

# NY-Life-Accident-and-Health Neuesten und qualitativ hochwertige Prüfungsmaterialien bietet - quizfragen und antworten



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## NY-Life-Accident-and-Health New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Pass4sure Zertifizierung & New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 zuverlässige Prüfung Übung

Wenn Sie sich an der Insurance Licensing NY-Life-Accident-and-Health Zertifizierungsprüfung beteiligen, wählen Sie doch ZertFragen, was Erfolg bedeutet. Viel Glück!

### Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 NY-Life-Accident-and-Health Prüfungsfragen mit Lösungen (Q115-Q120):

#### 115. Frage

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

**Antwort: A**

Begründung:

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.

### 116. Frage

HICs usually structure copayments to discourage:

- A. Outpatient X-rays
- B. Preventive care
- C. Prescription drug usage
- **D. Non-emergency visits to the emergency room**

**Antwort: D**

Begründung:

The correct answer is Non-emergency visits to the emergency room . In health insurance and managed care concepts, Health Insurance Companies (HICs) and managed care plans often use copayment structures to influence how insureds use medical services. One common goal is to discourage the unnecessary use of high- cost services , especially the emergency room for conditions that are not true emergencies. Because emergency room treatment is generally far more expensive than treatment in a physician's office, urgent care center, or other outpatient setting, insurers frequently apply higher copayments to non-emergency ER use.

This cost-sharing design encourages insureds to seek appropriate care in the most cost-effective setting while preserving emergency room access for genuine emergencies. Preventive care is generally encouraged rather than discouraged, and many plans reduce or waive cost-sharing for preventive services. Prescription drugs and outpatient X-rays may involve copayments or other cost-sharing, but they are not the classic services targeted by higher copays for utilization control in this context.

For exam purposes, when a question asks what copayment structures are usually designed to discourage, the expected answer is non-emergency emergency room visits .

### 117. Frage

In reference to life insurance in contract law, a person MOST likely will have an insurable interest in insuring a person ' s life if

- A. the interest exists at the time of death.
- B. any type of business relationship exists between the insured party and the beneficiary.
- **C. the interest exists at the time of application.**
- D. any type of distant family relationship exists with the insured party.

**Antwort: C**

Begründung:

The correct answer is B. the interest exists at the time of application. In life insurance contract law, the principle of insurable interest requires that the policyowner must have a legitimate financial or emotional interest in the continued life of the insured. This requirement is designed to prevent wagering on human life and to ensure that insurance is purchased for protection rather than speculation. For life insurance policies, the insurable interest must exist at the time the policy is applied for or issued , but it does not need to exist at the time of the insured's death .

Examples of insurable interest include relationships where financial loss would occur if the insured dies, such as spouses, parents and children, business partners, or employers insuring key employees . The other options are incorrect because A states that insurable interest must exist at death, which is not required in life insurance. C is incorrect because a distant family relationship alone may not create a clear financial or legal insurable interest. D is also incorrect because not every business relationship automatically establishes insurable interest; the relationship must involve a genuine potential financial loss. Therefore, the key requirement is that insurable interest must exist when the policy is applied for .

### 118. Frage

Which of the following is a Health Insurance Policy where the insurer has the right to change the premiums for policyowners, but CANNOT cancel the policy?

- A. A guaranteed renewable policy.
- B. A noncancellable policy.
- C. A conditionally renewable policy.
- D. An optionally renewable policy.

**Antwort: A**

Begründung:

The correct answer is A guaranteed renewable policy . In accident and health insurance, a guaranteed renewable policy gives the policyowner the right to continue the coverage in force, usually up to a specified age, as long as premiums are paid on time. The insurer cannot cancel the policy , but it does retain the right to change the premium . Any premium change must generally apply to an entire class of insureds, not just to one individual policyholder.

This is what distinguishes guaranteed renewable policies from noncancellable policies. A noncancellable policy also cannot be canceled by the insurer, but in addition, the insurer cannot increase the premium during the guaranteed period. Therefore, if the question states that the insurer may change premiums but may not cancel the policy, the correct classification is guaranteed renewable.

The other choices are incorrect because conditionally renewable and optionally renewable policies allow the insurer greater control over continuation and possible termination under specified conditions. Those forms do not provide the same renewal protection to the insured. Therefore, the policy described in the question is a guaranteed renewable policy .

### 119. Frage

If the premium is not paid at the time of application, a Statement of Good Health MUST be signed by the policyowner at the time of

- A. the medical examination.
- B. policy delivery.
- C. underwriter review.
- D. application.

**Antwort: B**

Begründung:

The correct answer is policy delivery . In life insurance underwriting and policy issuance procedures, when the initial premium is not collected at the time of the application , the policy does not immediately become effective. Because there may be a period of time between the application date and the delivery of the policy, the insurer requires confirmation that the applicant's health status has not changed during that time.

To address this, the policyowner must sign a Statement of Good Health at the time the policy is delivered.

This statement verifies that the insured's health condition remains substantially the same as it was at the time of application and that no significant illness, injury, or medical treatment has occurred since the application was submitted. The purpose is to ensure that the risk evaluated by the insurer during underwriting is still accurate before coverage becomes effective.

If the applicant had paid the first premium at the time of application and received a conditional receipt, this additional statement might not be required. However, when the premium is unpaid, the Statement of Good Health must be completed at policy delivery , making Choice C correct.

### 120. Frage

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