Health Insurance Quiz

1. In the United States how much of the gross national product is spent on

healthcare?

A. 10%

B. 17%

C. 24%

D. 31%

2. Co-insurance and co-payment refer to the same thing.

A. True

B. False

3. Which of the following is not a type of health insurance plan?

A. Health Maintenance Organization (HMO)

B. Preferred Provider Organization (PPO)

C. Health Provider Organization (HPO)

D. Point of Service (POS)

4. The only way to get health insurance coverage is through an employer.

A. True

B. False

5. A 30-year-old woman broke her arm and went to the emergency room for

treatment. Her health insurance plan has a $1,500 deductible. What does this

mean?

A. She can deduct $1,500 from the hospital bill, but must pay the rest

B. The hospital will only charge her $1,500

C. She is responsible for paying $1,500 of her medical expenses before her

insurance policy starts to pay

D. Her insurance company is responsible for paying $1,500 and she must pay

the rest

6. A store clerk has an individual health insurance plan with a $20 co-payment for in-

network doctor visits. She goes to her doctor, who is in-network, twice during the

year. What can she expect to pay for health care for the year?

A. $40 in co-payments only

B. Her premiums plus $40 in co-payments plus any extra costs for prescriptions

or non-covered services

C. Her premiums plus $40 in co-payments plus an extra office fee and any extra

costs for non-covered services

D. None of the above

7. Costs for medical tests are universally the same throughout the country.

A. True

B. False

8. Which of the following insurance does not allow the insured to go out of network?

A. Preferred Provider

B. Health Maintenance Organization

C. Point-of-Service

D. All of the above

9. Which of the following is funded by federal and state governments?

A. CHIPS  
 B. Medicare

C. Medicaid

D. All of the above

10. Define in your own words managed care.