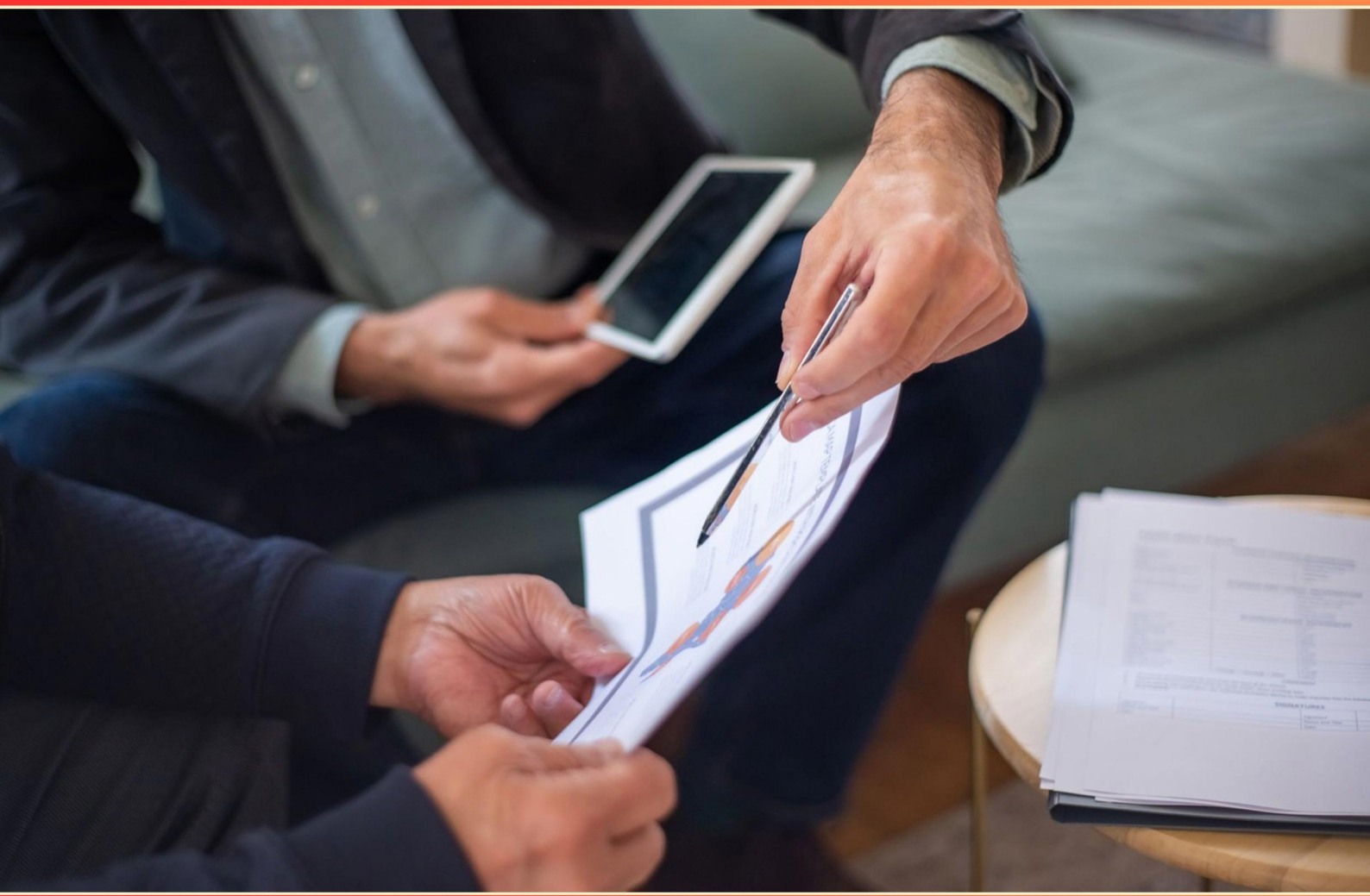
NORTH DAKOTA HEALTH INSURANCE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://ndhealthinsurance.examzify.com

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **What happens if an insured engages in an illegal act according to the illegal occupation provision?**
   - A. The insured can claim benefits for injuries
   - B. Benefits for injuries are denied
   - C. Claims are subject to delay and investigation
   - D. The insurer assumes partial responsibility

2. **What must a beneficiary receive when they apply for Medigap insurance?**
   - A. A summary of benefits
   - B. An NAIC buyer's guide
   - C. A coverage outline
   - D. An eligibility document

3. **What is one of the main purposes of disability income insurance?**
   - A. To cover home healthcare costs
   - B. To provide income replacement during illness
   - C. To finance dental care
   - D. To pay for vision correction

4. **What types of perils are covered by health insurance?**
   - A. Accident and emergency
   - B. Accident and sickness
   - C. Health and wellness
   - D. Pre-existing conditions and accidents

5. **Which tier provides the highest coverage in the health insurance marketplace?**
   - A. Bronze
   - B. Silver
   - C. Gold
   - D. Platinum

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6. What is the typical feature of group health insurance plans?

A. Coverage available only for individuals

B. Lower premiums due to pooled risk among members

C. Requirements for extensive medical histories

D. Higher deductibles as compared to individual plans

7. What is a result of the income replacement provision?

A. Insurance pays a benefit if earnings decrease

B. Insurance pays a benefit only for full-time employment losses

C. Insurance denies benefits for temporary income loss

D. Insurance compensates regardless of the cause of income loss

8. How does the Residual Disability Benefit differ from Partial Disability Benefit?

A. It offers fixed payments regardless of work status

B. It is based on income reduction regardless of hours worked

C. It only applies to full-time employees

D. It requires total disablement for qualification

9. What is the purpose of preventive care in health insurance?

A. To treat existing health issues

B. To avoid or reduce the risk of diseases and medical conditions

C. To ensure comprehensive coverage for members

D. To manage chronic illnesses

10. What does Essential Health Benefits (EHB) refer to?

A. Luxury health services that exceed basic needs

B. The minimum coverage requirements for health insurance under ACA

C. Policies that offer a broad range of customizable options

D. Coverage plans with high lifetime benefit maximums

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Answers

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1. B
2. B
3. B
4. B
5. D
6. B
7. A
8. B
9. B
10. B

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Explanations

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1. What happens if an insured engages in an illegal act according to the illegal occupation provision?

A. The insured can claim benefits for injuries

B. Benefits for injuries are denied

C. Claims are subject to delay and investigation

D. The insurer assumes partial responsibility

When an insured engages in an illegal act, the illegal occupation provision generally results in the denial of benefits for any injuries sustained as a direct consequence of that illegal activity. This provision is included in insurance policies to prevent individuals from benefiting from actions that go against the law, as it promotes ethical behavior and discourages illegal conduct. It clearly delineates that insurers are not liable to pay for claims arising from illegal actions, which helps protect the insurer from having to cover risky behaviors that could lead to higher claims costs. This provision emphasizes the fundamental principle that insurance is intended for lawful activities and that those who knowingly partake in illegal actions cannot seek compensation for injuries resulting from those actions. The denial of claims in such circumstances is in line with the broader policy intent to maintain fairness and avoid insuring against unlawful behavior.

2. What must a beneficiary receive when they apply for Medigap insurance?

A. A summary of benefits

B. An NAIC buyer's guide

C. A coverage outline

D. An eligibility document

When a beneficiary applies for Medigap insurance, they must receive an NAIC buyer's guide. This guide is crucial as it provides comprehensive information about the various Medigap plans available, including coverage options, costs, and rights and protections afforded to the insured. The NAIC (National Association of Insurance Commissioners) buyer's guide helps beneficiaries make informed decisions regarding their Medigap insurance by explaining the differences between plans, the benefits, and what to consider when choosing a policy. This information is especially important for those navigating the complexities of health insurance, ensuring they understand their options fully before committing to a plan.

3. What is one of the main purposes of disability income insurance?

A. To cover home healthcare costs

B. To provide income replacement during illness

C. To finance dental care

D. To pay for vision correction

Disability income insurance serves the essential function of providing income replacement during periods when an individual is unable to work due to illness or injury. This type of insurance is crucial because it ensures that individuals can maintain their standard of living and meet their financial obligations when they cannot earn an income from their job. Unlike health insurance, which primarily covers medical expenses, or other forms of insurance that focus on specific healthcare needs like dental or vision care, disability income insurance is specifically designed to address the financial impact of losing the ability to work. By providing regular payments, it helps to alleviate the stress of lost wages and supports individuals and their families during challenging times when unexpected health issues arise. This distinction is important for understanding the role of various types of insurance products, as each serves a different purpose within a comprehensive financial and health care strategy.

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4. What types of perils are covered by health insurance?

A. Accident and emergency

B. Accident and sickness

C. Health and wellness

D. Pre-existing conditions and accidents

Health insurance typically provides coverage for a wide range of medical expenses, primarily focusing on perils associated with accident and sickness. This means that health insurance plans are designed to financially assist policyholders in the event of unforeseen accidents, such as injuries from falls or car accidents, as well as illnesses that could require medical attention, hospital stays, or ongoing treatment. This focus on both accident and sickness ensures that individuals have access to necessary medical services when they face health-related challenges, which can range from acute illnesses like infections to chronic conditions requiring ongoing management. By covering these perils, health insurance plays a critical role in reducing financial burdens associated with healthcare, allowing individuals to seek necessary care without the fear of incurring overwhelming costs. Other options include various terms that do not accurately capture the fundamental coverage focus of health policies. For instance, while health and wellness may reflect preventative care, they do not encompass the direct medical perils insurance primarily intends to cover. Similarly, pre-existing conditions and accidents might imply some level of coverage under certain circumstances, but they don't present a comprehensive view of the types of perils typically covered in standard health insurance policies.

5. Which tier provides the highest coverage in the health insurance marketplace?

A. Bronze

B. Silver

C. Gold

D. Platinum

The tier that provides the highest coverage in the health insurance marketplace is the Platinum tier. This tier is designed to offer a higher percentage of coverage for healthcare costs, typically around 90%. This means that for covered medical services, the insurance plan pays 90% of the costs, and the insured individual is responsible for the remaining 10%. Platinum plans typically come with higher monthly premiums, but the trade-off is lower out-of-pocket costs when accessing healthcare. This makes them an attractive option for individuals who anticipate frequent medical care or have significant healthcare needs. In contrast, the other tiers, such as Bronze, Silver, and Gold, offer varying levels of coverage and cost-sharing, with Bronze covering about 60%, Silver around 70%, and Gold approximately 80% of costs. Thus, they require individuals to pay a higher percentage of their healthcare costs compared to Platinum plans, making Platinum the best choice for those seeking the maximum coverage available in the marketplace.

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6. What is the typical feature of group health insurance plans?

A. Coverage available only for individuals

B. Lower premiums due to pooled risk among members

C. Requirements for extensive medical histories

D. Higher deductibles as compared to individual plans

Group health insurance plans typically feature lower premiums due to pooled risk among members. This is because when individuals come together as a group for insurance coverage, the risk of having to pay out for medical expenses is spread across many people, rather than being concentrated on just one individual. This collective sharing of risk allows insurance companies to offer lower premiums compared to individual policies, where the risk is carried solely by the individual. In addition, group plans often include benefits that are not available in individual plans, offer a more comprehensive range of services, and can create economies of scale that contribute to reducing costs for members. This widespread sharing of financial risk can lead to more affordable health care options for employees and their families under employer-sponsored plans.

7. What is a result of the income replacement provision?

A. Insurance pays a benefit if earnings decrease

B. Insurance pays a benefit only for full-time employment losses

C. Insurance denies benefits for temporary income loss

D. Insurance compensates regardless of the cause of income loss

The income replacement provision is designed to provide financial support when an individual's earnings decrease due to specific circumstances, such as disability or illness. This provision ensures that policyholders can receive compensation that mirrors their lost income, allowing them to maintain their financial obligations and lifestyle despite not being able to work fully or at all. This approach is particularly valuable as it directly links the benefits to the income the individual was earning before the loss, thus addressing the immediate financial needs that arise when earnings are impacted. This provision typically covers a portion of the individual's previous income, ensuring that they are not left in a precarious financial situation due to circumstances beyond their control. In contrast, the other options either narrow the conditions under which benefits would be paid or incorrectly describe the nature of support offered by such a provision, which is intended to cover various situations leading to income loss rather than excluding or limiting the support for temporary or specific job losses.

8. How does the Residual Disability Benefit differ from Partial Disability Benefit?

A. It offers fixed payments regardless of work status

B. It is based on income reduction regardless of hours worked

C. It only applies to full-time employees

D. It requires total disablement for qualification

The Residual Disability Benefit is designed to provide financial support based on the reduction in income that a policyholder experiences due to their disability, rather than simply the hours they are able to work. This aspect is crucial because it recognizes that an individual may be able to work part-time or at a reduced capacity but still face significant financial challenges because their income does not match what they were able to earn before the onset of the disability. This benefit calculates the amount of payment based on the actual income loss resulting from the disability, providing a more accurate form of support tailored to the individual's experience. In contrast, a Partial Disability Benefit may not account for income fluctuations and could be more rigid in how it defines and pays out benefits. Thus, this distinction highlights why the income-driven nature of the Residual Disability Benefit effectively serves the needs of those who have experienced a decline in earnings due to disability, even if they continue to work in some capacity.

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9. What is the purpose of preventive care in health insurance?

A. To treat existing health issues

B. To avoid or reduce the risk of diseases and medical conditions

C. To ensure comprehensive coverage for members

D. To manage chronic illnesses

The purpose of preventive care in health insurance is primarily focused on avoiding or reducing the risk of diseases and medical conditions. This involves routine check-ups, immunizations, screenings, and counseling aimed at maintaining health and preventing the onset of diseases before they develop. By focusing on preventive measures, individuals are encouraged to engage in healthy behaviors, get regular health assessments and identify potential health risks early on. This proactive approach not only helps in maintaining overall health but can also reduce long-term healthcare costs by minimizing the need for more extensive medical treatment for advanced conditions. In contrast, treatment of existing health issues does not align with the concept of preventive care, which looks to stop issues before they arise. Similarly, while ensuring comprehensive coverage is important for overall health insurance, it does not specifically define the role of preventive care. Lastly, managing chronic illnesses is necessary but is distinct from preventive care, as it addresses conditions that have already been established rather than efforts made to prevent such conditions from developing in the first place.

10. What does Essential Health Benefits (EHB) refer to?

A. Luxury health services that exceed basic needs

B. The minimum coverage requirements for health insurance under ACA

C. Policies that offer a broad range of customizable options

D. Coverage plans with high lifetime benefit maximums

Essential Health Benefits (EHB) refers to the minimum coverage requirements that health insurance plans must provide under the Affordable Care Act (ACA). This mandates that all health insurance plans sold on the Health Insurance Marketplace, as well as those offered by Medicaid, cover a core set of health services deemed essential for maintaining health and well-being. These benefits include services such as emergency care, maternity and newborn care, mental health treatment, prescription drugs, and preventive services, among others. This requirement was established to ensure that individuals seeking insurance have access to a comprehensive range of necessary health services, promoting overall public health and reducing the financial burden of medical expenses on consumers. Therefore, understanding EHB is crucial for both consumers selecting health insurance and for insurance providers creating compliant plans.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://ndhealthinsurance.examzify.com

We wish you the very best on your exam journey. You've got this!

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