Chapter 16
Question 34 - #201424
Which of the following phrases best describes the primary purpose of disability income insurance?
A) To replace a portion of the insured's income if he is disabled in an accident.
B) To pay medical expenses if the insured is disabled.
C) To replace a portion of the insured's income if the insured cannot work because of a work-related accident.
D) To provide a death benefit to the insured's family if the insured dies as the result of a disability.

The correct answer was – A

以下哪些最能说明残疾收入保险的主要目的？
A）如果在事故中残疾，则替换一部分被保险人的收入。
B）如果被保险人残疾，则支付医疗费用。
C）如果被保险人因工伤事故无法工作，则替换部分被保险人的收入。
D）如果被保险人因残疾而死亡，则为被保险人的家庭提供死亡抚恤金。

正确答案是 - A.

Explanation:
Disability income insurance is designed to replace a portion of the insured's income if the insured cannot work as the result of an accident or illness. The disability need not be work related.
如果被保险人因事故或疾病无法工作，残疾收入保险的目的是取代被保险人的一部分收入。 残疾不一定与工作有关。
Reference: **16.3.1** in the License Exam Manual.

chapter 19
Question 9 - #201740
Assume a dentist is insured with a business overhead expense policy that pays maximum monthly benefits of $3,000. The dentist became disabled and had covered expenses for the month totaling $1,500. Benefits payable would be:
A) $3,150.00 B) $3,000.00 C) $4,500.00 D) $1,500.00

The correct answer was – D

假设牙医投保了一项业务间接费用政策，该政策每月最高可获得 3,000 美元的福利。 牙医变得残疾，并支付了当月的费用总额为 1,500 美元。 应付的福利将是：
A）$ 3,150.00 B）$ 3,000.00 C）$ 4,500.00 D）$ 1,500.00

Explanation:
Business overhead expense insurance reimburses businesses for actual overhead

expenses in the event the business owner becomes disabled. In this case, the actual expenses totaled $1,500.
业务间接费用保险赔偿企业所有者残疾时的实际费用。 在这种情况下，实际费用总计为 1,500 美元。
Reference: **19.8.1** in the License Exam Manual.

Question 26 - #201741
What disability policy indemnifies the business for certain expenses incurred when the business owner is disabled?
A) Cash value policy. B) Business overhead expense policy. C) Key-person disability policy. D) Disability buy-out policy.

The correct answer was – B
什么残疾保单赔偿企业所有者残疾时产生的某些费用？
A）现金价值政策。 B）商业间接费用保险。 C）关键人物残疾保险。 D）残疾人买断保险。

正确答案是 - B
Explanation:
The business overhead expense policy indemnifies the business for certain expenses incurred when the business owner is disabled. These expenses, known as "overhead," include rents, utilities, and other similar expenses related to the daily operation of the business.
商业间接费用保单会对业务所有者残疾时产生的某些费用进行赔偿。这些费用称为“间接费用”，包括租金，公用事业以及与业务日常运营相关的其他类似费用。
Reference: **19.8.1** in the License Exam Manual.

Question 29 - #201742
Harry, the owner of a convenience store, is the insured under a business overhead policy. Were Harry to become disabled, the policy would cover all of the following EXCEPT:
A) Utility bills. B) The store manager's salary. C) The rent. D) Harry's salary.

The correct answer was – D

根据商业间接保险，便利店的老板哈利是被保险人。 如果哈利成为残疾人，该保单将涵盖以下所有内容：
A）水电费。 B）商店经理的工资。 C）租金。 D）哈利的薪水。

正确的答案是 - D.
Explanation:
Business overhead expense policies do not include any compensation for the disabled owner.

商业间接费用保险不包括对已残疾所有者的任何补偿。
Reference: **19.8.1** in the License Exam Manual.

Question 51 - #201744
What disability policy can be used to fund buy-sell agreements between partners or stockholders in a closely held corporation?
A) Disability buy-out policy. B) Long-term care disability policy. C) Business overhead expense policy. D) Key-person disability policy.

The correct answer was – A

什么样的残疾保险可以用来资助一家股份公司的合伙人或股东之间的买卖协议？
A）残疾人买断政策。 B）长期护理残疾政策。 C）商业间接费用政策。 D）关键人物残疾政策。
Explanation:
The disability buy-out policy is used to fund buy-sell agreements between partners or stockholders in a closely held corporation should a partner or stockholder become disabled.
如果合伙人或股东残疾，残疾人购买政策可用于资助合伙人或股东之间的买卖协议。
Reference: **19.8.3** in the License Exam Manual.

Question 59 - #201745
Many disability buy-out plans are characterized by all of the following EXCEPT:
A) Option to have benefits paid in periodic installments.
B) Relatively short elimination periods.
C) Option to have benefits paid in a lump sum.
D) Requirement that the nondisabled owners purchase the disabled owner's share of the business.

The correct answer was – B

残疾人买断计划的特点包括许多，除了：
A）定期分期付款的选择权。
B）相对短的排除期。
C）一次性支付福利的选择权。
D）要求非残疾人购买残疾人所有者的生意份额。

正确答案是 - B
Explanation:
The elimination period for business disability buy-out plans is generally longer than that for individual plans and may be as long as 2 years. Many plans include the option to have benefits paid either periodically or in a lump sum at the end of a specified period.

商业残疾人买断保险计划的排除期通常比个人计划的排除期长，可能长达2年。 许多计划包括在特定时期结束时，定期或一次性支付福利的选择权。
Reference: **19.8.3** in the License Exam Manual.

Question 62 - #201746
A business disability buy-out insurance plan may include an "elective indemnity." This feature can be used to:
A) Postpone payment of the benefit to the insured.
B) Pay a lump-sum death benefit to the insured's family.
C) Reimburse other business owners or partners for the insured's loss of services to the business.
D) Enable the business owners to add other owners to the policy.

The correct answer was – A

商业残疾人购买保险计划可能包括“选择性赔偿”。 此功能可用于：
A）推迟向被保险人支付福利金。
B）向被保险人的家庭支付一次性死亡赔偿金。
C）偿还其他企业主或合伙人由于被保险人对业务的服务损失。
D）使业务所有者能够将其他所有者添加到策略中。

正确答案是 - A.

Explanation:
Under the elective indemnity provision, the owners can elect to take either periodic payments or postpone the benefit until it is determined that the disabled owner will not recover sufficiently to return to work, thereby postponing the decision regarding the sale of the disabled owner's share of the business to the other owners.
根据选择性赔偿规定，业主可以选择定期付款或推迟福利，直到确定残疾人所有者无法恢复到足以恢复工作为止，从而推迟关于出售残疾人所有者的份额的给其他业主的决定。
Reference: **19.8.3** in the License Exam Manual.

Chapter 19
Question 27 - #200749
All of the following statements pertaining to business key-person disability insurance are correct EXCEPT:
A) These policies are used to indemnify a business in the case of a merger with another company.
B) Benefits, when paid, are tax free.
C) Benefits from the policy are used to indemnify a business for the loss of the services of a key employee or partner who becomes totally disabled.
D) Premiums are not tax deductible as a business expense.

The correct answer was – A

以下所有与商业关键人员伤残保险相关的陈述都是正确的，除了：
A）这些政策用于在与另一家公司合并的情况下对企业进行赔偿。
B）付款时的福利是免税的。
C）政策的好处用于赔偿企业因关键员工或合作伙伴的完全残疾而失去的服务能力。
D）保费不能作为营业费用扣税。

正确答案是 - A.

Explanation:
Business disability insurance is a form of key-person insurance used to indemnify a business for the loss of the services of a key employee or partner who has become totally disabled. The business is the owner and the premium payor. The premium is not tax deductible, but when received the benefits are tax free. It is not designed to address mergers.
商业残疾保险是一种关键人物保险，用于赔偿企业因关键员工或合作伙伴的完全残疾而失去的服务。公司业主是这个保单的付款人。 保费不能免税，但收到后，保险金是免税的。 它不是为解决合并问题而设计的。
Reference: **19.8.2** in the License Exam Manual.

Question 47 - #201743
Which of the following statements best describes the purpose of key-person or key-executive disability insurance?
A) It provides tax-favored disability income benefits to a key person should she become disabled.
B) It indemnifies the business to cover losses when an owner or partner dies.
C) It indemnifies the business to cover expenses and losses incurred when a key person is disabled.
D) It provides health benefits to a group of employees.

The correct answer was – C

以下哪项陈述最能说明关键人物或主要执行残疾保险的目的？
A）如果一名关键人员成为残疾人，会向提提供税收优惠的残疾收入福利。
B）当业主或合伙人去世时，它对公司弥补损失。
C）关键人员残疾时，它赔偿公司支付产生的费用和损失。
D）它为一组员工提供健康福利。

正确的答案是 - C.

Explanation:
The purpose of key-person disability insurance is to indemnify a business for expenses and losses incurred while a key employee is disabled. It does not benefit the key person. Typically, these expenses are those incurred while finding, hiring, and

training a replacement for the disabled key employee. As a disability policy, it insures against disability, not death.

关键人员伤残保险的目的是赔偿企业在关键员工残疾时发生的费用和损失。 它对关键人物没有好处。 通常，这些费用是在关键员工残疾而寻找，雇用和培训替代品时发生的费用。 作为一项残疾政策，它可以防止残疾，而不是死亡。
Reference: **19.8.2** in the License Exam Manual.

chapter 16
Question 32 - #201425
The beneficiary of an accidental death and dismemberment (AD&D) policy receives $25,000 after the insured is killed in an auto accident. The $25,000 death benefit otherwise could be identified as the policy's:
A) Principal sum. B) Primary benefit. C) Maximum figure. D) Capital sum.

The correct answer was – A

被保险人在车祸中丧生后，意外死亡和肢解（AD＆D）政策的受益人获得25,000美元。 25,000美元的死亡福利可被确定为保单：
A）本金（principal sum）。 B）主要的好处。 C）最大数字。 D）资本金额。

正确答案是 - A.
Explanation:
The death benefit under an AD&D policy is known as the principal sum.
AD＆D政策下的死亡抚恤金被称为本金。
Reference: **16.3.2** in the License Exam Manual.

Question 59 - #201431
In which of the following situations would an accidental death and dismemberment (AD&D) policy most likely NOT pay a benefit?
A) While serving as a camp counselor during a class field trip, the insured loses an arm in a boating accident.
B) The insured loses a finger while using a chain saw in his workshop.
C) The insured trips over a computer cable at the office, strikes his head on a steam radiator, and dies from his injury one week later.
D) The insured becomes distracted while talking on her cell phone when driving, collides with a telephone pole, and loses a leg as a result.

The correct answer was – B

在下列哪种情况下，意外死亡和肢解（AD＆D）政策最有可能无法获益？
A）在班级实地考察期间担任营地辅导员时，被保险人在划船事故中失去了一只手臂。
B）被保险人在他的车间使用链锯时失去了一根手指。
C）被保险人在办公室用计算机电缆绊倒，头部撞上蒸汽散热器，一周后因伤势死亡。

D）被保险人在驾驶时用手机通话时时分心，与电线杆碰撞，结果失去了一条腿。

正确答案是 - B

Explanation:

Most AD&D policies would not pay a benefit for the loss of a single finger. However, some policies may pay a reduced benefit for the loss of one limb.

大多数AD＆D政策都不会为单指损失带来好处。 但是，有些政策可能会为失去一肢体而支付减少的福利。

Reference: **16.3.2** in the License Exam Manual.

Question 60 - #201426

The amount paid for the accidental loss of sight or dismemberment under an accidental death and dismemberment policy is known as the policy's:

A) Capital sum. B) Primary sum. C) Dismemberment sum. D) Secondary sum.

The correct answer was – A

根据意外死亡和肢解政策意外，失去视力或肢解所支付的金额称为政策：

A）资本金额(Capital Sum)。 B）主要金额。 C）肢解金额。 D）二次总和。

正确答案是 - A.

Explanation:

The benefit paid under an AD&D policy for the accidental loss of sight or for dismemberment is known as the capital sum.

根据AD＆D政策为意外丧失视力或肢解而支付的福利称为资本金额。

Reference: **16.3.2** in the License Exam Manual.

Question 63 - #201428

Stan intentionally jumped out a tree after retrieving a kite instead of using a ladder. He severely injured his arm, which later had to be amputated. His accidental death and dismemberment policy paid no benefits. Stan's policy bases its benefit payments on:

A) Intentional means. B) Accidental means. C) Accidental means and results. D) Accidental results.

The correct answer was – B

在取回风筝时，斯坦故意跳出一棵树，而不是使用梯子。 他的手臂严重受伤，后来不得不截肢。 他的意外死亡和肢解政策没有带来任何好处。 斯坦的政策基于以下方式支付福利：

A）有意的手段。 B）意外手段。 C）意外手段和结果。 D）意外结果。

正确答案是 – B

Explanation:
Stan's AD&D policy bases its benefit payments on accidental means. This type of policy requires that both the cause and the result of an accident be unintentional. Policies that use the accidental results definition stipulate that only the results of an accident leading to the injury must be unintentional.
斯坦的AD＆D政策基于意外手段支付福利金。 这种政策要求事故的原因和结果都是无意的。 使用意外结果定义的政策规定，导致伤害的事故结果必须是无意的。

Reference: **16.3.2** in the License Exam Manual.

Question 90 - #201430
With an accidental death and dismemberment (AD&D) policy, the capital sum would most likely be paid as the result of:
A) Loss of sight caused by an accident.
B) The death of the insured from an accident.
C) The death of the insured following the amputation of both legs.
D) Loss of sight caused by a self-inflicted gunshot wound.

The correct answer was – A

对于意外死亡和肢解（AD＆D）政策，资本金（the capital sum）最有可能由以下结果支付：
A）事故造成的视力丧失。
B）被保险人死于事故。
C）双腿截肢后被保险人的死亡。
D）自行造成的枪伤导致视力丧失。

正确答案是 - A.
Explanation:
The capital sum is the amount paid for accidental loss of sight or accidental dismemberment. The principal sum is the death benefit. Most policies do not pay a benefit for self-inflicted injuries.
资本金额(Capital sum)是指意外失去视力或意外肢解所支付的金额。 本金(principal sum)是死亡抚恤金。 大多数保单都没有为自己造成的伤害带来好处。
Reference: **16.3.2** in the License Exam Manual.

chapter 20
Question 8 - #201748
Basic hospital expense insurance provides coverage for all of the following EXCEPT:
A) Anesthesia and use of the operating room and supplies.
B) Hospital room and board.
C) Drugs and X-rays.
D) Physician services.

The correct answer was – D

基本医院费用保险提供以下所有保险，除了：
A）麻醉和使用手术室和用品。
B）医院食宿。
C）药物和X射线。
D）医师服务。

正确的答案是 - D.

Explanation:
Physicians' services are not covered under a basic hospital expense policy, even in the case of surgery. The cost for a physician is covered under a basic surgical expense or basic physician's (nonsurgical) expense policy.
即使在手术的情况下，医生的服务也不在基本的医院费用政策范围内。 医生的费用由基本手术费用或基本医师（非手术）费用保单承担。
Reference: **20.3.1** in the License Exam Manual.

Question 16 - #201747
Which kind of deductible is entirely or partially absorbed by a basic medical expense policy?
A) First dollar. B) Integrated. C) Corridor. D) Decreasing.

The correct answer was – B

哪种免赔额是基本医疗费用政策的完全或部分纳入的？
A）第一笔钱。 B）综合。 C）走廊。 D）减少。

正确答案是 - B
Explanation:
All or part of the integrated deductible is absorbed by, or integrated into, the basic medical expense policy. Then major medical benefits are payable.
全部或部分综合免赔额由基本医疗费用政策吸收或纳入基本医疗费用政策。 然后支付主要医疗福利。
Reference: **20.3** in the License Exam Manual.

Question 19 - #201752
Which of the following methods of determining benefits under a surgical expense policy assigns a set of points to surgical procedures?
A) Surgical schedule. B) Relative value. C) Corridor offset. D) Reasonable and customary costs.

The correct answer was – B

以下哪种方法根据手术费用保单确定福利为手术程序指定了一组要点？
A）手术时间表。 B）相对价值。 C）走廊偏移。 D）合理和惯常的成本。

正确答案是 – B

Explanation:
The relative value approach to determining benefits assigns a number of points to different surgical procedures, relative to the number of points assigned to a maximum procedure, such as a heart bypass. If a heart bypass were assigned, say, 1,000 points, every other procedure's point assignment would be relative to that. For example, an appendectomy might be assigned 200 points; setting a broken finger might be assigned five points. A dollar-per-point conversion factor is then applied to determine dollar benefits.
确定收益的相对价值方法是用相对于分配给最大程序的点数（例如心脏旁路），为不同的外科手术程序分配了许多点。 如果指定心脏搭桥，例如1000点，则每个其他手术的点分配将相对于此。 例如，阑尾切除术可能被分配200分; 设置断手指可能会分配五个点。 然后应用每美元每点转换因子来确定美元收益。

Reference: **20.3.2** in the License Exam Manual.

Question 26 - #201753
All of the following approaches are used by insurers to determine benefits payable under basic surgical expense insurance EXCEPT:
A) Traditional net cost method.
B) Reasonable and customary approach.
C) Relative value scale approach.
D) Surgical schedule method.

The correct answer was – A

保险公司使用以下所有方法来确定基本手术费用保险下的应付福利，除了：
A）传统的净成本法。
B）合理和习惯的方法。
C）相对价值尺度方法。
D）手术计划方法。

正确答案是 - A.
Explanation:
There are 3 different approaches used by insurers to determine benefits payable for surgical services: surgical schedule approach, the reasonable and customary approach, and the relative value scale approach. Under the surgical schedule method, every surgical procedure is assigned a dollar amount by the insurer. The reasonable and customary approach is more open in its determination of benefits payable. The relative value scale is similar to the surgical schedule method, except that instead of a

flat dollar amount being assigned to every surgical procedure, a set of points is assigned. The number of points assigned to any one procedure is relative to the number of points assigned to a maximum procedure. The traditional net cost method is a way of comparing costs of similar policies.
保险公司使用3种不同的方法来确定外科服务的应付福利：手术时间表方法，合理和习惯方法以及相对价值量表方法。 根据手术计划方法，每个外科手术程序由保险公司分配一笔金额。 在确定应付福利时，合理和惯常的做法更为开放。 相对值标度与手术计划方法类似，不同之处在于，不是为每个外科手术程序分配固定的美元金额，而是分配一组点。 分配给任何一个过程的点数相对于分配给最大过程的点数。 传统的净成本法是一种比较类似政策成本的方法。

Reference: **20.3.2** in the License Exam Manual.

Question 29 - #201749
Kevin is hospitalized for ten days and incurs covered medical expenses of $1,000 each day. If he has a reimbursement medical expense policy, to what extent will his policy reimburse him?
A) $100 per day. B) The limit of the policy. C) $1,000.00 D) $10,000.00

The correct answer was – D

凯文住院十天，每天需要支付1000美元的医疗费用。如果他有报销医疗费用政策，他的政策会在多大程度上偿还他的费用？
A）每天100美元。 B）政策的限制。 C）$ 1,000.00　D）$ 10,000.00

正确的答案是 - D.

Explanation:
Medical expense policies typically pay a benefit as a reimbursement of actual expenses. Therefore, if Kevin incurred medical expenses of $1,000 each day he was hospitalized, he will have incurred a total of $10,000 in medical expenses during his hospital stay. The policy will reimburse him $10,000, the actual loss sustained, as long as the amount is within the policy limit.
医疗费用政策通常作为实际费用的报销支付福利。 因此，如果Kevin每天因住院治疗而支付1000美元的医疗费用，他将在住院期间共支付10,000美元的医疗费用。 只要金额在政策限制范围内，该政策将偿还他10,000美元的实际损失。

Reference: **20.3.1** in the License Exam Manual.

Question 3 - #201769
Comprehensive medical expense insurance covers all of the following EXCEPT:
A) surgical fees. B) loss of income resulting from sickness. C) hospital miscellaneous expenses. D) hospital room and board.

The correct answer was – B

综合医疗费用保险涵盖以下所有内容：
A）手术费。 B）因疾病导致的收入损失。 C）医院杂费。 D）医院食宿。

正确答案是 - B
Explanation:
Comprehensive medical expense insurance covers room and board, surgical fees and hospital miscellaneous expenses up to a dollar limit. Disability income insurance covers loss of income resulting from accident or illness.
综合医疗费用保险包括食宿费，手术费和医院杂费，最高限额为每美元限制。 残疾收入保险包括因意外或疾病导致的收入损失。

Reference: **20.4.2.2** in the License Exam Manual.

Question 7 - #201763
The calendar year deductible provision of a major medical policy means that:
A) All claims submitted during the calendar year are subject to the amount of the deductible.
B) The deductible is applied against each claim during the first calendar year the policy is in effect.
C) The deductible is applied only once during the calendar year.
D) The insurer pays a higher percentage of the medical expenses than the insured.

The correct answer was – C

日历年度可扣除的主要医疗政策规定意味着：
A）在日历年内提交的所有索赔均受免赔额的限制。
B）在保单生效的第一个日历年内，免赔额适用于每项索赔。
C）免赔额仅在日历年内适用一次。
D）保险公司支付的医疗费用比被保险人高。

正确的答案是 - C.

Explanation:
A major medical policy's calendar year deductible means that when the deductible amount is met during the calendar year, all claims submitted will be treated for the balance of the year without meeting any new deductibles. Dividing the costs of medical expenses between the insured and insurer is known as percentage participation, or coinsurance.

主要医疗保险的日历年免赔额意味着当在日历年内满足可扣除金额时，所有提交的索赔将在一年中的余额中处理，而不会达到任何新的免赔额。 将被保险人和保险人之间的医疗费用分摊称为参与百分比或共同保险。

Reference: **20.4.1.1** in the License Exam Manual.

Question 9 - #201760
Major medical policies may include any of the following types of deductibles EXCEPT:
A) integrated. B) flat. C) corridor. D) decreasing.

The correct answer was – D

主要医疗政策可能包括以下任何类型的免赔额，除了：
A）集成。 B）平坦。 C）走廊。 D）减少。

正确的答案是 - D.

Explanation:
Major medical deductibles may be integrated, flat or corridor, but not decreasing. Decreasing deductibles are related to life insurance.
主要的医疗免赔额可能是综合的，平的或走廊，但不会减少。 减少免赔额与人寿保险有关。

Reference: **20.4.1** in the License Exam Manual.

Question 10 - #201762
Alice has a major medical policy with a $500 deductible and an 80%/20% coinsurance provision. If she receives a hospital bill for $7,500 of covered expenses, how much of that bill will she have to pay?
A) $2,400.00 B) $1,400.00 C) $2,000.00 D) $1,900.00

The correct answer was – D

爱丽丝有一项主要的医疗保险，免赔额为500美元，共同保险金额为80％/ 20％。 如果她以7,500美元的保险费收到医院账单，她需要支付多少账单？
A）$ 2,400.00 B）$ 1,400.00 C）$ 2,000.00 D）$ 1,900.00

Explanation:
Of the $7,500 total expenses, Alice pays a $500 deductible. The basis for the insurer's payment is therefore $7,000. The insurer pays 80% of that amount, or $5,600. The coinsurance amount Alice pays is $1,400 plus the $500 deductible. Alice pays a total of $1,900.
在7,500美元的总费用中，Alice支付了500美元的免赔额。 因此，保险公司付款的基础是7,000美元。 保险公司支付该金额的80％，即5,600美元。 Alice支付的共同保险金额为1,400美元加上500美元的免赔额。 爱丽丝共支付1,900美元。
Reference: **20.4.1** in the License Exam Manual.

Question 11 - #201764
Leonard owns a major medical health policy which requires him to pay the first $200 of covered expenses each year before the policy pays its benefits. The $200 is the policy's:
A) Deductible. B) Coinsurance amount. C) stop-loss amount. D) Annual premium.

The correct answer was – A

伦纳德拥有一项重大的医疗保健政策，要求他在保单支付福利金之前每年支付首笔200美元的保障费用。 200美元是政策的：
A）免赔额。 B）共同保险金额。 C）止损金额。 D）年度保费。

正确答案是 - A.
Explanation:
A deductible is a stated initial dollar amount that the individual insured is required to pay before insurance benefits are paid.
免赔额是指保险个人在支付保险金之前需要支付的初始金额。

Reference: **20.4.1.1** in the License Exam Manual.

Question 12 - #201765
In major medical and comprehensive medical expense policies, a coinsurance provision:
A) Has no effect on claims. B) Helps to satisfy the deductible amount. C) Does not apply until benefit amounts exceed $2,000. D) Provides for percentage participation by the insured.
The correct answer was – D

在主要的医疗和综合医疗费用政策中，共同保险条款：
A）对索赔没有影响。 B）帮助满足免赔额。 C）在福利金额超过2,000美元之前不适用。 D）规定被保险人的参与百分比。
正确的答案是 - D.

Explanation:
In major medical and comprehensive medical expense policies, a coinsurance provision provides for percentage participation by the insured. For example, a 75/25 coinsurance provision means the insurance company will cover 75% of the allowable medical expenses, and the insured pays the remaining 25%. Coinsurance provisions apply after any required deductible has been paid.
在主要的医疗和综合医疗费用政策中，共同保险条款规定了被保险人的参与百分比。 例如，75/25共同保险条款意味着保险公司将承担75％的允许医疗费用，而被保险人支付剩余的25％。 在支付任何所需的免赔额后，适用保险条款。

Reference: **20.4.1.2** in the License Exam Manual.

Question 15 - #201770
When separate deductibles are required for each illness or accident, what kind of deductible is in effect?
A) Per benefit. B) Per cause. C) Revolving. D) Flat.

The correct answer was – B

如果每种疾病或事故都需要单独的免赔额，那么哪种免赔额有效？
A）每项福利。 B）每个原因。 C）旋转。 D）平坦。

正确答案是 – B

Explanation:
If a policy defines causes of loss on the basis of each sickness or injury, separate (per cause) deductibles must be satisfied every time a claim is submitted to the insurer.
如果保单根据每种疾病或伤害确定损失原因，则每次向保险公司提出索赔时，必须满足单独的（每个原因）免赔额。

Reference: **20.4.3.1** in the License Exam Manual.

Question 18 - #201768
Which of the following types of plans integrates its coverage with a basic medical expense coverage, providing benefits in excess of those specified in the basic plan?
A) Hospital indemnity. B) Supplementary major medical. C) Comprehensive major medical. D) Basic umbrella.

The correct answer was – B

以下哪种类型的计划将其覆盖范围与基本医疗费用覆盖范围相结合，提供的收益超过基本计划中规定的收益？
A）医院赔偿。 B）补充主要医疗。 C）综合性主要医疗。 D）基本伞。

正确答案是 – B

Explanation:
A supplementary major medical plan is coordinated with a basic plan and is designed to pick up coverage where the basic plan leaves off. It covers expenses not included under a basic plan and provides coverage for expenses that exceed the basic plan's dollar limits.
补充性主要医疗计划与基本计划相协调，旨在获取基本计划中止的覆盖范围。 它涵盖了基本计划中未包括的费用，并提供超出基本计划的每美元限额的费用。
Reference: **20.4.2.1** in the License Exam Manual.

Question 20 - #201759
Arthur incurs total hospital expenses of $8,300. His major medical policy includes a $500 deductible and an 80%/20% coinsurance feature. Assuming this is the first covered expense he incurs this year, how much will Arthur have to pay toward his hospital bill?
A) $5,900.00 B) $2,060.00 C) $1,800.00 D) $2,160.00

The correct answer was – B

亚瑟的医院总费用为8,300美元。 他的主要医疗政策包括500美元的免赔额和80％/ 20％的共同保险功能。 假设这是他今年首次承担的费用，那么亚瑟必须支付多少费用才能支付医院费用？
A）$ 5,900.00 B）$ 2,060.00 C）$ 1,800.00 D）$ 2,160.00

正确答案是 - B
Explanation:
Because this is the first covered expense Arthur has this year, he is responsible for the $500 deductible and 20% of the remaining costs. His share of the bill is computed as follows: $8,300 - $500 = $7,800 x .20 = $1,560 + $500 =$2,060.
因为这是亚瑟今年首次承担的费用，他负责500美元的免赔额和20％的剩余费用。 他在该法案中的份额计算如下：8,300美元 - 500美元= 7,800美元x .20 = 1,560美元+ 500美元= 2,060美元。
Reference: **20.4.1** in the License Exam Manual.

Question 22 - #201767
A stop-loss feature in a major medical policy specifies the maximum:
A) Benefit amount the policy provides in a lifetime.
B) Amount the insured must pay toward covered expenses.
C) Amount the insured must pay in premiums.
D) Benefit amount the policy provides each year.

The correct answer was – B

主要医疗保单中的止损功能指定最大值：
A）保单在一生中提供的福利金额。
B）被保险人必须支付的费用。
C）被保险人必须支付的保费。
D）政策每年提供的福利金额。

正确答案是 - B
Explanation:
To provide a safeguard for insureds, many major medical policies contain a stop-loss feature that limits the insured's out-of-pocket expenses. This means that once the

insured has paid a specified amount toward his or her covered expenses-usually $1,000 to $2,000-the company pays 100% of covered expenses after that point.
为了为被保险人提供保障，许多主要的医疗政策都包含一项止损功能，可以限制被保险人的现金支出。 这意味着，一旦被保险人支付了指定金额的保险费 - 通常为1,000美元至2,000美元 - 该公司在该点之后支付100％的保险费用。

Reference: **20.4.1.3** in the License Exam Manual.

Question 23 - #201771
All of the following statements regarding preexisting conditions are correct EXCEPT:
A) by most policy definitions, a preexisting condition is one that was contracted by the insured within 1 year before a policy was issued.
B) Specifying exclusions for preexisting conditions helps an insurer to maintain reasonable premium rates.
C) Disability income policies commonly include a probationary period to help control the risk of preexisting conditions.
D) Medical expense policies frequently exclude benefits for losses due to such conditions.

The correct answer was – A

关于先前存在的条件的所有以下陈述都是正确的，除了：
A）根据大多数政策定义，预先存在的条件是在保险单生效前1年内由被保险人签订的条件。
B）指定先前存在条件的除外条款有助于保险公司维持合理的保险费率。
C）残疾收入保单通常包括试用期，以帮助控制先前存在的条件的风险。
D）医疗费用政策经常排除因这些条件造成的损失。

正确答案是 - A.

Explanation:
A preexisting condition is one that first manifested or was treated within a stipulated period before the insured applied for the policy. This period is not necessarily limited to one year.
先前存在的条件是在被保险人申请保单之前的规定期限内首先表现或被处理的条件。这段时间不一定限于一年。
Reference: **20.4.4.5** in the License Exam Manual.

Question 25 - #201761
Ralph incurs hospital expenses totaling $5,500. His major medical policy has a flat deductible amount of $300 and an 80%/20% coinsurance feature. All of the following statements pertaining to this situation are correct EXCEPT:
A) Ralph would also pay the balance of $1,040.
B) His major medical would pay 80% of $5,200, or $4,160.

C) Ralph would pay $800, which is 20% of $5,500, minus $300.
D) Ralph would pay the first $300.

The correct answer was – C

拉尔夫的医院费用总计为5,500美元。他的主要医疗政策是300美元的固定免赔额和80% / 20%的共同保险功能。 以下所有与此情况相关的陈述都是正确的，除了：
A）拉尔夫还将支付1,040美元的余额。
B）他的主要医疗费用将支付5,200美元的80%或4,160美元。
C）拉尔夫支付800美元，这是5,500美元的20%，减去300美元。
D）拉尔夫将支付前300美元。

正确的答案是 - C.

Explanation:
Three of these answer choices provide a good description of how coinsurance and flat deductibles work. Ralph pays the first $300 as a deductible. His major medical pays 80% of the remaining $5,200 amount, or $4,160, and Ralph pays the balance of $1,040. Please note that the insured must first meet the deductible, and then the coinsurance feature would apply to the remaining expenses involved with the covered loss.
其中三个答案选择提供了共同保险和平面免赔额如何运作的良好描述。 拉尔夫支付前300美元作为免赔额。 他的主要医疗费用支付剩余的5,200美元金额的80%，即4,160美元，而拉尔夫支付的余额为1,040美元。 请注意，被保险人必须首先满足免赔额，然后共同保险功能将适用于与承保损失有关的剩余费用。

Reference: **20.4.1** in the License Exam Manual.

chapter16
Question 18 - #201454
A managed health care system that finances and delivers health care services through contract providers is called a (n):
A) Contract health provider.
B) Health maintenance organization.
C) Major medical expense association.
D) Accident and health guaranty association.

The correct answer was – B

通过合同提供者资助和提供医疗保健服务的托管医疗保健系统称为a（n）：
A）合同健康提供者。
B）健康维护组织。
C）主要医疗费用协会。
D）事故和健康保障协会。

正确答案是 - B

Explanation:

A health maintenance organization (HMO) is a managed health care system that finances and delivers health care services through contract providers. HMOs usually are corporations that enter into contracts with various physicians, hospitals, and other medical and dental professionals to provide health care services to HMO members in a specified geographical area.

健康维护组织（HMO）是一种管理型医疗保健系统，通过合同提供者提供资金并提供医疗保健服务。 HMOs通常是与各种医生，医院和其他医疗和牙科专业人员签订合同以向指定地理区域的HMO成员提供医疗保健服务的公司。

Reference: **16.5.3** in the License Exam Manual.

Question 29 - #201451

An organization that provides health care services on a group practice per capita prepayment basis or prepaid individual practice plan is called:

A) A health service contractor.

B) A preventive service contractor.

C) A health maintenance organization.

D) A Medicare supplement

The correct answer was – C

以团体人均预付款或预付个人的实践计划提供医疗保健服务的组织称为：

A）医疗服务承包商。

B）预防服务承包商。

C）健康维护组织。

D）Medicare补充剂

正确的答案是 - C.

Explanation:

A health maintenance organization (HMO) is an organization that provides comprehensive health care services to enrolled participants on a group practice per capital prepayment basis or prepaid individual practice plan, either directly or through contractual or other arrangements. Participants may, however, be responsible for deductibles and co-payments. HMOs are distinguished by the fact that they not only finance health care services for their subscribers on a prepayment basis but also organize and deliver the health services.

健康维护组织（HMO）是一个组织，通过直接或通过合同或其他安排，为每个预付款的团体或预付个人提供全面的医疗保健服务。 但是，参与者负责免赔额和共同支付。 HMO的特点是，他们不仅以预付款为其订户提供医疗保健服务，还组织和提供健康服务。

Reference: **16.5.3** in the License Exam Manual.

Question 51 - #201453
Which of the following statements accurately describes a health maintenance organization (HMO)?
A) It arranges for health care services for their members on a prepaid basis.
B) It provides health insurance coverage specifically to people who cannot obtain coverage from insurance companies.
C) It is not required to be approved by the state before offering services to its subscribers.
D) It does not organize or deliver health care services.

The correct answer was – A

以下哪项陈述准确描述了健康维护组织（HMO）？
A）它以预付费方式为其会员安排医疗保健服务。
B）它专门为无法从保险公司获得保险的人提供健康保险。
C）在向其订户提供服务之前，不需要得到州的批准。
D）它不组织或提供医疗保健服务。

正确答案是 - A.
Explanation:
Health maintenance organizations (HMOs) finance health care services for their members primarily on a prepaid basis. They organize and deliver the services. Subscribers pay a fixed periodic fee (usually monthly) and in return receive a broad range of health services, from routine doctor visits to emergency and hospital care. The subscriber's fee is payable whether or not the services are used. HMOs rarely charge deductibles; when charges are assessed, they typically take the form of nominal co-payments.
健康维护组织（HMOs）主要以预付费方式为其成员提供医疗保健服务。 他们组织和提供服务。 订户支付固定的定期费用（通常是每月），并且从常规医生就诊到急诊和住院治疗，可以获得广泛的健康服务。 无论是否使用服务，都应支付订户费用。 HMOs 很少收取免赔额；在评估费用时，它们通常采用名义上的共同支付形式。
Reference: **16.5.3** in the License Exam Manual.

Question 82 - #201452
Health maintenance organizations are known for stressing the provision of:
A) health care and services in hospital settings.
B) Health care and services on a fee-for-services-rendered basis.
C) Preventive care.
D) Health care and services to government employees.

The correct answer was – C

众所周知，健康维护组织强调提供：
A）医院环境中的医疗保健和服务。
B）以服务收费为基础的医疗保健和服务。
C）预防保健。
D）为政府雇员提供的医疗保健和服务。

正确的答案是 - C.
Explanation:
HMOs stress preventive care to reduce the number of unnecessary hospital admissions and duplication of services.
HMOs强调预防性护理，以减少不必要的住院和重复服务的数量。
Reference: **16.5.3** in the License Exam Manual.

Question 107 - #201450
A health maintenance organization may cancel an HMO contract for any of the following reasons EXCEPT:
A) The enrollee files a grievance with the HMO.
B) The enrollee violates contract terms.
C) The enrollee knowingly misrepresents a material fact on the health application.
D) The enrollee fails to pay amounts due under the contract.

The correct answer was – A

健康维护组织可以出于以下任何原因取消HMO合同，除了：
A）登记者向HMO提出申诉。
B）登记者违反合同条款。
C）登记者故意歪曲健康申请的重要事实。
D）登记者未能按合同支付到期金额。

正确答案是 - A.
Explanation:
An HMO contract may be canceled because of the enrollee's failure to pay amounts due under the contract, fraud or misrepresentation of the enrollee, the enrollee's violation of contract terms, or the enrollee's and primary physician's failure to establish a satisfactory relationship after a number of efforts.
HMO合同可能会因为以下原因被取消，包括登记人未能支付合同规定的到期金额，登记人的欺诈或失实陈述，登记人违反合同条款，或者登记者和主要医生在经过多次努力后未能建立满意的关系。

Reference: **16.5.3** in the License Exam Manual.

Question 129 - #201456
HMOs can be a key factor in reducing:
A) Nurses' unemployment. B) The large number of physicians needed. C) Health care

costs. D) The number of hospitals.

The correct answer was – C

HMOs可能是减少以下因素的关键因素：
A）护士失业。 B）需要大量医生。 C）医疗保健费用。 D）医院数量。

正确的答案是 - C.
Explanation:
An HMO is a prepaid health care delivery system in which a physician, hospital, or other provider contracts to provide basic health care services to enrollees of the plan on a prepaid basis, except for enrollee responsibility for copayments or deductibles. HMOs have become a competitive alternative for health care providers and those concerned with reducing costs.
HMO是一种预付医疗保健服务系统，其中医生，医院或其他提供者签订合同，以预付费方式向计划的登记者提供基本医疗保健服务，但登记人支付共付或免赔额的责任。对于医疗保健提供者和那些关心降低成本的人来说，HMOs已经成为一种有竞争的替代品

Reference: **16.5.3** in the License Exam Manual.

Question 5 - #201473
All of the following groups may contract with PPOs EXCEPT:
A) Employers.
B) Government programs.
C) Health insurance benefit providers.
D) Insurance companies.

The correct answer was – B

以下所有组均可与PPO签订合同，除了：
A）雇主。
B）政府计划。
C）健康保险福利提供者。
D）保险公司。

正确答案是 - B
Explanation:
Employers, insurers, and health benefit providers are typical groups that contract with PPOs. Although these groups do not mandate that individual members must use the PPO, benefits are reduced if members do not. For instance, members may pay a $100 deductible if they use PPO services and a $500 deductible if they go outside the PPO for health care services.
雇主，保险公司和健康福利提供者是与PPO签订合同的典型群体。 尽管这些团体并未强制要求个人成员必须使用PPO，但如果成员不这样做，则会减少福利。 例如，如果

成员使用PPO服务可以支付100美元的免赔额，如果他们在PPO之外用于医疗保健服务则可以支付500美元的免赔额。

Reference: **16.6** in the License Exam Manual.

Question 37 - #201475
Which of the following statements about preferred provider organizations (PPOs) is NOT correct?
A) PPO members select from among the preferred providers for needed services.
B) A PPO is a group of health care providers, such as doctors, hospitals and ambulatory health care organizations, that contracts with a group to provide their services.
C) Employers, insurance companies, and other health insurance benefit providers are typical groups that contract with PPOs.
D) PPOs operate on a prepaid basis.

The correct answer was – D

以下哪些关于首选提供商组织（PPO）的陈述不正确？
A）PPO成员从首选提供商中选择所需服务。
B）PPO是一组医疗保健提供者，如医生，医院和门诊医疗保健组织，它们与一个团体签订合同以提供服务。
C）雇主，保险公司和其他健康保险福利提供者是与PPO签订合同的典型群体。
D）PPO以预付费方式运营。

正确的答案是 - D.
Explanation:
Unlike HMOs, preferred provider organizations usually operate on a fee-for-service-rendered basis, not on a prepaid basis.
与HMO不同，首选提供商组织（PPO）通常以收费服务提供的方式运营，而不是以预付费方式运营。

Reference: **16.6** in the License Exam Manual.

Question 38 - #201474
All of the following statements with respect to preferred provider arrangements are correct EXCEPT:
A) A complete list of preferred providers, listed by specialty and geographic area, must be provided to all subscribers.
B) Services rendered by non-preferred providers must be covered at a rate of at least 80% of coverage for preferred providers.
C) The plan must specify ways for subscribers to resolve their complaints against the plan.
D) No difference is permitted with respect to the deductible assessed for care received

by preferred providers and non-preferred providers.

The correct answer was – D

以下关于首选提供者安排（PPO）的所有陈述都是正确的，除了：
A）必须向所有订户提供按专业和地理区域列出的首选提供商的完整列表。
B）非首选提供商提供的服务必须以优惠提供商至少80％的覆盖率承保。
C）该计划必须指明订户解决他们对该计划的投诉的方式。
D）对于优选提供者和非优选提供者所接受的护理评估的免赔额，不允许有任何差异。

正确的答案是 - D.
Explanation:
A larger deductible is often charged when members obtain medical services from providers outside the preferred provider organization.
当成员从首选提供者组织之外的提供者获得医疗服务时，通常会收取较大的免赔额。
Reference: **16.6** in the License Exam Manual.

Question 40 - #201472
All of the following statements about preferred provider organizations are correct EXCEPT:
A) They operate on a fee-for-service rendered basis.
B) Physicians who are part of a PPO are in private practice.
C) They offer health care services to their members at discounted rates that are negotiated in advance.
D) They offer health care coverage to low-income individuals.

The correct answer was – D

关于首选提供商组织(PPO)的所有以下陈述都是正确的除外：
A）它们以按服务付费的方式运作。
B）属于PPO的医生是私人诊所。
C）他们向其会员提供以提前谈判的折扣价医疗保健服务。
D）他们为低收入人群提供医疗保险。

正确的答案是 - D.
Explanation:
The PPO (preferred provider organization) is similar to an HMO, but members pay for services as they are provided at rates that have been discounted in advance for the PPO. Physicians offering their services through a PPO are in private practice. PPOs are not insurers and, thus, do not offer health care coverage.
PPO（首选提供商组织）类似于HMO，但会员支付服务费用，它们是以PPO预先打折的价格提供的。 通过PPO提供服务的医生是私人诊所。 PPO不是保险公司，因此不提供医疗保险。

Reference: **16.6** in the License Exam Manual.

Question 75 - #201476
All of the following statements regarding dental benefits offered by a preferred provider organization are correct EXCEPT:
A) If an insured chooses to obtain treatment from a dentist who does not participate in the panel, he usually can receive the same care for the same costs.
B) Preferred provider organizations offer dental care through a panel of dentists who have agreed, by contract, to treat a group of insured.
C) In contracting to render their services, these dentists agree to charge less than their usual fees when treating group members.
D) Rates offered through a PPO are negotiated and therefore save money for the insurance carrier.

The correct answer was – A

以下关于首选提供者组织（PPO）提供的牙科福利的所有陈述都是正确的，除了：
A）如果被保险人选择从未参加该小组的牙医那里获得治疗，他通常可以以相同的费用接受同样的护理。
B）首选的提供者组织通过一组牙医提供牙科护理，这些牙医已经通过合同同意治疗一组被保险人。
C）在签订服务合同时，这些牙医同意在治疗团体成员时收取低于其通常费用的费用。
D）通过PPO提供的费率经过协商，因此为保险公司节省了资金。

正确答案是 - A.

Explanation:
If an insured chooses to obtain treatment from a dentist who does not participate in the PPO panel, the insurance carrier will usually require the insured to pay a greater portion of the cost. It will be more expensive for an insured to use a dentist who is not part of the panel.
如果被保险人选择从未参加PPO小组的牙医那里获得治疗，保险公司通常会要求被保险人支付更多的费用。 如果被保险人使用不属于该小组的牙医，将会更加昂贵

Reference: **16.6** in the License Exam Manual.

Question 104 - #201471
Under what system do a group of doctors and hospitals in a designated area contract with an insurer to provide medical services at a prearranged cost to the insured?
A) HMO. B) DPO. C) PPO. D) MIB.

The correct answer was – C
在什么制度下，指定区域内的一组医生和医院与保险公司签订合同，以预先安排的费用

向被保险人提供医疗服务？

正确的答案是 - C.

Explanation:

Preferred provider organizations (PPOs) are groups of doctors and hospitals that contract with an insurer to provide medical services at a prearranged cost, thus allowing insured to choose among these groups.

优选的提供者组织（PPO）是医生和医院的团体与保险公司签订合同以预先安排的成本提供医疗服务，从而允许被保险人在这些团体中进行选择。

Reference: **16.6** in the License Exam Manual.

Question 21 - #201478

Harold joins his company's exclusive provider organization (EPO). If he chooses to go to a physician who is not an EPO provider, which of the following will happen?

A) The EPO will pay benefits, but they will be reduced.

B) The EPO will pay the same benefits as they would have had Harold seen an EPO physician.

C) The EPO will not pay any benefits.

D) The EPO will require Harold to pay a higher deductible.

The correct answer was – C

Harold加入了他公司的独家供应商组织（EPO）。 如果他选择去找不是EPO提供者的医生，会发生以下哪种情况？

A）EPO将支付福利，但会减少。

B）欧洲专利局将支付与哈罗德看到EPO医生相同的福利。

C）EPO不会支付任何福利。

D）EPO将要求Harold支付更高的免赔额。

正确的答案是 - C.

Explanation:

An EPO contracts with an extremely limited number of physicians and usually only one hospital. Members of an EPO must get care from EPO providers or they will receive no benefits. If members choose to get health care from outside providers, they receive no benefits and must pay the full cost themselves.

EPO与极其有限数量的医生签订合同，通常只有一家医院。 EPO的成员必须得到EPO提供者的保健，否则他们将不会获得任何好处。 如果成员选择从外部提供者那里获得医疗保健，他们就不会获得任何福利，并且必须自己支付全部费用。

Reference: **16.7** in the License Exam Manual.

Question 24 - #201480

A point-of-service (POS) plan is most like a health maintenance organization (HMO) in which of the following ways?

A) Both are generally nonprofit organizations.
B) Both use a primary care physician.
C) Both allow subscribers to use outside providers.
D) Both feature providers who are employees of the plan itself.

The correct answer was – B
服务点（POS）计划最像是健康维护组织（HMO）其中以下哪种方式？
A）两者通常都是非营利组织。
B）两人都使用初级保健医生。
C）两者都允许订户使用外部提供商。
D）作为计划本身的雇员的两个特征提供者。

正确答案是 - B
Explanation:
POS plans and HMOs both use primary care physicians as gatekeepers to provide cost control. Members of an HMO can generally not use health care providers outside the organization. An HMO has employees, while a POS generally contracts with independent providers. HMOs are generally nonprofit while POS plans are for-profit.
POS计划和HMO都使用初级保健医生作为看门人来提供成本控制。 HMO的成员通常不能在组织外使用医疗保健提供者。 HMO有雇员，而POS通常与独立提供商签订合同。 HMO通常是非营利性的，而POS计划是营利性的。
Reference: **16.7** in the License Exam Manual.

Question 74 - #201479
The primary difference between a preferred provider organization (PPO) and a point-of-service plan (POS) plan is that a:
A) PPO allows the individual to use any service provider while a POS requires the individual to use only preselected providers.
B) PPO utilizes a gatekeeper while a POS does not.
C) POS allows the individual to use any service provider while a PPO requires the individual to use only preselected providers.
D) POS utilizes a gatekeeper while a PPO does not.

The correct answer was – D

首选提供商组织（PPO）和服务点计划（POS）计划之间的主要区别在于：
A）PPO允许个人使用任何服务提供商，而POS要求个人仅使用预先选择的提供商。
B）PPO使用看门人，而POS则没有。
C）POS允许个人使用任何服务提供者，而PPO要求个人仅使用预先选择的提供者。
D）POS使用看门人，而PPO则没有。

正确的答案是 - D.
Explanation:
The main difference between a preferred provider organization and a point-of-service

organization is that the POS uses a primary care physician (gatekeeper) to provide greater cost control. Both types of plans allow the individual to go outside the system, though the individual then pays a higher proportion of the costs.
首选提供者组织（PPO）和服务点组织（POS）之间的主要区别在于POS使用初级保健医生（看门人）来控制更高的成本。 这两种类型的计划都允许个人走出系统，尽管个人支付更高比例的费用。
Reference: **16.7** in the License Exam Manual.

Question 97 - #201383
Which of the following is NOT an example of a managed care health plan?
A) PCP. B) POS. C) PPO. D) HMO.

The correct answer was – A

以下哪项不是托管护理健康计划的示例？
A）PCP。 B）POS。 C）PPO。 D）HMO。

正确答案是 - A.
Explanation:
Health maintenance organizations (HMOs), preferred provider organizations (PPOs), and point-of-service (POS) plans are all managed care plans that offer comprehensive medical services to their members. A primary care physician (PCP) is a physician who provides or authorizes all care for a member of an HMO. As part of the gatekeeper system that HMOs often have, members are typically required to involve the PCP in all service decisions to ensure claims will be paid.
健康维护组织（HMOs），首选提供者组织（PPO）和服务点（POS）计划都是托管护理计划，为其成员提供全面的医疗服务。 初级保健医生（PCP）是为HMO成员提供或授权所有护理的医生。作为HMO经常拥有的看门人系统的一部分，成员通常需要让PCP参与所有服务决策，以确保支付索赔。

Reference: **16.5, 16.6, and 16.7** in the License Exam Manual.

Question 88 - #201503
All of the following statements about flexible spending accounts are correct EXCEPT:
A) They may be provided as a stand-alone plan or as part of a traditional cafeteria plan.
B) They allow participants to pay for health care expenses with pre-tax dollars.
C) They provide reimbursement for medical expenses incurred.
D) They may reimburse participants for all medical related expenses.

The correct answer was – D

以下关于灵活支出帐户的所有陈述都是正确的，除了：
A）它们可以作为独立计划提供，也可以作为传统自助餐厅计划的一部分提供。

B）他们允许参与者用税前美元支付医疗费用。
C）他们提供医疗费用的报销。
D）他们可以报销所有与医疗相关的费用。

正确的答案是 - D.

Explanation:

A flexible spending account is a benefit provided by an employer that allows an employee to deposit a certain amount of his or her paycheck into an account before paying income taxes. During the year, the employee is then directly reimbursed from this account for eligible health care and dependent care expenses. Only qualified medical expenses are reimbursable, not all medical expenses. Eligible expenses include certain medical expenses, health care plan deductibles, and co-payments.
灵活的支出账户是雇主提供的一项福利，允许员工在缴纳所得税之前将一定数量的薪水存入账户。 在这一年中，员工可以直接从该帐户获得符合条件的医疗保健和受抚养人护理费用的报销。 只有合格的医疗费用可以报销，而不是所有的医疗费用。 符合条件的费用包括某些医疗费用，医疗保健计划免赔额和共同支付。

Reference: **16.8.6** in the License Exam Manual.

Question 127 - #201514

Which of the following descriptions characterize a health reimbursement account (HRA)?

A) A tax-exempt trust or account in a financial institution in which the account holder saves money for qualified medical expenses.
B) A tax-exempt trust or account designed to pay for qualified medical expenses of the account holder.
C) An employer-funded account that pays employees for qualified medical expenses they incur.
D) A cafeteria plan with several components.

The correct answer was – C

以下哪种描述是健康报销帐户（HRA）的特征？
A）金融机构中的免税信托或账户，账户持有人为合格的医疗费用存钱。
B）免税信托或账户支付账户持有人合格医疗费用。
C）雇主资助的账户，向员工支付他们承担的合格医疗费用。
D）具有多个组件的自助餐厅计划。

正确的答案是 - C.

Explanation: A health reimbursement account is an employer-funded account that reimburses employees for qualified medical expenses. A health savings account is a tax-exempt trust or account that pays for qualified medical expenses. A medical savings account is a tax-exempt trust or account in a financial institution in which one

saves money to pay for qualified medical expenses. A flexible spending account is a cafeteria plan with three components: health insurance premiums, qualified medical expenses, and dependent care expenses.
健康报销帐户（HRA）是雇主资助的帐户，可以报销员工的合格医疗费用。 健康储蓄账户(HSA)是一种免税信托或账户，用于支付合格的医疗费用。 医疗储蓄账户（MSA）是金融机构中的免税信托或账户，其中人们可以节省资金来支付合格的医疗费用。 灵活的支出账户(FSA)是一个自助餐厅计划，包括三个部分：健康保险费，合格医疗费和受抚养人护理费。

Reference: 16.8.9 in the License Exam Manual.

Question 12 - #201509
Mick wants to establish a health savings account (HSA) for his family. How much can he contribute each year to the account?
A) 80% of the deductible, up to $5,800.
B) 80% of the deductible, up to $2,900.
C) 100% of the deductible, up to $5,800.
D) 100% of the deductible, up to $2,900.

The correct answer was – C

米克想为他的家人建立一个健康储蓄账户（HSA）。 他每年可以为账户存款多少钱？
A）80％的免赔额，最高达 5,800 美元。
B）80％的免赔额，最高达 2,900 美元。
C）100％的免赔额，最高$ 5,800。
D）100％的免赔额，最高$ 2,900。

正确的答案是 - C.
Explanation:
For his family, Mick can contribute as much as 100% of the deductible, up to $5,800. If the plan were for him alone, the maximum contribution would be $2,900. (These limits are for 2008 and are expected to increase each year.) Account holders age 55 and older can make additional catch-up contributions.
对于他的家人来说，Mick 可以提供高达 100％的免赔额，最高可达 5,800 美元。 如果计划仅针对他，那么最大贡献将是 2,900 美元。 （这些限制是针对 2008 年的，并且预计每年都会增加。）年龄在 55 岁以上的账户持有人可以提供额外的追加捐款。

Reference: **16.8.8** in the License Exam Manual.

Question 23 - #201511
Which of the following individuals can establish a health savings account?
A) Any individual or employer with a high-deductible health plan.
B) Self-employed individuals with high-deductible health plans.
C) Self-employed individuals and small employers with high-deductible health plans.

D) Employers with 50 or fewer employers who offer high-deductible health plans.

The correct answer was – A

以下哪些人可以建立健康储蓄账户？
A）任何具有高免赔额健康计划的个人或雇主。
B）具有高免赔额健康计划的自雇人士。
C）具有高免赔额健康计划的自雇人士和小雇主。
D）拥有 50 或更少雇主的雇主提供高免赔额健康计划。

正确答案是 - A.
Explanation:
Any individual or employer who offers or is covered by a high-deductible health plan may establish a HSA. In contrast, only self-employed persons or small employers can establish a medical savings account (MSA).
任何提供或由高免赔额健康计划承保的个人或雇主都可以建立 HSA。 相反，只有自营职业者或小雇主才能建立医疗储蓄账户（MSA）。
Reference: **16.8.8** in the License Exam Manual.

Question 42 - #201512
If an employer makes a contribution to an employee's Health Savings Account:
A) The contribution is excluded from the employee's gross income.
B) The contribution is subject to FICA taxes.
C) The employee can take an income tax deduction for the contribution.
D) The contribution is subject to withholding from wages for income tax.

The correct answer was – A

如果雇主向员工的健康储蓄账户存款：
A）该贡献不包括在员工的总收入中。
B）该贡献受 FICA 税的影响。
C）员工可以扣除所得税。
D）缴纳的税款可以扣除所得税的工资。

正确答案是 - A.
Explanation:
Employer contributions to an employee's Health Savings Account are treated as employer-provided coverage for medical expenses under an accident or health plan and are excludable from the employee's gross income. Employer contributions are not subject to withholding from wages for income tax or subject to FICA, FUTA or the Railroad Retirement Tax Act.
雇主向员工的健康储蓄账户提供的款被视为雇主提供的事故或健康计划下的医疗费用保险，并且不包括在员工的总收入中。 雇主供款不受所得税工资的扣缴或 FICA，FUTA 或铁路退休税法的约束。

Reference: **16.8.8** in the License Exam Manual.

Question 68 - #201508
All of the following are eligible to establish a health savings account (HSA) EXCEPT:
A) A group of unassociated individuals.
B) An individual family.
C) A small employer.
D) A large employer.

The correct answer was – A

以下所有人都有资格建立健康储蓄账户（HSA），除了：
A）一群无关联的人。
B）个人家庭。
C）小雇主。
D）一个大雇主。

正确答案是 - A.

Explanation:
Employers and individuals and their families can establish an HSA. Random groups of individuals, however, are not eligible.
雇主和个人及其家人可以建立 HSA。 然而，随机的个人群体不符合条件。
Reference: **16.8.8** in the License Exam Manual.

Question 101 - #201505
All of the following statements regarding health savings accounts are correct EXCEPT:
A) Qualified health care expenses include Medicare supplement premiums.
B) Account beneficiaries can make tax-free withdrawals to cover qualified health care costs.
C) Earnings in HSAs grow tax-free.
D) The maximum annual HSA contribution is based on the statutory limit for the individual's type of coverage.

The correct answer was – A

关于健康储蓄账户的所有以下陈述都是正确的，除了：
A）合格的医疗保健费用包括Medicare补贴保费。
B）账户受益人可以免税提款，以支付合格的医疗保健费用。
C）HSAs的收入增长免税。
D）最大年度HSA贡献基于个人覆盖类型的法定限制。

正确答案是 - A.

Explanation:
Earnings in an HSA grow tax-free and the funds from an HSA may be withdrawn tax-free if used to pay for qualified health care expenses. From 2007 and forward, the maximum annual HSA contribution is based on the statutory limit for the individual's type of coverage - self-only or family. While there are a few exceptions where HSA funds can be used to pay insurance premiums, HSA funds used to pay Medicare supplement premiums would be taxable as income and subject to the 10% penalty.
HSA的收益增长免税，如果用于支付合格的医疗费用，HSA的资金可以免税。 从2007年开始，最大年度HSA贡献基于个人覆盖类型的法定限制 - 自我或家庭。 虽然有一些例外情况，HSA资金可用于支付保险费，但用于支付Medicare补贴保费的HSA资金将作为收入纳税，并受到10％的罚款。
Reference: **16.8.8** in the License Exam Manual.

Question 102 - #201507
Which of the following is a characteristic of a health savings account?
A) Participants can be small businesses or individuals.
B) Participants must be employed in a company with no more than 50 employees.
C) Participants must be at least age 55.
D) Participants must either own a small business or be self-employed.

The correct answer was – A

以下哪项是健康储蓄账户的特征？
A）参与者可以是小企业或个人。
B）参与者必须在雇员不超过50人的公司工作。
C）参与者必须至少年满55岁。
D）参与者必须拥有小企业或自营职业。

正确答案是 - A.
Explanation:
HSAs are available to employers and individuals. Persons who are 65 years old and younger can open these accounts.
HSA可供雇主和个人使用。 65岁及以下的人可以开设这些账户。
Reference: **16.8.8** in the License Exam Manual.

Question 119 - #201510
Which of the following statements regarding contributions to a health savings account is CORRECT?
A) Contribution limits are indexed annually for inflation.
B) Contributions made by an individual taxpayer are not deductible from income.
C) Contributions made by an employer are included in the employee's income.

D) Contributions cannot be made through a cafeteria plan.

The correct answer was - A:

以下哪些关于健康储蓄账户捐款的陈述是正确的？
A）限额为每年通货膨胀调整。
B）个人纳税人的缴款不能从收入中扣除。
C）雇主的缴款包含在雇员的收入中。
D）不能通过自助餐厅计划捐款。

正确答案是 - A
Explanation:
Generally, contributions to an HSA may be made by an individual, the employer, or both. If they are made by the individual taxpayer, the HSA contributions are deductible from income. If they are made by an employer, HSA contributions are excluded from the employee's income. Contributions also may be made through a cafeteria plan. Contribution limits are set at $2,850 for self-only coverage and $5,450 for individuals with family coverage. (These limits are for 2007 and are indexed annually for inflation.)
通常，对HSA的贡献可以由个人，雇主或两者做出。 如果它们是由个人纳税人提供的，HSA供款可以从收入中扣除。 如果它们是由雇主提供的，则HSA供款不包括在雇员的收入中。 捐款也可以通过自助餐厅计划进行。 自我保险的缴费限额为2,850美元，家庭保险的个人缴费为5,450美元。 （这些限制是针对2007年的，并且每年都会对通货膨胀进行调整。
Reference: **16.8.8** in the License Exam Manual.

Question 130 - #201513
Which of the following qualifies as a high-deductible health plan?
A) HSA. B) POS. C) PPO. D) HMO.

The correct answer was – A

以下哪项有资格作为高免赔额健康计划？
A）HSA。 B）POS。 C）PPO。 D）HMO。

正确答案是 - A.
Explanation:
Health savings accounts (HSAs) are tax-free bank accounts that hold money earmarked for health care. They offer two sources of coverage for health care expenses: the account itself and a high-deductible insurance policy that backs up the account with an annual deductible and a required annual out-of-pocket expense limit. The deductible and the expense limit differ for individual and family coverage, and are scheduled to increase each year.
健康储蓄账户（HSAs）是免税银行账户，持有专门用于医疗保健的资金。 他们提供两

种医疗保健支出来源：账户本身和高免赔额保险政策，以年度免赔额和所需的年度自付费用限额支持账户。 个人和家庭保险的免赔额和费用限额不同，并且计划每年增加。

Reference: **16.8.8** in the License Exam Manual.

Question 2 - #201489
Which of the following statements regarding MEWAs is NOT correct?
A) MEWAs are a type of MET.
B) MEWAs can be considered a single-employer plan.
C) MEWAs are regulated by state insurance departments and must posses a certificate of authority.
D) Certain kinds of MEWAs are regulated by ERISA.

The correct answer was – B

关于MEWA的以下哪些陈述不正确？
A）MEWA是一种MET。
B）MEWA可被视为单一雇主计划。
C）MEWAs由国家保险部门监管，并且必须拥有授权的证书。
D）某些类型的MEWA由ERISA监管。

正确答案是 - B
Explanation:
By definition, MEWAs are a type of MET, and therefore a multiple-employer trust. As such it cannot be a single employer plan and is not exempt from state insurance regulation.
根据定义，MEWA是一种MET，因此是多雇主信托。 因此，它不能是单一的雇主计划，也不能免除国家保险监管。
Reference: **16.8.12** in the License Exam Manual.

chapter20
Question 5 - #201832
All of the following group health coverage includes a conversion privilege EXCEPT:
A) Comprehensive medical expense. B) Disability income. C) Accidental death and dismemberment. D) Basic medical expense.

The correct answer was – C

以下所有集体的健康保险范围都包含转换权限，但不包括：
A）综合医疗费用。 B）残疾收入。 C）意外死亡和肢解。 D）基本医疗费用。

正确的答案是 - C.
Explanation:
Group basic medical expense, comprehensive medical expense, and disability income

insurance typically include a conversion privilege. This allows the insured to convert their group certificates to individual policies when they leave an employer. Group AD&D policies, however, do not contain a conversion privilege.
集团基本医疗费用，综合医疗费用和残疾收入保险通常包括转换特权。 这允许被保险人在离开雇主时将他们的团体证书转换为个人保单。 但是，集体 AD＆D 策略不包含转换权限。
Reference: **22.4.1** in the License Exam Manual.

Question 10 - #201829
An insurer providing group health coverage may NOT be required to issue a converted policy to anyone covered by:
A) Medicare. B) A major medical expense policy. C) Surgical policy. D) Medical expense policy.

The correct answer was – A

提供团体健康保险的保险公司可能无需向以下人员发出转换保单：
A）医疗保险。 B）主要的医疗费用政策。 C）外科政策。 D）医疗费用政策。

正确答案是 - A.
Explanation:
Conversion privileges do not apply to those persons covered by Medicare, but do apply to anyone covered by a hospital, surgical, medical, or major medical expense policy.
转换权限不适用于 Medicare 承保的人员，但适用于医院，外科，医疗或主要医疗费用政策所涵盖的任何人。
Reference: **22.4.1** in the License Exam Manual.

Question 13 - #201828
Which of the following is a common feature of group major medical insurance?
A) Triple indemnity. B) Dismemberment benefits. C) Conversion privilege. D) Double indemnity.

The correct answer was – C

以下哪项是集团主要医疗保险的共同特征？
A）三重赔偿。 B）肢解福利。 C）转换权限。 D）双重赔偿。

正确的答案是 - C.
Explanation:
The double and triple indemnity and dismemberment provisions apply to accidental death and dismemberment (AD&D) policies, not to group major medical insurance policies. Group health plans allow insured to convert to an individual medical expense policy with the same insurer if they leave their employment.

双重和三重赔偿和肢解条款适用于意外死亡和肢解（AD＆D）政策，而不是对集体的主要医疗保险政策。 集体健康计划允许被保险人在离职时与同一保险公司转换为个人医疗费用政策。
Reference: **22.4.1** in the License Exam Manual.

Question 16 - #201830
Under a group health insurance plan, a terminated employee may have which of the following options?
A) To continue reduced-benefit coverage under the group plan at an adjusted premium.
B) To convert the coverage to an individual plan at an adjusted premium.
C) To convert the coverage to an individual plan at the same premium.
D) To continue the identical coverage at the same premium.

The correct answer was – B

根据团体健康保险计划，被解雇的员工可能具有以下哪种选择？
A）按照调整后的保费继续实施集团计划下的减少福利。
B）将保险范围转换为调整后的保费的个人计划。
C）以相同的保费将保险范围转换为个人计划。
D）以相同的保费继续相同的保险。

正确答案是 - B
Explanation:
A terminated employee can convert group coverage to an individual plan based on the new plan's own premium rate, or he may continue the identical coverage as that provided under the group plan, but at an adjusted rate.
已终止的员工可以根据新计划使用自身的保费率将团体保险范围转换为个人计划，或者他可以按照集体计划提供的相同保险范围，但以调整后的费率继续。
Reference: **22.4.1** in the License Exam Manual.

Question 34 - #201831
Which of the following statements regarding an employee's conversion privilege under a group health insurance policy is CORRECT?
A) He can be denied coverage if he is uninsurable at the time of conversion.
B) He can convert his coverage to a policy through the same insurer that insures the group.
C) He can convert his coverage while still an employee.
D) He can convert his coverage within six months of leaving the group.
The correct answer was – B

以下哪项关于员工在团体健康保险政策下的转换权限的陈述是正确的？
A）如果他在转换时无法保险，他可以被拒绝承保。
B）他可以通过为集团投保的同一家保险公司将其保险范围转换为保单。
C）他是一名员工时还可以转换他的保险范围。

D）他可以在离开集体后的六个月内转换他的保险。
正确答案是 - B

Explanation:

An employee is guaranteed the right to convert coverage to an individual policy through the same insurer that underwrites the group. He cannot be denied the right to conversion even if he has become uninsurable. He can no longer be part of the group to exercise this option. If he leaves the group, he must exercise his right within a limited period, usually one month. During that time, he remains insured under the group plan.

员工有权通过承保集团的同一保险公司将保险范围转换为个人保单。 即使他已经变得无法保险，他也不能被剥夺转换权。 他不能再成为集体的一部分来行使这个选择。 如果他离开集体，他必须在有限的时间内行使自己的权利，通常是一个月。 在那段时间里，他仍然在团体计划下投保。

Reference: **22.4.1** in the License Exam Manual.

Question 49 - #201826

Which of the following statements regarding the conversion privilege in group health insurance is CORRECT?

A) An insurer cannot change the premium amount for an insured who is converting to an individual policy.

B) To obtain a conversion policy, an insured employee must show evidence of insurability.

C) During the period when the insured is converting from the group to the individual plan, she is still insured.

D) An insured employee who resigns or is terminated has up to one year in which to take out a conversion policy.

The correct answer was – C

以下哪些关于团体健康保险转换特权的陈述是正确的？
A）保险公司不能改变被转换为个人保单的被保险人的保费金额。
B）要获得转换政策，被保险员工必须出示可保险性证据。
C）在被保险人从集团转为个人计划期间，她仍然有保险。
D）辞职或被解雇的被保险员工最长可享有一年的转换保单。

正确的答案是 - C.

Explanation:

An insured employee who resigns or is terminated has 31 days in which to take out a conversion policy without having to show evidence of insurability. The insurer has the right to adjust the premium rate for the new policy. The insurance continues in force for the individual while she is converting from the group plan to an individual policy.

辞职或被解雇的被保险员工有31天的时间可以取得转换政策，而无需出示可保险性证据。 保险公司有权调整新保单的保费率。 当她从集体计划转变为个人政策时，保险对个人继续有效。

Reference: **22.4.1** in the License Exam Manual.

Question 53 - #201827
All of the following statements pertaining to the conversion privilege in group health insurance policies are correct EXCEPT:
A) Insured who resign or are terminated have 365 days in which to convert their coverage to individual policies.
B) A conversion privilege applies when a group health policy is terminated.
C) An insured who is terminated from the plan can obtain a conversion policy without evidence of insurability within a specified time.
D) Some states specify minimum benefits for conversion policies.

The correct answer was – A

以下所有与组健康保险政策中的转换权限相关的陈述都是正确的，除了：
A）辞职或被终止的被保险人有365天将保险范围转换为个人保单。
B）当集体健康策略终止时，应用转换权限。
C）被终止计划的被保险人可以在指定时间内获得没有可保性证据的转换政策。
D）一些州规定了转换政策的最低收益。

正确答案是 - A.

Explanation:
Concerning the conversion privilege in group health insurance, an insured employee who resigns or is terminated has 31 days in which to take out a conversion policy without having to show evidence of insurability.
关于团体健康保险的转换特权，辞职或被终止的被保险雇员有31天可以在不需要出示可保险性证据的情况下取得转换政策。

Reference: **22.4.1** in the License Exam Manual.

Question 27 - #201877
All of the following are characteristics of group health insurance plans EXCEPT:
A) The cost of insuring an individual is less than what would be charged for comparable benefits under an individual plan.
B) The parties to a group health contract are the employer and the employees.
C) Employers may require employees to contribute to the premium payments.
D) Their benefits are more extensive than those under individual plans.

The correct answer was – B

以下所有是团体健康保险计划的特征，除了：
A）为个人提供保险的成本低于个人计划下可比福利的成本。
B）团体健康合同的当事人是雇主和雇员。

C）雇主可要求雇员缴纳保费。
D）他们的好处比个人计划的好处更广泛。

正确答案是 – B

Explanation:
The contract for coverage is between the insurance company and the employer, and a master policy is issued to the employer.
承保合同是保险公司和雇主之间的合同，并向雇主发放主保单。
Reference: **22.6** in the License Exam Manual.

Question 28 - #201876
Individual health insurance policies are typically written on which basis?
A) Experience rated. B) Claims rated. C) Participating. D) Nonparticipating.

The correct answer was – D

个人健康保险保单 通常以哪种方式编写？
A）经验评级。 B）声明评级。 C）参与。 D）不参加。

正确的答案是 - D.
Explanation:
Health insurance policies may be written on either a participating or nonparticipating basis. Most individual health insurance is issued on a nonparticipating basis. Group health insurance, however, is generally participating and provides for dividends or experience rating.
健康保险政策可以在参与或非参与的基础上编写。 大多数个人健康保险是在非参与的基础上签发的。 但是，团体健康保险通常是参与并提供股息或经验评级。

Reference: **22.6** in the License Exam Manual.

Question 36 - #201875
Underwriting for group health plans requires:
A) A credit report on each insured.
B) A medical examination on each insured.
C) No medical examination.
D) A lengthy probationary period when no benefits will be provided.

The correct answer was – C

团体健康计划的承保要求：
A）每个被保险人的信用报告。
B）对每个被保险人进行体检。
C）没有体检。

D）在没有提供任何福利的情况下的漫长试用期。

正确的答案是 - C.

Explanation:

For group insurance, no medical examination or statement about an individual's health is required for underwriting purposes. Underwriting is done on the group, not the individual.

对于团体保险，承保目的不需要体检或个人健康声明。 承保是在集团而不是个人身上完成的。

Reference: **22.6** in the License Exam Manual.

Question 6 - #201856

When an employee's coverage terminates under a group health policy, the employee must be offered continuation coverage for:

A) 180 days. B) 18 months. C) 365 days. D) 60 days.

The correct answer was – B

当员工的承保范围根据集团健康政策终止时，必须为员工提供以下持续保险：

A）180天。 B）18个月。 C）365天。 D）60天。

正确答案是 – B

Explanation:

All group health policies issued or renewed must offer eligible employees the opportunity to continue coverage under the health policy for 18 months after termination of employment or until the employee is eligible for other group coverage, whichever occurs first.

所有颁发或续签的团体健康政策必须为符合条件的员工提供在终止雇佣后18个月内继续根据健康政策承保的机会，或者直到该员工有资格获得其他团体保险，以先发生者为准。

Reference: **22.5.2** in the License Exam Manual.

Question 12 - #201863

An employee is eligible to continue his health insurance under COBRA rules. Which of the following statements is CORRECT?

The correct answer was - C: His coverage under COBRA will be identical to that which he had under his group plan.

员工有资格根据COBRA规则继续其健康保险。 以下哪项陈述是正确的？

正确答案是 - C：他在COBRA下的涵盖将与他在小组计划下的涵盖相同。

Explanation:
An eligible employee is entitled to coverage that is identical to his previous plan. Under COBRA rules, his coverage will be terminated if he obtains insurance elsewhere. To be insured under 2 policies will violate the prohibition on gain without loss and will result in over-insurance. The actual coverage will be the same as his original plan, but the premium may be increased up to 102% of the previous rate. Coverage will end if the entire plan is terminated.
符合条件的员工有权获得与其先前计划相同的保险。 根据COBRA规则，如果他在其他地方获得保险，他的保险将被终止。 根据2项政策投保将违反禁止收益而不会损失，并将导致过度保险。 实际承保范围与原计划相同，但保费可能会增加到之前费率的102%。如果整个计划终止，覆盖范围将结束。

Reference: **22.5.2** in the License Exam Manual.

Question 20 - #201858
Suppose an employee recently has been divorced. His 56-year-old spouse wants to know if she can maintain coverage under the employee's group medical insurance plan. Which of the following statements best describes how this situation might be treated?
A) She would be able to continue coverage, for up to 3 years, by paying up to 102% of the premium required for the group coverage.
B) She would be able to qualify for coverage under an individual policy, provided she submits to individual underwriting and pays a premium commensurate with her risk.
C) She would no longer qualify for coverage under the employee's group medical plan because she no longer is a dependent.
D) She would be able to continue coverage until age 65 by paying up to 102% of the premium required for the group coverage.

The correct answer was – A

假设一名员工最近离婚了。 他56岁的配偶想知道她是否可以维持员工团体医疗保险计划的保险范围。 以下哪项陈述最能说明如何处理这种情况？
A）通过支付高达102%的团体保险费所需的保险费，她将能够继续保险长达3年。
B）如果她提交个人承保并支付与其风险相称的保险费，她将有资格获得个人保单的保险。
C）她不再符合员工团体医疗计划的保险资格，因为她不再是受抚养人。
D）她将能够继续保险直到65岁，支付高达集团保险所需的保费的102%。

正确答案是 - A.
Explanation:
If the employee's spouse becomes ineligible for coverage under the medical policy because of divorce, the employer must offer coverage to the ex-spouse for up to three years, provided she notifies the employer within 30 days of her intent to continue coverage. She must also pay up to 102% of the applicable premium for the coverage.

如果雇员的配偶因离婚而没有资格获得医疗保险的保险，雇主必须向前配偶提供最长三年的保险，前提是她在打算继续保险的30天内通知雇主。 她还必须支付高达102％的适用保险费。

Reference: **22.5.2** in the License Exam Manual

Question 21 - #201861

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), all of the following individuals must be allowed to continue coverage EXCEPT:

A) Employees who are laid off.

B) Employees fired for gross misconduct.

C) Terminated employees of companies with at least 20 employees.

D) Divorced spouses.

The correct answer was – B

根据1985年综合综合预算调节法案（COBRA），必须允许以下所有人继续保险，除了：

A）被解雇的员工。

B）员工因严重不当行为而被解雇。

C）拥有至少20名员工的公司的终止雇员。

D）离婚配偶。

正确答案是 - B

Explanation:

Employees fired for cause may be denied the right to continue their coverage. However, previously covered divorced spouses, employees of companies with 20 or more employees, and employees who are laid off for reasons other than termination for cause may continue their coverage under COBRA rules.

因原因被解雇的员工可能被剥夺继续保险的权利。 但是，之前承保的离婚配偶，拥有20名或更多雇员的公司的雇员，以及因终止原因而被解雇的雇员可以继续根据COBRA规则进行保险。

Reference: **22.5.2** in the License Exam Manual.

Question 22 - #201860

Under COBRA, an employee who is laid off from work may be entitled to continue his group health insurance coverage. Which of the following statements regarding COBRA and the continuation of coverage is NOT correct?

A) Continuation is permitted in all cases of job loss.

B) Spouses may be permitted to continue coverage in the event of an employee's layoff.

C) Coverage may be continued for up to 18 months when it is the terminated employee who is continuing the coverage.

D) COBRA applies to employers with 20 or more employees.

The correct answer was – C

根据COBRA，下岗职工可能有权继续其团体健康保险。 关于COBRA和延续保险的以下哪一项陈述不正确？
A）在所有失业案件中都允许继续。
B）如果员工裁员，可以允许配偶继续保险。
C）当被终止的员工继续承保时，承保范围可以持续长达18个月。
D）COBRA适用于拥有20名或更多员工的雇主。

正确的答案是 - C.
Reference: **22.5.1** in the License Exam Manual.

Question 29 - #201859
Which one of the following statements about the Consolidated Omnibus Budget Reconciliation Act of 1985 is NOT correct?
A) The maximum duration of coverage for a deceased employee's dependents is 36 months.
B) The terminated employee must pay the group premium to the insurer within a 60-day grace period.
C) The employer must provide the terminated employee with a 60-day period in which to exercise any option under COBRA.
D) COBRA legislation does not apply if the employer has fewer than 20 employees.

The correct answer was – B

关于1985年综合综合预算调节法的以下哪一项陈述不正确？
A）已故雇员家属的最长保险期限为36个月。
B）被解雇的员工必须在60天的宽限期内向保险公司支付团体保险费。
C）雇主必须为被解雇的员工提供60天的期限，根据COBRA行使任何选择权。
D）如果雇主雇员少于20人，COBRA立法不适用。

正确答案是 - B
Explanation:
COBRA requires that upon death, divorce, or employment termination, an employer must provide a 60-day period during which the employee and his dependents may continue group health insurance coverage at the participant's own expense. However, COBRA does not apply if the employer has fewer than 20 employees. The maximum duration of continued coverage is 18 months for terminated employees and 36 months for eligible dependents of a deceased employee. Coverage can end if a participant fails to pay the appropriate premium within a 30-day grace period of the premium due date.
COBRA要求在死亡，离婚或终止雇佣关系时，雇主必须提供60天的期限，在此期间，雇员及其家属可以自费继续享受团体健康保险。 但是，如果雇主的雇员少于20人，则COBRA不适用。 终止雇员的最长持续时间为18个月，已故雇员的合格家属为36个月。

如果参与者未能在保费到期日的30天宽限期内支付适当的保费，则保险可以结束。

Reference: **22.5.2** in the License Exam Manual.

Question 33 - #201855
What was the effect of the 1985 Consolidated Omnibus Budget Reconciliation Act (COBRA) on group health insurance plans?
A) It provides tax deductibility for the cost of group health insurance coverage.
B) It requires any group health plan then in operation to cover all employees, without regard to years of service.
C) It mandates that group health insurance coverage be extended for terminated employees for up to a specified period.
D) It allows a group insurance participant to convert her coverage to an individual plan in the event of employment termination.

The correct answer was – C

1985年综合综合预算和解法案（COBRA）对团体健康保险计划的影响是什么？
A）它为团体健康保险的费用提供税收减免。
B）它要求当时正在运行的任何团体健康计划覆盖所有员工，而不考虑服务年限。
C）它要求为终止雇员延长团体健康保险，直至特定时期。
D）允许团体保险参与者在雇佣终止时将其保险范围转换为个人计划。

正确的答案是 - C.
Explanation:
COBRA, which became law in 1985, requires employers with 20 or more employees to continue group medical expense coverage for terminated employees (as well as their spouses, ex-spouses, and dependent children) for up to 18 to 36 months, depending on the event that led to the former employee's termination from the group plan. The cost of the continued coverage is borne by the former employee, not by the employer.
COBRA于1985年成为法律，要求拥有20名或更多员工的雇主继续为被解雇员工（以及配偶，前配偶和受抚养子女）提供长达18至36个月的集体医疗费用保险，具体取决于导致前雇员终止小组计划的事件。 继续承保的费用由前雇员承担，而不是由雇主承担。

Reference: **22.5.2** in the License Exam Manual.

Question 38 - #201862
Under COBRA regulations, which of the following statements regarding coverage of a spouse after divorce from an insured employee is CORRECT?
A) All coverage ends at the time of the divorce.
B) The divorced spouse's coverage can be continued with identical benefits for a specified period.
C) The divorced spouse's coverage can be continued with an increase in coinsurance

and deductible.
D) The divorced spouse's coverage can be converted to an individual policy.

The correct answer was – B

根据COBRA规定，在被保险雇员离婚后，下列哪一项关于配偶保险的陈述是正确的？
A）所有保险在离婚时结束。
B）离婚配偶的保险范围可以在指定期限内继续享受相同的福利。
C）离婚配偶的保险范围可以继续增加共同保险和免赔额。
D）离婚配偶的保险范围可以转换为个人保单。

正确答案是 - B
Explanation:
Under COBRA, divorce is a qualifying event, and the divorced spouse can continue coverage identical to that provided before the divorce, for up to 36 months. It may be possible for the spouse to convert the policy, but that is not a COBRA requirement. Although premiums may be increased, the terms of the coverage-including coinsurance and deductible-must remain the same.
根据COBRA，离婚是一项合格的事件，离婚的配偶可以继续享有与离婚前相同的保险，最长可达36个月。 配偶可能有可能转换政策，但这不是COBRA的要求。 虽然保费可能会增加，但保险条款（包括共同保险和免赔额）必须保持不变。

Reference: **22.5.2** in the License Exam Manual.

Question 41 - #201866
Under COBRA regulations, a qualified beneficiary (such as a spouse) may be able to continue receiving benefits for up to:
A) 12 months. B) 6 months. C) 18 months. D) 36 months.

The correct answer was – D

根据COBRA规定，合格的受益人（如配偶）可以继续领取以下福利：
A）12个月。 B）6个月。 C）18个月。 D）36个月。

正确的答案是 - D.
Explanation:
COBRA beneficiaries generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. However, certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
由于终止雇佣关系或减少工作时间，COBRA受益人通常有资格获得最多18个月的团体保险。 但是，某些符合条件的活动，或在初始保险期间的第二次合格活动，可能允许受益人最多获得36个月的保险。

Reference: **22.5.2.4** in the License Exam Manual.

Question 43 - #201857
As it pertains to group health insurance, COBRA stipulates that:
A) Terminated employees must be allowed to convert their group coverage to individual policies.
B) Group coverage must be extended for terminated employees up to a certain period of time at the employer's expense.
C) Group coverage must be extended for terminated employees up to a certain period of time at the employee's expense.
D) Retiring employees must be allowed to convert their group coverage to individual policies.

The correct answer was – C

由于它涉及团体健康保险，COBRA规定：
A）必须允许已终止的员工将其团队覆盖范围转换为个人政策。
B）必须延长终止雇员的集体保险期限，直至雇主自费。
C）终止雇员的集体保险范围必须延长至一段时间，费用由雇员承担。
D）必须允许退休员工将其团体保险范围转换为个人保单。

正确的答案是 - C.
Explanation:
COBRA requires employers with 20 or more employees to continue group medical expense coverage for terminated workers (as well as their spouses, divorced spouses and dependent children) for up to 18 months (or 36 months, in some situations) following termination. However, the terminated employee can be required to pay the premium, which may be up to 102% of the premium that would otherwise be charged.

COBRA要求拥有20名或更多员工的雇主在终止后为终止工人（以及他们的配偶，离婚配偶和受抚养子女）继续分组医疗费用长达18个月（或在某些情况下为36个月）。 但是，已终止的员工可能需要支付保费，这可能高达其他方式收取的保险费的102%。

Reference: 22.5.2 in the License Exam Manual.

Question 52 - #201864
Why are insured who have converted from a terminated group plan to another group plan prohibited from continuing the coverage after they enroll in the new employer group plan?
A) The costs of the 2 plans would be an economic burden for the employee.
B) The duplicate coverage would increase the new employer's plan costs.
C) Duplicate coverage could result in over-insurance.
D) Duplicate coverage promotes malingering.

The correct answer was – C

为什么从已终止的团体计划转为另一个团体计划的被保险人在加入新的雇主团体计划后被禁止继续保险？
A）2个计划的成本将对员工造成经济负担。
B）重复保险将增加新雇主的计划成本。
C）重复覆盖可能导致过度保险。
D）重复覆盖促进了装病。

正确的答案是 - C.
Explanation:
Insured are prohibited from profiting from an insurance loss. Over-insurance results in the payment of more than the actual loss.
被保险人不得从保险损失中获利。 过度保险导致支付超过实际损失。
Reference: **22.5.2** in the License Exam Manual.

Question 1 - #201850
Scott is an employee who recently joined the business and, because of a preexisting health problem, did not realize he could enroll in the company's health plan. He now wishes to join. Which of the following statements about his eligibility under HIPAA rules is CORRECT?
A) As a late enrollee, he may have to wait up to 18 months before he can be covered.
B) As a late enrollee, he may have to wait up to 12 months.
C) He can denied coverage until he can provide proof of insurability.
D) He must be eligible immediately.

The correct answer was – A

斯科特是最近加入该公司的员工，由于先前存在的健康问题，他没有意识到他可以加入公司的健康计划。 他现在想加入。 根据HIPAA规则，以下哪些关于他的资格的陈述是正确的？
A）作为一名迟到的登记者，他可能需要等待长达18个月才能获得保障。
B）作为一名迟到的登记者，他可能需要等待长达12个月。
C）他可以拒绝承保，直到他能提供可保性证明。
D）他必须立即符合资格。

正确答案是 - A.
Explanation:
Under HIPAA rules, Scott can be denied coverage for up to 18 months as a late enrollee. Coverage cannot be denied beyond that point based on his preexisting health condition.
根据HIPAA规则，作为迟的登记者，斯科特可以被拒绝长达18个月的保险。 根据他先前存在的健康状况，在此之后不能否认保险范围。
Reference: **22.5.1** in the License Exam Manual.

Question 8 - #201847
Which of the following was the primary purpose of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)?
A) To require employers to provide medical coverage for all employees.
B) To expand coverage eligibility to many uninsured.
C) To provide government subsidies for indigents' insurance.
D) To establish government benefits for otherwise uninsurable individuals.

The correct answer was – B

以下哪项是1996年健康保险流通与责任法案（HIPAA）的主要目的？
A）要求雇主为所有员工提供医疗保险。
B）将覆盖范围资格扩大到许多没有保险的人。
C）为贫困人口的保险提供政府补贴。
D）为其他无法保险的人建立政府福利。

正确答案是 - B
Explanation:
HIPAA was sweeping legislation that expanded eligibility for coverage among many Americans. It also allowed individuals to continue their group health care coverage when leaving an employer.
HIPAA制定一项立法，扩大了许多美国人的保险资格。 它还允许个人在离开雇主时继续他们的团体医疗保险。
Reference: **22.5.1** in the License Exam Manual.

Question 14 - #201854
Under HIPAA regulations, a health insurer can refuse to renew coverage for all of the following reasons EXCEPT:
A) The employer denied an employee's entry into the plan based on evidence of un-insurability.
B) The employer failed to pay premiums in a timely manner.
C) The employer excluded certain group members in a contributory plan.
D) The employer required new group members to wait 6 months before entry to the plan based on pre-existing conditions.

The correct answer was – D

根据HIPAA规定，健康保险公司可以出于以下所有原因拒绝续保，除了：
A）雇主基于不可保险性的证据否认雇员进入计划。
B）雇主未能及时支付保费。
C）雇主在缴费计划中排除某些群体成员。
D）雇主要求新的小组成员根据先前存在的条件在进入计划之前等待6个月。

正确的答案是 - D.

Explanation:

Reducing the maximum waiting period for eligibility for new hires from 12 to six months is not a violation of HIPAA rules. An insurer can refuse to renew coverage for violation of participation or contribution rules, for discriminating based on insurability or for failure to pay premiums.

将新员工的资格等待期限从12个月减少到6个月并不违反HIPAA规定。 保险公司可以拒绝续签违反参与或供款规则的保险范围，根据可保险性或未支付保险费进行区别对待。

Reference: **22.5.1** in the License Exam Manual.

Question 17 - #201849

Under the Health Insurance Portability and Accountability Act's rules for group medical plans, a new employee who attempts to enroll in the company plan can be denied coverage for which of the following reasons?

A) Mental illness. B) Physical disability. C) Any preexisting condition for up to 1 year. D) Medical history.

The correct answer was – C

根据健康保险流通与责任法案针对团体医疗计划的规定，出于以下哪个原因，可能会拒绝尝试加入公司计划的新员工？

A）精神疾病。 B）身体残疾。 C）任何预先存在的条件长达1年。 D）病史。

正确的答案是 - C.

Explanation:

HIPAA's broad rules provide sweeping coverage for individuals with less than perfect health, including those with physical disabilities, mental illness, and poor medical history. However, it limits access to group health plans by denying coverage for new employees who have had a preexisting condition within the last 12 months (18 months for late enrollees).

HIPAA的广泛规则为健康状况不佳的人提供全面的保险，包括身体残疾，精神疾病和病史不佳的人。 但是，它限制了对在过去12个月内已经存在疾病的新员工（晚期入组者为18个月）的保险范围，从而限制了对团体健康计划的进入。

Reference: **22.5.1** in the License Exam Manual.

Question 23 - #201851

Brian, who has a preexisting medical condition, had been covered under his previous employer's group medical plan for the last five years and is now changing jobs. Under his new employer's insurance plan, which of the following is CORRECT?

A) He will have to wait 18 months to be eligible under his new employer's plan.

B) He will have to wait 63 days to be eligible under his new employer's plan.

C) Based on his past, creditable coverage there will be no waiting period based on his

preexisting condition.
D) He will have to wait 12 months to be eligible under his new employer's plan.

The correct answer was – C

已经存在疾病的Brian已经在过去五年的前雇主团体医疗计划中受到保护，现在正在换工作。 根据他的新雇主的保险计划，以下哪项是正确的？
A）根据新雇主的计划，他必须等待18个月才有资格获得资格。
B）他必须等待63天才能符合新雇主的计划。
C）根据他过去的可信保险，根据他先前存在的情况，将没有等待期。
D）根据新雇主的计划，他必须等待12个月才有资格获得资格。

正确的答案是 - C.
Explanation:
Under HIPAA rules, Brian's coverage from his previous employer is fully portable. His previous employer must provide a creditable coverage certificate stating that he has been fully covered for the last five years. Since he would receive one month of creditable coverage for each month of continuous previous coverage, he will be eligible for coverage under the new plan immediately.
根据HIPAA规则，Brian的前任雇主的报道是完全可携带的。 他的前任雇主必须提供可信的保险证书，证明他在过去五年内已完全获得保险。 由于他将获得连续先前报道的每个月一个月的可信保险，他将有资格立即获得新计划的保险。

Reference: **22.5.1** in the License Exam Manual.

Question 31 - #201853
In regards to HIPAA, which of the following statements is NOT correct?
A) Group plans can impose more than a 12-month preexisting condition exclusion for a person who sought medical advice, diagnosis, or treatment within the previous 6 months.
B) This law makes it easier for individuals to change jobs and still maintain continuous health coverage.
C) For full health coverage to be immediately available to a new employee, that person must have had continuous prior coverage for a period of at least 18 months.
D) If the new employee has gone without health insurance for more than 63 days between jobs, the waiting period for preexisting conditions can be reinstated.

The correct answer was – A

关于HIPAA，以下哪项陈述不正确？
A）团体计划可以对在过去6个月内寻求医疗建议，诊断或治疗的人施加超过12个月的预先存在的病症排除。
B）该法律使个人更容易换工作并仍然保持持续的健康保险。
C）为了使新员工能够立即获得全面的健康保险，该人必须具有至少18个月的连续先前保险。

D）如果新员工在工作之间没有超过63天的健康保险，则可以恢复先前存在的条件的等待期。

正确答案是 - A.

Explanation:

Under HIPAA, group plans CANNOT impose more than a 12-month preexisting condition exclusion for a person who sought medical advice, diagnosis, or treatment within the previous 6 months. This 12-month preexisting condition exclusion cannot be applied, however, in the case of newborns, adopted children or pregnancies existing on the effective date of coverage.

根据HIPAA，对于在过去6个月内寻求医疗建议，诊断或治疗的人，小组计划不能对超过12个月的预先存在的病症进行排除。 但是，对于新生儿，收养儿童或在生育日期存在的怀孕，不能适用这12个月的预先存在的疾病排除情况。

Reference: **22.5.1** in the License Exam Manual.

Question 37 - #201846

After working 2 years with a competitor, Bob immediately goes to work for ABC Company. Having been fully covered under his employer's group disability income plan, Bob enrolls in his new employer's plan at his first opportunity to do so. As a new employee with ABC, when does the exclusion period for preexisting conditions end?

A) It ends only after he has provided proof of insurability.

B) It ends after no more than 18 months.

C) It ends after no more than 12 months.

D) There is no exclusion period.

The correct answer was – D

在与竞争对手合作2年后，Bob立即前往ABC公司工作。 在他的雇主集体残疾收入计划完全覆盖之后，鲍勃第一次有机会参加了他的新雇主的计划。 作为ABC的新员工，预先存在的条件的排除期何时结束？

A）仅在他提供可保性证明后才结束。

B）在不超过18个月后结束。

C）在不超过12个月后结束。

D）没有排除期。

正确的答案是 - D.

Explanation:

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), exclusion periods for preexisting conditions must be reduced by one month for every month an employee had creditable coverage at a previous job. Since Bob enrolled as soon as possible in the new employer's plan, the maximum preexisting condition exclusion period under HIPAA would be 12 months. However, since Bob's break in coverage was less than 63 days, he has 24 months (2 years) of creditable coverage

from his previous employer that would be credited, so he would not have a preexisting condition exclusion period with his new plan.
根据1996年健康保险流通与责任法案（HIPAA），对于先前存在的条件的排除期，每个月的雇员必须在之前的工作中获得可信的保险，减少一个月。 由于Bob在新雇主的计划中尽快注册，HIPAA下的最大预先存在的条件排除期限为12个月。 然而，由于鲍勃的保险范围不到63天，他的上一个雇主有24个月（2年）的可信保险，这将被记入贷方，因此他的新计划不会有预先存在的条件排除期

Reference: **22.5.1** in the License Exam Manual.

Question 44 - #201852
Which of the following statements about creditable coverage in group health insurance plans under HIPAA rules is NOT correct?
A) To receive creditable coverage, there must be no significant break in coverage of 63 days or more.
B) Previous employers must issue certificates of creditable coverage upon request.
C) One month of creditable coverage counts toward one month of preexisting waiting period with a new employer.
D) Regardless of creditable coverage, the preexisting waiting period can be no longer than six months.

The correct answer was - D

根据HIPAA规则，以下哪些关于团体健康保险计划中可信保险范围的陈述不正确？
A）要获得可信的保险范围，63天或更长时间内的保险范围不得有明显中断。
B）以前的雇主必须根据要求颁发可信保险证书。
C）一个月的可信保险计入新雇主的一个月预先存在的等待期。
D）无论可信的覆盖范围如何，预先存在的等待期不得超过六个月。

正确的答案是 - D.
Explanation:
Under HIPAA, a group plan can deny coverage for preexisting conditions for no longer than 12 months (18 months for late enrollees). One month of creditable coverage reduces waiting periods with the new plan by one month.
根据HIPAA，团体计划可以拒绝对已存在的条件的保险不超过12个月（晚期登记者为18个月）。 一个月的可信保障使新计划的等待期减少一个月。
Reference: **22.5.1** in the License Exam Manual.

Question 45 - #201848
As a result of the Health Insurance Portability and Accountability Act (HIPAA), which of the following is NOT guaranteed medical coverage?
A) Individuals who have exhausted their extension of benefits under COBRA.
B) Individuals who have at least 18 months of aggregate creditable coverage.
C) Individuals who are not eligible for coverage under Medicare or Medicaid.

D) Individuals who have had their coverage cancelled for nonpayment of premiums.

The correct answer was – D

根据健康保险流通与责任法案（HIPAA），以下哪项不能保证医疗保险？
A）在COBRA下已经用尽其福利的个人。
B）具有至少18个月可信覆盖总额的个人。
C）不符合Medicare或Medicaid保险范围的个人。
D）因未支付保费而取消保险的个人。

正确的答案是 - D.

Explanation:
The primary purpose of HIPAA was to expand health insurance protection for individuals. Coverage cannot be denied for a number of reasons, including health condition and insurability. Coverage can be denied, however, for individuals who have had their most recent coverage cancelled for nonpayment of premiums or fraud.
HIPAA的主要目的是扩大对个人的健康保险。 由于多种原因，包括健康状况和可保险性，不能否认保险范围。 但是，对于因未支付保费或欺诈而取消最近保险范围的个人，可以拒绝承保范围
Reference: **22.5.1** in the License Exam Manual.

Chapter 24
Question 4 - #201957
Which of the following types of care is described as a broad range of medical, personal, and environmental services designed to assist individuals who have lost their ability to remain completely independent in the community?
A) Long-term care. B) Specified care. C) Chronic care. D) In-house care.

The correct answer was – A

以下哪种类型的护理被描述为广泛的医疗，个人和环境服务，旨在帮助那些失去在社区中完全独立的个人？
A）长期护理。 B）特定护理。 C）慢性病护理。 D）内部护理。

正确答案是 - A.

Explanation:
Long-term care (LTC) refers to care provided for an extended period of time, normally more than 90 days. Depending on the severity of the impairment, assistance may be given at home, at an adult care center, or in a nursing home.
长期护理（LTC）是指长期提供的护理，通常超过90天。 根据损伤的严重程度，可以在家中，成人护理中心或疗养院提供帮助。
Reference: **24.3** in the License Exam Manual.

Question 5 - #201995
Which of the following statements about long-term care coverage is CORRECT?
A) Medicaid provides long-term care coverage for individuals, regardless of income levels.
B) Medicare and Medicaid are designed to cover a significant portion of the costs of long-term custodial or nursing home care.
C) Medicare supplement policies provide a significant amount of long-term care coverage.
D) Long-term care insurance provides a broad range of coverage for services rendered at home, at adult care centers, or in nursing homes.

The correct answer was – D

以下哪些关于长期护理保险的陈述是正确的？
A）医疗补助为个人提供长期护理保险，无论收入水平如何。
B）医疗保险和医疗补助旨在支付长期监护或养老院护理的大部分费用。
C）Medicare补充政策提供大量的长期护理保险。
D）长期护理保险为在家中，成人护理中心或疗养院提供的服务提供广泛的保险。

正确的答案是 - D.
Explanation:
Although Medicare and Medicare supplement policies protect the elderly against the costs of medical care, neither covers a significant portion of long-term custodial or nursing home care. Although Medicaid provides some long-term custodial care coverage, only individuals who are almost destitute are eligible to receive benefits. Long-term care insurance provides a broad range of coverage for services rendered at home, at adult care centers, and in nursing homes.
尽管Medicare和Medicare补充政策可以保护老年人免受医疗费用的影响，但这两项保险都不适用于长期监护或养老院护理的重要部分。 尽管医疗补助提供了一些长期的监护保险，但只有极度贫困的人才有资格领取福利金。 长期护理保险为在家中，成人护理中心和疗养院提供的服务提供广泛的保险。
Reference: **24.9.6** in the License Exam Manual.

Question 6 - #201988
Regarding long-term care insurance, the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis or treatment, or a condition for which medical advice or treatment was recommended by or received from a provider of health care services within six months before the effective date of an insured's coverage is known as:
A) Pre-coverage warranty. B) A preexisting condition. C) Previous symptoms. D) The 6-month rule.

The correct answer was – B

关于长期护理保险，存在可能导致普通谨慎的人寻求诊断或治疗的症状，或者在医疗保健服务提供者之前六个月内推荐或接受医疗服务提供者提供医疗建议或治疗的情况。被保险人保险的生效日期称为：
A）预覆盖保修。 B）预先存在的条件。 C）以前的症状。 D）6个月的规则。

正确答案是 – B

Explanation:
The most restrictive definition allowed for a preexisting condition in long-term care insurance is the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis or treatment, or a condition for which medical advice or treatment was recommended by or received from a provider of health care services within 6 months preceding the effective date of an insured's coverage.
允许在长期护理保险中存在先前条件的限制性最强的定义是存在会导致普通谨慎的人寻求诊断或治疗的症状，或者提供者推荐或接受医疗建议或治疗的条件 在被保险人承保生效日期之前6个月内提供的医疗保健服务。

Reference: **24.9.15** in the License Exam Manual.

Question 7 - #202006
To be considered qualified, a long-term care insurance policy must conform to requirements concerning all of the following EXCEPT:
A) Policy conversion. B) Marketing standards. C) Premium charges. D) Policy replacement.

The correct answer was – C

要被视为合格，长期护理保险必须符合以下所有要求，除了：
A）政策转换。 B）营销标准。 C）保费。 D）政策更换。

正确的答案是 - C.
Explanation:
To be considered a qualified contract, a long-term care insurance policy must follow NAIC's long-term care insurance model regulations, which address the following: policy replacement, conversion, marketing standards, prohibitions on limits and exclusions, and policy renewability, among other things.
要被视为合格合同，长期护理保险必须遵循NAIC的长期护理保险模式规定，该规定涉及以下方面：政策更换，转换，营销标准，限制和排除禁令以及政策可更新性等的东西。

Reference: **24.11** in the License Exam Manual.

Question 10 - #201991
Which of the following statements about long-term care insurance is most CORRECT?

A) All long-term care policies must be guaranteed renewable.
B) All long-term care policies require prior hospitalization before the policy owner qualifies for benefits.
C) A long-term care policy's benefits will be triggered only if the policy owner receives a diagnosis of a terminal illness.
D) Insurers may cancel or refuse to renew long-term care policies solely because of the insured's age or health.

The correct answer was – A

关于长期护理保险的下列哪一项陈述最为正确？
A）所有长期护理政策必须保证可再生。
B）所有长期护理政策都要求在保单持有人有资格获得福利之前提前住院。
C）只有当保单所有者接受终末期疾病的诊断时，才会触发长期护理政策的福利。
D）保险公司可以仅因保险人的年龄或健康状况而取消或拒绝续签长期护理政策。

正确答案是 - A.

Explanation:
All long-term care policies sold today must be guaranteed renewable. This means that the insurer cannot cancel the policy and must renew coverage each year, as long as premiums are paid. While at one time many nursing home policies required a hospital stay before confinement to a nursing home in order for benefits to be paid, this is no longer the case.

现在出售的所有长期护理政策必须保证可再生。 这意味着保险公司不能取消保单，并且只要支付保费，每年都必须续保保险。 虽然许多养老院政策曾经要求到养老院之前需要住院，以便支付福利，但现在已不再是这种情况。
Reference: **24.9.2** in the License Exam Manual.

Question 13 - #202009
An insurance policy that increases benefits to keep up with anticipated cost increases for long-term care services is said to have:
A) Inflation protection. B) Medicare supplemental protection. C) Guaranteed benefits. D) Loss of income protection.

The correct answer was – A

一项保险政策可以增加福利，以跟上长期护理服务的预期成本增长，需要：
A）通货膨胀保护。 B）Medicare补充保护。 C）保证利益。 D）收入损失保护。

正确答案是 - A.

Explanation:

All insurers offering long-term care policies must offer policyholders the option to buy a policy with inflation protection.
所有提供长期护理政策的保险公司都必须为保单持有人提供购买通胀保护政策的选择权。
Reference: **24.13.1** in the License Exam Manual.

Question 22 - #202004
For a long-term care insurance policy to begin paying benefits, the insured must:
A) Receive skilled nursing care for at least 3 days.
B) Be diagnosed as terminally ill.
C) Be diagnosed as chronically ill.
D) Be hospitalized for at least 3 days.

The correct answer was – C

对于开始支付福利的长期护理保险单，被保险人必须：
A）接受熟练的护理至少3天。
B）被诊断为绝症。
C）被诊断为慢性病。
D）住院至少3天。

正确的答案是 - C.
Explanation:
As a result of the Health Insurance Portability and Accountability Act of 1996, prior hospitalization can no longer be used as a benefit trigger for long-term care policies. Instead, the individual must be diagnosed as chronically ill. A diagnosis of chronic illness can be made on 2 levels: physical and cognitive.
由于1996年的健康保险流通与责任法案，以前的住院治疗不能再用作长期护理政策的福利触发因素。 相反，个人必须被诊断为慢性病。 慢性疾病的诊断可以在2个层面进行：身体和认知。
Reference: **24.10** in the License Exam Manual.

Question 26 - #202005
If a long-term care policy is considered tax qualified:
A) It can be offered as an employee benefit by an employer.
B) It must conform to certain standards established by the individual state in which it is offered.
C) Its benefits will qualify for tax-exempt treatment.
D) It must base premiums solely on the insured' age, health, and benefits provided.

The correct answer was – C

如果长期护理政策被视为符合税收标准：
A）它可以作为雇主提供的雇员福利。

B）它必须符合提供它的个别国家建立的某些标准。
C）其福利将有资格获得免税待遇。
D）必须仅根据被保险人的年龄，健康和福利提供保险费。

正确的答案是 - C.

Explanation:

Benefits payable under long-term care policies are not taxable to the insured, provided the policy is considered tax qualified. This means that the policy's provisions must conform to certain standards and guidelines set forth by the Internal Revenue Code and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
如果政策被视为符合税收资格，则根据长期护理政策支付的福利不对被保险人征税。这意味着该政策的规定必须符合“国内税收法”和1996年“健康保险流通与责任法案”（HIPAA）中规定的某些标准和准则。
Reference: **24.11** in the License Exam Manual.

Question 30 - #201959
Long-term care policies can limit or exclude coverage for all of the following EXCEPT:
A) Intentionally self-inflicted injury.
B) Treatment provided in a government facility, not required by law.
C) Preexisting conditions or diseases.
D) Family history of heart condition.

The correct answer was – D

长期护理政策可以限制或排除以下所有条款的覆盖范围，除了
A）故意自伤。
B）政府机构提供的治疗，法律不要求。
C）先前存在的病症或疾病。
D）心脏病家族史。

正确的答案是 - D.

Explanation:

Long-term care policies cannot exclude or limit coverage by type of illness, treatment, medical condition, or accident. They may limit or exclude preexisting conditions or diseases, intentionally self-inflicted injury, and mental or nervous disorders. Loss resulting from Alzheimer's disease, senile dementia, and other organic brains syndromes or senility diseases cannot be excluded or limited.
长期护理政策不能排除或限制疾病，治疗，医疗状况或事故类型的覆盖范围。 他们可能限制或排除先前存在的病症或疾病，故意造成的自我伤害以及精神或神经紊乱。 阿尔茨海默病，老年痴呆症和其他有机大脑综合症或衰老疾病引起的损失不能排除或限制。

Reference: **24.7** in the License Exam Manual.

Question 45 - #201987
What is the definition of "preexisting condition" in a long-term care policy?
A) A condition for which advice or treatment was received within three months before the effective date of coverage.
B) A condition for which advice or treatment was received within six months before the effective date of coverage.
C) Any health condition that existed before coverage was in force.
D) A condition for which advice or treatment was received within one year before the effective date of coverage.

The correct answer was – B

长期护理政策中“先前存在的情况”的定义是什么？
A）在保险生效日期之前三个月内收到建议或治疗的条件。
B）在保险生效日期之前六个月内收到建议或治疗的条件。
C）在保险范围生效之前存在的任何健康状况。
D）在保险生效日期之前一年内收到建议或治疗的条件。

正确答案是 - B
Explanation:
A condition is considered to be preexisting if advice or treatment was received from a health care provider within six months before the effective date of coverage.
如果在保险生效日期之前六个月内收到医疗保健提供者的建议或治疗，则该病症被认为是预先存在的。
Reference: **24.9.15** in the License Exam Manual.

chapter 16
Question 14 - #201435
Which of the following policies pay a fixed hospital benefit directly to the insured, regardless of the actual hospital expenses incurred?
A) Supplementary major medical. B) Basic hospital. C) Hospital indemnity. D) Industrial health.

The correct answer was – C

以下哪项政策直接向被保险人支付固定医院福利，无论实际发生的医院费用如何？
A）补充主要医疗。 B）基层医院。 C）医院赔偿。 D）工业健康。

正确的答案是 - C.
Explanation:
A hospital indemnity policy pays benefits directly to the insured. These benefits are provided on a daily, weekly, or monthly basis, for a specified amount, and are based

on the number of days the insured is hospitalized.
医院赔偿政策直接向被保险人支付福利。 这些福利按日，按周或按月提供，具体金额，并以被保险人住院天数为准。
Reference: **16.3.6** in the License Exam Manual.

Question 28 - #201436
Agnes purchases a round-trip travel accident policy at the airport before leaving on a business trip. Her policy would be which type of insurance?
A) Limited risk. B) Business overhead expense. C) Industrial health. D) Credit accident and health.

艾格尼丝在出差前在机场购买了往返旅行事故保险。 她的是哪种保险？
A）风险有限。 B）业务管理费用。 C）工业健康。 D）信用事故和健康。
The correct answer was – A

Explanation:
Limited risk policies provide coverage for specific kinds of accidents or illnesses. A traveler who purchases an accident policy at an airport would be covered in the event of an accident during that specific trip. The risk covered is limited to the trip.
有限的风险政策为特定类型的事故或疾病提供保险。 在特定旅行期间发生事故时，在机场购买事故政策的旅行者将被保险。 所涵盖的风险仅限于旅行。
Reference: **16.3.6** in the License Exam Manual.

Question 61 - #201438
What kind of policy provides coverage only for death, dismemberment, disability, or hospital and medical care caused by accidents?
A) Specialized death policy. B) Medicare supplement policy. C) Accident-only policy. D) Major medical type II policy.

The correct answer was – C

什么样的保险仅为事故造成的死亡，肢解，残疾，医院和医疗提供保险？
A）专门的死亡保险。 B）医疗补助保险。 C）仅事故保险。 D）主要的医疗II型保险。

正确的答案是 - C.
Explanation:
Accident-only coverage provides for death, dismemberment, disability, or hospital and medical care when the insured suffers injuries caused by accident.
当被保险人因意外事故而受伤时，仅限事故的保险范围规定了死亡，肢解，残疾或医院和医疗护理。
Reference: **16.3.6** in the License Exam Manual.

Question 106 - #201437
An actress might insure her legs for a million dollars under what type of health

policy?
A) All risk. B) Franchise. C) Limited risk. D) Special risk.

The correct answer was – D
根据什么类型的健康保险，一位女演员可以为她的腿支付一百万美元？
A）所有风险。 B）特许经营权。 C）风险有限。 D）特殊风险。

正确的答案是 - D.
Explanation:
Special risk policies cover unusual or extraordinary hazards not covered under ordinary health policies.
特殊风险政策涵盖普通健康政策未涵盖的异常或特殊危害

Reference: **16.3.6** in the License Exam Manual.

Question 108 - #201805
Carson is a driller on an oil rig. While coverage through his group plan is adequate, he wants an inexpensive way to continue at least some of his income and possibly pick up some of the expenses his group plan may not cover in the event he is injured. Which of the following policies would best meet his objectives?
A) Disability income insurance.
B) Accidental death and dismemberment coverage.
C) Accident-only insurance.
D) Long-term care insurance.

The correct answer was – C

卡森是石油钻井平台上的司钻。 虽然通过他的小组计划进行的覆盖是充足的，但他希望以一种廉价的方式继续他的收入中的至少一部分，并且可能获得他的小组计划在他受伤时可能无法承担的一些费用。 以下哪项政策最能满足他的目标？
A）残疾收入保险。
B）意外死亡和肢解的覆盖范围。
C）仅限意外保险。
D）长期护理保险。

正确的答案是 - C.
Explanation:
The most cost-effective way for Carson to obtain the coverage he is looking for is accident-only insurance, a limited policy that indemnifies only for injuries resulting from accidental causes. Under these types of policies benefits may be paid for all or any of the following: death, disability, dismemberment, and hospital and medical expenses.
卡森获得他所寻求的保险的最具成本效益的方式是仅发生事故的保险，这是一项有限的政策，仅对因意外原因造成的伤害进行赔偿。 根据这些类型的政策，可以支付以下全

部或任何一项的福利：死亡，残疾，肢解，医院和医疗费用。

Reference: **16.3.6** in the License Exam Manual.

chapter 21
Question 3 - #201807
Which of the following is the most valid reason for a person to purchase a specified (dread) disease health insurance policy?
A) He has been diagnosed with heart disease.
B) Her family has a history of cancer, and she is concerned that she might contract the disease.
C) He wants to make sure that he and his family are protected against a major illness.
D) She wants coverage against the risk of such illnesses as AIDS, tuberculosis, and diabetes.

The correct answer was – B

以下哪一项是购买特定（重大）疾病健康保险政策的最有效理由？
A）他被诊断患有心脏病。
B）她的家人有癌症病史，她担心自己可能患上这种疾病。
C）他想确保他和他的家人免受重大疾病的侵害。
D）她希望报道艾滋病，肺结核和糖尿病等疾病的风险。

正确答案是 - B
Explanation:
Dread disease policies provide benefits only if the insured contracts the specific disease listed in the policy. It does not provide comprehensive coverage, nor does it cover multiple diseases. A person cannot obtain coverage if he is already diagnosed with the disease.
只有当被保险人承担保单中列出的特定疾病时，重大疾病政策才能提供福利。 它不提供全面的报道，也不涵盖多种疾病。 如果他已被诊断患有该疾病，则无法获得保险。
Reference: **21.4.1** in the License Exam Manual.

Question 6 - #208030
The types of diseases generally covered by dread disease policies are ones which:
A) Do not occur that frequently, with the costs involved when they do being rather insignificant.
B) Occur quite frequently, but do not involve costs of any real significance when they do.
C) Occur quite frequently, with significant costs involved when they do.
D) Do not occur that frequently, but involve significant costs when they do occur.

The correct answer was – D
重大疾病保险通常涵盖的疾病类型包括：

A）不要经常发生这种情况，当它们确实相当微不足道时会涉及到成本。
B）经常发生，但不会涉及任何真正重要的成本。
C）经常发生，当他们这样做时涉及大量成本。
D）不要频繁发生，但在发生时会产生大量成本。

正确的答案是 - D.
Explanation:
Dread disease policies are generally designed to cover the types of diseases the do not occur that frequently, but involve significant costs when they do occur.
重大疾病政策通常旨在涵盖经常不会发生的疾病类型，但是当它们确实发生时会涉及巨大的成本。
Reference: **21.4.1** in the License Exam Manual.

Question 23 - #208029
When compared to the premiums for major medical expense coverage policies, the premiums for dread disease policies are typically:
A) About the same. B) Higher. C) Identical. D) Lower.

The correct answer was – D
与主要医疗费用保险的保费相比，重大疾病保单的保费通常为：
A）差不多。 B）更高。 C）相同。 D）降低。

正确的答案是 - D.
Explanation:
Since dread disease policies only cover the specific disease stated in the policy, the coverage provided by these types of policies is very limited. As a result, the premiums for dread disease policies are often fairly inexpensive as compared to major medical expense coverage policies.
由于重大疾病政策仅涵盖保单中规定的特定疾病，因此这些类型的保险所提供的覆盖范围非常有限。 因此，与主要医疗费用保险相比，重大疾病保单的保费通常相当便宜。
Reference: **21.4.1** in the License Exam Manual.

Question 37 - #201806
When a policy covers chemotherapy, cancer hormone treatments and other approved cancer treatments, benefits are available when treatment is received at all of the following EXCEPT:
A) Through hospital inpatient treatment.
B) In a doctor's office.
C) Through outpatient treatment at a hospital.
D) Through a federally funded clinic.

The correct answer was – D
当保险涵盖化疗，癌症激素治疗和其他经批准的癌症治疗时，如果接受以下所有治疗，则可获得益处，除了：

A）通过医院住院治疗。
B）在医生的办公室。
C）通过医院的门诊治疗。
D）通过联邦政府资助的诊所。

正确的答案是 - D.

Explanation:
When an individual or group health insurance policy covers cancer chemotherapy and FDA-approved cancer hormone treatments and services, the covered individual must be entitled to benefits in any medically appropriate treatment setting.
当个人或团体健康保险涵盖癌症化学疗法和FDA批准的癌症激素治疗和服务时，所涵盖的个人必须有权在任何医学上适当的治疗环境中获益。
Reference: **21.4.1** in the License Exam Manual.

chapter 21
Question 1 - #201783
Which of the following statements is NOT correct about dental benefits offered by a preferred provider organization?
A) If an insured decides to obtain treatment from a dentist who does not participate in the panel, he usually can receive the same care for the same costs.
B) Preferred provider organizations offer dental care through a panel of dentists who have agreed to treat a group of insured.
C) In contracting to render services, a PPO's dentists agree to charge less than their usual fees when treating group members.
D) Rates offered through a PPO are negotiated and save money for the insurer.

The correct answer was – A

关于首选提供者组织（PPO）提供的牙科福利，以下哪项陈述不正确？
A）如果被保险人决定从未参加该小组的牙医那里获得治疗，他通常可以以相同的费用接受同样的护理。
B）首选的提供者组织通过同意治疗一组被保险人的牙医小组提供牙科护理。
C）在签订服务合同时，PPO的牙医同意在治疗团体成员时收取低于其通常费用的费用。
D）通过PPO提供的费率经过协商，为保险公司节省了资金。

正确答案是 - A.

Explanation:
If an insured obtains treatment from a dentist who does not participate in the PPO panel, the insurer will usually require the insured to pay a greater portion of the cost. In general, an insured will pay more for treatment from a dentist who is not part of the panel.
如果被保险人从未参加PPO专家组的牙医那里获得治疗，保险公司通常会要求被保险人支付更多的费用。 一般而言，被保险人将从不属于该小组的牙医那里支付更多费用。

Reference: **21.3** in the License Exam Manual.

Question 5 - #201779
Jack is covered under a dental plan that encourages him to obtain care from a select group of dentists but allows him to get care from any dentist (though the coverage may be less with the non-plan dentists). Based only on this information, Jack's plan is most likely a(n):
A) Indemnity plan.
B) A direct reimbursement plan.
C) Preferred provider organization dental plan.
D) Dental health maintenance organization.

The correct answer was – C

杰克受到牙科计划的保护，鼓励他从一组牙医那里获得护理，但允许他从任何牙医那里获得护理（尽管非计划牙医的保险范围可能较小）。 仅根据这些信息，杰克的计划很可能是（n）：
A）赔偿计划。
B）直接报销计划。
C）首选提供者组织牙科计划（PPO）。
D）牙齿健康维护组织。

正确的答案是 - C.
Explanation:
Like any PPO plan, a PPO dental plan encourages insured to patronize plan dentists by providing higher coverage (e.g., lower copayments and deductibles) for care in the network than for care obtained outside the network.
与任何PPO计划一样，PPO牙科计划鼓励被保险人通过为网络中的护理提供比在网络外获得的护理更高的覆盖率（例如，更低的共付额和免赔额）来光顾计划牙医。
Reference: **21.3** in the License Exam Manual.

Question 9 - #201788
Which of the following dental services usually require the insured to pay a deductible or co-payment?
A) Topical fluoride treatments.
B) Preparation of retainers and braces.
C) Complete x-ray surveys.
D) Oral examinations.

The correct answer was – B

以下哪项牙科服务通常要求被保险人支付免赔额或共付额？
A）局部氟化物治疗。
B）固定器和支架的准备。

C）完整的X射线测量。
D）口试。

正确答案是 - B

Explanation:
Preparation of retainers and braces is considered major dental care. Orthodontic services include treatment with braces, retainers, or diagnostic materials.
保持器和支架的准备被认为是主要的牙科护理。 正畸服务包括牙箍，固定器或诊断材料的治疗。
Reference: **21.3** in the License Exam Manual.

Question 12 - #201775
All of the following statements pertaining to dental insurance are correct EXCEPT:
A) Dental insurance generally is available in group plans, but seldom in individual policies.
B) Benefits normally are payable for most dental work, including cleanings, fillings and extractions.
C) Dental coverage usually includes a deductible provision, but not a coinsurance feature.
D) A maximum dental benefit usually is specified for a calendar year.

The correct answer was – C

以下所有与牙科保险有关的陈述都是正确的,除了：
A）牙科保险通常在团体计划中可用，但很少在个人政策中。
B）大多数牙科工作通常都需要支付福利，包括清洁，填充和提取。
C）牙科保险通常包括免赔额，但不包括共同保险功能。
D）通常在一个日历年中指定最大牙科福利。

正确的答案是 - C.

Explanation:
Dental coverage usually features both a deductible and a coinsurance provision.
牙科保险通常包括免赔额和共同保险条款。
Reference: **21.3** in the License Exam Manual.

Question 14 - #201776
State insurance departments regulate all of the following dental plans EXCEPT:
A) Capitation plans.
B) Direct reimbursement plans offered through self-insured groups.
C) Indemnity plans.
D) Plans with preferred provider organizations.

The correct answer was – B

州保险部门规定以下所有牙科计划，除了：
A）人头计划。
B）通过自筹保险团体提供的直接报销计划。
C）赔偿计划。
D）与首选提供商组织的计划。

正确答案是 - B
Explanation:
State insurance departments regulate insurers that sell indemnity plans, capitation plans, and plans with preferred provider organizations. State insurance departments do not regulate direct reimbursement plans offered through self-funded group insurance and dental discount plans.
州保险部门对出售赔偿计划，人头计划和优先提供者组织计划的保险公司进行监管。州保险部门不规范通过自筹集体保险和牙科折扣计划提供的直接报销计划。
Reference: **21.3** in the License Exam Manual.

Question 20 - #201778
Dental insurance generally promotes preventive care and toward that objective it does all the following EXCEPT:
A) Covers up to two routine examinations per year, once every six months.
B) Exclude dental care for diseases that could have been prevented with better personal hygiene.
C) Usually covers the cost of routine cleanings in full.
D) Generally requires the insured to cover more of the cost for treatment of dental disease than for the cost of preventive care.

The correct answer was – B

牙科保险通常会鼓励预防性护理，它会做以下所有事项， 除了
A）每年最多进行两次例行检查，每六个月检查一次。
B）排除可能通过改善个人卫生而预防的疾病的牙科护理。
C）通常全额支付日常清洁费用。
D）通常要求被保险人承担更多的牙科疾病治疗费用，而不是预防性治疗的费用。

正确答案是 - B
Explanation:
Most dental insurance policies cover the cost of any dental disease, though the coverage provided for treatment care may be less (on a percentage-of-cost basis) than the coverage provided for routine preventive care.
大多数牙科保险涵盖了任何牙科疾病的费用，尽管为治疗护理提供的保险可能比常规预防保健的保险范围少（按成本百分比计算）。

Reference: **21.3** in the License Exam Manual.

Question 22 - #201784
Which of the following dental plans are NOT regulated by state insurance departments?
A) Direct reimbursement plans offered through self-insured groups.
B) Capitation plans.
C) Plans with preferred provider organizations.
D) Indemnity plans.

The correct answer was – A

以下哪些牙科计划不受州保险部门监管？
A）通过自我保险团体提供的直接报销计划。
B）人头计划。
C）与首选提供商组织的计划。
D）赔偿计划。

正确答案是 - A.

Explanation:
State insurance departments regulate insurers that sell indemnity plans, capitation plans, and plans with preferred provider organizations. They do not regulate direct reimbursement plans offered through self-funded group insurance and dental discount plans.
州保险部门对出售赔偿计划，人头计划和优先提供者组织计划的保险公司进行监管。他们没有规定通过自筹资金团体保险和牙科折扣计划提供的直接报销计划。
Reference: **21.3** in the License Exam Manual.

Question 26 - #201780
One characteristic that the "capitation," "schedule of allowances," and "usual, reasonable and customary" methods of dental benefit determination have in common is that all three methods:
A) Are available only with indemnity plans.
B) Determine benefits on some form of scheduled basis.
C) Require that the insured select a dentist from a specific list of approved providers.
D) Generally involve high deductibles and co-insurance requirements.

The correct answer was – B

“人头费”，“津贴时间表”和“通常的，合理的和习惯性的”牙科福利，所有三种确定方法的一个共同特点是：
A）仅适用于赔偿计划。
B）确定某种形式的预定福利。

C）要求被保险人从经批准的提供者的特定列表中选择牙医。
D）通常涉及高免赔额和共同保险要求。

正确答案是 - B

Explanation:
The "capitation," "schedule of allowances," and "usual, reasonable and customary" methods of dental benefit determination each rely on some form of schedule of benefits to determine coverage. The other characteristics listed apply to some but not all three methods.
“人头费”，“津贴时间表”和“通常的，合理的和习惯性的”牙科福利确定方法均依赖某种形式的福利计划来确定覆盖范围。 列出的其他特征适用于一些但不是全部三种方法。
Reference: **21.3** in the License Exam Manual.

Question 30 - #201786
Why do dental plans encourage insured to use preventive care?
A) Most plans cover only preventive care.
B) Preventive care can be performed by a dental assistant, not a dentist.
C) The insured pays for most costs of prevention.
D) Preventive services can eliminate the need for major, more expensive, dental work in the future.

The correct answer was – D

为什么牙科计划鼓励被保险人使用预防性护理？
A）大多数计划仅涵盖预防性护理。
B）预防性护理可由牙科助理而非牙医进行。
C）被保险人支付大部分预防费用。
D）预防性服务可以在将来消除对主要的，更昂贵的牙科工作的需求。

正确的答案是 - D.
Explanation:
Dental plans encourage insured to use preventive services that are available at relatively little or no cost under the plans. These preventive services can eliminate the need for major dental work. Therefore, when major dental treatment becomes necessary, most plans cover less than half the cost.
牙科计划鼓励被保险人使用根据计划以相对较少或无成本提供的预防性服务。 这些预防性服务可以消除对主要牙科工作的需求。 因此，当需要进行大规模牙科治疗时，大多数计划涵盖的费用不到一半。
Reference: **21.3** in the License Exam Manual.

Question 33 - #201777
A patient insured under a dental plan receives treatment and pays the dentist the full

amount of the bill. The insured's employer then pays the insured a predetermined percentage of the cost. This payment plan is referred to as a:
A) Usual, customary, and reasonable payment schedule plan.
B) Schedule of allowances plan.
C) Direct reimbursement plan through a self-funded plan.
D) Capitation fee schedule plan.

The correct answer was – C

根据牙科计划投保的患者接受治疗并向牙医支付全额费用。 然后，被保险人的雇主向被保险人支付预定的费用百分比。 此付款计划称为：
A）通常的，习惯的和合理的付款计划表。
B）配额计划表。
C）通过自筹资金计划直接报销计划。
D）人头费计划表。

正确的答案是 - C.

Explanation:
A direct reimbursement plan is a self-funded plan in which the patient pays the dentist for services rendered. The plan sponsor (usually the insured patient's employer) then reimburses the patient (usually an employee) for a predetermined percentage of the cost. The patient bears the burden of covering the cost for services.
直接报销计划是一项自筹资金计划，患者向牙医支付服务费用。 计划发起人（通常是被保险患者的雇主）然后以预定的成本百分比报销患者（通常是雇员）。 患者承担了支付服务费用的责任。
Reference: **21.3** in the License Exam Manual.

Question 36 - #201781
Jerry is covered under a group dental plan, self-funded by his employer, which lets him choose any dentist he wants but requires him to pay for all dental care up front and then reimburses him a specified percentage of that amount. The maximum amount of benefits payable per year is $1,000. Based only on this information, Jerry is most likely covered under a(n):
A) Open panel dental HMO.
B) A dental preferred provider organization.
C) Direct reimbursement plan.
D) An indemnity plan.

The correct answer was – C

Jerry受到由他的雇主自筹资金的团体牙科计划的保护，这使他可以选择他想要的任何牙医，但要求他预先支付所有牙科护理费用，然后向他报销该金额的特定百分比。 每年应付的最高福利金额为1,000美元。 仅根据这些信息，Jerry很可能属于：

A）开放式牙科HMO。
B）牙科首选提供者组织。
C）直接报销计划。
D）赔偿计划。

正确的答案是 - C.
Explanation:
Sponsored and self-funded by the employer, a direct reimbursement plan is a self-insurance alternative to indemnity, PPO, and HMO dental plans. Direct reimbursement plans typically have relatively low maximum annual benefits.
由雇主赞助和自筹资金，直接报销计划是赔偿，PPO和HMO牙科计划的自我保险替代方案。 直接报销计划通常具有相对较低的最大年度收益。
Reference: **21.3** in the License Exam Manual.

Question 43 - #201785
Dental insurance plans manage costs by use of all of the following measures EXCEPT:
A) Limiting the type of services that the plan will cover.
B) Limiting the number of services that the plan will cover.
C) Setting a maximum dollar limit on benefits that the insured can receive during 1 year.
D) Eliminating all coverage for specified periods.

The correct answer was – D

牙科保险计划通过使用以下所有措施来管理成本，除了：
A）限制计划将涵盖的服务类型。
B）限制计划将涵盖的服务数量。
C）对被保险人在1年内可以获得的福利设定最高限额。
D）排除在指定时期的所有保险。

正确的答案是 - D.
Explanation:
Most dental insurance plans control costs by setting a maximum dollar limit on benefits that an insured can receive during 1 year, or by limiting the number or type of services that the plan will cover.
大多数牙科保险计划通过设定被保险人在1年内可以获得的福利的最高限额或限制计划将涵盖的服务的数量或类型来控制成本。
Reference: **21.3** in the License Exam Manual.

Question 44 - #201787
Which of the following is NOT considered a routine dental service?
A) Cleaning. B) Root canal. C) X-rays. D) Fluoride treatment.

The correct answer was – B

以下哪项不被视为常规牙科服务？
A）清洁。 B）根管。 C）X射线。 D）氟化物处理。

正确答案是 – B

Explanation:
Routine dental services usually include initial and recall oral examinations, complete X-ray surveys, bite-wing X-rays to locate cavities, prophylaxis or teeth cleaning, topical fluoride treatment, and sealants. Root canals and other surgical procedures are considered major services.
常规牙科服务通常包括初次和召回口腔检查，完整的X射线检查，咬合X射线以定位腔，预防或清洁牙齿，局部氟化物治疗和密封剂。 根管和其他外科手术被认为是主要的服务。
Reference: **21.3** in the License Exam Manual.

Question 5 - #201774
Benefits paid for customary charges incurred during examination by an ophthalmologist or optometrist is included in:
A) Disability income insurance. B) Basic physician's expense insurance. C) Surgical expense insurance. D) Vision care insurance.

The correct answer was – D
眼科医生或验光师在检查期间支付的惯常费用包括在：
A）残疾收入保险。 B）基本医生的费用保险。 C）手术费用保险。 D）视力保健保险。

正确的答案是 - D.
Explanation:
Vision care coverage, normally found in a group health insurance policy, usually pays for reasonable and customary charges incurred during eye examinations by ophthalmologists and optometrists.
通常在团体健康保险中的视力保健服务用来支付眼科医生和验光师在眼科检查期间发生的合理和惯常费用。
Reference: **20.7.2** in the License Exam Manual.