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PENNSYLVANIA LIFE, ACCIDENT AND HEALTH INSURANCE STATE EXAM 2024-2025 WITH 100 QUESTIONS AND CORRECT ANSWERS/ PENNSYLVANIA HEALTH AND LIFE INSURANCE STATE EXAM REVIEW(NEW!!)

Which of the following is an example of a peril covered in an accident and health insurance policy? - **ANSWER: Sickness**

An Applicant for an individual Health policy failed to complete the application properly. Her stay at the hospital was not covered by insurance because she has not met the conditions specified in the... - **ANSWER: Consideration Clause**

A person applying for a manager or exclusive general agent license must meet all of the following criteria EXCEPT - **ANSWER: Be responsible for at least 25% of total commissions collected by the office that he or she manages**

Which insurance principle states that if a policy allows for greater compensation than the financial loss incurred, the insured may only receive benefits for the amount lost? - **ANSWER: Indemnity**

Which of the following would not be considered an expectation to the national do not call list? - **ANSWER: Calls based from outside the United States**

Insurance companies may be classified according to the legal form of their ownership. The type of company organized to return any surplus money to their policyholders is - **ANSWER: A mutual insurer**

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Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q105-Q110):

NEW QUESTION # 105

In broad terms, the types of support and services generally associated with Long-Term Care policies are provided at which three levels of care?

- A. Functional, rehabilitational, and medical care.
- B. Home-based, assisted living, and medical care.
- **C. Skilled nursing, Intermediate, and custodial care.**
- D. Professional, social, and economic care.

Answer: C

Explanation:

Pennsylvania Long-Term Care insurance policies provide benefits across three recognized levels of care:

skilled nursing care, intermediate care, and custodial care. These levels represent increasing degrees of assistance needed by individuals who can no longer perform activities of daily living independently.

Skilled nursing care involves continuous medical supervision provided by licensed nurses and physicians.

Intermediate care requires some medical oversight but not on a continuous basis. Custodial care focuses on non-medical assistance with daily activities such as bathing, dressing, and eating.

These three levels are consistently referenced in Pennsylvania Life, Accident, and Health Insurance licensing materials as the standard framework for long-term care coverage. The other answer choices do not align with Pennsylvania's recognized classification system. Therefore, the correct and verified answer is B. Skilled nursing, Intermediate, and custodial care.

NEW QUESTION # 106

Within how many days does the free-look provision allow the insured the right to return a long-term care policy for full premium?

- A. 0
- **B. 1**
- C. 2
- D. 3

Answer: B

Explanation:

Pennsylvania Long-Term Care (LTC) Insurance regulations require a 30-day free-look period, allowing the insured to return the policy for a full refund of any premium paid. This provision begins on the date the policy is delivered and provides consumers sufficient time to review coverage terms, benefits, limitations, and exclusions.

Pennsylvania-approved LTC study guides emphasize that the extended free-look period reflects the complexity and long-term financial commitment associated with long-term care insurance. If the policy is returned within the 30-day period, it is treated as though it was never issued, and no coverage remains in force.

The shorter free-look periods listed in the other answer choices-5, 10, or 15 days-do not apply to long-term care policies in Pennsylvania. Therefore, 30 days is the correct and verified answer under Pennsylvania Life, Accident, and Health Insurance standards.

NEW QUESTION # 107

Which rider includes coverage for the insured's spouse and children?

- A. Jumping juvenile
- B. Guaranteed insurability
- C. Payor benefit
- D. Family

Answer: D

Explanation:

In Pennsylvania Life Insurance policies, the Family Rider is specifically designed to provide coverage for the insured's spouse and dependent children under a single policy. This rider allows the primary insured to purchase life insurance protection for eligible family members without requiring separate individual policies for each person.

Pennsylvania insurance study guides explain that family riders usually provide a fixed amount of term life coverage for the spouse and smaller amounts for children. Coverage for children typically expires when they reach a specified age, at which point they may have the option to convert to permanent coverage. Spousal coverage may also include conversion privileges.

The other options listed do not provide family coverage. A guaranteed insurability rider allows the insured to purchase additional coverage in the future without proof of insurability. A jumping juvenile rider automatically converts juvenile coverage into permanent insurance at a certain age. A payor benefit rider waives premiums if the policy owner becomes disabled.

Therefore, based on Pennsylvania Life Insurance documentation, the rider that includes coverage for the insured's spouse and children is the Family rider.

NEW QUESTION # 108

All of the following statements about Health Maintenance Organizations (HMOs) are true EXCEPT

- A. Out-of-pocket expenses are limited as long as the network is utilized.
- B. Members receive care from providers in the HMO network.
- C. Members pay fixed monthly fees to the HMO.
- D. Members pay higher monthly fees when out-of-network providers are utilized.

Answer: D

Explanation:

HMOs typically require members to use a network of designated providers and do not cover out-of-network care except in emergencies. Members pay fixed monthly fees for access to the HMO's network of providers.

While out-of-pocket expenses are limited within the network, utilizing out-of-network providers generally results in the services not being covered at all, rather than higher monthly fees. Therefore, statement D is incorrect.

NEW QUESTION # 109

In determining whether a pre-existing condition applies, the enrollee CANNOT have more than how many days" gap in Health insurance?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: A

Explanation:

In determining whether a pre-existing condition exclusion applies, Pennsylvania follows federal standards established under HIPAA and reinforced by ACA provisions. An enrollee cannot have a gap in creditable health coverage of more than 63 days. If the gap exceeds 63 days, prior coverage may no longer be credited toward eliminating or reducing a pre-existing condition limitation.

Pennsylvania-approved insurance education materials emphasize that creditable coverage includes most group and individual health plans, Medicare, Medicaid, and other qualifying coverage types. Maintaining continuous coverage is critical to preserving consumer protections. A lapse of 63 days or fewer allows prior coverage to count without penalty, while exceeding that threshold resets the pre-existing condition evaluation.

The alternative answers-60, 65, and 70 days-do not reflect the legally established standard used in Pennsylvania and federal insurance regulation. The 63-day rule is a key exam concept and consumer protection mechanism designed to encourage continuous health coverage. Therefore, 63 days is the correct and fully verified answer.

NEW QUESTION # 110

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