

Vermont Life, Accident & Health (LAH) 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,

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	6
Answers	9
Explanations	11
Next Steps	17

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!

SAMPLE

Questions

- 1. Which of the following accurately reflects the purpose of managed care?**
 - A. To eliminate all costs associated with healthcare**
 - B. To provide a structured approach to health service delivery and cost control**
 - C. To encourage competition among different healthcare providers**
 - D. To focus solely on emergency medical services**
- 2. What is a term conversion rider?**
 - A. A feature allowing policyholders to increase their coverage limits**
 - B. A provision allowing the insured to convert a term insurance policy to permanent life insurance without proof of insurability**
 - C. A clause that defines the term length of a policy**
 - D. A rider that reduces premiums for smokers**
- 3. What is a key feature of whole life insurance?**
 - A. This insurance type is typically cheaper than term life**
 - B. It includes a cash value component**
 - C. It only pays out if the insured dies within a set time frame**
 - D. This type has no guaranteed payout**
- 4. Which of the following is a goal of the ACA?**
 - A. To make healthcare more restrictive**
 - B. To make health insurance more exclusive for higher income individuals**
 - C. To increase the quality of healthcare and accessibility for all**
 - D. To reduce healthcare options**
- 5. What is a “co-payment” in health insurance?**
 - A. The total amount paid for an insurance policy annually**
 - B. A fixed amount the insured pays for a specific health care service at the time of service**
 - C. The total cost of all premiums over a lifetime**
 - D. An additional fee for out-of-network services**

- 6. In health insurance, what is a "provider"?**
- A. A healthcare professional or facility that delivers medical services or treatment**
 - B. An organization that creates health insurance policies**
 - C. A government entity that regulates insurance companies**
 - D. A patient who receives health care services**
- 7. What is a waiting period in health insurance?**
- A. A time frame for premium payment before coverage begins**
 - B. The duration before an insurance policy is issued**
 - C. A set time before coverage activates for certain conditions**
 - D. A period during which claims cannot be processed**
- 8. What is the difference between a "rider" and a "policy"?**
- A. A rider is the main contract, while a policy is an additional provision**
 - B. A rider adds coverage options, while a policy is the main contract**
 - C. A rider is a type of policy, while a policy is separate**
 - D. A rider and a policy are the same thing**
- 9. What requirement does the Affordable Care Act (ACA) enforce regarding pre-existing conditions?**
- A. Allows insurers to deny coverage for pre-existing conditions**
 - B. Requires coverage for pre-existing conditions**
 - C. Limits the coverage to emergency services for pre-existing conditions**
 - D. Exempts some plans from covering pre-existing conditions**
- 10. What is the continuing education requirement for life and health agents in Vermont?**
- A. 15 hours every year**
 - B. 20 hours every 2 years**
 - C. 24 hours every 2 years**
 - D. 30 hours every year**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which of the following accurately reflects the purpose of managed care?

- A. To eliminate all costs associated with healthcare**
- B. To provide a structured approach to health service delivery and cost control**
- C. To encourage competition among different healthcare providers**
- D. To focus solely on emergency medical services**

Managed care is designed to provide a structured approach to health service delivery and cost control. The primary goal of managed care is to coordinate patient care efficiently while managing healthcare costs. This approach involves implementing various strategies such as utilizing a network of healthcare providers, requiring prior authorizations for certain services, and emphasizing preventive care to avoid unnecessary expenses. By doing so, managed care aims to improve the quality of care provided and contain costs, benefiting both patients and insurers. The other options do not reflect the essence of managed care accurately. Eliminating all healthcare costs is neither feasible nor desirable, as healthcare services require funding and resources. While competition among providers can be an element of the healthcare market, it is not the primary purpose of managed care, which focuses on coordination and efficiency. Additionally, managed care encompasses a broad range of services, not just emergency medical services, which is a narrow focus and not representative of its overall objective.

2. What is a term conversion rider?

- A. A feature allowing policyholders to increase their coverage limits**
- B. A provision allowing the insured to convert a term insurance policy to permanent life insurance without proof of insurability**
- C. A clause that defines the term length of a policy**
- D. A rider that reduces premiums for smokers**

A term conversion rider is a valuable provision attached to a term life insurance policy, granting policyholders the right to convert their existing term policy into a permanent life insurance policy without requiring proof of insurability. This means that when a policyholder decides they would like to transition to a permanent policy, they can do so regardless of any changes in their health status that may have occurred since they originally purchased the term policy. This option is particularly advantageous because it allows individuals to secure lifelong coverage without having to undergo medical exams or provide additional health information at the time of conversion. It offers flexibility and peace of mind, especially for those who may develop health issues later in life or wish to continue life insurance protection beyond the term's expiration. The other options do not accurately describe the functionality of a term conversion rider. For instance, increasing coverage limits pertains to a different type of policy feature, while defining the term length of a policy or providing premium reductions for specific risks (like smoking) relate to other provisions or riders but do not encompass the main purpose of the term conversion rider.

3. What is a key feature of whole life insurance?

- A. This insurance type is typically cheaper than term life
- B. It includes a cash value component**
- C. It only pays out if the insured dies within a set time frame
- D. This type has no guaranteed payout

Whole life insurance is characterized by its cash value component, which distinguishes it from term life insurance. As policyholders pay their premiums, a portion of these payments builds up as cash value over time. This cash value can grow at a guaranteed rate and may also accumulate dividends, depending on the policy. The presence of this cash value allows policyholders not only to have life insurance coverage for their entire lifetime, as long as premiums are paid, but also to borrow against this value or withdraw funds during their lifetime if needed. This dual benefit of lifelong coverage combined with the potential for cash value accumulation is a fundamental aspect of whole life insurance, making this choice the most accurate description of its key feature.

4. Which of the following is a goal of the ACA?

- A. To make healthcare more restrictive
- B. To make health insurance more exclusive for higher income individuals
- C. To increase the quality of healthcare and accessibility for all**
- D. To reduce healthcare options

The Affordable Care Act (ACA) was designed primarily to increase the quality of healthcare and make it more accessible to a wider range of individuals, especially those who may have previously been underserved or unable to afford health insurance. One of the key aspects of the ACA is expanding access through measures such as the creation of health insurance marketplaces, providing subsidies for low to moderate-income individuals, and expanding Medicaid eligibility in many states. Additionally, the ACA emphasizes quality improvement in healthcare through mandates that aim to enhance patient care and outcomes. This includes provisions for preventive services that must be covered without cost-sharing, as well as initiatives focused on reducing hospital readmission rates and promoting overall health management. This focus aligns with the principle of promoting health equity, ensuring that individuals regardless of socioeconomic status have the means to obtain necessary healthcare services. The act also includes regulations aimed at preventing insurance companies from denying coverage for pre-existing conditions, further supporting a more inclusive healthcare environment.

5. What is a “co-payment” in health insurance?

- A. The total amount paid for an insurance policy annually
- B. A fixed amount the insured pays for a specific health care service at the time of service**
- C. The total cost of all premiums over a lifetime
- D. An additional fee for out-of-network services

A co-payment, commonly referred to as a "co-pay," is a fixed amount that the insured is responsible for paying at the time of receiving specific health care services. This amount is predetermined by the insurance policy and can vary depending on the type of service provided. For example, an insured might pay a different co-payment for a primary care visit compared to a specialist consultation or for prescription medications. This arrangement helps to share the cost of healthcare services between the insured and the insurance provider, making it more affordable for consumers at the point of service. Co-payments do not count towards the deductible and typically apply after the deductible is met, depending on the policy. Other options do not accurately reflect the definition of a co-payment. The total amount paid for an insurance policy annually refers to premium costs, while the total cost of all premiums over a lifetime illustrates a different aspect of insurance contracts. An additional fee for out-of-network services typically describes out-of-pocket expenses that might occur when an insured chooses a provider not contracted with their insurance plan, rather than a co-payment for standard services.

6. In health insurance, what is a “provider”?

- A. A healthcare professional or facility that delivers medical services or treatment**
- B. An organization that creates health insurance policies
- C. A government entity that regulates insurance companies
- D. A patient who receives health care services

In the context of health insurance, a "provider" refers to a healthcare professional or facility that delivers medical services or treatment. This includes a wide range of individuals and entities such as doctors, nurses, hospitals, clinics, and other healthcare practitioners who are responsible for offering care and services to patients. Providers play a crucial role in the healthcare system as they are the ones who diagnose, treat, and manage various health conditions for patients. Understanding the role of providers is essential for those involved in health insurance as it directly relates to the delivery of covered services. They are typically part of a network that insurers work with to offer care to policyholders, and their interactions with patients often dictate how insurance claims are processed and reimbursed. The other options relate to different aspects of the healthcare and insurance landscape. Some describe aspects of the insurance industry or regulatory body roles, which do not align with the specific definition of a provider in health insurance.

7. What is a waiting period in health insurance?

- A. A time frame for premium payment before coverage begins
- B. The duration before an insurance policy is issued
- C. A set time before coverage activates for certain conditions**
- D. A period during which claims cannot be processed

A waiting period in health insurance specifically refers to the designated time frame before coverage becomes effective for certain conditions. This is often applicable in cases of pre-existing conditions or specific types of care, where the insurer imposes a delay to avoid covering immediate claims for issues that the insured might have before the policy begins. For instance, if a health insurance policy has a 90-day waiting period for surgery related to a pre-existing condition, the insured will need to wait for that period to elapse before the insurer will cover any costs associated with that surgery. This practice helps insurers manage risk and provide a more sustainable coverage model. This understanding clarifies the importance of the waiting period, distinguishing it from other concepts like the timeframe for policy issuance or the timing of premium payments, which are fundamentally different aspects of the insurance process.

8. What is the difference between a "rider" and a "policy"?

- A. A rider is the main contract, while a policy is an additional provision
- B. A rider adds coverage options, while a policy is the main contract**
- C. A rider is a type of policy, while a policy is separate
- D. A rider and a policy are the same thing

The correct answer highlights that a rider adds coverage options to an insurance policy, which serves as the main contract between the insurer and the insured. In the context of insurance, a policy is the foundational document that outlines the terms, conditions, and coverage provided by the insurer. It is the primary agreement that details the rights and obligations of both parties. On the other hand, a rider is an amendment or an additional provision that can be attached to a policy to modify its coverage. Riders allow policyholders to customize their insurance plans according to their specific needs, such as adding coverage for critical illness or changing the payout structure. Understanding this distinction is essential because it emphasizes how riders enhance or alter the existing coverage provided by the main policy, rather than serving as standalone documents. This customization through riders allows insured individuals to tailor their coverage to better suit their circumstances, ultimately providing greater flexibility in managing risk.

- 9. What requirement does the Affordable Care Act (ACA) enforce regarding pre-existing conditions?**
- A. Allows insurers to deny coverage for pre-existing conditions**
 - B. Requires coverage for pre-existing conditions**
 - C. Limits the coverage to emergency services for pre-existing conditions**
 - D. Exempts some plans from covering pre-existing conditions**

The Affordable Care Act (ACA) fundamentally changed the way health insurance interacts with pre-existing conditions by requiring insurers to provide coverage regardless of an individual's health history. This means that insurance companies cannot deny coverage or charge higher premiums based on pre-existing conditions. This requirement is crucial as it promotes inclusivity in health care, ensuring that individuals cannot be discriminated against due to past health issues, which can significantly affect their ability to obtain insurance. The ACA aims to broaden access to healthcare and prevent individuals from being left without coverage for conditions that they might already have when seeking insurance, thus contributing to a more equitable health care system. This provision is a key component of the ACA's goal to ensure that all Americans have access to affordable health care.

- 10. What is the continuing education requirement for life and health agents in Vermont?**
- A. 15 hours every year**
 - B. 20 hours every 2 years**
 - C. 24 hours every 2 years**
 - D. 30 hours every year**

In Vermont, life and health insurance agents are required to complete 24 hours of continuing education every two years. This requirement ensures that agents remain knowledgeable about the latest industry practices, regulations, and developments, which is essential to providing clients with accurate and current information regarding insurance products. The 24-hour requirement aligns with broader trends in the insurance industry aimed at maintaining high standards of practice and competency among professionals. By participating in continuing education, agents can enhance their skills and understanding of topics such as underwriting, policy provisions, and consumer protection laws. The other options suggest either an unrealistic annual requirement or do not align with Vermont's established guidelines for continuing education for insurance agents.

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://vermontlahinsurance.examzify.com>

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