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TOP Trustworthy Virginia-Life-Annuities-and-Health-Insurance Exam Content: Virginia Life, Annuities, and Health Insurance Examination Series 11-01 - Latest Virginia Insurance New Virginia-Life-Annuities-and-Health-Insurance Exam Topics

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Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q65-Q70):

NEW QUESTION # 65

If an agent misleads or fails to adequately disclose the title and true nature of a policy offered to a potential insured, it may be considered:

- A. Misrepresentation
- B. Coercion
- C. Unfair discrimination
- D. Defamation

Answer: A

Explanation:

Virginia Code § 38.2-502 defines misrepresentation as an unfair practice, where an agent misstates or omits key policy details (e.g., calling a term policy "permanent") to mislead the insured. Option C fits this legal breach. Option A (defamation) involves false reputational harm, not policy sales. Option B (unfair discrimination, § 38.2-211) involves unequal treatment, not misrepresentation. Option D (coercion) implies force, not deception. The study guide likely warns of misrepresentation penalties-e.g., an agent fined for hiding exclusions-making C the applicable violation.

NEW QUESTION # 66

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

Answer: C

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 # 67

Replacement rules are designed primarily to protect the interest of the:

- A. Insurer replacing a policy
- B. Agent who sold the original policy
- C. Policyowner
- D. Insurer whose policy is being replaced

Answer: C

Explanation:

Replacement regulations are intended to safeguard the policyowner, ensuring they are fully informed of disadvantages, such as surrender charges or loss of benefits, before replacing an existing policy.

Exact Extract (Virginia Replacement Rules): "Replacement provisions are designed to protect the policyholder by requiring full disclosure of the implications of replacing an existing policy." Reference (Virginia Documents / Study Guide):

- Virginia Life Insurance Replacement Regulations (14VAC5-20-10 et seq.)

NEW QUESTION # 68

When a small employer health insurance plan is offered, it must be available:

- A. Only to employees under age 65
- B. Only to employees who provide evidence of insurability
- C. To all eligible employees after a 12-month waiting period
- D. To all eligible employees who apply

Answer: D

Explanation:

Virginia Code § 38.2-3431 et seq., aligned with the ACA, requires small employer health plans (1-50 employees) to offer coverage to all eligible employees who apply, without discrimination based on health status or other factors. "Eligible" typically means full-time employees meeting the employer's criteria (e.g., 30+ hours/week). Option A reflects this guaranteed issue mandate, ensuring broad access. Option B (12-month waiting period) is false; Virginia and federal law cap waiting periods at 90 days (Virginia Code § 38.2-3445), not 12 months. Option C (evidence of insurability) contradicts guaranteed issue rules for small groups, which prohibit medical underwriting. Option D (under age 65) is incorrect; coverage extends to all eligible employees regardless of age, though Medicare coordination may apply post-65. The study guide likely stresses this inclusivity as a cornerstone of small group market reforms, making A the correct answer.

NEW QUESTION # 69

At policy delivery, to ensure that the insured has NOT experienced adverse medical conditions since the time of application for life insurance, the insured may be required to sign a:

- A. Notice of information practices
- B. Statement of good health
- C. Conditional receipt
- D. Disclosure notice

Answer: B

Explanation:

Virginia Code § 38.2-3106 governs life insurance delivery, where insurers may require a statement of good health (option B) at policy issuance to confirm no material health changes occurred since the application (e.g., a new cancer diagnosis). This signed document protects the insurer from undisclosed risks between underwriting and delivery, potentially voiding coverage if false (subject to incontestability, § 38.2-3105).

Option A (disclosure notice) relates to privacy or policy terms, not health updates. Option C (conditional receipt) is issued at application with premium payment, providing temporary coverage, not a delivery requirement. Option D (notice of information practices) informs about data use (per § 38.2-604), not health status. The study guide likely illustrates this with a scenario-e.g., an insured signing to confirm no heart attack post-application-making B the standard practice.

NEW QUESTION # 70

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