

Virginia-Life-Annuities-and-Health-Insurance New Braindumps Questions - New Virginia-Life-Annuities-and-Health-Insurance Test Braindumps



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If you're looking to advance your Virginia Insurance career, Virginia Insurance Virginia-Life-Annuities-and-Health-Insurance Exam can help you achieve that goal. This certification exam is essential to assist professionals in every aspect of their field. However, studying for the exam can be challenging, and finding reliable study materials can be difficult. This is where TrainingQuiz comes in.

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New Virginia-Life-Annuities-and-Health-Insurance Test Braindumps,

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After taking a bird's eye view of applicants' issues, TrainingQuiz has decided to provide them with the Real Virginia-Life-Annuities-and-Health-Insurance Questions. These Virginia Life, Annuities, and Health Insurance Examination Series 11-01 (Virginia-Life-Annuities-and-Health-Insurance) dumps pdf is according to the new and updated syllabus so they can prepare for Virginia Insurance certification anywhere, anytime, with ease. A team of professionals has made the product of TrainingQuiz after much hard work with their complete potential so the candidates can prepare for Virginia Insurance practice test in a short time.

Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q326-Q331):

NEW QUESTION # 326

A coordination of benefits provision is included in group health insurance to reduce:

- A. Overinsurance
- B. Waiting periods
- C. Probationary periods
- D. Dependent coverage

Answer: A

Explanation:

Detailed Answer in Step-by-Step Solution:

* The coordination of benefits (COB) provision prevents overinsurance (B) by ensuring that total payments from multiple group

plans don't exceed 100% of covered expenses, avoiding duplication.

* It doesn't affect dependent coverage (A), probationary periods (C), or waiting periods (D), which are unrelated to claim payments.

The Virginia study guide describes COB as a mechanism to coordinate payments among multiple insurers, reducing overinsurance and ensuring fair claim distribution. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Group Health Insurance Provisions."

NEW QUESTION # 327

Ambulatory care centers are most often used by patients who require:

- A. Wellness centers
- B. Overnight accommodations
- C. Physical therapy
- D. Outpatient surgical procedures

Answer: D

Explanation:

Virginia Code § 38.2-3407 et seq. covers health services, where ambulatory care centers (e.g., outpatient clinics) specialize in same-day procedures like outpatient surgical procedures (option C-e.g., cataract surgery). Option A (physical therapy) may occur there but isn't the primary use; therapy clinics differ. Option B (wellness centers) focuses on prevention, not procedures. Option D (overnight accommodations) contradicts

"ambulatory," meaning walk-in/walk-out care. The study guide likely defines this in a health facilities section, with examples like knee arthroscopy, making C the most frequent use.

NEW QUESTION # 328

Coverage under a cancelable health insurance policy may be terminated by:

- A. An arbitration committee
- B. Either the insured or the insurer
- C. The insured only
- D. The insurer only

Answer: B

Explanation:

Virginia Code § 38.2-3508 defines a cancelable health policy as one either party—the insured or insurer—can terminate before its term ends, with notice (e.g., 30 days). Option C reflects this mutual right. Option A (insurer only) and option B (insured only) are too restrictive; cancelable policies aren't unilateral. Option D (arbitration committee) isn't a standard mechanism; cancellation follows policy terms, not third-party rulings. The study guide likely contrasts cancelable with non-cancelable policies, using examples like an insurer canceling for nonpayment or an insured canceling due to better rates, making C the correct scope.

NEW QUESTION # 329

EXCEPT for fraud, what is the time limit after issue for an insurer to deny an individual health insurance claim based on material misrepresentation in the application?

- A. 3 years
- B. 1 year
- C. 180 days
- D. 2 years

Answer: D

Explanation:

The incontestability clause in health insurance policies generally provides that after two years from the date of issue, the insurer cannot deny a claim or void coverage due to material misrepresentation in the application, except in cases of fraud. This ensures that policyholders have long-term protection from policy rescission due to innocent mistakes.

NEW QUESTION # 330

Pre-existing conditions include conditions of health that:

- A. Develop after the effective date of the policy but before the expiration of the time limit on certain defenses
- B. Have been medically treated or diagnosed prior to the effective date of coverage
- C. Must exist before an applicant can be accepted by an insurer
- D. Are never insurable under any circumstances or degree of severity

Answer: B

Explanation:

Pre-existing conditions are defined as illnesses or conditions for which an insured received medical advice, diagnosis, or treatment prior to the effective date of coverage.

Exact Extract (Virginia Health Insurance Study Guide): "Pre-existing condition-any condition for which diagnosis, medical advice, or treatment was received prior to the policy's effective date." Reference (Virginia Documents / Study Guide):

- Virginia Health Insurance Examination Outline, Policy Exclusions and Limitations

NEW QUESTION # 331

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