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NYS Life, accident, and health insurance

Exam

1. Which type of life insurance policy is best suited for paying off the outstanding balance of a 30-year mortgage in the event of the insured's death?

ANS 30-year decreasing term.

2. How many days notice does the ACA require insurers to give before rescinding coverage?

ANS 30

3. A signed good health statement may be requested by a life producer at the time of

ANS Policy Delivery

4. Carol purchases a whole life policy that provides a choice of dividend options. This policy is required to include a statement that the dividends are

ANS Not Guaranteed

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Life-Accident-and-Health Reliable Test Questions and Pass-Sure New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Exam Labs

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q27-Q32):

NEW QUESTION # 27

In a health insurance policy, an insured has an out-of-pocket limit of \$10,000, a deductible of \$500, and an 80%/20% coinsurance. The insured incurs \$50,000 of covered losses in an accident. How much will the insurer have to pay?

- A. \$35,500
- B. \$40,000
- C. \$49,500
- **D. \$39,600**

Answer: D

Explanation:

The correct answer is \$39,600 . To determine the insurer's payment, the deductible and coinsurance provisions must be applied to the total covered medical expenses. First, the insured must pay the \$500 deductible . Subtracting this amount from the total covered losses of \$50,000 leaves \$49,500 of eligible expenses subject to coinsurance.

Under an 80/20 coinsurance arrangement , the insurer pays 80% of the covered expenses and the insured pays 20% . Applying the insurer's portion to the remaining amount:

$$80\% \times \$49,500 = \$39,600 .$$

Therefore, the insurer's payment equals \$39,600 , while the insured would pay the deductible plus their coinsurance share. Although the policy mentions a \$10,000 out-of-pocket limit , the insured's cost in this situation (the \$500 deductible plus 20% of the remaining expenses) does not exceed that limit , so the limit does not affect the calculation.

Thus, after applying the deductible and coinsurance provisions, the insurer pays \$39,600 , making Option B the correct answer.

NEW QUESTION # 28

When MUST a newborn child be covered under an existing health insurance policy?

- **A. Immediately.**
- B. Within 30 days.
- C. Within 24 hours.
- D. Within 45 days.

Answer: A

Explanation:

The correct answer is A. Immediately. Under accident and health insurance provisions, newborn children must be covered from the moment of birth under an existing health insurance policy that provides dependent coverage. This requirement ensures that medical expenses related to the newborn's birth and any immediate medical needs are eligible for coverage without delay. The rule is designed to protect infants during the critical period immediately following birth, when medical care is commonly required.

Although coverage begins immediately at birth , most policies and state insurance rules allow the policyholder a limited period-often 30 or 31 days -to formally notify the insurer and add the newborn as a dependent while maintaining continuous coverage from birth. If the policyholder completes the enrollment within that period and pays any additional premium required, coverage remains effective retroactively to the date of birth.

Therefore, the key concept tested in accident and health licensing materials is that a newborn child must be covered immediately upon birth , even though administrative enrollment to formally add the child may occur within a specified time period afterward. This makes "Immediately" the correct answer.

NEW QUESTION # 29

A Medicare Supplement policy must NOT contain benefits which

- A. duplicate Medicare benefits.
- B. are covered by Workers Compensation.
- C. cover more than Medicare coverage.
- D. charge additional premiums.

Answer: A

Explanation:

A Medicare Supplement policy (Medigap) is designed specifically to fill the gaps in coverage left by Medicare Parts A and B . These policies are standardized and regulated to ensure that they supplement, rather than replace or duplicate, Medicare benefits. The purpose of Medigap coverage is to help pay for certain out- of-pocket expenses , such as deductibles, copayments, coinsurance, and other costs that original Medicare does not fully cover. Because of this purpose, Medicare Supplement policies are not allowed to duplicate benefits that Medicare already provides . If a benefit were duplicated, it would violate the fundamental principle that Medigap policies are intended only to supplement existing Medicare coverage , not provide overlapping payments for the same services.

Option A is incorrect because insurers may charge premiums for the coverage provided under the policy.

Option C is incorrect because Medigap plans may include benefits that help pay expenses beyond Medicare's basic coverage limits (such as additional hospital days). Option D is incorrect because Workers' Compensation operates separately and is not the defining restriction placed on Medigap benefits. Therefore, Medicare Supplement policies must not duplicate Medicare benefits .

NEW QUESTION # 30

On or after January 1, 2014, employers with no more than 25 full time equivalent employees (FTEs) with average annual wages of less than \$50,000 may be eligible for a tax credit of up to how much of the premiums paid by the employer?

- A. 25%
- B. 10%
- C. 50%
- D. 70%

Answer: C

Explanation:

Beginning January 1, 2014 , the Affordable Care Act (ACA) expanded the Small Employer Health Insurance Tax Credit to encourage small employers to offer health coverage. Under the post-2014 rules referenced in licensing materials, an eligible small employer with no more than 25 full-time equivalent (FTE) employees and average annual wages under \$50,000 may qualify for a credit of up to 50% of the employer's premium contribution (with a lower maximum generally applying to eligible tax-exempt employers). The credit is designed to offset part of the cost of providing group health insurance, and eligibility and the credit amount depend on meeting the size and wage thresholds and contributing toward employee premiums.

The maximum percentage is important: 50% is the "up to" cap used for small employers under the ACA framework on or after 2014, making option C correct. The other options are distractors because they understate or overstate the statutory maximum credit percentage available to qualifying small employers during that period.

NEW QUESTION # 31

Individuals who are eligible for Medicare on the first day of the month in which they turn age 65 are automatically enrolled in

- A. Part B.
- B. Part A.
- C. Part D.
- D. Part C.

Answer: B

Explanation:

Medicare is a federal health insurance program primarily available to individuals age 65 and older , as well as certain younger individuals with disabilities. Medicare is divided into several parts, each covering different types of healthcare services. Medicare

Part A, also known as Hospital Insurance, covers inpatient hospital care, skilled nursing facility care, hospice care, and some limited home health services.

Individuals who qualify for Medicare—especially those already receiving Social Security retirement benefits

—are typically automatically enrolled in Medicare Part A when they reach age 65. Coverage generally begins on the first day of the month in which the individual turns 65 (or the prior month if their birthday falls on the first day of the month). Because most individuals have paid Medicare taxes through payroll contributions during their working years, Part A usually requires no monthly premium.

Medicare Part B (Medical Insurance), which covers physician services, outpatient care, and preventive services, requires a monthly premium and may require active enrollment if the individual is not automatically enrolled. Part C refers to Medicare Advantage plans offered by private insurers, and Part D provides prescription drug coverage. Therefore, the part of Medicare that eligible individuals are automatically enrolled in is Medicare Part A.

NEW QUESTION # 32

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