group Disability Insurance (section 6 only)
•	GH-D102-07: Group Life Insurance Sections 5 & 7
•	GH-D104-07: Pricing Medicare Supplement Benefits, Section VI
•	GH-D109-07: Medical Underwriting: Approaches and Regulatory Restrictions (Shreve-Milliman Research Report)
•	GH-D117-07: Variation by Duration in Small Group Medical Insurance Claims
•	GH-D126-11: Chapters 1, 2, and 12 of Introduction to Credibility Theory, Herzog, 2010
•	Modeling Anti-Selective Lapse and Optimal Pricing in Individual and Small Group Health Insurance, HealthWatch, February 2010 http://www.soa.org/library/newsletters/health-watch-newsletter/2010/february/hsn-2010-iss63.pdf

- Generic Dispensing Rates: Silver Bullet No More?, HealthWatch, May 2010 <u>http://www.soa.org/library/newsletters/health-watch-newsletter/2010/may/hsn-2010-iss64.pdf</u>
- Cost and Benefit Trends Observed fin July 1, 2011 Renewals for State Employers (exclude Appendix), HealthWatch, October 2011 <u>http://www.soa.org/library/newsletters/health-watch-newsletter/2011/october/hsn-2011-iss67.pdf</u>
- ASOP 25, Credibility Procedures Applicable to Accident and Health, Group Term Life and Property/Casualty Coverages <a href="http://www.actuarialstandardsboard.org/pdf/asops/asop025\_143.pdf">http://www.actuarialstandardsboard.org/pdf/asops/asop025\_143.pdf</a>