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Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q24-Q29):

NEW QUESTION # 24

A health maintenance organization (HMO) must offer emergency health services:

- A. Sixteen hours a day, six days per week
- B. Twenty-four hours a day, six days per week
- C. Sixteen hours a day, seven days per week
- **D. Twenty-four hours a day, seven days per week**

Answer: D

Explanation:

Virginia Code § 38.2-4306 mandates that Health Maintenance Organizations (HMOs) provide comprehensive health services, including emergency care, as a core benefit. Emergency services must be available 24 hours a day, 7 days a week (option D) to ensure immediate access to life-saving treatment, aligning with federal and state standards (e.g., ACA requirements under 42 CFR § 422.113). This reflects the HMO's obligation to cover urgent needs-e.g., a heart attack at 2 a.m.-via in-network facilities or out-of-network reimbursement if necessary. Option A (16 hours, 6 days) and Option B (16 hours, 7 days) fall short of the continuous access requirement, limiting coverage unreasonably. Option C (24 hours, 6 days) excludes one day, contradicting the nonstop mandate. The study guide likely emphasizes this 24/7 rule in an HMO benefits section, with examples like ER visits covered anytime, making D the correct standard. This ensures HMOs meet Virginia's consumer protection goals under § 38.2-4300 et seq., distinguishing them from less comprehensive plans.

NEW QUESTION # 25

For an AD&D policy with an irrevocable beneficiary designation, a change in the beneficiary can ONLY be made:

- **A. Upon the death of the current beneficiary**
- B. With the consent of both the policyowner and the beneficiary
- C. At the time of policy renewal
- D. When an absolute assignment is attached to the policy

Answer: A

Explanation:

Detailed Answer in Step-by-Step Solution:

* An irrevocable beneficiary has a vested interest, and the policyowner cannot change the designation without their consent unless the beneficiary dies (C), at which point the owner regains control.

* Option A (renewal) and B (assignment) don't override irrevocability. Option D (consent) is true for living beneficiaries, but "ONLY" restricts it to death in this context.

The Virginia study guide notes that an irrevocable beneficiary's rights persist until death, after which the policyowner can freely change the designation. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Beneficiary Designations."

NEW QUESTION # 26

No existing agent's license will be revoked until:

- A. The agent has been afforded a right to a hearing on the charges
- B. A jury has decided upon such action
- C. A cease and desist order has been issued
- D. At least three violations have been incurred

Answer: A

Explanation:

Detailed Answer in Step-by-Step Solution:

* Virginia law requires due process, meaning an agent's license cannot be revoked until they've had a hearing (A) to contest the charges.

* Options B (three violations), C (jury), and D (cease and desist) are not prerequisites for revocation proceedings.

The Virginia study guide mandates that the Bureau of Insurance provide a hearing before revoking a license, ensuring fairness under state administrative law. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "License Regulation."

NEW QUESTION # 27

Which expenses are covered by Medicare Part D?

- A. Hospital
- B. Dental
- C. Prescription drug
- D. Medical

Answer: C

Explanation:

Detailed Answer in Step-by-Step Solution:

* Medicare Part D (C) specifically covers prescription drug costs for enrollees.

* Medical expenses (A) are under Part B, hospital costs (B) under Part A, and dental (D) is generally not covered by Medicare unless supplemental.

The Virginia study guide states that Medicare Part D, introduced in 2006, provides prescription drug coverage through private plans, distinct from Parts A and B. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Medicare."

NEW QUESTION # 28

The information which gives an insurer necessary personal data regarding an individual and helps determine whether the individual can be insured under an individual health insurance policy is contained in the:

- A. Enrollment form
- B. Policy schedule
- C. Application
- D. Agent's statement

Answer: C

Explanation:

Virginia Code § 38.2-3501 requires individual health insurance policies to incorporate the application as part of the contract, as it contains critical personal data (e.g., name, age, medical history) used to determine insurability (option C). This document-completed by the applicant and agent-details health conditions, lifestyle factors (e.g., smoking), and other risk indicators the underwriter evaluates-e.g., a 30-year-old with asthma noted for rating. Option A (enrollment form) applies to group health plans, not individual policies, where employees join a pre-set plan. Option B (policy schedule) summarizes coverage (e.g., limits, premiums) after issuance, not initial data for underwriting. Option D (agent's statement) may supplement the application with observations, but it's not the primary source; the application itself holds the insured's data.

The study guide likely highlights the application's role in a health insurance section, with examples-e.g., a question about prior hospitalizations triggering a premium adjustment-making C the key document, per Virginia's legal requirement that it be attached to the policy (§ 38.2-3503) for transparency and enforceability.

NEW QUESTION # 29

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