

Ohio 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. In addition to personal care, Long-Term Care (LTC) may provide coverage in what settings?**
 - A. At home or in a nursing home facility**
 - B. Only in nursing homes**
 - C. Only in assisted living facilities**
 - D. In hospitals only**

- 2. What is the focus of restorative dental care?**
 - A. Preventing gum disease**
 - B. Maintaining dental pulp health**
 - C. Restoring functional use to natural teeth**
 - D. Performing routine check-ups**

- 3. In long-term care insurance, what is the typical elimination period before benefits begin?**
 - A. 5 days**
 - B. 15 days**
 - C. 30 days**
 - D. 60 days**

- 4. What does the Omnibus Budget Reconciliation Act (OBRA) establish for Medigap plans?**
 - A. They do not have to meet any specific requirements**
 - B. They must meet certain eligibility and benefit requirements**
 - C. They can only be marketed to individuals over 65**
 - D. They should not be sold in combination with Medicare Advantage**

- 5. Which rider would be beneficial for an individual expecting to increase their benefits in the future?**
 - A. Cash Surrender Value Rider**
 - B. Guaranteed Insurability Rider**
 - C. Cost of Living Adjustment Rider**
 - D. Change of Occupation Rider**

6. How might a decrease in income affect a person's eligibility for benefits?

- A. It restricts coverage to the insured's highest earning year**
- B. It could lead to limitations based on a person's income history**
- C. It guarantees increased benefits correspondingly**
- D. It has no effect on eligibility**

7. What condition must be met for a service to be covered under Medicare Part B?

- A. The service must be performed by a facility licensed in Ohio**
- B. The service must be deemed medically necessary**
- C. The service must be a new technology**
- D. The service must follow a strictly outpatient protocol**

8. What does the primary plan do when an insured submits a claim?

- A. Denies the claim due to lack of coverage**
- B. Pays the full benefit amounts specified in the plan**
- C. Reduces the benefits paid if the secondary plan is involved**
- D. Forwards the claim to the insurer**

9. What do the Security Rules apply to?

- A. All health information, regardless of format**
- B. Only non-digitized health records**
- C. Individually identifiable health information in electronic form**
- D. Oral health information collected by providers**

10. What are the two major perils that health insurance policies may cover?

- A. Accident only or sickness only**
- B. Accident and disease**
- C. Accident and sickness**
- D. Disability and sickness**

Answers

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

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Explanations

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1. In addition to personal care, Long-Term Care (LTC) may provide coverage in what settings?

- A. At home or in a nursing home facility**
- B. Only in nursing homes**
- C. Only in assisted living facilities**
- D. In hospitals only**

Long-Term Care (LTC) is designed to assist individuals who require extended assistance with daily activities due to chronic illness, disability, or aging. The correct answer highlights the flexibility of LTC services, which can be provided in various settings that cater to the individual needs of the insured. LTC coverage often includes care provided at home, allowing individuals to receive necessary assistance in a familiar and comfortable environment. This option can be particularly beneficial for those who prefer to maintain their independence and remain within their community while still receiving adequate support. In addition, LTC can also encompass care provided in nursing home facilities, where individuals may need more intensive support and medical oversight. The other options are more restrictive in terms of where LTC services can be utilized. Some suggest coverage exclusively in nursing homes, assisted living facilities, or hospitals. However, this does not accurately reflect the comprehensive nature of LTC, as it can encompass a continuum of care across different settings based on the patient's needs and preferences. Thus, the correct choice acknowledges the full scope of Long-Term Care, including both home care and nursing home facilities.

2. What is the focus of restorative dental care?

- A. Preventing gum disease**
- B. Maintaining dental pulp health**
- C. Restoring functional use to natural teeth**
- D. Performing routine check-ups**

Restorative dental care primarily focuses on restoring functional use to natural teeth that have been damaged due to decay, trauma, or other dental health issues. It involves procedures designed to repair and enhance the strength and functionality of teeth, allowing individuals to eat, speak, and maintain oral health more effectively. This type of care includes services like fillings, crowns, bridges, and dentures, all aimed at recovering the tooth's natural form and function. The emphasis is on not just treating the tooth but bringing it back to a condition where it can perform its intended role in the mouth effectively. Thus, the focus on restoring function makes this approach vital for maintaining overall oral health and the quality of life for patients. While preventing gum disease, maintaining dental pulp health, and performing routine check-ups are essential aspects of dental care, they do not encapsulate the primary goal of restorative practices. Those elements support broader dental health but do not directly align with the core mission of restorative dental care, which is to have functional and healthy teeth after damage has occurred.

3. In long-term care insurance, what is the typical elimination period before benefits begin?

- A. 5 days**
- B. 15 days**
- C. 30 days**
- D. 60 days**

In long-term care insurance, the typical elimination period before benefits begin is often set at 30 days. The elimination period, also known as the waiting period, is the time an insured must wait after a claim has been filed before the insurance company starts to pay for long-term care services. A 30-day elimination period strikes a balance between affordability and ensuring that the insured has immediate access to care once the waiting period is over. Longer periods may not be as practical for individuals who may need services quickly, while shorter periods could lead to higher premiums. Overall, understanding the elimination period is critical, as it impacts both the coverage one will receive and the financial planning for long-term care needs.

4. What does the Omnibus Budget Reconciliation Act (OBRA) establish for Medigap plans?

- A. They do not have to meet any specific requirements**
- B. They must meet certain eligibility and benefit requirements**
- C. They can only be marketed to individuals over 65**
- D. They should not be sold in combination with Medicare Advantage**

The Omnibus Budget Reconciliation Act (OBRA) establishes that Medigap plans must meet certain eligibility and benefit requirements to ensure that these insurance policies provide a baseline level of protection for individuals on Medicare. This regulation was put in place to standardize coverage options across the various Medigap policies, making it easier for consumers to compare and understand their choices. By requiring Medigap plans to meet specific standards, OBRA helps ensure that individuals receive adequate coverage for services not fully paid for by Medicare, such as copayments, deductibles, and other out-of-pocket costs. This standardization also helps to protect consumers from misleading practices and ensures that the benefits provided are appropriately aligned with the needs of Medicare beneficiaries. The other options suggest a lack of regulation or specific target demographics for Medigap plans, which would contradict the purpose of OBRA. Therefore, the requirement for plans to meet specific eligibility and benefit requirements underscores the importance of maintaining quality and uniformity in Medigap insurance.

5. Which rider would be beneficial for an individual expecting to increase their benefits in the future?

- A. Cash Surrender Value Rider**
- B. Guaranteed Insurability Rider**
- C. Cost of Living Adjustment Rider**
- D. Change of Occupation Rider**

The Guaranteed Insurability Rider is particularly beneficial for individuals anticipating an increase in their benefits in the future. This rider allows policyholders to purchase additional insurance coverage at specified times without having to provide evidence of insurability or undergo medical underwriting. This means that as the individual's income grows or their needs change, they can secure more coverage to match their evolving situation, such as increased financial responsibilities or family size. This rider is especially valuable for young professionals who might anticipate salary increases or other life changes that could require additional insurance. By locking in the opportunity to increase coverage without concerns about potential health issues that might arise later, the individual can ensure they remain adequately protected. In contrast, the Cash Surrender Value Rider focuses on the cash value of a policy, which may not directly align with a future need for increased coverage. The Cost of Living Adjustment Rider is designed to adjust benefits in accordance with inflation, which is more about maintaining purchasing power rather than increasing overall benefits. Lastly, the Change of Occupation Rider allows for adjustments based on the insured's occupation, which may affect premiums but does not provide a means to increase coverage amounts. Hence, the Guaranteed Insurability Rider serves the specific need for future benefit enhancements effectively.

6. How might a decrease in income affect a person's eligibility for benefits?

- A. It restricts coverage to the insured's highest earning year**
- B. It could lead to limitations based on a person's income history**
- C. It guarantees increased benefits correspondingly**
- D. It has no effect on eligibility**

The correct choice highlights that a decrease in income can impact a person's eligibility for benefits because many benefit programs, especially safety net programs and insurance subsidies, are designed based on current financial circumstances rather than historical income. When a person experiences a decline in income, it may bring them under the threshold for eligibility for certain assistance programs or subsidies, which are often income-sensitive. For example, Medicaid eligibility in Ohio is determined based on current income levels, and if a person's income falls below a certain level, they may qualify for coverage. Similarly, income fluctuations can affect premium tax credits under the Affordable Care Act, making health insurance more affordable for those who experience financial hardship. This choice clearly demonstrates how income changes can directly influence the resources available to individuals, emphasizing the relationship between income and benefits eligibility. The other options describe scenarios that don't accurately reflect the actual effects of income fluctuations on eligibility.

7. What condition must be met for a service to be covered under Medicare Part B?

- A. The service must be performed by a facility licensed in Ohio**
- B. The service must be deemed medically necessary**
- C. The service must be a new technology**
- D. The service must follow a strictly outpatient protocol**

For a service to be covered under Medicare Part B, it is essential that the service is deemed medically necessary. This means that the service must be appropriate for the diagnosis or treatment of a condition, align with accepted standards of medical practice, and not be primarily for the convenience of the patient or provider. Medical necessity ensures that Medicare provides coverage only for services that are necessary to maintain or improve health, manage a specific condition, or prevent further deterioration of health. When patients or healthcare providers submit claims to Medicare, the determination of whether a service is medically necessary is a critical criterion that influences approval for reimbursement. Medicare Part B covers a variety of outpatient services, but without medical necessity, those services may not be covered, regardless of where they are performed or their novelty. Therefore, confirming that services are medically necessary is a fundamental aspect of ensuring they fall under Medicare Part B coverage guidelines.

8. What does the primary plan do when an insured submits a claim?

- A. Denies the claim due to lack of coverage**
- B. Pays the full benefit amounts specified in the plan**
- C. Reduces the benefits paid if the secondary plan is involved**
- D. Forwards the claim to the insurer**

The primary plan is responsible for determining the amount it will pay for a covered claim as specified by the terms of the policy. When an insured submits a claim, the primary plan evaluates the claim based on the coverage details and conditions outlined in the agreement. If the treatment or service is deemed covered, the primary plan will pay the full benefit amounts that are outlined in the plan, up to its coverage limits, respectively. It's important to understand that the role of the primary plan is crucial, especially when there is also a secondary plan involved. However, the primary plan does not reduce its benefits simply because there is a secondary plan; instead, it operates based on its own policy details to issue the necessary payment. The primary plan's determination is made independently of other potential coverage from secondary plans. Claims forwarding or denial due to lack of coverage highlight the nuances of insurance operations, but do not accurately capture the standardized function of a primary plan when dealing with a valid claim.

9. What do the Security Rules apply to?

- A. All health information, regardless of format
- B. Only non-digitized health records
- C. Individually identifiable health information in electronic form**
- D. Oral health information collected by providers

The Security Rules specifically apply to individually identifiable health information that is stored or transmitted in electronic form. This regulation, part of the Health Insurance Portability and Accountability Act (HIPAA), aims to set standards for safeguarding electronic protected health information (ePHI). The rules outline the necessary administrative, physical, and technical safeguards that must be in place to ensure the confidentiality, integrity, and security of ePHI. This choice is correct because it focuses on the protection and security protocols that healthcare entities must follow when dealing with health information in a digital format. Unlike other formats of health information, such as oral or paper-based records, which may be governed by different rules or guidelines, the Security Rules are explicitly tailored to address the vulnerabilities associated with electronic data. Therefore, the focus on 'individually identifiable health information in electronic form' encapsulates the intent and scope of the Security Rules effectively.

10. What are the two major perils that health insurance policies may cover?

- A. Accident only or sickness only
- B. Accident and disease
- C. Accident and sickness**
- D. Disability and sickness

Health insurance policies are primarily designed to cover two major perils: accidents and sickness. This distinction is important because health insurance aims to mitigate the financial risks associated with unexpected medical events. Accidents refer to unintentional injuries that can occur at any time, resulting in the need for medical treatment. Sickness encompasses a wide range of health issues, including chronic illnesses, diseases, and other medical conditions that require care. By covering both of these perils, health insurance policies ensure that individuals are protected against the costs that can arise from unforeseen health-related incidents, whether they result from an accident or from a medical condition. This dual coverage provides policyholders with comprehensive financial protection and access to necessary healthcare services when needed. The other options either limit coverage to just one of these perils or involve terms that do not accurately reflect the standard classifications used in health insurance. Focusing on accidents and sickness encompasses the range of threats that health insurance is intended to protect against, making this combination the most relevant and widely recognized in the industry.

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://ohhealthinsurance.examzify.com>

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

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