Session 13IF, Puzzled By Supplemental Benefits?

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PUZZLED
BY
SUPPLEMENTAL
TEVELY
ROWLEY
B A D E
I L
1. The most common __________ benefits are Critical Illness, Accident, and Hospital Indemnity insurance.
2. _____ is the federal law that allows employers to market employer-sponsored plans, but which requires additional reporting.
3. The ACA led to a period of growth in supplemental products followed by ____________.
4. The 2018 IRS guidelines for High __________ Health Plans can leave insured individuals with out-of-pocket costs as high as $6,550.
5. Medical bills are the most common reason cited for ________ in the United States.
6. Supplemental benefits are normally sold to help people cover the gaps inherent in other forms of coverage.
7. In order to successfully sell supplemental products, it is important to focus more on the ______ of the coverage rather than the features.
8. Critical Illness insurance pays a ____-____ benefit upon diagnosis of a covered illness.
9. Dr. Marius _____ is known as the Father of Critical Illness Insurance.
10. Critical Illness insurance was developed to help patients with the high cost of ________. 
11. Base Critical Illness insurance provides protection for low frequency, ____ cost events.
12. Unlike Critical Illness insurance, Accident insurance can be structured to pay for low cost, high ________ events.
13. Unlike Life, Disability, and Long Term Care products which are outcome based, Critical Illness, Accident, and Hospital Indemnity are ________ based products.
14. Group insurance is usually either guaranteed renewable or __________ renewable.
15. Across Accident, Critical Illness, and Hospital Indemnity products, Accident usually has the lowest _____.
16. Up to ____ or more benefits/benefit triggers can be found in today’s Accident, Critical Illness, and Hospital Indemnity products.
17. _______ is a significant driver of cost in Hospital Indemnity products.
18. Cancer is the most common cause of claims for Critical Illness insurance (core triggers).
19. Hospital Indemnity can be designed to wrap around ________ Advantage Plans.
20. Group Critical Illness underwriting usually relies on specific __________ levels in order to limit the impact of anti-selection.
21. In general, the incidence of critical illnesses in the employed population is ____ than the incidence of critical illnesses in the general population.
22. The policy provision that helps to protect insurers from paying for conditions the insured already has is the ___-______ condition limitation.
23. The utilization of wellness benefits typically ________ with the benefit amount.
24. When an employee leaves an employer, he or she can often ___ their supplemental coverage.
Puzzled by Supplemental Benefits?

Questions?

GAP
PREMIUM

OPTIONALLY

EXDEDUCTIBLE

PARTICIPATION

MATERNITY

BENEFITS

PORT

GER

BARNARD

ERISA

CANCER

ERISA

MEDICARE

UPSUM

LOWER

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