

2026 Federally-facilitated Marketplace (FFM) Agent/Broker Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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 outcome does the Marketplace aim to achieve through its non-discrimination policy?**
 - A. To simplify insurance paperwork**
 - B. To expand insurance options without discrimination**
 - C. To eliminate the need for health insurance**
 - D. To reduce healthcare costs**

- 2. What is the primary purpose of the Federally-facilitated Marketplace (FFM)?**
 - A. To provide a platform for health insurance companies**
 - B. To allow individuals and small businesses to compare and purchase health insurance plans**
 - C. To assist employers in providing health benefits**
 - D. To regulate the health insurance market**

- 3. What would be an allowable premium amount for Aiping given his situation?**
 - A. \$100**
 - B. \$150**
 - C. \$300**
 - D. \$400**

- 4. What does it mean for a Marketplace to be "Federally-facilitated"?**
 - A. It means the state governments operate the Marketplace**
 - B. It means the federal government operates the Marketplace**
 - C. It includes both state and federal oversight**
 - D. It only allows private insurers to operate**

- 5. Which scenario best illustrates the concept of a health insurance premium?**
 - A. A one-time payment made when receiving healthcare**
 - B. A recurring cost associated with maintaining health coverage**
 - C. The total expenses incurred by a hospital visit**
 - D. Funding for public health initiatives**

- 6. What is one key action agents and brokers should take to avoid data matching issues in Marketplace applications?**
- A. Increase consumer financial assistance paperwork**
 - B. Ensure accurate consumer information submission**
 - C. Advise consumers to terminate Marketplace coverage**
 - D. Offer personalized plan selection guidance**
- 7. Is it true or false that Sonya and Jamar live together with their daughter Gabrielle and are considered one tax household?**
- A. True**
 - B. False**
 - C. Depends on state laws**
 - D. Only true if they file jointly**
- 8. Which of the following is NOT an Essential Health Benefit?**
- A. Emergency services**
 - B. Surgical services**
 - C. Cosmetic surgery**
 - D. Maternity care**
- 9. What is a potential consequence of not addressing data matching issues during Marketplace applications?**
- A. Increased consumer satisfaction**
 - B. Delays in application processing**
 - C. Loss of Marketplace coverage and/or financial assistance**
 - D. Reduction in plan options**
- 10. What type of service must always be covered without cost-sharing in health insurance?**
- A. Emergency services**
 - B. Preventive services**
 - C. Treatment for chronic illnesses**
 - D. Cosmetic procedures**

Answers

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

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Explanations

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1. What outcome does the Marketplace aim to achieve through its non-discrimination policy?

- A. To simplify insurance paperwork**
- B. To expand insurance options without discrimination**
- C. To eliminate the need for health insurance**
- D. To reduce healthcare costs**

The correct response emphasizes the Marketplace's commitment to ensuring that all individuals, regardless of their race, color, national origin, sex, age, or disability, have equal access to health insurance options. Through its non-discrimination policy, the Marketplace aims to eliminate barriers that might prevent certain groups from obtaining health coverage, promoting a fair and equitable healthcare system for everyone. This is particularly important as it aligns with the overarching goals of the Affordable Care Act, which seeks to increase access to care and improve healthcare outcomes for all populations. The other options do not directly address the core intention behind the non-discrimination policy. Simplifying insurance paperwork, while beneficial, is not a specific aim of the non-discrimination initiative. Eliminating the need for health insurance contradicts the goal of ensuring health coverage for individuals. Reducing healthcare costs is a broader objective that can be impacted by many factors but is not the primary focus of the non-discrimination policy itself.

2. What is the primary purpose of the Federally-facilitated Marketplace (FFM)?

- A. To provide a platform for health insurance companies**
- B. To allow individuals and small businesses to compare and purchase health insurance plans**
- C. To assist employers in providing health benefits**
- D. To regulate the health insurance market**

The primary purpose of the Federally-facilitated Marketplace (FFM) is to allow individuals and small businesses to compare and purchase health insurance plans. This marketplace was established under the Affordable Care Act (ACA) to create a centralized platform where consumers can easily access a variety of health insurance options. The marketplace aims to improve transparency in pricing and coverage options, enabling consumers to make informed choices that best fit their needs and budgets. By centralizing these services, the FFM also helps facilitate enrollment in health insurance, particularly for those who may qualify for subsidies or other assistance programs. This focus on individual and small business access is aligned with the goals of increasing health insurance coverage and ensuring more people have the opportunity to secure affordable care. The other options outlined, although relevant to the overall health insurance landscape, do not capture the essence of the FFM's primary function. The marketplace is not primarily a platform for insurance companies to operate, nor does it focus on employer benefits or regulatory roles, which are handled by other entities and frameworks within the health care system.

3. What would be an allowable premium amount for Aiping given his situation?

- A. \$100
- B. \$150
- C. \$300**
- D. \$400

To determine the allowable premium amount for Aiping, several factors regarding his financial and personal circumstances need to be considered. Allowable premium amounts are often influenced by an individual's income, household size, age, and potential eligibility for various subsidies through the Marketplace. In assessing Aiping's situation, if the calculated allowable premium is \$300, it likely aligns with Federal guidelines for affordability, which incorporate the percentage of Aiping's income that may be allocated towards health insurance premiums. The Affordable Care Act establishes that premiums should not exceed a certain percentage of an individual's or family's annual income for coverage to be deemed affordable. Given Aiping's financial situation—assuming he qualifies for certain subsidies based on his income—\$300 represents a premium that falls within the acceptable range established by the Marketplace. It provides balance, ensuring that health coverage is accessible while not placing an undue financial burden on Aiping. The chosen amount would also take into account the specific plan benefits and coverage levels Aiping may require, optimizing his health care access while being mindful of his financial constraints.

4. What does it mean for a Marketplace to be "Federally-facilitated"?

- A. It means the state governments operate the Marketplace
- B. It means the federal government operates the Marketplace**
- C. It includes both state and federal oversight
- D. It only allows private insurers to operate

A Marketplace being "Federally-facilitated" specifically means that it is operated by the federal government. This designation indicates that when states opt not to create their own health insurance exchanges, the federal government steps in to manage and provide an exchange for residents of those states. This setup was established under the Affordable Care Act to ensure that all Americans, regardless of their state's decision, have access to health insurance options. The other options reflect different arrangements regarding health insurance marketplaces. The assertion that state governments operate the Marketplace contradicts the definition of a federally-facilitated Marketplace. Likewise, the idea of both state and federal oversight applies to state-based exchanges or partnerships, rather than one run solely by the federal government. Finally, the option mentioning only private insurers fails to recognize that federally-facilitated marketplaces can include public options and federal regulation, ensuring a broader scope of coverage rather than exclusively private plans.

5. Which scenario best illustrates the concept of a health insurance premium?

- A. A one-time payment made when receiving healthcare**
- B. A recurring cost associated with maintaining health coverage**
- C. The total expenses incurred by a hospital visit**
- D. Funding for public health initiatives**

A health insurance premium is a recurring cost that individuals or employers must pay to maintain health coverage. This payment is typically made on a monthly basis and is essential for keeping an active health insurance policy. The premium is separate from other healthcare costs, such as deductibles or copayments, that may be required when receiving medical services. In this context, the other options do not accurately define a premium. A one-time payment made when receiving healthcare refers to direct payments for services, but it does not represent ongoing insurance costs like premiums do. The total expenses incurred by a hospital visit instead describe the costs associated with care rather than the ongoing payment for maintaining insurance coverage. Finally, funding for public health initiatives relates to government funding, not the individual costs associated with personal health insurance policies. Therefore, the recurring nature of the cost in option B clearly aligns with the definition of a health insurance premium.

6. What is one key action agents and brokers should take to avoid data matching issues in Marketplace applications?

- A. Increase consumer financial assistance paperwork**
- B. Ensure accurate consumer information submission**
- C. Advise consumers to terminate Marketplace coverage**
- D. Offer personalized plan selection guidance**

Ensuring accurate consumer information submission is crucial for agents and brokers aiming to avoid data matching issues in Marketplace applications. When agents and brokers submit precise and complete information regarding a consumer's identity, income, household size, and other relevant details, it minimizes the risk of discrepancies that could lead to delays in eligibility determinations or issues in securing health insurance coverage through the Marketplace. Data matching issues often arise if the information provided does not match what is held by federal and state agencies, which could result in additional verification steps and potential barriers to obtaining coverage. By focusing on accuracy when collecting and entering consumer information, agents and brokers can enhance the efficiency of the application process and ensure that consumers receive the assistance they need without unnecessary complications. This proactive measure ultimately leads to a smoother experience for both agents and consumers when interacting with the Marketplace.

7. Is it true or false that Sonya and Jamar live together with their daughter Gabrielle and are considered one tax household?

A. True

B. False

C. Depends on state laws

D. Only true if they file jointly

In determining whether Sonya and Jamar, living together with their daughter Gabrielle, are considered one tax household, it's important to understand how tax households are defined. A tax household typically includes individuals who are related and live together. However, in situations of unmarried couples, such as Sonya and Jamar, they are generally considered separate tax households unless specific conditions apply, such as jointly filing their taxes, which integrates their incomes and tax situations. Because Sonya and Jamar are not married, they must file their taxes as separate individuals unless they choose to file jointly, which is not the case here under standard circumstances. As such, they do not constitute a single tax household because their status as unmarried individuals affects how they are classified for tax purposes. This clarifies why the answer is false.

8. Which of the following is NOT an Essential Health Benefit?

A. Emergency services

B. Surgical services

C. Cosmetic surgery

D. Maternity care

Cosmetic surgery is not classified as an Essential Health Benefit under the Affordable Care Act. Essential Health Benefits are a set of health care service categories that must be covered by certain health plans, including those offered through the Federally-facilitated Marketplace. These benefits are designed to ensure comprehensive coverage, addressing diverse healthcare needs across the population. The other options listed—emergency services, surgical services, and maternity care—are considered essential as they provide critical care that is necessary for the health and well-being of individuals. Emergency services ensure immediate treatment for life-threatening conditions, surgical services cover necessary medical procedures, and maternity care addresses the health needs of pregnant individuals and their newborns. Therefore, cosmetic surgery does not fit into these essential categories, primarily because it is often performed for aesthetic rather than necessary medical reasons.

9. What is a potential consequence of not addressing data matching issues during Marketplace applications?

- A. Increased consumer satisfaction**
- B. Delays in application processing**
- C. Loss of Marketplace coverage and/or financial assistance**
- D. Reduction in plan options**

Not addressing data matching issues during Marketplace applications can lead to significant consequences related to the consumer's ability to utilize health coverage and financial assistance. When discrepancies arise in the data provided, it can cause the Marketplace to question the validity of the information. As a result, consumers may find themselves facing a loss of marketplace coverage and/or financial assistance. If a consumer's application cannot be resolved due to unaddressed data matching issues, they may not be eligible for the coverage they initially qualified for or may lose eligibility for financial subsidies that reduce their costs. This highlights the importance of ensuring accurate and consistent data submission during the application process to prevent disruptions in coverage and financial support. The other potential options related to consumer satisfaction and application processing delays, while relevant issues in the context of the Marketplace, do not capture the most direct and severe outcome that can occur from not resolving data matching issues.

10. What type of service must always be covered without cost-sharing in health insurance?

- A. Emergency services**
- B. Preventive services**
- C. Treatment for chronic illnesses**
- D. Cosmetic procedures**

Preventive services are specified by the Affordable Care Act (ACA) to be covered without cost-sharing. This means that individuals can access important preventive care such as vaccinations, screenings, and annual wellness visits without having to pay out-of-pocket costs like deductibles, copayments, or coinsurance. The intention behind this policy is to encourage individuals to utilize preventive care that can help in early detection and reduce the likelihood of more serious health issues, ultimately leading to better health outcomes and reduced overall healthcare costs. While emergency services are crucial and must be covered, they may involve cost-sharing depending on the specifics of the health plan. Treatment for chronic illnesses is essential as well, but it typically does not fall under the category of services that are exempt from cost-sharing, as it often involves ongoing management that can incur costs. Cosmetic procedures are usually not covered at all by health plans, as they are considered elective and not medically necessary.

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://2026femagent.examzify.com>

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

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