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## Insurance Licensing Oklahoma Life, Accident, and Health or Sickness Producer Exam Sample Questions (Q76-Q81):

### NEW QUESTION # 76

What type of policy pays an amount per day for hospitalization directly to the insured regardless of the insured's other health insurance?

- A. Hospital indemnity
- B. Blanket
- C. Medigap
- D. Limited-amount per diem

**Answer: A**

Explanation:

A hospital indemnity policy pays a fixed daily, weekly, or monthly benefit directly to the insured for hospitalization, regardless of other insurance coverage or actual expenses incurred. This is a supplemental policy common in Oklahoma (Title 36 O.S. § 4405).

\* Option A: Incorrect. "Limited-amount per diem" is not a standard insurance term.

\* Option B: Incorrect. Blanket policies cover groups for specific risks, not individual hospitalization benefits.

\* Option C: Incorrect. Medigap covers Medicare gaps, not fixed hospitalization payments.

\* Option D: Correct. Hospital indemnity policies pay a fixed amount per day for hospitalization.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Accident and Health Insurance).

Oklahoma Insurance Department, Title 36 O.S. § 4405 (health insurance provisions).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

### NEW QUESTION # 77

Which of the following is one of the MAIN tasks of a field underwriter?

- A. Obtaining a Medical Information Bureau (MIB) report.
- B. Editing an applicant's report to ensure approval.
- C. Ensure the accuracy and completeness of an individual's medical information.
- D. Approving an individual's policy.

**Answer: C**

Explanation:

A field underwriter, typically an insurance producer, gathers initial information from applicants to assess their insurability and ensure the application is accurate and complete. A main task is ensuring the accuracy and completeness of an individual's medical information, as this is critical for the insurer's underwriting decision. Field underwriters do not approve policies or edit reports to guarantee approval; they facilitate the process by providing reliable data.

\* Option A: Incorrect. Editing reports to ensure approval is unethical and not a field underwriter's role.

\* Option B: Incorrect. Approving policies is the role of the insurer's underwriting department, not the field underwriter.

\* Option C: Correct. Ensuring accuracy and completeness of medical information is a key task of a field underwriter.

\* Option D: Incorrect. Obtaining an MIB report is typically done by the insurer, not the field underwriter.

This question aligns with the Prometric content outline under "Underwriting," which covers the role of field underwriters.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Underwriting).

Oklahoma Insurance Department, Title 36 O.S. § 1204 (insurance business conduct).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

### NEW QUESTION # 78

The grace period is a period of time

- A. between the death of the insured individual and the payment of the benefits.
- **B. when the policyowner is protected from an unintentional lapse of the policy.**
- C. after the premium is received and before the policy is issued.
- D. after the premium is paid and before the policy is issued.

**Answer: B**

Explanation:

The grace period in life and health insurance policies, as mandated by Oklahoma law (Title 36 O.S. § 4005 for life, § 4405 for health), is a period (typically 31 days) after a premium due date during which the policy remains in force, protecting the policyowner from an unintentional lapse. If the insured dies during the grace period, the death benefit is payable, minus any overdue premiums.

\* Option A: Incorrect. The period after premium payment but before policy issuance is the underwriting or application phase, not the grace period.

\* Option B: Incorrect. This is similar to Option A and does not describe the grace period.

\* Option C: Incorrect. The time between death and benefit payment is the claim processing period, not the grace period.

\* Option D: Correct. The grace period protects against unintentional policy lapse due to late premium payment.

This question falls under the Prometric content outline section on "Provisions, Options, Exclusions, Riders, Clauses, and Rights," which covers grace period provisions.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Life and Health Insurance Provisions).

Oklahoma Insurance Department, Title 36 O.S. § 4005, § 4405 (grace period requirements).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

### NEW QUESTION # 79

A condition for which medical advice, diagnosis, care, or treatment was recommended or received during the 6 months immediately preceding the effective date of group health coverage is

- **A. preexisting condition.**
- B. elimination period.
- C. diagnosed condition.
- D. affiliation period.

**Answer: A**

Explanation:

A preexisting condition is defined in health insurance as a medical condition for which advice, diagnosis, care, or treatment was recommended or received within a specified period (commonly 6 months) before the effective date of coverage. In Oklahoma, group health insurance policies often include provisions limiting or excluding coverage for preexisting conditions for a certain period, as regulated by federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA).

\* Option A: Incorrect. An elimination period is the waiting period before benefits begin, typically in disability or long-term care policies, not related to preexisting conditions.

\* Option B: Incorrect. An affiliation period is a waiting period for late enrollees in HMOs under HIPAA, not tied to medical conditions.

\* Option C: Incorrect. A diagnosed condition is not a standard insurance term; it does not specifically denote the timeframe of prior treatment like a preexisting condition.

\* Option D: Correct. A preexisting condition matches the definition provided, as per Oklahoma and federal regulations.

This question aligns with the Prometric content outline under "Provisions, Options, Exclusions, Riders, Clauses, and Rights," which covers health insurance exclusions and limitations.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Accident and Health Insurance).

Oklahoma Insurance Department, Title 36 O.S. § 6060.4 (preexisting condition provisions).

HIPAA, 45 CFR § 144.103 (definition of preexisting condition).

### NEW QUESTION # 80

Which of the following is a core benefit of Medicare supplemental insurance?

- A. Preventive care.
- **B. First 3 pints of blood each year.**
- C. Basic drugs limit of \$1,250.
- D. At-home recovery.

**Answer: B**

Explanation:

Medicare supplemental insurance (Medigap) covers gaps in Original Medicare (Parts A and B), such as deductibles, coinsurance, and certain costs not covered by Medicare. A core benefit, included in most Medigap plans (e.g., Plans A-N), is coverage for the first 3 pints of blood each year, which Medicare Part A does not cover. Other options like at-home recovery or prescription drugs are not core benefits, and preventive care is covered by Medicare, not Medigap.

\* Option A: Correct. The first 3 pints of blood is a core Medigap benefit.

\* Option B: Incorrect. At-home recovery is not a standard core benefit in most Medigap plans.

\* Option C: Incorrect. Prescription drug coverage is not a core Medigap benefit; it's covered by Medicare Part D.

\* Option D: Incorrect. Preventive care is covered by Medicare Part B, not a core Medigap benefit.

This question falls under the Prometric content outline section on "Medicare," which covers Medigap benefits.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Medicare).

Oklahoma Insurance Department, Title 36 O.S. § 6217 (Medicare supplement insurance).

CMS, Medicare & You Handbook (Medigap benefits).

## NEW QUESTION # 81

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