

Commonwealth Schools of Insurance

P.O. Box 22414, Louisville, KY 40252-0414 • 502.425.5987 • FAX 502.429.0755

E-mail: info@commonwealthschools.com

INSTRUCTIONS TO COMPLETE THE CONTINUING EDUCATION COURSE

Thank you for choosing the Commonwealth Schools of Insurance to fulfill your continuing education requirements.

Please follow the instructions below to complete the course:

STEP 1

Please print out the ANSWER SHEET, CERTIFICATE and QUESTIONS that follow this page. After printing the ANSWER SHEET, please fill out the requested information clearly and completely.

STEP 2

TEST QUESTIONS must be answered on the page that follows. You must score 70% or better to received credit for this course.

STEP 3

After completing the TEST and STUDENT INFORMATION marked with a "X" on the Certificate of Completion, the completed Answer Sheet and Certificate may be emailed, faxed or mailed to:

Emailed to:	info@commonwealthschools.com
Faxed to:	502.429.0755
Mailed to:	Commonwealth Schools of Insurance, Inc. P O Box 22414 Louisville, KY 40252-0414

Please note that your ANSWER SHEET and CERTIFICATE will not be processed without payment. Payment arrangements are listed on the ANSWER SHEET.

YELLOW CARD SPECIAL

*Simply complete and return all 24 hours of CE at the same time.
Regardless of the prices listed, your total charge will be*

\$110.00

NOTICE

The material contained herein may not be duplicated without the express written permission of Commonwealth Schools of Insurance.

The material contained in this course cannot be used as an original source of authority on legal matters. Any references made to laws and regulations in this material have been edited and summarized for clarity; and changes in these laws and regulations may have occurred since this course was published. The reader should always consult legal counsel as appropriate.

Commonwealth of Kentucky
Department of Insurance - Agent Licensing Division
P. O. Box 517 - Frankfort, Ky. 40602
502-564-6004 <http://insurance.ky.gov>

APPROVED CONTINUING EDUCATION COURSE

CERTIFICATE OF COMPLETION

STUDENT NAME: **X** _____

CONTINUING EDUCATION COURSE IDENTIFICATION

Course Title: Medicare & Medigap Insurance

Course Certification Number: C39618

Course Completion Date: _____ Number of Hours: 6

Instructor Name: PLEASE LEAVE BLANK
(Required if certification is for a classroom course)

Provider Name: **Commonwealth Schools of Insurance, Inc.**

Provider Certification Number: **S12128/PROV0085**

PROVIDER CERTIFICATION:

I hereby certify that this course was conducted as approved by the Commonwealth of Kentucky Department of Insurance. I further certify that the person whose name appears above did personally complete this course on the date indicated. Also, I acknowledge that fraudulent certification of this document will result in immediate withdrawal of approval of the provider, plus penalties, and simultaneous withdrawal of approval of all of the provider's courses (KRS 304.9-295 and 806 KAR 9:220).

Name: James F Davis
Authorized Provider Representative

Signature: _____ Date: _____

STUDENT CERTIFICATION:

I hereby certify that I personally completed the course listed above in the manner required to satisfy Kentucky's continuing education laws and regulations. Also, I acknowledge that fraudulent certification of completion of this course will result in cancellation of my agent, adjuster, and/or life settlement broker licenses (KRS 304.9-295 and 806 KAR 9:220).

Name: **X** _____ DOI# or NPN: **X** _____

Signature: **X** _____ Date: **X** _____

*The provider is required by law to give the student who successfully completes any continuing education course the original of this form upon completion of the course and to retain a copy in the provider's records for at least five years.
For a classroom course, the provider is required by law to submit the Continuing Education Course Attendance Roster (Form CE-300) to the Department of Insurance within thirty days through eServices electronic submission. Students must verify that credit has been recorded for this class by visiting our website at: <http://insurance.ky.gov>. If credit does not appear, please verify with the provider that the Roster has been submitted. If the Roster has been submitted and you do not receive credit, please forward this original document to the Department directly, and keep a copy for your file.
For all correspondence credits, the provider must submit the Course Completion to the Department through eServices, or the student must mail this original form to DOI and verify credit on our website, as required by KRS 304.9-295(10)(11).*

Medicare & Medigap Insurance

(6 credit hours – LOA is Life & Health)

PLEASE PRINT CLEARLY

First Name	M.I.	Last Name	DOI# and NPN#
Home Mailing Address	City	State	Zip Code
Business Name			
Business Address	City	State	Zip Code
Home Telephone	Business Telephone	Email Address	
Date of Birth	Month	Year	FAX No.

Please send COMPLETED ANSWER SHEET, CERTIFICATE and PAYMENT VIA:

Emailed to: info@commonwealthschools.com
 Faxed to: 502.429.0755
 Mailed to: Commonwealth Schools of Insurance, Inc.
 P O Box 22414
 Louisville, KY 40252-0414

1 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	32 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	33 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 A B <input type="checkbox"/> <input type="checkbox"/>	34 A B <input type="checkbox"/> <input type="checkbox"/>
5 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	35 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 A B <input type="checkbox"/> <input type="checkbox"/>	30 A B C D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

YELLOW CARD SPECIAL

Simply complete and return all 24 hours of CE at the same time.

Regardless of the prices listed, your total charge will be \$110.00

CHECKS AND ALL MAJOR CREDIT CARDS ARE ACCEPTED:

COURSE FEE \$39.00 or Check Here for Yellow Card Special

CARD NO. _____ EXP DATE _____ CV2 NO. _____

CREDIT CARD BILLING ADDRESS _____

SIGNATURE: _____

Medicare & Medigap Insurance
Test Questions

1. Medicare Part (A) covers all of the following except:
 - A. Home Health Care
 - B. Hospice
 - C. Doctor's services
 - D. Inpatient Hospital Care

2. Medicare Part (A) payments are contracted out to _____, Part (B) payments are contracted out to _____.
 - A. Social Security Administration....carriers
 - B. Intermediaries....carriers
 - C. Insurance Agents....carriers
 - D. Insurance Brokers....carriers

3. Medicare Part (A) is financed through_____, Medicare Part (B) is financed through_____.
 - A. Social Security deductions....Social Security Checks
 - B. Social Security deductions....Social Security Deductions
 - C. Social Security Checks....Social Security Deductions
 - D. Social Security Checks....Social Security Checks

4. Which of the following are Medicare Part (A) and Part (B) exclusions?
 - A. Routine Physical Examinations
 - B. Regular Dental care and Foot care
 - C. Eye Exams and Hearing Exams
 - D. All of the aforementioned

5. Which of the following is not determined by a peer review organization composed of doctors and health professionals?
 - A. When medical care is necessary
 - B. If a hospital is functioning efficiently
 - C. If the care meets medical standards
 - D. If the care is delivered in the most appropriate settings

6. When physicians accept "assignments of benefits," they agree:
 - A. Not to charge more for a service than Medicare will pay
 - B. To work with intermediaries to establish a rate structure
 - C. To work with hospitals on pro bono publico cases
 - D. To accept a minimum number of Medicare patients

7. The following days of a hospital stay are considered "reserve days" for which Medicare will pay only once:
 - A. Days 1-30
 - B. Days 31-60
 - C. Days 61-90
 - D. Days 91-150

8. If a patient is readmitted to a hospital within 60 days of discharge, the second stay will be considered (for benefit of hospitalization payment).
- A. Half as part and half as separate from the first stay
 - B. Separate from the first day
 - C. As part of the first stay
 - D. None of the above
9. "Spells of illness" are determined by:
- A. Calendar Year
 - B. Fiscal Year
 - C. 12- month periods
 - D. Days between hospitalization
10. Which of the following is covered under Medicare Part (A)?
- A. TV and telephone in hospital room
 - B. Pharmaceuticals
 - C. Private duty Nurses
 - D. Inpatient psychiatric care of 191-240 days
11. A Disease Related Group is a:
- A. Punk rock band from Indianapolis
 - B. A section of Medicare Part (A) with special exclusions
 - C. System of possible diagnoses with 23 major categories
 - D. An isolated section of a hospitalization
12. Medicare may pay for a stay in the following:
- A. The majority of U.S. nursing homes
 - B. About a third of all U.S. nursing homes
 - C. Skilled nursing facility
 - D. Custodial nursing facility
13. Medicare pays ____% of America's total annual nursing home bill?
- A. 52%
 - B. 31%
 - C. 15%
 - D. 3%
14. Medicare Part (A) will pay for home health care only if:
- A. The patient was interred at a Skilled Nursing Facility
 - B. The patient was hospitalized in the past 30 days
 - C. A physician decides it is necessary and designs an appropriate plan
 - D. The patient stays at someone else's home
15. Medicare Part (A) covers ____ days of hospice care with a ____ deductible
- A. 180 days....0%
 - B. 180 days....20%
 - C. 210 days....0%
 - D. 210 days....20%

16. Under Medicare Part (B), the patient is always responsible for:
- A. \$200.00 deductible; 10% of covered charges
 - B. \$100.00 deductible; 30% of covered charges
 - C. \$100.00 deductible; 20% of covered charges; first 3 pints of blood
 - D. \$200.00 deductible; 20% of covered charges; first pint of blood
17. _____ different classes of Medigap plans are allowed for sale in Kentucky (excluding Medicare select plans)
- A. 5
 - B. 10
 - C. 15
 - D. None of the aforementioned
18. Which of the following is not a part of Medigap Plan A?
- A. Coverage for Part (A) coinsurance days 61-90
 - B. Coverage for Part (A) coinsurance for lifetime days
 - C. Coverage for Part (A) inpatient hospital deductible
 - D. Coverage for Part (A) three pints of blood deductible
19. Which of the following is covered by Plan B, but not Plan A?
- A. Coverage for Part (A) inpatient hospital deductible
 - B. Coverage for Part (B) coinsurance
 - C. Coverage for Part (A) three pints of blood deductible
 - D. Coverage for Part (A) coinsurance for lifetime days
20. In sales presentations to the prospect, the standard benefits must be described in the same format, language and definitions. Also, a uniform chart and outline of coverage must be included in the presentation.
- A. True
 - B. False
21. Which of the following statements is true?
- A. A Medigap policy may contain a probationary period
 - B. A Medigap policy may use waivers to exclude Coverages for specifically named preexisting diseases
 - C. A Medigap policy may contain benefits duplicating those provided by Medicare
 - D. All of the above statements are false
22. Medigap Policies can:
- A. Exclude benefits for losses incurred more than 6 months from date of coverage because of preexisting conditions
 - B. Indemnify against losses resulting from sickness on a different basis than losses resulting from accidents
 - C. Provide that cost-sharing Coverages can change automatically with changes in Medicare amounts
 - D. Terminate coverage on a spouse solely because an event occurs that triggers termination of the insured

23. Which of the following is true about Medigap policies?
- A. Can be canceled solely on the ground of insured's health
 - B. Can be canceled for any reason other than nonpayment of premium or material misrepresentation
 - C. Issuer must offer individual policy to insured canceling membership in a group covered under a group policy
 - D. Replacing insurer need not offer coverage to all insureds covered by the old group policy as of date of termination
24. A Medigap policy issued to an insured before he enters the Medicaid program is automatically renewable after the insured terminates coverage under Medicaid.
- A. True
 - B. False
25. Under Kentucky's Medicare Select program, coverage is extended to other than preferred providers in cases of:
- A. Emergency health care needs
 - B. Services not obtainable through a preferred provider
 - C. Both A and B
 - D. Neither A nor B
26. The "six-month open enrollment period" denotes:
- A. Six-months after enrollment in Part (B), a person age 65 or older can't be denied a Medigap policy for health reasons
 - B. A person faces a six-months preexisting condition clause on all Medigap policies
 - C. An insured can purchase a Medigap policy only during one six-month period set by federal law
 - D. Carriers can accept insureds in a Medigap plan only during one six-month interval
27. The minimum loss ratios for group and individual Medigap policies must be _____ and _____, respectively.
- A. 60%....65%
 - B. 75%....65%
 - C. 75%....80%
 - D. No minimum loss ratios exists
28. An issuer can pay an agent a first year commission of up to _____ of the commission for selling or servicing the policy in the second year.
- A. 100% (the same)
 - B. 200% (twice as much)
 - C. 300% (three times as much)
 - D. No maximum exists
29. An insured has a right to return a Medigap policy for a full refund within _____ days after delivery if he is not satisfied for any reason whatsoever.
- A. 7
 - B. 10
 - C. 30
 - D. Depends on type of plan

30. Which of the following does an agent ***not*** have to ask a prospect when presenting him with a Medigap plan?
- A. Do you have another Medigap policy in force?
 - B. Do you have any other health insurance policies that would duplicate this policies coverage?
 - C. Are you covered by Medicaid?
 - D. All of the above must be asked.
31. An agent tells a prospect: “If you do not buy my Medigap policy, you’ll probably be drained of all your assets within two days of entering the hospital.” This is an example of:
- A. Twisting
 - B. High Pressure tactics
 - C. Cold lead advertising
 - D. None of the aforementioned
32. An agent tells a prospect: I heard a rumor yesterday that your current Medigap carrier is about to become insolvent and stick his insureds with Millions of Dollars in unpaid claims.” This is an example of:
- A. Twisting
 - B. High pressure tactics
 - C. Cold lead advertising
 - D. None of the above
33. An agent’s wife calls up elderly people and asks them questions about their finances and insurance coverage while posing as an employee of the Social Security office. She then gives the information to her husband. This is an example of:
- A. Twisting
 - B. High pressure tactics
 - C. Cold lead advertising
 - D. Illegal activity
34. If a Medigap policy replaces another that been in effect for at least six months, the replacing policy shall not provide any time period applicable to preexisting conditions.
- A. True
 - B. False
35. To best cover the cost of Nursing home care on a long-term basis, the applicant should buy:
- A. Medicare Supplement Insurance
 - B. Long-Term care insurance
 - C. Disability Income Insurance
 - D. A rabbits foot