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Virginia Insurance Virginia Life, Annuities, and Health Insurance

Examination Series 11-01 Sample Questions (Q83-Q88):

NEW QUESTION # 83

Which expenses are covered by Medicare Part D?

- A. Medical
- B. Dental
- C. Hospital
- **D. Prescription drug**

Answer: D

Explanation:

Detailed Answer in Step-by-Step Solution:

* Medicare Part D (C) specifically covers prescription drug costs for enrollees.

* Medical expenses (A) are under Part B, hospital costs (B) under Part A, and dental (D) is generally not covered by Medicare unless supplemental.

The Virginia study guide states that Medicare Part D, introduced in 2006, provides prescription drug coverage through private plans, distinct from Parts A and B. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Medicare."

NEW QUESTION # 84

If an insurer pays an individual health insurance claim during a policy's grace period:

- A. The deductible is waived
- B. A 10% service fee is charged
- **C. The amount of unpaid premium may be subtracted from the reimbursement**
- D. The policy is canceled automatically at the end of the grace period

Answer: C

Explanation:

Virginia Code § 38.2-3508 provides a 31-day grace period for individual health insurance premium payments, during which coverage remains active and claims are paid. If a claim arises, the insurer may deduct any unpaid premium from the reimbursement (option D), ensuring it recovers owed funds while honoring the claim. Option A (deductible waived) is false; deductibles apply regardless of payment status. Option B (10% fee) is unsupported by Virginia law. Option C (automatic cancellation) is incorrect; cancellation requires notice post-grace period if unpaid (Virginia Code § 38.2-3510). The study guide likely explains this with examples-e.g., a \$500 claim with a \$100 unpaid premium nets \$400-reflecting standard practice, making D the correct outcome.

NEW QUESTION # 85

Assuming no indebtedness or dividend accumulations, how much will the insurer pay under a life insurance policy if the insured dies during the grace period without having paid the premium?

- A. The face amount of the policy less the premium due
- B. The reduced amount of paid-up insurance provided under the nonforfeiture provisions
- **C. The face amount of the policy**
- D. The cash value of the policy

Answer: C

Explanation:

Detailed Answer in Step-by-Step Solution:

* The grace period in a life insurance policy (typically 30 or 31 days) allows the policy to remain in force even if the premium is unpaid, provided the insured dies during this period.

* If death occurs during the grace period, the insurer must pay the full death benefit (face amount), minus any unpaid premium, but only if explicitly stated. In this question, no indebtedness or dividends complicate the scenario, and standard practice assumes full payment unless otherwise specified.

* Option B (cash value) applies to surrender, not death claims.

* Option C (face amount less premium due) is a possibility in some policies, but absent specific policy language here, the default is

full payment.

* Option D (nonforfeiture provisions) applies if the policy lapses, not during the grace period.

* Thus, the insurer pays the face amount (A).

The Virginia study guide states that the grace period provision protects the policyholder by keeping coverage active for a short period after a missed premium, and upon death during this time, the full face amount is payable unless loans or specific deductions apply. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Standard Policy Provisions - Grace Period."

NEW QUESTION # 86

All of the following are typical health maintenance organization (HMO) preventive care services provided by a primary care physician EXCEPT:

- A. Physical examinations
- B. Experimental surgery
- C. Immunizations for children
- D. Well-baby checkups

Answer: B

Explanation:

Virginia Code § 38.2-4306 requires HMOs to offer preventive care, coordinated by primary care physicians (PCPs), focusing on health maintenance. Option A (well-baby checkups), option B (immunizations for children), and option D (physical examinations) are standard preventive services—e.g., growth monitoring, vaccines, and annual exams—covered at no cost under ACA-aligned plans (Virginia Code § 38.2-3440).

Option C (experimental surgery) is not preventive; it's a treatment, often excluded or requiring special approval due to its unproven nature, not a PCP's routine role. The study guide likely lists HMO preventive benefits with examples (e.g., flu shots), contrasting them with non-preventive interventions like surgery, making C the exception.

NEW QUESTION # 87

What is often payable to a life insurance policyowner when a medical condition drastically limits the insured's life expectancy?

- A. Accelerated death benefit
- B. Reduced paid-up insurance
- C. Extended term insurance
- D. Death benefit

Answer: A

Explanation:

Virginia Code § 38.2-3117.1 permits life insurance policies to include an accelerated death benefit (ADB) provision, allowing the policyowner to receive a portion of the death benefit early if the insured is diagnosed with a terminal illness (typically less than 12-24 months life expectancy, per policy terms). Option B correctly identifies this benefit, often used for medical expenses or quality-of-life needs. Option A (death benefit) is paid only upon death, not during life, so it's incorrect here. Option C (reduced paid-up insurance) is a nonforfeiture option converting cash value to a smaller, paid-up policy, unrelated to terminal illness. Option D (extended term insurance) uses cash value to extend term coverage, also not tied to life expectancy triggers.

The study guide likely details ADB as a modern feature addressing critical health scenarios, distinguishing it from standard death benefits or nonforfeiture options, confirming B as the accurate choice.

NEW QUESTION # 88

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