



Learning Outcome

Assessment Criteria

Indicative Content

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1 10 questions	Understand the structure of the UK healthcare insurance market	1.1	Describe the organisation and function of providers of healthcare products.	1.1.1	Provident insurers.
				1.1.2	Commercial insurers.
				1.1.3	Third party administrators.
				1.1.4	Health and dental cash funds.
				1.1.5	Reinsurers of healthcare products.
				1.1.6	Managing General Agents.
				1.1.7	Wellbeing providers.
				1.1.8	Other providers of healthcare insurance.
		1.2	Describe the basic function and operation of employee healthcare trusts.	1.2.1	Purpose of trusts.
				1.2.2	Role of trustees.
				1.2.3	Stop loss.
				1.2.4	Tax differences.
				1.2.5	Size of employer.
		1.3	Describe the organisation of the main distribution channels and marketing methods used in the healthcare insurance market.	1.3.1	Market size and structure.
				1.3.2	Individual and group markets.
				1.3.3	Competition in the healthcare market.
				1.3.4	Direct sales methods.
				1.3.5	Intermediated sales methods.
2 5 questions	Understand the key features of healthcare provision in the UK and overseas	2.1	Explain the key features and provisions of the National Health Service (NHS) and Independent Healthcare Sector in the UK.	2.1.1	The purpose of the NHS.
				2.1.2	Development and current structure.
				2.1.3	Independent healthcare sector.
				2.1.4	Cooperation between public and independent sector.
		2.2	Describe the key features of global healthcare insurance markets.	2.2.1	International comparison in GDP spend.
				2.2.2	Models of State healthcare provision.
		2.3	Describe the key features of global healthcare trends.	2.3.1	Morbidity and mortality trends.
				2.3.2	Provision and costs of treatment and pharmaceuticals.



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3 20 questions	Understand healthcare product types	3.1	Explain the purpose of medical insurance.	3.1.1	Reasons for individuals purchasing medical insurance.
				3.1.2	Reasons for employers purchasing medical insurance.
		3.2	Describe the scope of medical insurance.	3.2.1	Difference between acute and chronic conditions.
				3.2.2	Difference between elective and emergency treatment.
				3.2.3	Typical policy benefits.
				3.2.4	Hospital networks and banding.
				3.2.5	Consultant networks.
		3.3	Explain the main features of medical insurance products.	3.3.1	Budget policies.
				3.3.2	Mid-range policies.
				3.3.3	Waiting list policies.
				3.3.4	Comprehensive policies.
				3.3.5	Limited benefit policies.
		3.4	Explain the main differences between individual medical insurance and Small and Medium Enterprises group medical insurance.	3.4.1	Policy structure and funding.
				3.4.2	Underwriting and other differences.
		3.5	Explain the main features of corporate medical schemes.	3.5.1	Fully insured schemes.
				3.5.2	Healthcare trusts.
				3.5.3	Flexible benefit schemes.
				3.5.4	Voluntary schemes.
				3.5.5	Affinity schemes.
				3.5.6	Policy funding.
		3.6	Describe the main features of health cash plans.	3.6.1	Main features of health cash plans.
		3.7	Describe the main features of dental insurance and capitation plans.	3.7.1	Main features of dental insurance and capitation plans.
				3.7.2	Tax differences.
				3.7.3	Distribution methods.
		3.8	Describe the main features of international medical insurance.	3.8.1	Key differences between UK and international medical insurance policies.
				3.8.2	Eligibility.
				3.8.3	International and UK residents.



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4 10 questions	Understand the different roles and responsibilities of intermediaries and providers	3.9	Describe the main features of wellbeing and occupational health services.	3.9.1	Employee assistance programmes.
				3.9.2	Occupational health services.
				3.9.3	Health screening.
				3.9.4	Mental health in the workplace.
				3.9.5	Other wellbeing services.
		3.10	Describe the medical benefits offered under travel insurance schemes.	3.10.1	Medical benefits offered under travel insurance schemes.
				3.10.2	The scope of travel insurance schemes.
		3.11	Describe the main features of other healthcare insurance products and services.	3.11.1	Accident and sickness and unemployment insurances.
				3.11.2	Major medical expenses.
				3.11.3	Long-term care insurance and later life insurance.
				3.11.4	Income protection insurance.
				3.11.5	Critical illness insurance.
				3.11.6	Private GP services.
				3.11.7	Waiver of premium benefit.
		4.1	Describe the role and responsibilities of the intermediary.	4.1.1	Client fact-finding.
				4.1.2	Health questioning.
				4.1.3	Obtaining quotations.
				4.1.4	Provision of information and advice and placing the risk.
				4.1.5	Transferring schemes.
				4.1.6	The ongoing (no hyphen) administration of cover.
				4.1.7	Marketing methods.
				4.1.8	The responsibilities of the intermediary when customers change insurers.
				4.1.9	Provision of information and advice.
		4.2	Describe the role and responsibilities of the provider.	4.2.1	Assessing and accepting the risk.
				4.2.2	The ongoing administration of cover.
				4.2.3	Explain the features and operation of policy renewals.
				4.2.4	Customer loyalty mechanisms.
				4.2.5	The responsibilities of the provider when policyholders change insurers.



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5 15 questions	Understand risk assessment, rating and underwriting considerations	5.1	Describe the main risk considerations and general underwriting principles of private medical insurance.	5.1.1	General exclusions and exceptions.
				5.1.2	Medical conditions and procedures.
				5.1.3	Acute and chronic conditions.
				5.1.4	Cancer.
				5.1.5	Experimental treatments.
				5.1.6	Hospital banding.
				5.1.7	Postcode rating and restricted hospital networks.
				5.1.8	Excess and co-payments.
				5.1.9	The difference between morbidity and mortality.
		5.2	Explain the styles of underwriting.	5.2.1	Moratorium.
				5.2.2	Full medical underwriting.
				5.2.3	Continued personal medical exclusions (CPME).
				5.2.4	Medical history disregarded (MHD).
				5.2.5	Premium ratings.
		5.3	Understand the pricing considerations for core healthcare products.	5.3.1	With specific reference to corporate schemes.
				5.3.2	Small and Medium Enterprises schemes (SMEs).
				5.3.3	Voluntary schemes.
				5.3.4	Individual plans.
6 5 questions	Know how to apply the principles of risk assessment, rating and underwriting considerations to a given set of circumstances	6.1	Apply the principles of risk assessment, rating and underwriting considerations to a given set of circumstances.	6.1.1	Apply the principles of risk assessment, rating and underwriting considerations to core healthcare products.



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7 16 questions	Understand the claims function	7.1	Understand the processes involved in a claim under private medical insurance policies and other core product policies.	7.1.1	Pre-authorisation.
				7.1.2	Case management.
				7.1.3	Managed care.
				7.1.4	Claim settlement.
				7.1.5	Processes specific to health cash plans.
				7.1.6	Processes specific to dental plans.
				7.1.7	Impairment codes and procedure codes.
		7.2	Understand the factors that contribute to healthcare claims costs.	7.2.1	Medical inflation.
				7.2.2	New medical procedures.
				7.2.3	Prevalence of medical conditions.
				7.2.4	Other factors that may contribute to claims costs.
		7.3	Describe the main methods by which claims costs may be controlled.	7.3.1	Managed care.
				7.3.2	Pricing agreements and networks.
				7.3.3	Clinical guidelines.
				7.3.4	Open referral.
				7.3.5	Exclusions.
				7.3.6	Excesses and co-payments.
8 4 questions	Know how to apply the principles of the claims process to a given set of circumstances	8.1	Apply the principles of the claims process to a given set of circumstances.	8.1.1	Apply the principles of the claims process to core healthcare products.



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9 11 questions	Understanding legal and regulatory considerations	9.1	Understand the main elements of Financial Conduct Authority (FCA) regulations.	9.1.1	The role of the FCA.
				9.1.2	Insurance: Conduct of Business sourcebook and the Insurance Distribution Directive.
				9.1.3	Product governance and conduct risk.
				9.1.4	The importance of Consumer Duty and positive customer outcomes.
				9.1.5	Vulnerable customers.
		9.2	Explain complaints handling and dispute resolution relating to healthcare insurance.	9.2.1	Financial Ombudsman Service.
				9.2.2	Financial Services Compensation Scheme.
				9.2.3	Other methods of dispute resolution.
		9.3	Describe the main features of the Association of British Insurers (ABI) regulation relating to healthcare insurance.	9.3.1	ABI Statements of Best Practice relating to healthcare insurance products.
				9.3.2	ABI consumer guide to medical insurance.
		9.4	Explain the effect on healthcare insurance of relevant legislation.	9.4.1	The Access to Medical Reports Act 1988.
				9.4.2	Access to Health Records Act 1990.
				9.4.3	Equality Act 2010.
				9.4.4	Data protection legislation.
				9.4.5	Consumer Insurance (Disclosure and Representations) Act 2012.
				9.4.6	Insurance Act 2015.
				9.4.7	Mental Capacity Act 2005.
		9.5	Explain the personal taxation implications for holders of healthcare insurance.	9.5.1	Insurance Premium Tax.
				9.5.2	Taxation of premiums and benefits.
		9.6	Explain the company taxation implications for corporate purchasers of healthcare insurance.	9.6.1	Corporation Tax.
				9.6.2	National Insurance.
				9.6.3	Insurance Premium Tax.



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10 4 questions	Know how to apply the principles contained within law and regulation to a given set of circumstances	10.1	Apply the principles contained within law and regulation to a given set of circumstances.	10.1.1	Apply the principles contained within law and regulation in relation to healthcare insurance products.