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Maryland Insurance Administration Accident-and-Health-or-Sickness-Producer

**Maryland Accident and Health or Sickness Producer Series
20-24 Exam**



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Question: 1

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

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

Answer: D

Explanation:

During the grace period (Insurance Article, § 15-209), insurers can deduct unpaid premiums from claims paid, maintaining coverage without waiving deductibles, charging fees, or auto-canceling.

Question: 2

All of the following are common features found in health maintenance organizations (HMOs) EXCEPT:

- A. Wellness programs
- B. Discounts on local health spa memberships
- C. Twenty-four hour access to emergency care
- D. Outpatient medical services

Answer: B

Explanation:

HMOs (Health-General Article, § 19-701) offer wellness, emergency, and outpatient services. Discounts on spa memberships aren't a standard feature, unrelated to core health care delivery.

Question: 3

When an accident and health insurer requires a covered individual to undergo a physical examination, who pays the cost of the examination?

- A. The premium payor
- B. The principal insured individual
- C. The patient or parent of the patient
- D. The insurer

Answer: D

Explanation:

If an insurer mandates a physical exam (Insurance Article, § 12-202), it pays the cost, as it's a condition of coverage or claims processing. The premium payor, insured, or patient isn't responsible for insurer-initiated requirements.

Question: 4

An insurance adviser's written contract with the client must include all of the following EXCEPT:

- A. Expiration date of the consultant's license
- B. Amount of the fee
- C. Duration of the contract
- D. Disclosure as to whether commissions may be received

Answer: A

Explanation:

Adviser contracts (Insurance Article, § 10-201) require fee amounts, contract duration, and commission disclosure for transparency. The consultant's license expiration is a regulatory detail, not a client contract requirement.

Question: 5

Giving policyholders some part of the agent's commission as an inducement to purchase insurance is an unfair trade practice known as:

- A. Twisting
- B. Rebating
- C. Replacement
- D. Retention

Answer: B

Explanation:

Rebating (Insurance Article, § 27-212) involves offering part of a commission to entice a purchase, an illegal practice in Maryland unless part of an approved plan. Twisting misrepresents policies, replacement swaps coverage, and retention isn't a trade practice term. This protects fair competition.

Question: 6

If an employer with 200 employees wants to offer health insurance and calls a SHOP Exchange Navigator, what should the navigator do?

- A. Refer the employer to a licensed insurance producer

- B. Help the employer sign-up through the SHOP Exchange
- C. Refer the employer to the carrier where a friend works
- D. Refer the employer to the Maryland Insurance Administration

Answer: A

Explanation:

SHOP Exchange (Insurance Article, § 31-101) serves employers with 1-50 employees; a 200-employee firm exceeds this, so the navigator should refer them to a producer for large group plans, not assist via SHOP, refer personally, or send to the MIA.

Question: 7

The Maryland Insurance Administration is an agency of the:

- A. Federal government
- B. State government
- C. National Association of Insurance Commissioners
- D. Maryland General Assembly

Answer: B

Explanation:

The Maryland Insurance Administration (MIA) is a state agency under Insurance Article, § 2-101, regulating insurance within Maryland. The federal government oversees broader laws, the NAIC is a voluntary group, and the General Assembly legislates, but the MIA operates as an executive state entity.

Question: 8

Disability income insurance premiums are a deductible expense when the premiums are paid by:

- A. A partnership for group disability income coverage for the partners
- B. A corporation for group disability income coverage for the employees
- C. An insured for individual disability income coverage
- D. An employee for group disability income coverage

Answer: B

Explanation:

Under IRC § 162, premiums paid by a corporation for group disability coverage for employees are deductible as a business expense, with benefits taxable to employees. Partnerships can't deduct for partners (owners), individual premiums aren't deductible (IRC § 213), and employee-paid premiums don't qualify unless under specific plans. Maryland follows federal tax treatment.

Question: 9

An insured incurs a covered accident and health insurance loss on May 30, which is submitted to the insurer on June 8. If the insured terminated coverage on June 1, the insurer:

- A. Can refuse to pay the claim because coverage has been terminated
- B. Can refuse to pay the claim under the pre-existing conditions exclusion
- C. Must pay the claim upon receipt of the proof of loss
- D. Must pay the claim within one year of termination of coverage

Answer: C

Explanation:

A loss on May 30, while covered (Insurance Article, § 15-201), obligates the insurer to pay upon proof, despite termination on June 1. Termination or pre-existing exclusions don't negate prior coverage, and no one-year rule applies.

Question: 10

In dental insurance coverage, which one of the following typically is EXCLUDED?

- A. Treatment started prior to the eligibility date
- B. Preventive care
- C. Dental X-rays
- D. Root canal therapy

Answer: A

Explanation:

Dental insurance (Insurance Article, § 15-201) covers preventive care, X-rays, and root canals, but excludes treatment started before the eligibility date to avoid claims for pre-existing work. This ensures coverage applies only to services initiated under the policy.

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