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Insurance Licensing InsNV_Health02 Exam Syllabus Topics:

Section	Weight	Objectives

Topic 1: Accident and Health — General Knowledge	~68%	- Social Insurance / Government Plans • 1. Social Security Disability Benefits • 2. Medicaid • 3. Medicare (Parts A, B, C, D) - Policy Provisions, Clauses & Riders • 1. Mandatory Uniform Provisions • 2. Other Provisions and Clauses • 3. Optional Provisions • 4. Common Riders - Types of Health Insurance Policies • 1. Medical Expense / Major Medical Insurance • 2. Accidental Death & Dismemberment • 3. Disability Income Insurance • 4. Long-Term Care (LTC) Insurance • 5. Limited Benefit Plans • 6. Group Health Insurance • 7. Medicare Supplement Policies - Insurance Concepts and Underwriting • 1. Application and Underwriting • 2. Premiums and Renewal • 3. Insurance Basics and Risk
Topic 2: Nevada Statutes, Rules and Regulations	~32%	- General State Insurance Regulations • 1. Definitions and General Provisions • 2. Insurance Commissioner Authority • 3. Agent Licensing Requirements • 4. Marketing Practices and Unfair Trade • 5. Insurance Guaranty Associations - Nevada Health-Specific Regulations • 1. Group and Credit Health Rules • 2. Advertising and Disclosure Rules • 3. Replacement and Free-Look Provisions

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Insurance Licensing NV Accident and Health Sample Questions (Q94-Q99):

NEW QUESTION # 94
The Nevada Life and Health Insurance Guaranty Association becomes involved in an insurance company ' s affairs when the company:

- A. becomes insolvent
- B. withdraws as an Association member
- C. denies a claim
- D. enters a lawsuit against a claimant

Answer: A

Explanation:
The Nevada Life and Health Insurance Guaranty Association becomes involved when a covered member insurer becomes impaired or insolvent. Its statutory purpose is to provide limited protection to eligible policyowners, certificate holders, enrollees, beneficiaries, and other covered persons when a member insurer cannot perform its contractual obligations because of financial failure.
An ordinary lawsuit, claim denial, or membership withdrawal does not by itself trigger Guaranty Association protection. Claim disputes are normally handled through the insurer's claims process, internal appeals, administrative complaint procedures, or litigation. The Guaranty Association is not a general claims-review agency.
When a member insurer is impaired or insolvent, the Association may guarantee, assume, reissue, or reinsure covered policies and contracts, or provide other support necessary to meet covered obligations. Coverage is subject to statutory limits, eligibility requirements, exclusions, and residency rules. It does not protect every type of policy or every amount of loss.
Insurers must not use the Association as a sales inducement. Consumers should evaluate an insurer's financial strength and coverage terms rather than assume that all benefits are fully guaranteed.
Study Guide references/topics: insurer insolvency; impaired insurer; Guaranty Association; member insurers; NRS Chapter 686C .

NEW QUESTION # 95
The Coinsurance clause in an individual Medical Expense policy refers to the:

- A. insurance company ' s right to join with another company to carry excessive coverage on a particular individual
- B. insurance company ' s right to require the insured to share a certain percentage of the cost of each claim
- C. insured ' s rights to have another person, such as a spouse or child, insured on the same policy
- D. insurance company ' s right to share claim experience with another company

Answer: B

Explanation:
Coinsurance is the contractual sharing of covered medical expenses between the insured and the insurer after any applicable deductible has been satisfied. Choice D is correc t. Under a common 80/20 coinsurance arrangement, for example, the insurer pays 80 percent of an eligible expense and the insured pays the remaining 20 percent, up to any out-of-pocket maximum or other plan limitation. Coinsurance reduces premium cost and encourages insureds to consider the cost of care, while preserving significant protection against major expenses. It does not refer to adding family members to a policy, which concerns eligibility or family coverage. It also does not describe insurers sharing risk with each other; that would involve reinsurance or other insurer-to-insurer arrangements. Coinsurance should be distinguished from a deductible, which is a specified dollar amount the insured pays before policy benefits begin. A copayment is instead a fixed dollar amount paid for a covered service. The exact coinsurance percentage, covered-charge definition, network rules, and annual out-of-pocket limit are determined by the policy. Study Guide References/Topics:
Policy Provisions, Clauses, and Riders; Medical Expense Insurance; Deductibles and Coinsurance.

NEW QUESTION # 96
Basic cancer plans pay for all of the following EXCEPT:

- A. immunotherapy
- B. physical therapy
- C. chemotherapy
- D. radiotherapy

Answer: B

Explanation:
Basic cancer policies are limited-benefit plans intended to supplement, rather than replace, comprehensive medical coverage. They commonly provide benefits for cancer-specific treatment such as chemotherapy, radiotherapy, and immunotherapy, subject to the policy's definitions, schedules, and limits. Therefore, choice C is correct because physical therapy is not ordinarily a core cancer-treatment benefit under a basic cancer policy. Physical therapy may be covered under a comprehensive medical plan or under a

more expansive supplemental policy if expressly included, but it is not a standard basic cancer-plan benefit. Cancer policies can pay specified amounts for surgery, hospital confinement, physician services, diagnostic testing, drugs, radiation, chemotherapy, or other treatment tied directly to a covered cancer diagnosis. The insured should not assume that every medical expense arising during cancer treatment is covered. Benefits may be subject to waiting periods, preexisting-condition restrictions, recurrence rules, benefit schedules, and exclusions. The appropriate exam distinction is between benefits directly associated with treatment of cancer and general rehabilitative or medical services that are not expressly included in the cancer policy. Study Guide References /Topics: Types of Health Insurance Policies; Limited-Coverage Health Policies; Cancer Insurance.

NEW QUESTION # 97
R, a self-employed stockbroker, becomes totally disabled on January 1 and receives $1,500 a month for the next twelve months from her own Individual Disability Income policy, for which she had paid the premium.
How much of this income is subject to federal income tax?

- A. $9,000
- B. $0
- C. $12,800
- D. $18,000

Answer: B

Explanation:
The correct answer is D, $0. Disability income benefits generally are not taxable to the insured when the insured personally paid the premiums with after-tax dollars. R paid the premium for her own individual disability income policy, so the $1,500 monthly benefit is excluded from federal taxable income. The total annual benefit is $18,000, but the fact that it totals $18,000 does not make it taxable. Tax treatment changes when an employer pays the premium and does not include that premium amount in the employee's taxable income; in that case, disability benefits are generally taxable. Similarly, benefits can be taxable when premiums were paid through certain pre-tax arrangements. The central exam rule is: personally paid, after-tax disability premiums normally produce income-tax-free disability benefits. The Internal Revenue Service confirms that benefits from an accident or health policy are not taxable when the taxpayer paid the premiums.
See IRS Publication 525 . Study Guide References/Topics: Taxation and Business Uses of Health Insurance; Disability Income Insurance; Tax Treatment of Disability Benefits.

NEW QUESTION # 98
The Misstatement of Age provision in an Accident and Health policy allows an insurance company to take which of the following actions if an insured has understated the insured ' s age on the policy application?

- A. Lapse the coverage
- B. Increase the premium
- C. Cancel the policy
- D. Adjust the benefits

Answer: D

Explanation:
A Misstatement of Age provision corrects the benefit amount when the insured's age was inaccurately stated at application. If the insured understated age, the premium paid was lower than the premium that should have been paid for the correct age. Rather than canceling coverage or retroactively demanding a different premium, the insurer adjusts the benefit to the amount the premium actually paid would have purchased at the correct age. Choice B is therefore correct. This approach preserves the policy while placing both parties in the financial position contemplated by the policy's age-based premium schedule. The provision does not automatically increase premiums, lapse coverage, or permit cancellation merely because the age was misstated. It is a standard uniform individual accident and health policy provision intended to resolve an administrative error fairly and predictably. The same principle applies in the opposite direction: if age was overstated and excess premium was paid, benefits may be adjusted upward to the amount the paid premium would have purchased at the actual age. Study Guide References/Topics: Policy Provisions, Clauses, and Riders; Uniform Individual Accident and Health Policy Provisions; Misstatement of Age.

NEW QUESTION # 99
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