

100% Pass Quiz 2026 NY-Life-Accident-and-Health: New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55–The Best Exam Simulator Online

PSI - NY Life, Accident and Health Practice Exam 17-

55

1. Which policy provision permits the policy owner to take a specific 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

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The New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 (NY-Life-Accident-and-Health) certification has become a basic requirement to advance rapidly in the information technology sector. Since Insurance Licensing NY-Life-Accident-and-Health actual dumps are vital to prepare quickly for the examination. Therefore, you will need them if you desire to ace the New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 (NY-Life-Accident-and-Health) exam in a short time.

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q59-Q64):

NEW QUESTION # 59

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

Answer: B

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 # 60

Medicaid provides which coverage that Medicare does NOT?

- A. inpatient hospital services
- B. custodial care
- C. ambulance services
- D. inpatient psychiatric care

Answer: B

Explanation:

The correct answer is custodial care. Medicaid is a government health assistance program for individuals who meet certain income and resource requirements, and one of its important features is that it may provide coverage for long-term custodial care, particularly in a nursing home or similar setting for eligible individuals. Custodial care generally refers to assistance with activities of daily living, such as bathing, dressing, eating, and moving about, rather than treatment intended to cure or improve a medical condition.

Medicare, by contrast, is primarily designed to cover acute care and medically necessary services. It does cover services such as ambulance transportation, inpatient hospital services, and certain forms of inpatient psychiatric care, subject to policy limits and eligibility requirements. However, Medicare generally does not pay for ongoing custodial care when that is the only type of care needed.

This distinction is commonly tested in accident and health insurance licensing exams because it highlights the difference between medical insurance for acute or skilled care and public assistance coverage for long-term support needs . Therefore, the service Medicaid provides that Medicare does not is custodial care .

NEW QUESTION # 61

A company may insure an employee with specialized skills under a key employee disability insurance policy. Which of the following statements is TRUE?

- A. The employee pays the premium.
- **B. The business is the applicant.**
- C. The employee is the applicant.
- D. The employee ' s spouse is the beneficiary.

Answer: B

Explanation:

The correct answer is A. The business is the applicant. In key employee disability insurance (also called key person disability income), the purpose of coverage is to protect the business against financial loss if an employee with unique skills, knowledge, or production value becomes disabled. New York's Life, Accident and Health Agent/Broker examination content outline specifically includes "Business disability insurance" and "Key person disability income" as tested topics, confirming that this is a recognized business-use disability coverage concept in the New York licensing curriculum.

Under this arrangement, the business applies for and owns the policy , pays the premiums, and is generally the beneficiary of any benefits payable because the loss being insured is the company's loss, not the employee's family loss. Industry explanations of key person disability insurance are consistent on this point: the key employee is the insured , while the company buys the coverage and makes the premium payments .

That makes the other options incorrect. The employee's spouse is not the beneficiary, the employee usually does not pay the premium, and the employee is not the applicant.

NEW QUESTION # 62

In a health insurance policy, an insured has an out-of-pocket limit of \$10,000, a deductible of \$500, and an 80%/20% coinsurance. The insured incurs \$50,000 of covered losses in an accident. How much will the insurer have to pay?

- A. \$35,500
- **B. \$39,600**
- C. \$40,000
- D. \$49,500

Answer: B

Explanation:

The correct answer is \$39,600 . To determine the insurer's payment, the deductible and coinsurance provisions must be applied to the total covered medical expenses. First, the insured must pay the \$500 deductible . Subtracting this amount from the total covered losses of \$50,000 leaves \$49,500 of eligible expenses subject to coinsurance.

Under an 80/20 coinsurance arrangement , the insurer pays 80% of the covered expenses and the insured pays 20% . Applying the insurer's portion to the remaining amount:

$80\% \times \$49,500 = \$39,600$.

Therefore, the insurer's payment equals \$39,600 , while the insured would pay the deductible plus their coinsurance share. Although the policy mentions a \$10,000 out-of-pocket limit , the insured's cost in this situation (the \$500 deductible plus 20% of the remaining expenses) does not exceed that limit , so the limit does not affect the calculation.

Thus, after applying the deductible and coinsurance provisions, the insurer pays \$39,600 , making Option B the correct answer.

NEW QUESTION # 63

Which type of annuity guarantees a level benefit payment?

- A. Limited Life.
- B. Universal.
- C. Variable.

- **D. Fixed.**

Answer: D

Explanation:

The correct answer is Fixed . A fixed annuity guarantees a level benefit payment because the insurer promises to pay a stated amount or to credit a guaranteed rate of interest, which produces predictable and stable income payments. This makes fixed annuities especially suitable for individuals who want security, stability, and certainty of income , particularly during retirement. In contrast, a variable annuity does not guarantee level payments because its benefits fluctuate based on the performance of the underlying investment accounts, usually separate accounts invested in securities. As investment results rise or fall, the annuity payment amount can increase or decrease. "Universal" is not the standard annuity classification used to describe guaranteed level income payments, and "Limited Life" is not a recognized annuity type for this purpose.

This question tests the distinction between guaranteed income and market-dependent income . In life insurance and annuity licensing materials, fixed annuities are consistently associated with guaranteed principal, guaranteed interest, and predictable benefit payments . Therefore, when asked which type of annuity guarantees a level benefit payment, the correct and expected answer is D. Fixed .

NEW QUESTION # 64

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