

OHIO HEALTH INSURANCE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. 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!

Questions

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- 1. What was the main goal of the HMO Act?**
 - A. To eliminate the need for health insurance
 - B. To increase insurance premiums
 - C. To reduce the cost of health care through preventative care
 - D. To expand coverage to more people
- 2. What does the Concurrent Review Process monitor?**
 - A. The insured's subsequent doctor visits
 - B. The insured's overall health improvement
 - C. The insured's hospital stay duration
 - D. The insured's medication adherence
- 3. What does the Employee Retirement Income Security Act of 1974 (ERISA) primarily aim to ensure?**
 - A. Job security for employees
 - B. Health coverage for dependents
 - C. Payment of promised pension and benefits to employees
 - D. Regulation of health insurance premiums
- 4. After what period can a claim no longer be denied based on misstatements made in the application, according to the Time Limit On Certain Defenses Provision?**
 - A. 1 year
 - B. 2 years
 - C. 3 years
 - D. 5 years
- 5. How does a Cost of Living Adjustment Rider benefit the insured?**
 - A. It allows for increased coverage with no proof of insurability
 - B. It automatically increases monthly benefits after claim payments start
 - C. It limits benefits to average income over a specified period
 - D. It provides funds for retraining programs

- 6. When do benefits begin for Social Security disability?**
- A. At the start of the disability
 - B. 5 months after the waiting period
 - C. On the 1st of the month after approval
 - D. Within 30 days of application
- 7. What type of medical supplies are covered under Medicare Part B?**
- A. Only emergency medical supplies
 - B. Supplies provided in a doctor's office
 - C. Prescriptions filled at a pharmacy
 - D. Durable medical equipment for home use
- 8. What is required of insurers regarding the Ohio Life and Health Insurance Guaranty Association?**
- A. Create a disclosure document
 - B. Submit annual financial statements
 - C. Conduct regular client surveys
 - D. Provide ongoing training to agents
- 9. What is Business Disability Insurance used for?**
- A. To protect against loss of business income due to employee injuries
 - B. To cover medical expenses for disabled employees
 - C. To safeguard a business when a key employee becomes disabled
 - D. To manage employee payment plans during sick leave
- 10. How is individual disability income insurance typically financed?**
- A. Paid for by the state
 - B. Purchased by the individual
 - C. Provided as part of a group plan
 - D. Covered under Medicare

Answers

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

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Explanations

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1. What was the main goal of the HMO Act?

- A. To eliminate the need for health insurance
- B. To increase insurance premiums
- C. To reduce the cost of health care through preventative care**
- D. To expand coverage to more people

The main goal of the HMO Act was to reduce the cost of health care through preventative care. This landmark legislation, passed in 1973, aimed to promote the development of Health Maintenance Organizations (HMOs), which are designed to provide comprehensive health services to members at a lower cost. By emphasizing preventative care, HMOs encourage members to seek medical attention before conditions become more serious and expensive to treat. This preventative approach not only helps individuals maintain their health but also reduces overall healthcare costs by minimizing hospitalizations and emergency care. The focus on preventative care is critical because it shifts the medical model from reactive treatment to proactive health management. By implementing regular check-ups, screenings, and health education, HMOs can effectively lower the incidence of chronic diseases and manage health risks more efficiently. This ultimately leads to lower healthcare expenditures for both individuals and the healthcare system as a whole.

2. What does the Concurrent Review Process monitor?

- A. The insured's subsequent doctor visits
- B. The insured's overall health improvement
- C. The insured's hospital stay duration**
- D. The insured's medication adherence

The Concurrent Review Process primarily monitors the insured's hospital stay duration. This process involves ongoing evaluation of a patient's treatment and care while they are admitted to a healthcare facility. The aim is to ensure that the healthcare services provided are necessary, appropriate, and delivered in a timely manner. During this review, insurance providers assess whether the length of the hospital stay aligns with the treatment plan and established medical necessity guidelines. By focusing on the duration of the hospital stay, the review process helps to manage healthcare costs and ensure that patients receive the right care at the right time without unnecessary delays or extended hospitalizations. This approach is vital for maintaining efficiency within the healthcare system, as it helps to identify any potential issues early on and allows for timely intervention if the patient's condition warrants a change in the treatment plan. Thus, the correct choice highlights a critical component of healthcare management within the framework of insurance practices.

3. What does the Employee Retirement Income Security Act of 1974 (ERISA) primarily aim to ensure?

- A. Job security for employees
- B. Health coverage for dependents
- C. Payment of promised pension and benefits to employees**
- D. Regulation of health insurance premiums

The Employee Retirement Income Security Act of 1974 (ERISA) primarily aims to ensure the payment of promised pension and benefits to employees. This federal law establishes minimum standards for retirement and health benefit plans in private industry, ensuring that employees receive the benefits they are entitled to, as promised by their employers. ERISA sets forth guidelines for how these plans must be managed, including requirements for transparency and accountability, protecting employees against the loss of their promised benefits. By creating a framework that safeguards the interests of participants in employee benefit plans, ERISA helps ensure that funds will be available for employees when they retire or when they need to access other employee benefits. This is crucial for employees who rely on these benefits for their financial security in retirement and for their overall well-being. While the other options touch on important aspects of employee rights and benefits, they do not directly capture the primary focus of ERISA, which is centered on the management and protection of pension and benefit plans.

4. After what period can a claim no longer be denied based on misstatements made in the application, according to the Time Limit On Certain Defenses Provision?

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

The Time Limit On Certain Defenses Provision is a crucial component in health insurance policies as it protects policyholders from having their claims denied based on misstatements in the application after a certain time frame. In Ohio, as in many states, this provision establishes that if a policy has been in force for two years, it cannot be contested based on misstatements made in the initial application, except in instances of fraud. This two-year period is designed to provide stability and assurance to the insured, ensuring that after this duration, they can rely on their insurance coverage without fear of retroactive denial due to information that may have been misleading but not intentionally fraudulent. The rationale behind this provision is to encourage honesty during the application process while simultaneously protecting policyholders from indefinite liability over potentially minor inaccuracies in their application. Other time frames, such as one year, three years, or five years, do not align with the established standards in this provision, which specifically sets the limit at two years. Hence, the option indicating two years as the duration at which claims can no longer be denied based on misstatements in the application is the accurate choice.

5. How does a Cost of Living Adjustment Rider benefit the insured?

- A. It allows for increased coverage with no proof of insurability
- B. It automatically increases monthly benefits after claim payments start**
- C. It limits benefits to average income over a specified period
- D. It provides funds for retraining programs

The Cost of Living Adjustment (COLA) Rider is designed to help maintain the purchasing power of the insured's benefits over time. When an insured individual has this rider, their monthly benefits automatically increase after claim payments begin, typically in line with an index that reflects inflation or the cost of living. This is particularly important because, without such adjustments, the real value of fixed benefits can diminish over time due to inflation. Therefore, having a COLA rider ensures that the benefits keep pace with rising costs, thereby providing more effective financial protection and support to the insured. This feature is essential for long-term disability policies and other insurance types where benefits may be paid out for extended periods, as it protects the financial stability of the insured in the face of economic changes.

6. When do benefits begin for Social Security disability?

- A. At the start of the disability
- B. 5 months after the waiting period**
- C. On the 1st of the month after approval
- D. Within 30 days of application

Benefits for Social Security disability begin five months after the onset of the disability, which is referred to as the waiting period. This means that there is a five-month delay before any benefits start being paid out. This waiting period is in place to ensure that the disability is a lasting condition and to prevent short-term disabilities from qualifying for benefits. The rationale behind this waiting period is to allow the Social Security Administration to assess the severity and permanence of the disability. As such, applicants must provide sufficient medical evidence to support their claims, and benefits are only awarded once this waiting period has been completed. Other options do not align with the Federal Social Security guidelines. For example, stating that benefits begin at the start of the disability does not account for this crucial waiting period. Similarly, the idea that benefits begin on the 1st of the month after approval does not accurately reflect the structure of the program since approval and the waiting period must both be considered, and benefits starting within 30 days of application also fails to capture the mandatory waiting period that applies.

7. What type of medical supplies are covered under Medicare Part B?

- A. Only emergency medical supplies
- B. Supplies provided in a doctor's office**
- C. Prescriptions filled at a pharmacy
- D. Durable medical equipment for home use

Medicare Part B covers a wide variety of medically necessary supplies and equipment, particularly when they are used to treat health conditions as prescribed by a physician. The coverage includes durable medical equipment, which is designed for repeated use and may be used in a home setting. This includes items such as wheelchairs, walkers, and oxygen equipment. Medicare Part B also covers certain supplies that must be provided within a doctor's office, including diagnostic tests, outpatient services, and other items that assist healthcare providers in the treatment of patients. These supplies must be medically necessary and prescribed as a part of the treatment protocol. Choosing supplies provided in a doctor's office as coverage focuses on the context of outpatient care, where medical supplies are integral to the services rendered. Other types of supplies, such as emergency medical supplies or those used in-home settings, may have different guidelines under Medicare Part B. Thus, they may not consistently be included in coverage like those utilized within a professional healthcare environment.

8. What is required of insurers regarding the Ohio Life and Health Insurance Guaranty Association?

- A. Create a disclosure document
- B. Submit annual financial statements
- C. Conduct regular client surveys
- D. Provide ongoing training to agents

Insurers in Ohio are required to create a disclosure document that informs policyholders about the Ohio Life and Health Insurance Guaranty Association. This document is crucial as it outlines the protections available to insured individuals in the event that an insurance company becomes insolvent. The disclosure serves to educate consumers on how the Guaranty Association can help safeguard their insurance coverage and claims. Providing this information ensures that consumers are aware of their rights and the financial safety net available to them, which is a key aspect of transparency in the insurance industry. This requirement helps to foster trust between insurers and consumers by ensuring that policyholders have access to vital information regarding the stability of their insurance policies.

9. What is Business Disability Insurance used for?

- A. To protect against loss of business income due to employee injuries
- B. To cover medical expenses for disabled employees
- C. To safeguard a business when a key employee becomes disabled
- D. To manage employee payment plans during sick leave

Business Disability Insurance is designed to safeguard a business when a key employee becomes disabled. Key employees are critical to the success and operations of a business; their absence can significantly impact productivity and revenue. This type of insurance provides financial support that can help the business cover ongoing expenses, find and train a temporary replacement, or manage any lost profits during the period of the employee's disability. The focus of this insurance is specifically on the impact of a key person's disability on the business itself, rather than on individual employee medical expenses or income loss due to general employee injuries. While other options touch on related areas of employee welfare and business management, Business Disability Insurance is ultimately about ensuring that the business can sustain itself and continue operating smoothly in the face of such challenges.

10. How is individual disability income insurance typically financed?

- A. Paid for by the state
- B. Purchased by the individual
- C. Provided as part of a group plan
- D. Covered under Medicare

Individual disability income insurance is typically financed by being purchased directly by the individual who requires coverage. This type of insurance allows people to secure income protection in the event they become unable to work due to a disability. When individuals choose to buy their own disability insurance policy, they can customize the coverage to fit their specific needs, including benefit amounts, waiting periods, and duration of the benefits. This personal ownership means that the individual is responsible for paying the premiums, which can provide more tailored coverage than group plans. In contrast, options like being paid for by the state, provided as part of a group plan, or covered under Medicare do not apply in the same way. State-funded programs typically provide assistance for those in need, but they are not specifically designed as individual disability income policies. Group plans might offer some disability coverage but are not the primary method of financing individual plans. Additionally, Medicare does not cover income protection for disabilities, focusing instead on healthcare services. Thus, the option to purchase individual disability income insurance is the most direct and appropriate way for individuals to secure this type of financial protection.

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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