



ATHENA FINANCIAL
& INSURANCE ASSOCIATES



Life & Health Pre-Licensing **PREP REVIEW**

*based on XCEL's study materials to support
licensing exam preparation.*

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

1. A representation may be altered or withdrawn

Correct Answer: *A representation may be altered or withdrawn only before the insurance is in effect.*

2. Which word implies permissiveness according to the California Insurance Code?

Correct Answer: *"May". When found in California Insurance Code, the word "may" implies permissiveness.*

3. What effect did the Pregnancy Discrimination Act have on the health industry?

Correct Answer: *"Pregnancy must be treated as any other medical condition". Under the Pregnancy Discrimination Act, employers must treat pregnancy the same as any other medical condition.*

4. An agent's attempt to stop the replacement of an existing life insurance policy is known as

Correct Answer: *"conservation". An agent's attempt to stop the replacement of an existing life insurance policy is known as conservation.*

5. What is the purpose of the Pre-Existing Condition Insurance Plan (PCIP)?

Correct Answer: *The Pre-existing Condition Insurance Plan (PCIP) is a form of health insurance coverage offered to uninsured Americans who have been unable to obtain coverage because of a pre-existing health condition.*

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

6. According to section 1729.2 of the California Insurance Code, which of these does NOT qualify as "background information"?

Correct Answer: A misdemeanor CONVICTION would qualify as "background information".

7. Life insurance surplus must be distributed to policyowners at what frequency?

Correct Answer: "Annually". Life insurance surplus must be distributed to policyowners annually in a participating policy.

8. When selling a long term care insurance rider to an applicant, a life agent must take into consideration all of these factors, EXCEPT

Correct Answer: During the solicitation of a long term care insurance rider, a life agent must consider all of these EXCEPT an attending physician's statement.

9. Where must you specifically reside to qualify for MRMIP?

Correct Answer: "California". You must be a resident of California to participate in MRMIP.

10. Paul has an existing annuity and is sold a new one, in which the new policy holds no greater financial benefit to him than the existing contract. This is considered a(n)

Correct Answer: "unnecessary replacement". This is an example of unnecessary replacement.

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

11. Which entity has jurisdiction over health care coverage providers?

Correct Answer: "Department of Insurance". Overseeing the insurance industry and protecting the state's insurance consumers is the responsibility of the California Department of Insurance (CDI).

12. The California Insurance Code allows an individual how many days to cancel a life policy for a full-refund?

Correct Answer: "Between 10 and 30 days". Every policy of individual life insurance shall have a notice stating that after receipt of the policy by the owner, the policy may be returned by the owner for cancellation by delivering it or mailing it to the insurer or to the agent through whom it was purchased. This period shall not be less than 10 days nor more than 30 days.

13. Which of the following actions is NOT allowed by Health Insurance Counseling and Advocacy Program (HICAP) counselors?

Correct Answer: HICAP (the Health Insurance Counseling & Advocacy Program) provides free and objective information and counseling about Medicare.

14. According to the California code governing claim settlement practices, which of the following is NOT considered to be an act of unfair discrimination?

Correct Answer: "Denial of a claim based on reckless behavior". All of these are considered to be an act of unfair discrimination EXCEPT "Denial of a claim based on reckless behavior".

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

15. Which of the following is NOT a valid reason to replace an existing long-term care policy?

Correct Answer: "New policy has higher premium with fewer benefits". All of these would be valid reasons for replacing an existing long-term care policy EXCEPT "New policy has higher premium with fewer benefits".

16. According to the California Insurance Code, how is the word "may" interpreted?

Correct Answer: "Permissive". When used in the California Insurance Code, the word "may" is intended to be permissive.

17. The free-look period for life insurance policyowners age 60 or older is

Correct Answer: "30 days". The free-look period for life insurance policies on individuals age 60 and older is 30 days in California.

18. Which of the following is NOT an accurate description of Access for Infants and Mothers Program (AIM)?

Correct Answer: "Only women who have private insurance plans with a maternity-only deductible or copayment greater than \$1,500 are eligible". All of these statements are true regarding the AIM Program EXCEPT "Only women who have private insurance plans with a maternity-only deductible or copayment greater than \$1,500 are eligible". AIM is available to women who have private health insurance plans with a maternity-only deductible or copay greater than \$500.

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

19. What does the term "illustration" mean when used in the phrase "life insurance policy illustration", according to the California Insurance Code?

Correct Answer: *"Presentation of policy features that includes non-guaranteed elements". The California Insurance Code defines "illustration" as a presentation of policy features that includes non-guaranteed elements.*

20. According to the California Insurance Code, what is "insurance"?

Correct Answer: *"A contract". According to the California Insurance Code, "insurance" is a contract to indemnify against loss.*

21. Which of the following is NOT covered by the Family and Medical Leave Act (FMLA)?

Correct Answer: *"Traveling overseas with a spouse". All of these are covered under the FMLA EXCEPT "Traveling overseas with a spouse".*

22. According to the California Insurance Code, what is the maximum penalty per violation for anyone who unwilfully commits an unfair method of competition?

Correct Answer: *"\$5,000". Any person who unwilfully engages in an unfair method of competition is liable to the state for a fine of up to \$5,000 per violation. If the act is determined to be willful, the fine will not exceed \$10,000 per act.*

23. What prevents a life insurance policy from being rescinded by the insurer after being in force for two years?

Correct Answer: *"Incontestability clause". Insurers are prohibited from denying claims or rescinding a policy based on misstatements in a life, accident, or disability policy application after the policy has been in force for two years. The is called the incontestability clause.*

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

24. According to the California Insurance Code, what term is used to describe a fact so important it could affect the policy premium?

Correct Answer: "Materiality". Materiality is relevant information that would probably influence an insurer's assessment of a proposed contract.

25. According to the California Insurance Code, which of the following is NOT an example of an insurable event?

Correct Answer: "An insured suffers a financial loss in the state lottery". An insurable event can be defined as any event which may cause a loss to a person with insurable interest. A lottery or its outcome cannot be insured against.

26. Which of the following does NOT have to be included on life insurance policy illustrations?

Correct Answer: "Statement that all values and benefits are guaranteed". Not all benefits and values are guaranteed in life insurance policies. Some have non-guaranteed values which must be described in the illustration.

27. According to the California Insurance Code, who is responsible for submitting a life agent's appointment?

Correct Answer: "Insurer". The insurer is responsible for submitting a life agent's appointment.

28. Who does a life settlement broker represent?

Correct Answer: "Individual wanting to sell their life policy to a third party". A life settlement broker represents the individual wanting to sell their life policy to a third party.

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

29. All of these are reasons the Commissioner may disapprove a licensee's request to use a fictitious name EXCEPT

Correct Answer: "The name is the licensee's actual name". According to the California insurance code, the commissioner can disapprove a licensee's request to use a fictitious name for all of these reasons EXCEPT "The name is the licensee's actual name".

30. Why is a life insurance policy's delivery date important?

Correct Answer: "The free-look period begins on the policy delivery date". The California Insurance Code gives an individual between 10 and 30 days to return a life policy for cancellation. This free-look period begins on the policy delivery date.

31. An agent has advertised that the insurer to which the agent is appointed with is a member of the Insurance Guarantee Association. This agent has committed a(n)

Correct Answer: "unfair method of competition". It is considered an unfair method of competition for an agent to advertise that the insurer to which the agent is appointed with is a member of the Insurance Guarantee Association.

32. An individual who transacts life, disability, or life and accident and health insurance on behalf of an insurer is called a(n):

Correct Answer: "life agent". A person authorized by and on behalf of an insurer who transacts life, disability, or life and accident and health insurance is called a life agent.

33. An insurance company entitled to transact business in California is called a(n)

Correct Answer: "admitted carrier". An insurance company entitled to transact business by complying with the California Insurance Code is known as an admitted carrier.

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

34. An insurer that has been found using higher rates based on race, religion, or ethnicity is said to be engaging in

Correct Answer: "unfair discrimination". It is an illegal practice to unfairly discriminate against a person in any way on an insurance-related matter. An example would be charging a different rate for someone in the same actuarial class. Fair discrimination is necessary for the issuance of life insurance policies, which is based on mortality. Also, no insurer or agent may cancel or refuse to underwrite or renew a particular insurance risk based on race, color, creed, sex, sexual orientation, or blindness of an applicant or policyholder.

35. Any changes in background information that occur after a producer application has been submitted or a license has been issued MUST be reported to the Insurance Commissioner within

Correct Answer: "30 days". Section 1729.2 of the California Insurance Code requires insurance producer application and licensees to notify the insurance commissioner in writing, within 30 days of changes in background information after an application has been submitted or a license has been issued.

36. Anyone employed in California to assist an insurance agent in transacting insurance is called an insurance

Correct Answer: "be the same and the premium cannot exceed 102%". COBRA requires that the benefits must be the same and the premium cannot exceed 102%.

37. Anyone employed in California to assist an insurance agent in transacting insurance is called an insurance

Correct Answer: "solicitor". An insurance solicitor is a person authorized to assist a broker or agent in transacting insurance.

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

38. Before an insurer is allowed to test an individual for HIV, what must be completed?

Correct Answer: *A consent form must be completed before an insurer is permitted to test an individual for HIV.*

39. Failure to report background changes within 30 days as required under section 1729.2 of the California insurance code could subject a license or applicant to

Correct Answer: *"All of these". Failure to report background changes within 30 days as required under Section 1729.2 of the California Insurance Code could subject a licensee or applicant to formal disciplinary action, including a fine, suspension, denial, restriction, or revocation of the license.*

40. How long must life agents keep their transaction records?

Correct Answer: *Life agents must keep transaction records for 5 years.*

41. In California, an insurer organized under the state laws of Oregon is called a(n)

Correct Answer: *In California, an insurer organized under the state laws of Oregon is considered a foreign insurer.*

42. Insurance agents and brokers must make their insurance records available to the Commissioner

Correct Answer: *"at all times". Insurance records of insurance agents and brokers must be made available to the Insurance Commissioner at all times.*

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

43. Jim is applying to become an insurance agent and has a past misdemeanor conviction that was later expunged due to California Penal Code 1203.4. Which of the following statements is correct?

Correct Answer: *"Jim must still disclose the conviction on his insurance license application". Pursuant to California Penal Code Section 1203.4, you are required to report a conviction that was later expunged.*

44. Pete is a life agent who has misappropriated fiduciary funds to his own use. What is Pete guilty of?

Correct Answer: *"Theft". Any person who diverts or misappropriates fiduciary funds to his or her own use is guilty of theft and punishable for theft as provided by law.*

45. The California Insurance Code defines "policy" as a(n)

Correct Answer: *A "policy" as described by the California Insurance Code is a written contract in which one party promises to indemnify another against loss that arises from an unknown event.*

46. The California Insurance Code has authorized standards for names used by life insurance agents. Which of the following, if any, are automatically acceptable for Lance Manyon, a holder of the CLU designation?

Correct Answer: *If the word "Insurance" is included in the name, the California Department of Insurance then checks to make sure one of the six definitive words ("Agency," "Services," "Marketing," "Sales", "Center" or "Solutions") is also included in the name. In this instance, Lance Manyon Insurance Services would be acceptable.*

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

47. The California Insurance Code requires that an insurer must have enough assets to cover its liabilities and for reinsurance of all outstanding risks. To remain solvent, it must also possess additional assets equal to what amount?

Correct Answer: *In order to be solvent, an insurer must not only be able to provide for its liabilities and reinsure capital risks, but must also possess additional assets equivalent to the required paid-in capital.*

48. The California Life and Health Insurance Guarantee Association covers all of these types of policies, EXCEPT

Correct Answer: *Self-insured plans are not covered under the California Life and Health Insurance Guarantee Association.*

49. Under the California Insurance Code, a licensee's license number must be printed at what size on all price quotes, business cards, and printed material?

Correct Answer: *According to state law, the same size print as the licensee's phone number, fax number, or address must be used for the licensee's license number on all price quotes, business cards, and printed material.*

50. What does the term "indemnity" mean as it pertains to insurance?

Correct Answer: *"Indemnity" means to make whole again, as it pertains to insurance.*

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

51. ABC Insurance Company paid an insured \$30,000 in lost wages, \$35,000 for hospital costs, and \$20,000 for physical therapy treatments. ABC later discovers this was a fraudulent claim. How much may the insured be fined?

Correct Answer: "\$170,000". In a felony prosecution of insurance fraud for worker's compensation benefits, the fine might increase up to \$170,000 or an amount that is double the value of the defrauded amount, depending on which penalty is greater.

52. According to PPACA, how long can an adult be covered as a dependent under their parents' insurance plan?

Correct Answer: Under PPACA, an adult child be covered by their parents' insurance coverage as a dependent until age 26.

53. According to PPACA, what is a health benefits exchange?

Correct Answer: "An entity to which individuals and small businesses can have access to affordable health coverage". PPACA creates new entities called American Health Benefits Exchanges through which individuals, small businesses, and those who do not have access to affordable employer coverage can purchase coverage.

54. What is an "insurance broker" according to California Insurance Code?

Correct Answer: An insurance broker is a person compensated for transacting insurance on behalf of another person with an insurer.

55. What is an insurance solicitor authorized to do?

Correct Answer: "Help an agent or broker sell insurance". An insurance solicitor is a person authorized to assist a broker or agent in selling insurance.

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

56. According to the PPACA, an adult can be covered by a parent's health care plan until what age?

Correct Answer: "Age 26". Under PPACA, an adult child may be covered by a parent's health insurance plan until age 26.

57. What is required after a life agent sells an insurance policy to an applicant without being appointed by the insurer?

Correct Answer: If a life agent sells an insurance policy on behalf of an insurer without an appointment, the insurer must submit a notice of appointment to the Commissioner within 14 days.

58. According to the PPACA, the medical enrollment tier that has 80% actuarial value is called

Correct Answer: Under the PPACA, gold plans have a medical enrollment tier of 80% actuarial value.

59. What is the insurance term the State of California uses for an insurer that is eligible to transact business in this state?

Correct Answer: "admitted". The insurance term for an insurer which has met the conditions required to transact business in the State of California is "admitted".

60. What type of license is required for an individual who charges a fee to review an insured's existing life insurance policy?

Correct Answer: A life and disability insurance analyst license is required to review an insured's existing life or disability policy for a fee.

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

61. When an insurer has met the qualifications necessary to transact business in California, it is said to be

Correct Answer: "admitted". An admitted carrier has met the conditions required to transact business in the State of California.

62. An insurance policy issued in California may be called a comprehensive long-term care insurance policy if benefits are provided for

Correct Answer: The California Insurance Code states that policies or certificates may be called comprehensive long term care insurance if they provide benefits for institutional (nursing facilities) and home care.

63. When handling premiums for an insured, an agent is acting in which capacity?

Correct Answer: "Fiduciary". An agent acting as an insurance agent, broker, solicitor, life agent, or bail agent acts in fiduciary capacity when handling premiums or return premiums.

64. Both the Federal and state governments jointly finance which health insurance entitlement program?

Correct Answer: "Medi-Cal". Medi-Cal is a health entitlement program jointly financed by the Federal and state governments.

65. How is an agent's first year commission calculated for a replacement long-term policy?

Correct Answer: "Based on the difference between the new and original policy annual premiums". When an agent sells a replacement long-term care policy, the agent's first year sales commission will be determined based on the difference between the new and original policy annual premiums.

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

66. When intentional concealment is involved, what course of action is the injured party entitled to?

Correct Answer: *"Rescission of the contract". Concealment, whether intentional or unintentional, entitles the injured party to rescind insurance.*

67. Which of the following acts is NOT a Federal offense committed by an insurance agent?

Correct Answer: *"Misrepresentation on an insurance application". Misrepresenting facts on an insurance application is not considered a Federal offense.*

68. How long must a policy be in force before an insurer is prohibited from denying claims based on misstatements made on the health policy application?

Correct Answer: *"2 years". The incontestable period for a health insurance policy in California is 2 years.*

69. How many "activities of daily living" must an insured be UNABLE to perform in order to meet the chronically ill requirement of a Long-Term Care policy?

Correct Answer: *"Minimum of two activities of daily living". To meet the chronically ill requirement of a Long-Term Care policy, an individual must be UNABLE to perform a minimum of two activities of daily living.*

70. Which of the following does the California Department of Insurance (CDI) have NO jurisdiction over?

Correct Answer: *"Medicare". The California Department of Insurance (CDI) has no jurisdiction over Medicare.*

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

71. In California, the elderly can receive information about health related issues from?

Correct Answer: *"The Health Insurance Counseling and Advocacy Program (HICAP)". HICAP (the Health Insurance Counseling & Advocacy Program) provides free and objective information and counseling about Medicare.*

72. In what order are people on the MRMIP waiting list allowed to enroll?

Correct Answer: *"Based on the date an individual's application is received". Placement on the waiting list is based on the date an individual's application is received.*

73. Kimberly is an employee on leave under the Family and Medical Leave Act (FMLA). What will happen to her group health coverage?

Correct Answer: *"She continues to be enrolled during the leave". FMLA requires the same group health insurance benefits that would exist if the employee were not on leave.*

74. Which of the following does the California Insurance Code NOT require an insurance policy to specify?

Correct Answer: *"Insurer's financial rating". According to the California Insurance Code, an insurance policy must specify all of these EXCEPT the financial rating of the insurer.*

75. MRMIP is a

Correct Answer: *MRMIP is California's insurance program for people with serious health problems /pre-existing conditions who are not able to buy individual health insurance.*

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

76. MRMIP stands for

Correct Answer: MRMIP stands for Major Risk Medical Insurance Program and is a program designed to provide health insurance for individuals who cannot obtain health coverage on the open market because of their medical conditions.

77. Which of the following is NOT a primary objective of insurance regulation?

Correct Answer: All of these are considered objectives of insurance regulation EXCEPT "Interpret policy provisions".

78. People with low income can be provided with medical assistance through which program?

Correct Answer: "Medi-Cal". Medi-Cal is California's Medicaid health care program, designed to provide medical assistance to people with low incomes.

79. Which of the following is NOT considered to be an act of insurance solicitation?

Correct Answer: "Publishing a magazine where one of the advertisers is an insurer". Publishing a magazine where one of the advertisers is an insurer is not considered to be an act of solicitation.

80. The cost of services charged by the Health Insurance Counseling Advocacy Program (HICAP) is

Correct Answer: "no cost". HICAP services are mandated by Federal and State laws and are free and unbiased.

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

81. Which of the following is NOT considered to be an unfair claims settlement practice?

Correct Answer: *Directly advising a claimant to hire an attorney is not an unfair claims settlement practice.*

82. A person who asserts a right of recovery under an insurance policy is called

Correct Answer: *"claimant". As defined by the California Code of Regulations, a person who asserts a right of recovery under an insurance policy is called the claimant.*

83. Which of the following is NOT protected under the California Life and Health Guarantee Association?

Correct Answer: *"Insurers". All of these are provided protection through the California Life and Health Guarantee Association except for insurers.*

84. Which type of jurisdiction requires an insurer to have its rates accepted by the Insurance Department prior to using them?

Correct Answer: *"Prior approval". A prior approval state requires that an insurance company receives approval for a new insurance rate before it is sent to the public.*

85. According to the Affordable Care Act, any plan in existence prior to which date is considered a grandfathered plan?

Correct Answer: *"March 23, 2010". Grandfathered plans are plans that were purchased before March 23, 2010. These plans do not have to follow the ACA's rules and regulations or offer the same benefits, rights and protections as new plans.*

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

86. Under the Affordable Care Act, which of these plans is designed to provide coverage that is actuarially equivalent to 80% of the full actuarial value of the benefits provided under the plan?

Correct Answer: "Gold". A plan is designed to provide coverage that is actuarially equivalent to 80% of the full actuarial value of the benefits provided under the plan is considered a Gold Plan.

87. Which of the following is NOT an eligible dependent on an Accident and Health policy?

Correct Answer: Eligible dependents are covered up to age 26 on Accident and health policies under the Affordable Care Act (ACA).

88. According to the Affordable Care Act, what metal tier is required to have an actuarial value of 70% with covered individuals paying 30% through deductibles, co-pays, and other cost sharing features?

Correct Answer: "Silver Plan". The Silver Plan requires an actuarial value of 70% with covered individuals paying 30% through deductibles, co-pays, and other cost sharing features.

89. As classified by the Affordable Care Act (ACA), a Silver Plan offers

Correct Answer: "70% actuarial level of coverage provided". As classified by the Affordable Care Act (ACA), a Silver Plan offers 70% actuarial level of coverage provided.

90. How are health plans classified according to the Affordable Care Act?

Correct Answer: "Bronze, Silver, Gold, Platinum". There are four tiers of "qualifying health plans" you or your employer can purchase on the exchange- Bronze, Silver, Gold, Platinum.

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

91. Under the Affordable Care Act, a large employer that does NOT provide health insurance and owes an employer mandate penalty MUST pay an annual penalty, which is calculated by multiplying \$2,000 by

Correct Answer: *"the number of full time employees minus 30".*

According to the Affordable Care Act, if a large employer does NOT provide health insurance and owes an employer mandate penalty, the annual penalty is calculated by multiplying \$2,000 by the number of full time employees minus 30.

92. What are the levels of coverage as defined by the Affordable Care Act?

Correct Answer: *"Bronze, Silver, Gold, and Platinum". The levels of coverage defined in the Affordable Care Act are Bronze, Silver, Gold, and Platinum.*

93. According to the Affordable Care Act, what is the maximum amount an individual can contribute to a Flexible Savings Account?

Correct Answer: *"\$3,200". As defined by the Affordable Care Act, the MAXIMUM amount an individual can contribute to a Flexible Savings Account is \$3,200.*

94. As of January 1, 2014, an employer with up to 25 full time equivalent (FTE's) with average annual wages of less than \$50,000 may be eligible for a tax credit of ___ of the premiums paid by the employer.

Correct Answer: *"50%". On or after January 1, 2014, employers with no more than 25 full time equivalent (FTE's) with average annual wages of less than \$50,000 may be eligible for a tax credit of up to 50% of the premiums paid by the employer.*

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

95. All Health Benefit Plans issued after January 1, 2014 must provide

Correct Answer: *"preventative health services". Preventative health services must be provided by a Health Benefit Plan issued on or after January 1, 2014.*

96. In most dental plans, a deductible typically is NOT applied to

Correct Answer: *Preventative and diagnostic services are normally fully paid in most dental plans.*

97. An employer may qualify for health care tax credits through SHOP Marketplace if that employer has fewer than how many employees?

Correct Answer: *"25". You may qualify for employer health care tax credits through SHOP if you have fewer than 25 full-time employees making an average of about \$50,000 a year or less.*

98. A common exclusion or limitation on a dental policy is

Correct Answer: *"Endodontics". Endodontics is commonly excluded or limited from a dental policy.*

99. Under the Affordable Care Act, how would a grandfathered health plan lose its grandfathered status?

Correct Answer: *"The insurer significantly raises co-insurance charges, deductibles, or co-payment charges". According to the Affordable Care Act, grandfathered health plans may lose their grandfathered status if the insurer significantly raises co-insurance charges, deductibles, or co-payment charges.*

100. Group dental plans will frequently place a limit on annual benefits in order to minimize

Correct Answer: *"adverse selection". Employer group dental expense plans limit annual benefits in an attempt to MINIMIZE adverse selection.*

CALIFORNIA LIFE AND HEALTH LAWS AND RULES

101. A hospital or medical expense policy will typically cover dental treatment expenses under which circumstance?

Correct Answer: "Dental treatment is needed to repair an injury".

Dental treatment expenses required to repair an injury would normally be covered under a hospital or medical expense policy.

102. An indemnity plan limitation that will pay the dental bills after a small amount is paid by the insured is called

Correct Answer: Coinsurance is an indemnity plan limitation that will pay the dental bills after a small amount is paid first by the insured.

103. With a scheduled dental policy, how are covered expenses paid?

Correct Answer: "Benefits are limited to a specific maximum dollar amount per procedure". Benefits will be limited to a specific maximum dollar amount per procedure in a scheduled dental policy.

104. An example of endodontic treatment is a

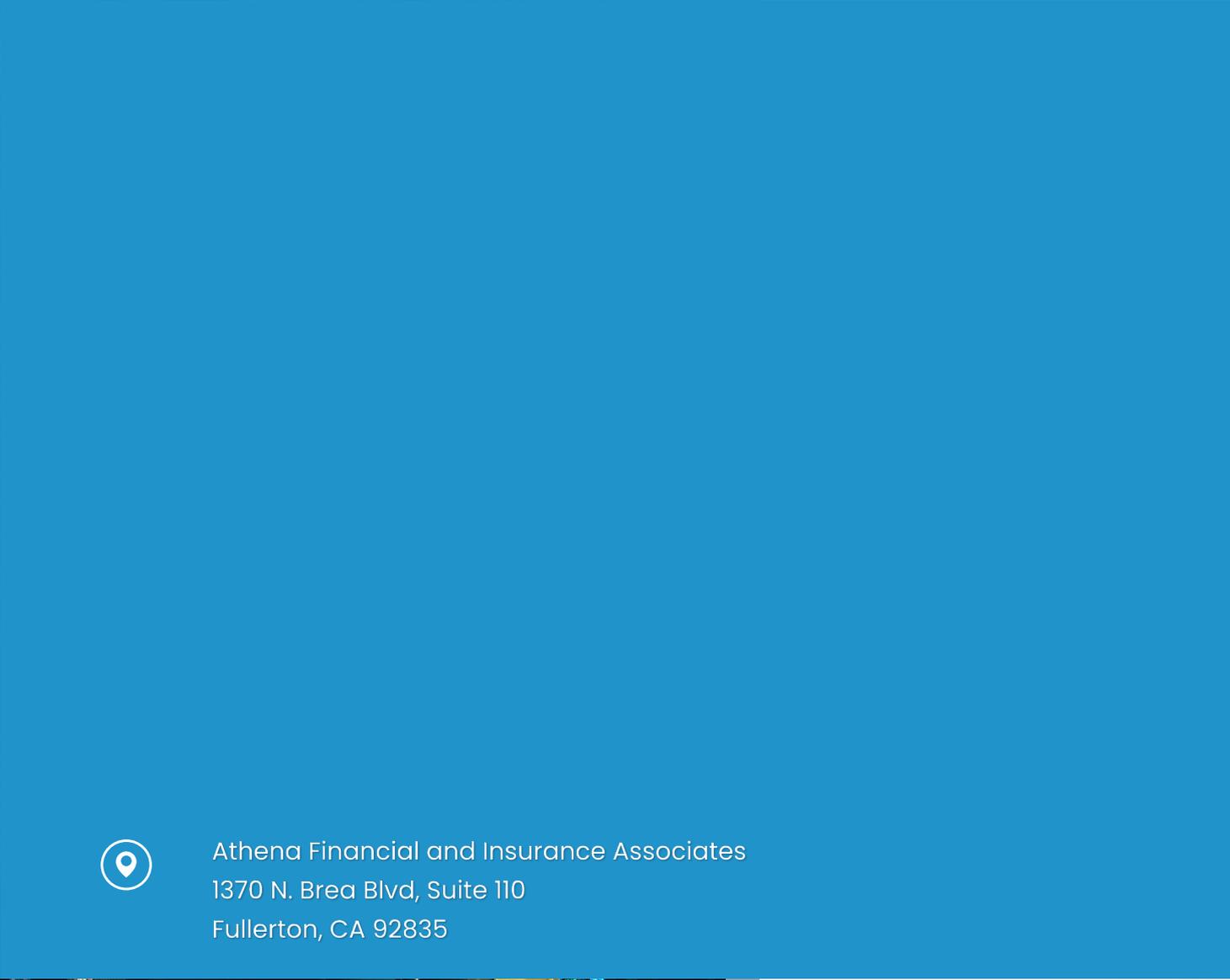
Correct Answer: "root canal". Endodontics is the branch of dentistry dealing with diseases of the dental pulp. Root canals would be an example.

105. A form of medical health insurance covering the treatment and care of gum disease is called

Correct Answer: "Dental expense insurance". Dental expense insurance is a form of medical health insurance covering the treatment and care of gum disease.

106. The branch of dentistry which deals with the replacement of missing parts is called

Correct Answer: Prosthodontics is the branch of dentistry concerned with the design, manufacture, and fitting of artificial replacements for teeth and other parts of the mouth.



Athena Financial and Insurance Associates
1370 N. Brea Blvd, Suite 110
Fullerton, CA 92835

