

Quiz NY-Life-Accident-and-Health - Efficient New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Free Dump Download

NY Life, Accident, and Health Insurance Agent/Broker Exam Series 17-55 | 75 QUESTIONS | GRADE A+ Attained

1. Which policy provision permits the policy owner to take a specified number of days to examine the contract, and allows for cancellation and a full refund if the policy owner rejects the terms or costs? - Free Look
2. When will a policy pay on a UCR basis? - When particular benefits are not listed on a payment schedule
3. Which type of rider reimburses health and social service expenses incurred in a convalescent or nursing home facility? - long term care rider
4. Which of the following is exempted from the incontestability provision in insurance policies? - Fraudulent misstatements
5. What does first dollar coverage mean? - As soon as covered medical expenses are incurred, the policy begins to pay
6. What is the waiver of premium provision? - In a long term care contract, the premium is waived after the insured has been confined for a specific period of time
7. According to the Time Payment of Claims provision, the insurer must make the payment immediately after receiving proof of loss EXCEPT - for claims involving periodic payments
8. Which is a disadvantage to a flexible premium annuity? - the actual amount of the annuity benefit cannot be determined in advance
9. When a policy or certificate containing an accelerated benefit provision is applied for or delivered, the producer is responsible for providing that applicant a summary of

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q21-Q26):

NEW QUESTION # 21

Which of the following is described when a selected group of practitioners, in a certain area, agrees to provide services at a pre-arranged cost on a fee-for-service basis?

- A. risk purchasing group
- B. indemnity organization
- C. coalition group
- D. preferred provider organization

Answer: D

Explanation:

The correct answer is A. preferred provider organization. A Preferred Provider Organization (PPO) is a health care arrangement in which an insurer or plan contracts with a selected network of doctors, hospitals, and other providers in a geographic area to deliver medical services at negotiated or reduced charges. Federal and New York sources describe PPOs as networks of participating providers that agree to furnish care at discounted rates, while patients generally retain the flexibility to use non-network providers at a higher cost. That matches the question's description of a selected group of practitioners agreeing to provide services at a pre-arranged cost on a fee-for-service basis. (HealthCare.gov) The other options do not fit this definition. An indemnity organization traditionally reimburses covered losses and does not depend on a contracted provider network with prearranged fees. A risk purchasing group is associated with liability insurance purchasing arrangements, not standard health provider networks. Coalition group is not the recognized term for this managed care structure. Therefore, the correct description is a preferred provider organization. (Department of Financial Services)

NEW QUESTION # 22

For three weeks next month a company ' s employees will choose to enroll or remain enrolled in their HMO or change health plans. What is this situation called?

- A. annual gatekeeper enrollment
- B. annual open enrollment
- C. coverage authorization period
- D. employer sponsored health plan

Answer: B

Explanation:

The correct answer is annual open enrollment. In accident and health insurance, open enrollment is the designated period during which eligible employees may enroll in a health plan, remain in their current plan, or switch to another available plan option, such as changing from one HMO or managed care arrangement to another health plan offered by the employer. This enrollment window is generally provided once each year, which is why it is called annual open enrollment.

This period is important because outside of open enrollment, employees are usually allowed to make changes only if they experience a qualifying life event, such as marriage, divorce, birth of a child, or loss of other coverage. During annual open enrollment, employees review benefits, costs, provider networks, and coverage features before selecting the plan that best fits their needs for the upcoming coverage period.

The other options are incorrect because "annual gatekeeper enrollment" and "coverage authorization period" are not standard insurance terms for selecting or changing plans, and "employer sponsored health plan" refers to the type of coverage arrangement itself, not the election period. Therefore, annual open enrollment is the correct term.

NEW QUESTION # 23

Which statement is NOT a characteristic of a Group Life Insurance Plan?

- A. A master contract.
- B. Individual underwriting.

- C. Probationary periods.
- D. Certificate of Insurance.

Answer: B

Explanation:

The correct answer is C. Individual underwriting. A Group Life Insurance Plan is designed to provide coverage to a number of people under a single policy, usually employees of an employer or members of an association. One of its key characteristics is that the insurer issues a master contract to the policyholder, such as the employer, while each covered member receives a certificate of insurance as evidence of coverage.

Group plans may also include probationary periods, especially for new employees, to require a certain length of service before coverage becomes effective.

What group life insurance generally does not involve is individual underwriting for each member. Unlike individual life insurance, where each applicant's health history, occupation, and personal risk factors are carefully evaluated, group life insurance is commonly written on a group basis. Eligibility is determined by membership in the group rather than detailed medical underwriting of each person, especially for amounts within the plan's basic coverage limits. Therefore, the statement that is not a characteristic of a Group Life Insurance Plan is individual underwriting.

Thought for 8s

NEW QUESTION # 24

Some states have laws ensuring that health insurance coverages are available at a reasonable cost and under reasonable conditions for small employers. Small employers are defined as having no more than

- A. 150 employees.
- B. 200 employees.
- C. 100 employees.
- D. 75 employees.

Answer: C

Explanation:

The correct answer is 100 employees. In accident and health insurance licensing material, "small employer" or "small group" generally refers to an employer with 1 to 100 employees for purposes of small-group health insurance market rules. These laws are intended to make coverage more available and affordable for smaller businesses that may not have the bargaining power of large employers. They are commonly associated with protections involving availability of coverage, renewal standards, rating limitations, and fair underwriting conditions in the small-group market.

This question tests recognition of the standard upper limit used in modern health insurance regulation for a small employer group. The other options-75, 150, and 200-do not match the commonly tested definition.

In exam context, the purpose is to distinguish small-group health coverage from large-group coverage, because different rules may apply to eligibility, premium determination, and mandated access. So, when a health insurance question asks how many employees a "small employer" may have under these types of laws, the expected answer is no more than 100 employees.

NEW QUESTION # 25

Which of the following is a potential DISADVANTAGE of a fixed annuity?

- A. There is no guaranteed specific benefit amount to the annuitant.
- B. Annuitants could experience a decrease in the purchasing power of their payments over a period of years due to inflation.
- C. The insured invests payments in variable securities, and the return fluctuates with an uncertain economic market.
- D. Payments continue only for a maximum of 2 years after the annuitant's death.

Answer: B

Explanation:

A fixed annuity provides payments (or credited interest during accumulation) based on a guaranteed rate and/or guaranteed payout set by the insurer. Because the payment amount is generally level once annuitized (unless an inflation rider or increasing-payment option is selected), the key drawback is inflation risk: over time, rising prices can reduce the purchasing power of those fixed payments. In other words, the annuitant may receive the same dollar amount each period, but that amount may buy less in the future.

Option B describes a feature more consistent with variable annuities, where benefits are not guaranteed at a specific level because

values depend on investment performance. Option C is also a characteristic of variable annuities (separate account investments and fluctuating returns), not fixed annuities. Option D is not a standard limitation of fixed annuities; payout periods depend on the selected settlement option (life, period certain, joint life, etc.), not an automatic "2 years after death" cap. Therefore, the commonly tested disadvantage of a fixed annuity is the potential erosion of buying power due to inflation.
Thought for a few seconds

NEW QUESTION # 26

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