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PSI Life, Accident, Health Practice Exam Questions AND ANSWERS 2023/2024

Which is an ACCURATE statement regarding benefits of Medicare supplement and Medicare select plans?

- 1 The insurer is able to cancel, or deny renewal of an existing policy, based solely on the health of the insured.
- 2 There is no restriction for benefits after the coverage has been in effect for six months when involving a preexisting condition.
- 3 The coverage for a loss from an illness or disease is treated differently than for a loss resulting from an injury due to an accident.
- 4 The coverage for a spouse cannot be terminated for any reason, including for nonpayment of premiums.

2 There is no restriction for benefits after the coverage has been in effect for six months when involving a preexisting condition.

How is the insurance commissioner chosen?

- 1 Elected by the people.

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Maryland Insurance Administration Maryland Accident and Health or Sickness Producer Series 20-24 Exam Sample Questions (Q65-Q70):

NEW QUESTION # 65

The free-look period provided in a life insurance policy is usually:

- A. 10 days
- B. 60 days
- C. 31 days
- D. 45 days

Answer: A

Explanation:

Comprehensive and Detailed Step by Step Explanation: The free-look period is a consumer protection mechanism allowing policyholders to cancel a policy within a specific period for a full refund.

* 10 days (A): Maryland law requires a minimum free-look period of 10 days for life insurance policies, allowing buyers to review the policy without financial obligation.

* 31 days (B), 45 days (C), and 60 days (D): These exceed Maryland's statutory minimum and are not standard requirements unless specifically offered by the insurer.

References: Maryland Free-Look Provisions, COMAR 31.09.09, and Maryland Consumer Protection Act.

NEW QUESTION # 66

An accident and health insurance producer is most likely to become liable for professional errors and omissions as the result of:

- A. Incorrect filing of federal income taxes
- B. An accounting error discovered by the producer's accountant
- C. Misleading a prospective insured in replacing accident and health insurance
- D. Submitting a premium payment to an insurer in excess of the required amount

Answer: C

Explanation:

Errors and omissions liability arises from professional negligence (Insurance Article, § 10-126). Misleading a client about policy replacement (twisting, § 27-203) directly harms them, unlike accounting errors, overpayments, or tax issues, which are internal or personal.

References: Maryland Insurance Article, § 10-126, § 27-203; MIA producer liability rules.

NEW QUESTION # 67

All advertisements for health insurance shall make clear the identity of the:

- A. Beneficiary
- B. Insurance Commissioner
- C. Insured
- D. Insurer

Answer: D

Explanation:

Advertisements must identify the insurer (Insurance Article, § 27-503) to ensure transparency and avoid confusion. The Commissioner, beneficiary, and insured aren't required in ads, as they don't issue the policy.

References: Maryland Insurance Article, § 27-503; MIA advertising guidelines.

NEW QUESTION # 68

All of the following are examples of unfair claims settlement practices EXCEPT:

- A. Refusing arbitrarily and unreasonably to pay claims
- B. Misrepresenting pertinent facts of coverage
- C. Failing to promptly provide a reason for a claim denial
- D. Denying unsubstantiated claims on a timely basis

Answer: D

Explanation:

Unfair practices (Insurance Article, § 27-303) include delays, arbitrary refusals, and misrepresentation.

Denying unsubstantiated claims promptly is fair and expected, not an unfair practice.

References: Maryland Insurance Article, § 27-303; MIA claims regulations.

NEW QUESTION # 69

When an accident and health insurer requires a covered individual to undergo a physical examination, who pays the cost of the examination?

- A. The premium payor
- B. The patient or parent of the patient
- C. The insurer
- D. The principal insured individual

Answer: C

Explanation:

If an insurer mandates a physical exam (Insurance Article, § 12-202), it pays the cost, as it's a condition of coverage or claims processing. The premium payor, insured, or patient isn't responsible for insurer-initiated requirements.

References: Maryland Insurance Article, § 12-202; MIA policy standards.

NEW QUESTION # 70

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