

Illinois Accident and Health Insurance Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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.

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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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 distinguishes Long Term Disability from Short Term Disability?

- A. It provides benefits for injuries only**
- B. It ends when Short Term Disability begins**
- C. It can last until age 65**
- D. It is always paid in a lump sum**

2. What impact does the premium tax credit have on healthcare accessibility?

- A. It increases the total number of uninsured individuals**
- B. It makes insurance more expensive for everyone**
- C. It enhances affordability for individuals purchasing plans**
- D. It eliminates the need for health insurance**

3. How can insurance fraud be defined?

- A. Unintentional errors made while filing claims**
- B. Acts of negligence by the insurer towards policyholders**
- C. Intentional deception or misrepresentation made to unlawfully benefit from an insurance policy**
- D. Delays in processing legitimate claims**

4. What does an accident insurance policy typically cover?

- A. Injuries resulting from natural disasters**
- B. Injuries sustained while traveling abroad**
- C. Injuries resulting from accidents**
- D. Injuries that occur at work**

5. How does a high-deductible health plan (HDHP) primarily operate?

- A. It has lower premiums and no deductibles**
- B. It features lower deductibles and higher premiums**
- C. It features higher deductibles and lower premiums, often with Health Savings Accounts**
- D. It offers comprehensive coverage with no deductibles**

6. Which of the following is typically NOT covered by accident insurance?

- A. Medical expenses from an auto accident**
- B. Injuries from playing sports**
- C. Routine medical check-ups**
- D. Disability benefits**

7. What does the "medical underwriting" process assess?

- A. The provider's credentials and facilities**
- B. The applicant's medical history to determine risk and assign premiums**
- C. The insurance company's financial stability**
- D. The applicant's age and location**

8. After what time period can an insurer not void a policy based on misstatements by the applicant?

- A. 1 year**
- B. 2 years**
- C. 3 years**
- D. 5 years**

9. What does "exclusion" mean in an insurance policy?

- A. A provision that eliminates coverage for certain conditions or circumstances**
- B. Additional coverage that can be purchased separately**
- C. A requirement for policyholders to report accidents**
- D. A feature that allows policyholders to extend their coverage period**

10. Which of the following is considered a "qualifying event" for health insurance?

- A. Annual renewal of the health plan**
- B. Moving to a new state**
- C. Marrying or losing other health coverage**
- D. Reaching the age of 26**

Answers

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

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Explanations

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1. What distinguishes Long Term Disability from Short Term Disability?

- A. It provides benefits for injuries only**
- B. It ends when Short Term Disability begins**
- C. It can last until age 65**
- D. It is always paid in a lump sum**

The distinguishing feature of Long Term Disability (LTD) insurance is that it can provide benefits for an extended period, often until the insured reaches retirement age, typically around 65. This coverage is essential for individuals who may experience a significant disability that prevents them from working for a considerable duration, enabling them to receive financial support over the long term. In comparison, Short Term Disability (STD) insurance typically provides benefits for a shorter duration, usually ranging from a few weeks to a few months. The purpose of STD is to cover temporary disabilities that may arise due to illness or injury, while LTD is designed to offer more extended financial assistance in cases where recovery is prolonged or the disability is permanent. Long Term Disability plans often come with specific terms regarding the duration of benefits, which is where the age of 65 comes into play, as many policies are set to expire around the retirement age. Other options do not accurately describe the differences between the two types of disability insurance, as they might imply limitations or formats (such as lump sum payments) that do not typically define the essential characteristics of Long Term versus Short Term Disability insurance.

2. What impact does the premium tax credit have on healthcare accessibility?

- A. It increases the total number of uninsured individuals**
- B. It makes insurance more expensive for everyone**
- C. It enhances affordability for individuals purchasing plans**
- D. It eliminates the need for health insurance**

The premium tax credit significantly enhances affordability for individuals purchasing health insurance plans. This financial assistance is designed to lower the cost of premiums for eligible individuals and families, making health insurance more attainable. By reducing the overall expense of purchasing insurance, the premium tax credit encourages more people to enroll in health plans, thereby increasing healthcare accessibility. The program specifically targets low- to moderate-income individuals, ensuring that they do not have to spend an overwhelming portion of their income on health coverage. This support is pivotal in facilitating access to healthcare services, as it allows more individuals to secure the necessary insurance to address medical needs. In contrast to the other options, which suggest negative or neutral impacts on insurance accessibility, the premium tax credit actively works to provide assistance that bridges the affordability gap in accessing necessary health coverage.

3. How can insurance fraud be defined?

- A. Unintentional errors made while filing claims**
- B. Acts of negligence by the insurer towards policyholders**
- C. Intentional deception or misrepresentation made to unlawfully benefit from an insurance policy**
- D. Delays in processing legitimate claims**

Insurance fraud is defined as intentional deception or misrepresentation made with the aim of unlawfully benefiting from an insurance policy. This can occur in various forms, such as providing false information when applying for coverage, inflating claims, or staging accidents. The key element of this definition is the intent behind the actions; fraud involves a deliberate effort to deceive for personal gain. The other options, while related to the insurance process, do not encompass the essence of fraud. Unintentional errors in filing claims are typically accidental and do not involve deceit. Acts of negligence by the insurer reflect failures in service rather than deceptive practices. Similarly, delays in processing legitimate claims may be frustrating, but they do not involve intentional misrepresentation or deceit, which are critical components of fraud. Thus, the definition emphasizing intentional deception distinctly captures the nature of insurance fraud.

4. What does an accident insurance policy typically cover?

- A. Injuries resulting from natural disasters**
- B. Injuries sustained while traveling abroad**
- C. Injuries resulting from accidents**
- D. Injuries that occur at work**

An accident insurance policy is designed specifically to provide coverage for injuries that arise as a direct result of an accidental event. This type of insurance is focused on unforeseen incidents, such as slips, falls, or other accidents, which lead to injuries. The pivotal point of accident insurance is that it is not concerned with circumstances that are predictable or unavoidable, such as illnesses or injuries caused by natural disasters, which are not covered under this policy type. While other options mention potential scenarios that might involve injury, they do not align with the core purpose of accident insurance. For instance, injuries from natural disasters or work-related incidents may be covered under different types of insurance policies, such as health insurance or workers' compensation. Similarly, injuries sustained while traveling abroad could fall under travel insurance, not accident insurance. Thus, the clear focus of accident insurance on accidents makes this the correct choice.

5. How does a high-deductible health plan (HDHP) primarily operate?

- A. It has lower premiums and no deductibles**
- B. It features lower deductibles and higher premiums**
- C. It features higher deductibles and lower premiums, often with Health Savings Accounts**
- D. It offers comprehensive coverage with no deductibles**

The primary operation of a high-deductible health plan (HDHP) is characterized by higher deductibles paired with lower premiums. This setup means that insured individuals typically pay less each month for their insurance, but they must be prepared to cover more of their healthcare costs out-of-pocket before the insurance begins to pay. Additionally, HDHPs often come with the option to establish Health Savings Accounts (HSAs), which allow individuals to save money tax-free for medical expenses. This can be particularly advantageous for those who are generally healthy and do not anticipate high medical costs. The combination of a high deductible and low premiums can make these plans more affordable upfront while promoting the use of HSAs for unforeseen medical expenses. In contrast, plans with lower deductibles and higher premiums would not qualify as high-deductible health plans. Comprehensive coverage with no deductibles would refer to traditional health plans that provide thorough benefits without requiring the insured to meet a deductible first, which also does not align with the definition of an HDHP.

6. Which of the following is typically NOT covered by accident insurance?

- A. Medical expenses from an auto accident**
- B. Injuries from playing sports**
- C. Routine medical check-ups**
- D. Disability benefits**

Accident insurance is specifically designed to provide coverage for injuries that occur due to accidents. It typically covers medical expenses, benefits related to injuries from sports, and can even provide disability benefits in some cases depending on the policy. However, routine medical check-ups are usually not covered under accident insurance. The rationale for this is that accident insurance focuses on unplanned, unforeseen events that result in injury, rather than preventative care or routine medical examinations. Routine check-ups are more associated with health or preventive insurance, which aims to manage health and wellness rather than specifically addressing accidents. Therefore, the absence of coverage for routine medical check-ups aligns directly with the traditional scope of accident insurance.

7. What does the "medical underwriting" process assess?

- A. The provider's credentials and facilities
- B. The applicant's medical history to determine risk and assign premiums**
- C. The insurance company's financial stability
- D. The applicant's age and location

The "medical underwriting" process is primarily focused on evaluating an applicant's medical history to assess their risk level in relation to the health insurance being applied for. This involves a thorough review of the individual's past and current health conditions, any pre-existing conditions, medications they may be taking, and overall health profiles. By analyzing this information, insurers can better understand the potential costs associated with covering the applicant and consequently assign appropriate premiums based on the level of risk presented. This practice not only helps insurance companies determine the insurability of the applicant but also allows them to establish premium rates that reflect the likelihood of claims being made. Thus, medical underwriting plays a crucial role in ensuring that the policy rates are accurately aligned with the risk of loss that the insurer is assuming. Other factors like the provider's credentials, the insurance company's financial stability, or demographic details like age and location don't directly relate to the specific process of medical underwriting, which is centered on health status evaluation.

8. After what time period can an insurer not void a policy based on misstatements by the applicant?

- A. 1 year
- B. 2 years**
- C. 3 years
- D. 5 years

The correct answer is that an insurer cannot void a policy based on misstatements by the applicant after a period of 2 years. This is rooted in the principle of "incontestability" which is common in insurance contracts. Once the policy has been in force for 2 years, it generally becomes unchallengeable by the insurer for issues such as misstatements made in the application. This period gives both the insurer and the insured a reasonable time to assess the validity of the policy and ensures that individuals are not indefinitely at risk of having their coverage voided due to potentially minor or unintentional errors in the application process. In Illinois, and in many other jurisdictions, this 2-year period is designed to provide a level of protection to policyholders, promoting stability and security in their coverage. After this period, even if the insurer discovers misstatements, they usually cannot deny claims or rescind the policy based on those misstatements, unless there is evidence of fraud. Other time frames like 1 year, 3 years, or 5 years do not align with the legal standards set forth in insurance regulations regarding the incontestability of policies, and therefore do not offer the same level of consumer protection as the 2-year

9. What does "exclusion" mean in an insurance policy?

- A. A provision that eliminates coverage for certain conditions or circumstances**
- B. Additional coverage that can be purchased separately**
- C. A requirement for policyholders to report accidents**
- D. A feature that allows policyholders to extend their coverage period**

In the context of an insurance policy, "exclusion" refers to a specific provision that eliminates coverage for particular conditions or circumstances. This is a critical aspect of insurance contracts, as exclusions clearly outline what is not covered under the policy. By defining these exclusions, insurers help to manage risk and clarify the extent of their liability. Policyholders need to understand exclusions because they can significantly impact what claims will be paid. For example, a health insurance policy may exclude coverage for pre-existing conditions, certain high-risk activities, or specific types of treatments. Knowing about these exclusions allows policyholders to make informed decisions when selecting their insurance coverage and helps them to set realistic expectations regarding their insurance protection. This understanding can prevent misunderstandings at the time of a claim, ensuring that policyholders are aware of their coverage limitations before they encounter a situation that may result in a claim. The other choices address different aspects of insurance but do not correctly describe what exclusion means in a policy context. Therefore, identifying exclusions is essential for a comprehensive understanding of any insurance policy.

10. Which of the following is considered a "qualifying event" for health insurance?

- A. Annual renewal of the health plan**
- B. Moving to a new state**
- C. Marrying or losing other health coverage**
- D. Reaching the age of 26**

A "qualifying event" for health insurance is a specific occurrence that allows individuals to access special enrollment periods or changes in health insurance coverage outside the standard enrollment periods. In this context, marrying or losing other health coverage indeed qualifies as a qualifying event. These life changes signify a significant alteration in an individual's circumstances that affects their health insurance needs. When someone marries, they may wish to add their spouse to their health plan, prompting changes to their coverage. Similarly, losing other health coverage—such as through job loss, loss of eligibility for a government program, or other circumstances—creates an urgent need for new insurance coverage, allowing the individual to enroll in a new plan without waiting for the open enrollment period. In contrast, the annual renewal of a health plan does not constitute a qualifying event; it's a scheduled occurrence that participants expect and plan for each year. Moving to a new state may affect health plan availability or coverage but is not automatically considered a qualifying event on its own unless it causes a loss of existing coverage. Reaching the age of 26 is relevant because it typically leads to the loss of coverage on a parent's plan, thereby constituting a qualifying event, but it doesn't reflect a direct action like marrying or losing coverage does.

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://ilaccidenthealthinsurance.examzify.com>

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

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