

Group and Health Core U.S. Exam

Fall 2018/Spring 2019

Important Exam Information:

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	A copy of the case study will be provided with the examinations. 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 website.
Updates	Candidates should be sure to check the Updates page on the exam home page periodically for additional corrections or notices.

Canadian version of this exam is recognized by the Canadian Institute of Actuaries.

1. Topic: Products

Learning Objectives

The candidate will understand how to describe plan provisions typically offered under:

- Group and individual medical, dental and pharmacy plans
- Group and individual long-term disability plans
- Group life and short-term disability plans
- Supplementary plans, like Medicare Supplement
- Group and individual long term-care insurance

Learning Outcomes

The Candidate will be able to:

- a) Describe typical organizations offering these coverages
- b) Describe each of the coverages listed above
- c) Evaluate the potential financial, legal and moral risks associated with each coverage

- Group Insurance, Skwire, Daniel D., 7th Edition, 2016
 - Ch. 5: Medical Benefits in the United States
 - Ch. 6: Dental Benefits in the United States
 - Ch. 7: Pharmacy Benefits in the United States
 - o Ch. 10: Health Benefits in Canada
 - Ch. 11: Group Life Insurance Benefits
 - o Ch. 12: Group Disability Income Benefits
 - Ch. 13: Group Long-Term Care Insurance
- Essentials of Managed Health Care, Kongstvedt, Peter R., 6th Edition, 2013
 - Ch. 1: A History of Managed Health Care and Health Insurance in the United States (background only)
 - Ch. 2: Types of Health Insurers, Managed Health Care Organizations and Integrated Health Care Delivery Systems
- Individual Health Insurance, Leida, Hans, 2nd Edition, 2015
 - Ch. 2: The Products (pp. 39-83)
- Combo Long-term Care Products: A Solution to Address Market Needs, The Actuary, Oct/Nov 2013

2. Topic: Pricing Manual Rates

Learning Objectives

The candidate will understand how to calculate and recommend a manual rate for each of the coverages described in Learning Objective 1.

Learning Outcomes

The Candidate will be able to:

- a) Identify and evaluate sources of data needed for pricing, including the quality, appropriateness and limitations of each data source
- b) Develop a medical cost trend experience analysis
- c) Analyze and recommend assumptions
- d) Calculate and recommend a manual rate
- e) Identify critical metrics to evaluate actual vs. expected results
- f) Describe the product development process including risks and opportunities to be considered during the process
- g) Apply actuarial standards of practice in evaluating and projecting claim data

- Group Insurance, Skwire, Daniel D., 7th Edition, 2016
 - o Ch. 3: Product Development
 - o Ch. 20: Pricing of Group Insurance
 - o Ch. 21: Estimating Medical Claim Costs (pp. 337-355)
 - o Ch. 22: Estimating Dental Claim Costs
 - o Ch. 23: Estimating Pharmacy Claim Costs
 - o Ch. 24: Estimating Life Claim Costs
 - o Ch. 25: Estimating Disability Claim Costs
 - o Ch. 26: Pricing Group Long-Term Care Insurance
 - o Ch. 34: Medical Claim Cost Trend Analysis
- Essentials of Managed Health Care, Kongstvedt, Peter R., 6th Edition, 2013
 - o Ch. 22: Underwriting and Rating
- Individual Health Insurance, Leida, Hans, 2nd Edition, 2015
 - o Ch. 5: Setting Premium Rates
- GHC-101-13: Group Disability Insurance (sections 4 and 7)
- GHC-105-17: Pricing Considerations for Drugs Covered under Pharmacy Benefit Programs

- GHC-107-17: CIA Study on Canadian Group LTD Termination Experience, 1988-1997 (pp.6-17)
- Mechanics and Basics of Long-Term Care Rate Increases, Long-Term Care News, August 2014
- ASOP 23: Data Quality (excluding Appendix)
- <u>ASOP 25: Credibility Procedures</u> (excluding Appendix)
- ASOP 41: Actuarial Communications
- <u>Timing's Everything: The impact of Benefit Rush</u>, Health Watch, May 2008

3. Topic: Employee Benefit Strategy

Learning Objectives

The candidate will understand how to evaluate and recommend an employee benefit strategy.

Learning Outcomes

The Candidate will be able to:

- a) Describe the structure of employee benefit plans and products offered and the rationale for offering these structures
- b) Describe elements of flexible benefit design and management
- c) Recommend an employee benefit strategy in light of an employer's objectives

- *Group Insurance,* Skwire, Daniel D., 7th Edition, 2016
 - Ch. 19: Health Benefit Exchanges (pp. 319-321)
- The Handbook of Employee Benefits. Rosenbloom, Jerry S., 7th Edition, 2011
 - Ch. 1: The Environment of Employee Benefit Plans
 - o Ch. 2: Functional Approach to Designing and Evaluating Employee Benefits
 - o Ch. 7: Consumer Driven Health Plans
 - o Ch. 18: Selected Additional Benefits (pp. 491-496)
 - o Ch. 24: Strategic Benefit Plan Management
 - o Ch. 25: Cafeteria Plan Design and Administration (pp. 671-680, 686-699)
 - Ch. 32: Employee Benefit Plans for Small Companies (pp. 869-877)
- Canadian Handbook of Flexible Benefits, McKay, Robert J., 3rd Edition, 2007
 - o Ch. 7: Flexible Accounts Health Spending, Personal, and Perquisite (sections 7.1-7.3, 7.5-7.7)
 - o Ch. 16: Adverse Selection
- GHC-106-16: Health Plan Payroll Contribution Strategies and development for Employers
- GHC-108-17: Post-Affordable Care Act Trends in Health Coverage for Small Business
- Practical Guide to Private Exchanges, HealthWatch, May 2015

4. Topic: Government Programs

Learning Objectives

The candidate will understand how to describe and evaluate Government Programs providing Health and Disability Benefits in the United States.

Learning Outcomes

The Candidate will be able to:

- a) Describe Medicare benefits and evaluate price and filing.
- b) Describe Medicaid program structure and benefits and evaluate pricing and filing.
- c) Describe Social Security Disability Income benefits

- *Group Insurance,* Skwire, Daniel D., 7th Edition, 2016
 - Ch. 9: Government Health Plans in the United States
- The Handbook of Employee Benefits, Rosenbloom, J.S., 7th Edition, 2011
 - Ch. 21: Medicare Part D Prescription Drug Benefits (pp. 533-546)
- Essentials of Managed Healthcare, Kongstvedt, P.R., 6th Edition, 2013
 - o Ch. 24: Health Plans and Medicare (pp. 499-513)
- GHC-800-15: AAA Issue Brief: Medicare's Financial Condition, Beyond Actuarial Balance
- GHC-812-16: Medicaid A Primer (pp. 1-33)
- GHC-813-16: Medicaid and Long Term Services and Supports (pp. 1-10)
- GHC-817-18: Section 1115 Medicaid Demonstration Waivers
- <u>Payment Reform Under the Medicare-Medicaid Financial Alignment Demonstrations</u>, Health Watch, May 2013
- Risk Adjustment in State Medicaid Programs, Health Watch, Jan 2008
- ASOP 49: Medicaid Managed Care Capitation Rate Development and Certification (pp. 1-12)

5. Topic: Financial Statements

Learning Objectives

The candidate will understand how to prepare and be able to interpret insurance company financial statements in accordance with US Statutory Principles and GAAP.

Learning Outcomes

The Candidate will be able to:

- a) Prepare financial statement entries in accordance with generally accepted accounting principles
- b) Interpret the results of both statutory and GAAP statements from the viewpoint of various stakeholders, including regulators, senior management, investors
- c) Apply applicable standards of practice

- *Group Insurance,* Skwire, Daniel D., 7th Edition, 2016
 - o Ch. 35: Group Insurance Financial Reporting
 - o Ch. 41: Analysis of Financial and Operational Performance
- GHC-806-15: Financial Reporting Implications Under the Affordable Care Act
- GHC-818-18: Revised Actuarial Statement of Opinion Instructions for the NAIC Health Annual Statement
- GHC-819-18: Practices for Preparing Health Contract Reserves
- GHC-820-18: ACA's Impact on Financial Statements
- <u>Statement of Financial Accounting Standards No. 60 (excluding Appendix B)</u>
- Impact of Codification on Health Reserves (pp. 1-11)
- <u>ASOP 21: Responding to or Assisting Auditors or Examiners in Connection with Financial Statements for</u> <u>All Practice Areas</u>
- ASOP 28: Statements of Actuarial Opinion Regarding Health Insurance Liabilities and Assets (excluding Appendix)

6. Topic: Regulation & Taxation

Learning Objectives

The candidate will understand how to evaluate the impact of regulation and taxation on insurance companies and plan sponsors in the United States.

Learning Outcomes

The Candidate will be able to:

- a) Describe the regulatory and policy making process in the United States
- b) Describe the major applicable laws and regulations and evaluate their impact
- c) Apply applicable standards of practice

- Group Insurance, Skwire, Daniel D., 7th Edition, 2016
 - o Ch. 4: Health Care Policy and Group Insurance
 - Ch. 15: Principles of Health Insurance Regulation
 - Ch. 16: Regulation in the United States
 - o Ch. 18: The Affordable Care Act
 - Ch. 19: Health Benefit Exchanges (pp. 307-319)
 - o Ch. 28: Group Insurance Rate Filings and Certifications
- The Handbook of Employee Benefits, Rosenbloom, Jerry S., 7th Edition, 2011
 - o Ch. 25: Cafeteria Plan Design and Administration (pp. 699-720)
- GHC-802-13: AAA Health Reform Implementation: Understanding the Terminology (background only)
- GHC-815-16: Kaiser Foundation: Examining Health Care Reform: Medical Loss Ratio
- GHC-821-18: Employer Guide for Compliance with the Mental Health Parity and Addiction Equity Act
- GHC-822-18: Understanding the Affordable Care Act's State Innovation ("1332") Waivers
- GHC-823-18: Recent Policy Changes Under the Affordable Care Act
- Implications of Individual Subsidies in the Affordable Care Act—What Stakeholders Need to Understand, HealthWatch, May 2014
- ACA Risk Adj A Critical Element in Assuring Market Stability and Affordability, The Actuary Oct 2016
- ASOP 8: Regulatory Filings for Health Plan Entities (excluding Appendix)
- ASOP 26: Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (excluding Appendix)
- ASOP 50: Determining Minimum Value and Actuarial Value Under the Affordable Care Act (pp. 1-7)

7. Topic: Retiree

Learning Objectives

The candidate will understand how to evaluate Retiree Group and Life Benefits in the United States.

Learning Outcomes

The Candidate will be able to:

- a) Describe why employers offer retiree group and life benefits
- b) Determine appropriate baseline assumptions for benefits and population
- c) Determine employer liabilities for retiree benefits under US GAAP
- d) Describe funding alternatives for retiree benefits
- e) Apply actuarial standards of practice to retiree benefit plans

- Group Insurance, Skwire, Daniel D., 7th Edition, 2016
 - o Ch. 8: Post-retirement and Post-employment Benefits
- GHC-816-16: US Employers' Accounting of Postretirement Benefits Other Than Pensions Study Note
- <u>Statement of Financial Accounting Standards No. 106</u> (Appendix C: Illustrations 4 and 5 only)
- ASOP 6: Measuring Retiree Group Benefit Obligations and Determining Retiree Group Benefits Program Periodic Costs or Actuarially Determined Contributions (pp. 1-38)