

# Effective Insurance Licensing PA-Life-Accident-and-Health Questions - Get Ready For The PA-Life-Accident-and-Health Exam

## PA life, accident, and health practice questions

\_\_\_\_\_ is a factor that would be considered by an insurer when determining whether to accept a group life plan - ANS - Average age

"Maximum benefits" refers to the - ANS - the upper limit of the total lifetime benefits the insurance company will pay

10-year level term life InsPol that has a death benefit of \$2000,000. It is true that: - ANS - The face amount and premium will remain constant over the 10 year period

A master contract and certificate of coverage can be found in which type of policy? - ANS - Group

A medical provider that accepts Medicare assignment must - ANS - accept payment based upon a defined Medicare schedule as payment in full

A propose insured to a health insurance policy was treated for heart disease within the past year. When applying for health insurance, the heart disease treatment - ANS - indicates a preexisting condition

A transaction in which a new life insurance policy is purchased and an existing life insurance policy is surrendered and an existing insurance policy is called - ANS - Replacement

All of the following are examples of a business continuation plan - ANS - key person insurance, cross-purchase agreement, stock redemption plan

All of the following are functions of an insurance clause EXCEPT (States the conditions under which the policy will pay, outlines the kind of benefits provided, primarily describes the free-look period, provides the policy's scope and limits of coverage) - ANS - Primarily describes the free-look period

An individual can enroll in Part C Medicare Advantage Plan at what time? - ANS - When becoming eligible for Medicare (age 65)

Benefit that enables someone to defer the current receipt of income and have it paid at a later date, potentially when at a lower tax bracket. - ANS - Deferred compensation option

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### Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q33-Q38):

#### NEW QUESTION # 33

Which is NOT subject to exclusion from coverage under long-term care (LTC) policies?

- A. self-inflicted injuries
- B. organically-based mental illness (e.g. senile dementia)
- C. chemical or alcohol dependency
- D. injuries from War

**Answer: B**

Explanation:

Under Pennsylvania Long-Term Care (LTC) Insurance regulations, organically-based mental illnesses, such as senile dementia or Alzheimer's disease, are not subject to exclusion from coverage. Pennsylvania-approved LTC policies must provide benefits for cognitive impairments that arise from organic or physical causes, recognizing these conditions as legitimate medical illnesses requiring long-term care services.

In contrast, LTC policies may exclude coverage for injuries resulting from war, self-inflicted injuries, and chemical or alcohol dependency. These exclusions are clearly permitted under Pennsylvania insurance statutes and are consistently highlighted in LTC policy provisions and licensing study guides. Substance abuse and self-harm are considered behavioral or intentional risks and may be excluded unless required otherwise by law.

Organically-based mental illnesses differ significantly because they involve degenerative brain conditions rather than voluntary behavior. Pennsylvania regulations require LTC policies to address cognitive impairment as a qualifying trigger for benefits, including supervision needs. As a result, organically-based mental illness cannot be excluded and is the correct and verified answer.

#### NEW QUESTION # 34

In Pennsylvania, when issuing a Medicare Supplement Policy, which form must be delivered to the applicant?

- A. Statement of Good Health
- B. Company Brochure
- C. Outline of Coverage
- D. Policy Summary

**Answer: C**

Explanation:

In Pennsylvania, when issuing a Medicare Supplement (Medigap) policy, insurers are required to deliver an Outline of Coverage to the applicant. This document is mandated under both Pennsylvania insurance regulations and Medicare Supplement standardization rules included in Life, Accident, and Health Insurance study guides. The Outline of Coverage provides a clear, standardized summary of the policy's benefits, limitations, exclusions, and cost-sharing provisions.

The purpose of this requirement is to ensure that applicants can easily compare Medicare Supplement policies and understand how the policy works alongside Medicare. The Outline of Coverage must be provided at the time of application or at policy delivery if the policy is issued without an application. A policy summary and company brochure are not sufficient substitutes, and a statement of good health may be required in certain underwriting situations but is not the mandated disclosure document.

Pennsylvania emphasizes consumer transparency and informed decision-making in Medicare-related products, making the Outline of Coverage a critical compliance requirement. Therefore, option C is the correct answer.

### NEW QUESTION # 35

Medicare Part B insurance is partially funded by

- A. employment taxes.
- B. employer contributions.
- C. Social Security taxes.
- **D. user premiums.**

**Answer: D**

Explanation:

Medicare Part B insurance, which provides coverage for physician services, outpatient care, preventive services, and certain medical supplies, is partially funded by user premiums. Under Pennsylvania Life and Health Insurance study materials, Medicare Part B is classified as a voluntary program, meaning eligible individuals must enroll and pay a monthly premium to receive benefits. These premiums are typically deducted from the beneficiary's Social Security benefits.

Unlike Medicare Part A, which is primarily funded through employment and Social Security payroll taxes, Part B relies heavily on beneficiary contributions along with general federal revenues. Pennsylvania licensing guides emphasize this distinction because it is frequently tested on state and national insurance exams.

Employer contributions do not fund Medicare Part B, and while Social Security taxes support Part A, they are not the funding source for Part B.

Therefore, the accurate and verified answer is user premiums, making option B correct.

### NEW QUESTION # 36

All of the following statements about aleatory contracts are true EXCEPT

- A. there are cases where the insurer pays nothing.
- **B. the insured and insurer contribute equally to they contract.**
- C. if a loss occurs, the insured's premium is small in relation to the amount the insurer pays.
- D. they may be interpreted as a form of gambling.

**Answer: B**

Explanation:

Aleatory contracts, such as insurance policies, are characterized by an unequal exchange of value. The amount the insured pays in premiums is small in relation to the amount the insurer pays in the event of a loss, which may be much greater. Therefore, the statement that the insured and insurer contribute equally is false

### NEW QUESTION # 37

The levels of coverage defined in the Affordable Care Act are

- A. HMO, EPO, POS, and PPO.
- **B. Bronze, Silver, Gold, and Platinum**
- C. Child Only, Limited Benefit Plan, Catastrophic, and Major Medical
- D. Individual, Parent-Child, Spousal, and Family.

**Answer: B**

Explanation:

Under the Affordable Care Act (ACA), which is fully incorporated into Pennsylvania Accident and Health Insurance standards, health insurance plans sold in the individual and small group markets are categorized into four standardized metal levels: Bronze, Silver, Gold, and Platinum. These levels do not describe the quality of care but rather the actuarial value, or the percentage of total average healthcare costs the plan is expected to cover.

Bronze plans typically cover approximately 60% of healthcare expenses and have lower premiums but higher out-of-pocket costs. Silver plans cover about 70% and are particularly significant because cost-sharing reductions apply only to Silver-level plans for eligible individuals. Gold plans cover approximately 80% of costs, while Platinum plans cover about 90%, offering lower deductibles and copayments but higher premiums.

Pennsylvania insurance study guides emphasize that these metal tiers allow consumers to compare plans more easily based on cost-sharing responsibility. The remaining answer choices describe family status classifications, types of managed care plans, or unrelated

benefit structures, none of which define ACA coverage levels. Therefore, Bronze, Silver, Gold, and Platinum is the correct and verified answer.

## NEW QUESTION # 38

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