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Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q151-Q156):

NEW QUESTION # 151

What are long-term care insurance "ADL's"?

- A. Activities of daily living
- B. Aggregate dollar limits
- C. Aggregate days limitation
- D. Approved doctor lists

Answer: A

Explanation:

Virginia Code § 38.2-5200 defines ADLs (Activities of Daily Living, option C) as essential tasks-e.g., bathing, dressing, eating-used to determine LTC benefit eligibility (typically inability to perform 2 of 6).

Option A (aggregate dollar limits) refers to coverage caps, not ADLs. Option B (aggregate days limitation) might confuse with elimination periods, not ADLs. Option D (approved doctor lists) relates to provider networks, not functional criteria. The study guide likely details ADLs with examples-e.g., needing help with mobility-emphasizing their role in claims, making C the correct term.

NEW QUESTION # 152

Since HMOs negotiate provider networks in advance of care, HMO members:

- A. Pay the entire cost for all use of non-HMO providers, regardless of circumstances
- B. Have a limited choice of care providers
- C. Waive the right to re-enroll in an insurance company indemnity plan
- D. Are encouraged to carry individual health insurance coverage

Answer: B

Explanation:

Detailed Answer in Step-by-Step Solution:

* HMOs limit members to a pre-negotiated network of providers (B), restricting choice to control costs.

* Non-network care (A) may be covered in emergencies, not always fully out-of-pocket. Options C (waive re-enrollment) and D (individual coverage) are not HMO features.

The Virginia study guide describes HMOs as managed care plans with a restricted provider network, emphasizing cost control through limited choice. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Managed Care Plans."

NEW QUESTION # 153

What is the effect on a life insurance policy if the insured fails to repay the full value of loans taken against the policy?

- A. The death benefit is reduced.
- B. The premium is increased.
- C. Dividends are suspended.
- D. The policy lapses immediately.

Answer: A

Explanation:

Virginia Code § 38.2-3205 governs policy loans in life insurance. When an insured borrows against the policy's cash value and fails to repay the loan (principal plus interest), the outstanding amount is deducted from the death benefit upon the insured's death. Option C correctly states this reduction. Option A is false; premiums are fixed unless the policy is adjustable, and loans don't alter them. Option B is incorrect; dividends depend on insurer performance and policy terms, not loan repayment, though they might be applied to reduce the loan if elected. Option D is wrong; immediate lapse occurs only if the loan exceeds the cash value and premiums aren't paid, not simply from non-repayment. The study guide likely stresses that the death benefit is the primary adjustment mechanism, ensuring the insurer recovers the loan while honoring the policy, making C the accurate choice.

NEW QUESTION # 154

What type of insurance pays a lump sum benefit if an insured loses sight in both eyes?

- A. Major medical
- B. Hospital expense
- C. Medical expense
- D. Accidental death and dismemberment

Answer: D

Explanation:

Detailed Answer in Step-by-Step Solution:

* Accidental death and dismemberment (AD&D) insurance (B) provides a lump sum benefit for specific losses, such as loss of sight in both eyes, due to an accident.

* Hospital expense (A) covers hospital stays, not lump sums for dismemberment.

* Major medical (C) and medical expense (D) cover healthcare costs, not specific injury benefits.

The Virginia study guide describes AD&D as providing lump sum payments for accidental death or specific injuries like loss of sight, distinct from medical expense coverage. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Health Insurance Types."

NEW QUESTION # 155

When an HIV test is requested by a health insurer, who signs the consent form?

- A. The applicant
- B. The insurance agent
- C. The applicant's physician
- D. The medical laboratory technician

Answer: A

Explanation:

Virginia Code § 38.2-600 requires written consent for HIV testing in insurance underwriting, signed by the applicant (option A) to comply with privacy laws (e.g., Virginia Code § 32.1-36.1). This ensures the individual authorizes the test, protecting their rights. Option B (physician) may order tests but doesn't consent for insurance. Option C (agent) facilitates but can't consent. Option D (technician) performs the test, not authorizes it. The study guide likely stresses this consent process in a privacy section, with examples of applicants signing before blood draws, making A the correct party.

NEW QUESTION # 156

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