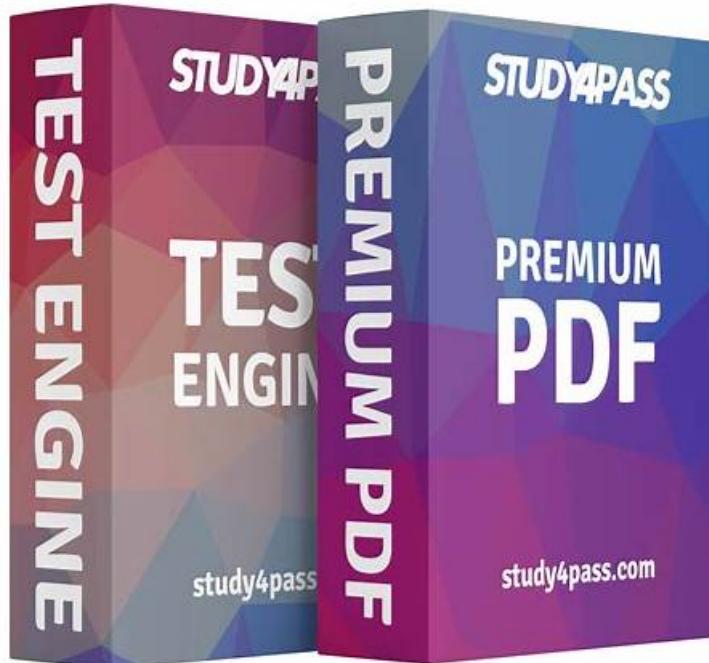


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Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q114-Q119):

NEW QUESTION # 114

All the following are considered Essential Health Benefits under the ACA, EXCEPT:

- A. Adult dental services
- B. Hospitalization
- C. Preventive care services
- D. Laboratory services

Answer: A

Explanation:

Detailed Answer in Step-by-Step Solution:

* The Affordable Care Act (ACA) mandates 10 Essential Health Benefits, including hospitalization (A), laboratory services (B), and preventive care (D), but adult dental services (C) are not included (pediatric dental care is, however).

* Adult dental is often an optional or separate coverage, not a required benefit.

The Virginia study guide, aligned with ACA regulations, lists the 10 Essential Health Benefits, excluding adult dental services while including pediatric dental and vision as distinct categories. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Affordable Care Act."

NEW QUESTION # 115

The designation of a beneficiary by class in a life insurance policy means that:

- A. Individual beneficiaries are not specified by name
- B. The policy must be a form of business life insurance
- C. A primary beneficiary cannot be designated in the policy
- D. The beneficiaries are unrelated to the insured

Answer: A

Explanation:

Detailed Answer in Step-by-Step Solution:

* Designating a beneficiary "by class" means identifying a group (e.g., "my children") rather than naming specific individuals (C).

* Option A (business life insurance) is unrelated to class designation.

* Option B (no primary beneficiary) is incorrect; a class can still be primary.

* Option D (unrelated beneficiaries) is not a requirement of class designation.

The Virginia study guide notes that a class designation identifies beneficiaries by a category (e.g., "spouse" or "heirs") rather than specific names, offering flexibility. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Beneficiary Designations."

NEW QUESTION # 116

If a patient with a preferred provider organization (PPO) chooses to use a non-PPO provider, the patient usually can expect:

- A. To pay the full cost of care
- B. To have higher out-of-pocket expenses
- C. 100% reimbursement for the service provided
- D. A one-year waiting period before re-enrolling in the PPO

Answer: B

Explanation:

Detailed Answer in Step-by-Step Solution:

* In a PPO, using a non-PPO provider (out-of-network) leads to higher out-of-pocket expenses (A) due to lower reimbursement rates and potential excess charges.

* Option B (full cost) is inaccurate; some coverage applies. Option C (100% reimbursement) is false.

Option D (waiting period) is unrelated.

The Virginia study guide reiterates that PPOs cover out-of-network care but at a reduced level, increasing the insured's costs

compared to in-network use. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Managed Care Plans."

NEW QUESTION # 117

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

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

Answer: D

Explanation:

Detailed Answer in Step-by-Step Solution:

* If a health insurer requires a physical exam (e.g., for underwriting or claims), the insurer pays the cost (D), as it's their condition for coverage or payment.

* The premium payor (A), insured (B), or patient (C) aren't responsible for insurer-mandated exams.

The Virginia study guide specifies that insurer-required exams, such as for contesting claims, are at the insurer's expense, per the physical examination provision. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Health Insurance Policy Provisions."

NEW QUESTION # 118

The owner of a life insurance policy who enters into a viatical settlement contract is called:

- A. A viatical settlement broker
- B. A viatical settlement provider
- C. A vatee
- D. A viator

Answer: D

Explanation:

Detailed Answer in Step-by-Step Solution:

* A viatical settlement involves a terminally ill policyowner selling their life insurance policy for a lump sum. The policyowner in this transaction is called the viator (C).

* The viatical settlement provider (A) is the entity purchasing the policy.

* The viatical settlement broker (B) facilitates the transaction.

* "Vatee" (D) is not a recognized term in this context.

The Virginia study guide defines the viator as the insured policyowner who sells their policy in a viatical settlement, typically due to a terminal illness. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Viatical Settlements."

NEW QUESTION # 119

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