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NEW QUESTION: 1

If an individual's occupation is considered to be illegal:

- A. It must be stated as such on an accident and health insurance application
- B. It may require a waiver on a disability income insurance policy
- C. It may result in a denial of a disability income claim
- D. It results in a substandard rating on an accident and health insurance policy

Answer: (SHOW ANSWER)

Illegal occupations (Insurance Article, § 12-101) can lead to claim denials if disability arises from illegal acts, per public policy. Disclosure isn't mandated, waivers don't apply, and ratings adjust risk, not legality.

References:Maryland Insurance Article, § 12-101; MIA claims policies.

NEW QUESTION: 2

All of the following are examples of unfair claims settlement practices EXCEPT:

- A. Failing to promptly provide a reason for a claim denial
- B. Refusing arbitrarily and unreasonably to pay claims
- C. Denying unsubstantiated claims on a timely basis
- D. Misrepresenting pertinent facts of coverage

Answer: C (LEAVE A REPLY)

Unfair practices (Insurance Article, § 27-303) include delays, arbitrary refusals, and misrepresentation.

Denying unsubstantiated claims promptly is fair and expected, not an unfair practice.

References:Maryland Insurance Article, § 27-303; MIA claims regulations.

NEW QUESTION: 3

Medical expense insurance typically EXCLUDES coverage for treatment of:

- A. Chronic back pain
- B. Eating disorders
- C. Intentionally self-inflicted injuries
- D. Undiagnosed diseases

Answer: (SHOW ANSWER)

Medical expense insurance covers necessary treatments like chronic pain, eating disorders (under parity laws, § 15-802), and undiagnosed conditions if treated, but excludes intentionally self-inflicted injuries (e.g., suicide attempts) as non-accidental losses (Insurance Article, § 15-201).

References:Maryland Insurance Article, § 15-201, § 15-802; MIA health insurance exclusions.

NEW QUESTION: 4

Who has the right to change the beneficiary of an accident and health policy with a revocable beneficiary designation?

- A. The policyowner
- B. The beneficiary
- C. The insurer
- D. The producer

Answer: A (LEAVE A REPLY)

With a revocable beneficiary (Insurance Article, § 16-201), the policyowner retains the right to change the beneficiary, not the beneficiary, insurer, or producer, who lack such authority.

References:Maryland Insurance Article, § 16-201; MIA policy ownership rules.

NEW QUESTION: 5

Misrepresenting pertinent policy provisions relating to coverages after a loss is:

- A. A concealment in insurance applications
- B. An unfair claim settlement practice
- C. An unfair discrimination between individuals
- D. A violation of the principle of adhesion

Answer: B (LEAVE A REPLY)

Misrepresenting coverage post-loss (Insurance Article, § 27-303) is an unfair claims practice, deceiving claimants about benefits. Concealment applies pre-policy, discrimination involves unequal treatment, and adhesion relates to contract terms, not claims.

References:Maryland Insurance Article, § 27-303; MIA claims practices.

NEW QUESTION: 6

Which of the following is a requirement of an insurable risk?

- A. The loss must be intentional.
- B. The loss must be catastrophic.
- C. The chance of loss must be calculable.
- D. There must be a large number of different loss exposures.

Answer: C (LEAVE A REPLY)

Comprehensive and Detailed Step by Step Explanation: An insurable risk must meet specific criteria to ensure fair and financially viable coverage:

Chance of loss must be calculable (C): Correct. Insurers need statistical data to assess risk and determine premiums.

Loss must be intentional (A): Incorrect; intentional losses are not insurable.

Loss must be catastrophic (B): Incorrect; catastrophic losses (e.g., war or large-scale disasters) are often excluded or managed through reinsurance.

Large number of different loss exposures (D): A large number of similar, not different, exposures is required for risk pooling.

References: Maryland Insurance Principles, Actuarial Standards, and COMAR 31.09.14.

NEW QUESTION: 7

A certificate of insurance in a group accident and health plan is:

- A. A binding contract between the employee and the insurer
- B. A binding contract between the employer and the insurer
- C. Evidence of the employee's insurance coverage
- D. Issued to the employer for each insured location

Answer: C (LEAVE A REPLY)

The certificate (Insurance Article, § 15-1207) provides employees with evidence of coverage under the group plan, not a binding contract (master policy) or employer-specific by location. It summarizes benefits for clarity.

References: Maryland Insurance Article, § 15-1207; MIA group insurance rules.

NEW QUESTION: 8

Which of the following is NOT a mandated benefit in Maryland?

- A. Weight reduction programs
- B. Hearing aids for children
- C. Treatment of mental illness
- D. Treatment of substance abuse

Answer: (SHOW ANSWER)

Maryland mandates mental health (§ 15-802), substance abuse (§ 15-803), and hearing aids for children (§ 15-

838), but weight reduction programs are elective and not required (Insurance Article, § 15-801).

References: Maryland Insurance Article, § 15-801, § 15-802, § 15-803, § 15-838; MIA mandated benefits.

NEW QUESTION: 9

The Maryland Health Insurance Plan is designed to provide comprehensive health benefits for:

- A. Low-income residents of Maryland
- B. Senior citizens residing in Maryland
- C. Medically uninsurable Maryland residents
- D. Children of low-income Maryland residents

Answer: (SHOW ANSWER)

The Maryland Health Insurance Plan (MHIP, Insurance Article, § 15-1301) historically provided coverage for medically uninsurable residents rejected by private insurers, until phased out in 2014 by the ACA. It didn't target low-income (Medicaid), seniors (Medicare), or children (CHIP) specifically.

References: Maryland Insurance Article, § 15-1301 (historical); MIA MHIP documentation.

NEW QUESTION: 10

In accident and health insurance, a waiting period for pre-existing conditions means that:

- A. Coverage for pre-existing conditions is permanently excluded by a new insurer
- B. Coverage for pre-existing conditions starts at the inception of the new policy
- C. Payment for expenses resulting from pre-existing conditions is held in escrow
- D. A period of time must elapse before pre-existing conditions are covered

Answer: (SHOW ANSWER)

A waiting period (Insurance Article, § 15-109) delays coverage for pre-existing conditions (e.g., 6-12 months), not permanently excluding them, starting at inception, or holding payments in escrow.

References: Maryland Insurance Article, § 15-109; MIA pre-existing condition rules.

NEW QUESTION: 11

All of the following services are covered under the Medicare Supplement preventive care benefit EXCEPT:

- A. Immunizations
- B. Hearing tests
- C. Outpatient prescription vitamins
- D. Routine physical examinations

Answer: C (LEAVE A REPLY)

Medicare Supplement (Medigap, Insurance Article, § 15-901) covers preventive services like immunizations, hearing tests (if Medicare-eligible), and physicals, but outpatient prescription vitamins aren't a standard benefit under Medicare or Medigap.

References: Maryland Insurance Article, § 15-901; CMS Medigap guidelines.

NEW QUESTION: 12

In general practice, which one of the following is true of the powers of the Maryland Insurance Administration with respect to access to a producer's business records?

- A.** Records can only be accessed by an order of a state court
- B.** Authorization must come from the National Association of Insurance Commissioners (NAIC)
- C.** Records must be produced upon the request of the Maryland Insurance Administration
- D.** The Maryland Insurance Administration has no right to access a producer's business records because of privacy considerations

Answer: C (LEAVE A REPLY)

The MIA (Insurance Article, § 2-207) can request and access producer records for audits or investigations, overriding privacy for regulatory purposes. Court orders or NAIC approval aren't required, and access is a standard power.

References: Maryland Insurance Article, § 2-207; MIA regulatory authority.

NEW QUESTION: 13

To be deemed a "qualified employer" under the Maryland Health Benefit Exchange Act, an employer MUST:

- A.** Contribute to employee premiums
- B.** Have its principal place of business in the state of Maryland
- C.** Have at least 50% of its employees work in the state of Maryland
- D.** Have at least 50% of its employees reside in the state of Maryland

Answer: B (LEAVE A REPLY)

The Maryland Health Benefit Exchange Act (Insurance Article, § 31-101) defines a qualified employer as one with its principal place of business in Maryland for SHOP Exchange eligibility. Premium contributions are optional, and employee work or residency percentages aren't required.

References: Maryland Insurance Article, § 31-101; MIA SHOP Exchange rules.

NEW QUESTION: 14

Which feature in a long-term care insurance policy is designed specifically to provide benefits at times when family members need a break from caring for the insured?

- A.** Respite care
- B.** Skilled nursing facility care
- C.** Custodial facility care
- D.** Home health care

Answer: A (LEAVE A REPLY)

Respite care (Insurance Article, § 18-101) offers temporary professional care to relieve family caregivers, a mandated feature in Maryland long-term care policies. Skilled nursing, custodial care, and home health care serve ongoing needs, not specifically caregiver breaks.

References: Maryland Insurance Article, § 18-101 et seq.; MIA LTC guidelines.

NEW QUESTION: 15

Group health insurance contracts providing coverage for employees in more than one state are usually controlled by the laws of the state where:

- A. The application is signed
- B. The producer resides
- C. The master contract is issued
- D. The majority of employees reside

Answer: (SHOW ANSWER)

Multi-state group plans (Insurance Article, § 15-1202) are governed by the state where the master contract is issued, typically the employer's home state, ensuring consistent legal oversight regardless of employee location or producer residence.

References: Maryland Insurance Article, § 15-1202; MIA multi-state group rules.

NEW QUESTION: 16

An elimination period in a disability income insurance policy is the:

- A. Period between the start of a disability and the beginning of benefits
- B. Time during which benefits are paid under the policy
- C. Same as the probationary period
- D. Time period the policy is in force

Answer: (SHOW ANSWER)

The elimination period (Insurance Article, § 15-201) is the waiting time (e.g., 90 days) before disability benefits begin, distinct from the benefit period (payment duration), probationary period (pre-coverage wait), or policy term.

References: Maryland Insurance Article, § 15-201; MIA disability insurance rules.

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NEW QUESTION: 17

A nonprofit health service plan may NOT issue a contract that covers which of the following types of benefits?

- A. Vision benefits
- B. Disability income benefits
- C. Medical expense benefits
- D. Dental benefits

Answer: B (LEAVE A REPLY)

Nonprofit health service plans (Insurance Article, § 14-102), like HMOs, provide medical, vision, and dental benefits, but disability income-replacing lost wages-is outside their scope and belongs to separate insurance types.

References:Maryland Insurance Article, § 14-102; MIA nonprofit plan rules.

NEW QUESTION: 18

Which of the following is NOT a mandated benefit in Maryland?

- A. Treatment of mental illness
- B. Treatment of substance abuse
- C. Weight reduction programs
- D. Hearing aids for children

Answer: (SHOW ANSWER)

Maryland mandates mental health (§ 15-802), substance abuse (§ 15-803), and hearing aids for children (§ 15-838), but weight reduction programs are elective and not required (Insurance Article, § 15-801).

References:Maryland Insurance Article, § 15-801, § 15-802, § 15-803, § 15-838; MIA mandated benefits.

NEW QUESTION: 19

An insurance producer or advisor in the State of Maryland can be disciplined by the Maryland Insurance Administration for all of the following EXCEPT:

- A. Making a misleading statement about the financial condition of an insurer
- B. Using inappropriate description of a policy to hide the true nature of the policy
- C. Making false or misleading statements about dividends previously paid on similar policies
- D. Filing a complaint on behalf of the consumer with the Maryland Insurance Administration

Answer: (SHOW ANSWER)

The MIA (Insurance Article, § 10-126) disciplines producers for misrepresentation (§ 27-202, § 27-503), but filing a consumer complaint with the MIA is a legitimate advocacy action, not a disciplinary offense. It supports consumer protection, unlike the other deceptive practices.

References: Maryland Insurance Article, § 10-126, § 27-202, § 27-503; MIA producer regulations.

NEW QUESTION: 20

The typical group disability income insurance policy EXCLUDES coverage for disability resulting from:

- A. Commercial airline crashes
- B. Injuries occurring in the home
- C. Automobile accidents
- D. Military service

Answer: D (LEAVE A REPLY)

Group disability policies (Insurance Article, § 15-201) cover accidents like crashes or home injuries, but exclude military service disabilities, often covered by government programs (e.g., VA), reflecting standard exclusions.

References: Maryland Insurance Article, § 15-201; MIA disability insurance standards.

NEW QUESTION: 21

Medical expense insurance typically EXCLUDES coverage for:

- A. Hospital care extending past 30 days
- B. Expenses incurred for primarily cosmetic surgery
- C. Maternity care benefits
- D. Hospital laboratory tests

Answer: (SHOW ANSWER)

Medical expense insurance covers necessary treatments like hospital stays, maternity care, and diagnostic tests, but excludes elective procedures such as primarily cosmetic surgery unless medically necessary (e.g., reconstructive surgery post-injury). Maryland law (Insurance Article, § 15-103) allows exclusions for non-essential services, aligning with standard practice where aesthetic surgeries like facelifts are not covered.

References: Maryland Insurance Article, § 15-103; MIA guidelines.

NEW QUESTION: 22

Before issuing a policy of long-term care insurance to an applicant who is at least 80 years old, unless the policy is guaranteed issue, the carrier shall obtain a:

- A. Report of a physical examination
- B. Applicant's family's consent
- C. Copy of the person's living will
- D. Power of attorney

Answer: A (LEAVE A REPLY)

For non-guaranteed issue long-term care policies (Insurance Article, § 18-107), a physical exam report is required for applicants 80+ to assess risk, not family consent, living wills, or power of attorney.

References: Maryland Insurance Article, § 18-107; MIA LTC underwriting rules.

NEW QUESTION: 23

All of the following factors may affect premium determination in individual life insurance EXCEPT:

- A. Age
- B. Health
- C. Occupation
- D. Race

Answer: D (LEAVE A REPLY)

Comprehensive and Detailed Step by Step Explanation: Premium determination in life insurance depends on factors that measure risk, but race (D) is not and cannot be used due to anti-discrimination laws.

Age (A): A primary factor; younger applicants are charged lower premiums due to lower mortality risk.

Health (B): Significant; poor health or pre-existing conditions increase premiums.

Occupation (C): Risky professions (e.g., construction or aviation) may result in higher premiums.

Race (D): Prohibited by Maryland law, which ensures fairness and prohibits underwriting based on race, ethnicity, or similar discriminatory criteria.

References: Maryland Insurance Article §27-501, COMAR 31.09.03, and Anti-Discrimination Standards in Insurance.

NEW QUESTION: 24

When determining the premiums for large groups, most insurance companies use:

- A. Occupational rating
- B. Area rating
- C. Pooled rating
- D. Experience rating

Answer: D (LEAVE A REPLY)

Large group premiums (Insurance Article, § 15-1205) use experience rating, basing rates on the group's claims history. Occupational rating applies to specific jobs, area rating to geography, and pooled rating to small groups, none of which dominate large groups.

References: Maryland Insurance Article, § 15-1205; MIA group insurance guidelines.

NEW QUESTION: 25

Which statement is true of trade association groups eligible for group medical benefits?

- A. Members of the association are usually in the same industry
- B. Such associations are formed for the purpose of purchasing insurance
- C. The association membership primarily consists of large employers
- D. Employer contributions are usually waived

Answer: A (LEAVE A REPLY)

Trade associations (Insurance Article, § 15-1209) group members in the same industry for medical benefits, not solely for insurance, and include small employers with contributions typically required.

References: Maryland Insurance Article, § 15-1209; MIA group insurance rules.

NEW QUESTION: 26

All of the following are considered to be fraud EXCEPT:

- A. Willfully collecting a premium that exceeds the amount of the premium
- B. Collecting a charge for insurance that is less than the charge applicable to that insurance
- C. Collecting a premium for insurance that is not provided
- D. Collecting a proper premium for insurance that is provided

Answer: D (LEAVE A REPLY)

Fraud involves intentional deception for gain (Insurance Article, § 27-401). Overcharging, undercharging deceptively, or charging for nonexistent coverage are fraudulent. Collecting the proper premium for provided insurance is a legitimate transaction and not fraud, making it the exception.

References: Maryland Insurance Article, § 27-401, § 27-212; MIA fraud regulations.

NEW QUESTION: 27

A health maintenance organization (HMO) must provide coverage for all of the following EXCEPT:

- A. Routine physical examinations
- B. Well-baby or well-child care
- C. Dental and vision care
- D. Emergency services

Answer: C (LEAVE A REPLY)

Maryland HMOs (Health-General Article, § 19-701) must provide basic health services like routine physicals, well-child care, and emergency services. Dental and vision care, however, are not required unless specified as supplemental benefits. State law mandates pediatric care but excludes routine dental and vision from standard HMO coverage unless the plan explicitly includes them.

References: Maryland Health-General Article, § 19-701; Insurance Article, § 15-1201; MIA HMO guidelines.

NEW QUESTION: 28

In Maryland, continuation of medical plan coverage for a handicapped child beyond the age limit stated in the policy may require proof of the child's:

- A. Continued insurability
- B. Incapacity only
- C. Incapacity and dependency upon reaching the age limit
- D. Dependency for the first two years of continued coverage only

Answer: (SHOW ANSWER)

Under Insurance Article, § 15-401, coverage for handicapped children extends beyond age limits if they're incapacitated (unable to work) and dependent on the insured at the age limit. Insurability isn't required, incapacity alone isn't enough, and dependency isn't time-limited to two years.

References: Maryland Insurance Article, § 15-401; MIA dependent coverage rules.

NEW QUESTION: 29

Which benefit is usually excluded from major medical expense plan coverage?

- A. Hospice care
- B. Prescription drugs
- C. Routine dental care
- D. Physical therapy

Answer: C (LEAVE A REPLY)

Major medical plans (Insurance Article, § 15-201) cover hospice, drugs, and therapy, but exclude routine dental care, which requires separate dental insurance.

References: Maryland Insurance Article, § 15-201; MIA major medical standards.

NEW QUESTION: 30

All of the following are characteristics of a preferred risk applicant for disability income insurance EXCEPT:

- A. Non-smoker
- B. Non-hazardous occupation
- C. High income
- D. Physically active

Answer: (SHOW ANSWER)

Preferred risk applicants (Insurance Article, § 15-201) have low disability risk due to non-smoking, safe jobs, and physical activity. High income affects benefit amounts, not risk classification, making it the exception.

References: Maryland Insurance Article, § 15-201; MIA underwriting standards.

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