

AARP Medicare Supplement Insurance Plans Certification Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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

- 1. Are individuals allowed to apply for multiple Medicare Supplement plans at once?**
 - A. Yes, they can apply for as many as they want**
 - B. No, individuals are allowed only one Medigap policy at a time**
 - C. Yes, but only two plans simultaneously**
 - D. No, but they can switch plans as many times as desired**
- 2. What happens to a Medicare Supplement plan if the policyholder dies?**
 - A. The policy is automatically transferred to a family member**
 - B. The policy may end, or benefits may be provided to surviving family members**
 - C. It remains active until cancelled by the family**
 - D. The insurer will reinstate the policy in the future**
- 3. At what age do individuals typically become eligible for AARP Medicare Supplement plans?**
 - A. 60**
 - B. 65**
 - C. 70**
 - D. 75**
- 4. How are Medicare Supplement policies generally affected by state regulations?**
 - A. States can introduce additional enrollment periods**
 - B. States cannot regulate any aspect of these policies**
 - C. States must follow federal guidelines strictly**
 - D. States may increase premium rates as desired**
- 5. What should an applicant consider when selecting a Medicare Supplement Plan?**
 - A. Plan availability in their state**
 - B. Availability of online enrollment options**
 - C. Popularity of the insurance provider**
 - D. Age of the applicant**

- 6. When can someone switch their Medicare Supplement plan without penalty?**
- A. Anytime during the year**
 - B. Only during the Open Enrollment Period or with Guaranteed Issue Rights**
 - C. At the end of the year only**
 - D. During their birthday month**
- 7. What types of out-of-pocket costs are typically covered by Medicare Supplement Insurance?**
- A. Only deductibles**
 - B. Prescription drugs and hospital stays**
 - C. Coinsurance, copayments, and deductibles**
 - D. All healthcare services fully**
- 8. What is the typical duration of the Medicare Supplement open enrollment period?**
- A. Six months after turning 65 and enrolling in Part B**
 - B. Two months before turning 65**
 - C. One year from applying for Medicare**
 - D. Immediately after applying for Medicare**
- 9. Can you purchase a Medicare Supplement Plan if you are under 65?**
- A. No, it is not allowed in any state**
 - B. Yes, in all states**
 - C. Yes, in some states with varying regulations**
 - D. No, only if you are already enrolled in Medicare**
- 10. What is one of the main purposes of Medicare Supplement Plans?**
- A. To provide dental coverage.**
 - B. To fill the gaps in Medicare coverage.**
 - C. To manage long-term care expenses.**
 - D. To offer supplementary drug benefits.**

Answers

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

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Explanations

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1. Are individuals allowed to apply for multiple Medicare Supplement plans at once?

- A. Yes, they can apply for as many as they want**
- B. No, individuals are allowed only one Medigap policy at a time**
- C. Yes, but only two plans simultaneously**
- D. No, but they can switch plans as many times as desired**

Individuals are allowed to apply for only one Medicare Supplement (Medigap) policy at a time. This is because Medicare Supplement plans are designed to work with original Medicare, filling in the gaps related to coinsurance, copayments, and deductibles. Having more than one Medigap policy can lead to complications, such as overlapping coverage or difficulty processing claims, and could potentially result in being over-insured or facing higher costs. If someone were to hold multiple Medigap policies simultaneously, it could cause confusion regarding which policy is responsible for payment, and insurers may not cover claims appropriately. Additionally, Medicare regulations prohibit individuals from having more than one Medigap policy in effect at the same time, thus ensuring a streamlined and efficient process for both the insured and the insurers involved. Switching plans or changing Medigap policies is indeed permissible, but this should be done one at a time to maintain compliance with these regulations. This helps ensure that beneficiaries are adequately informed and obtain the best supplemental coverage suited to their healthcare needs.

2. What happens to a Medicare Supplement plan if the policyholder dies?

- A. The policy is automatically transferred to a family member**
- B. The policy may end, or benefits may be provided to surviving family members**
- C. It remains active until cancelled by the family**
- D. The insurer will reinstate the policy in the future**

When a policyholder of a Medicare Supplement plan passes away, the correct outcome is that the policy may end, or benefits may be provided to surviving family members under certain circumstances. Typically, Medicare Supplement plans, also known as Medigap, are individual contracts that do not automatically transfer to family members upon the death of the insured. While some states may have specific regulations that allow certain benefits to be continued for surviving dependents, in most cases, the policy terminates with the policyholder's death. It's also important to note that beneficiaries do not have the legal right to continue the policy unless designated options are available, such as in cases where the policy specifically allows for continuation or conversion for dependents. The remaining family members would need to explore other coverage options or obtain new policies if needed. This understanding ultimately reinforces the nature of Medicare Supplement plans as individual coverage, and highlights the need for survivors to be informed of their options following the death of the insured.

3. At what age do individuals typically become eligible for AARP Medicare Supplement plans?

- A. 60
- B. 65**
- C. 70
- D. 75

Individuals typically become eligible for AARP Medicare Supplement plans at the age of 65 because this aligns with the age at which most people qualify for Medicare benefits. When individuals reach 65, they can enroll in Medicare Part A (hospital insurance) and Part B (medical insurance). AARP Medicare Supplement plans are designed to enhance Medicare coverage by covering additional costs such as deductibles, copayments, and coinsurance that are not fully paid by Medicare. This age of eligibility is significant because it marks a transition point for many individuals into the Medicare system, enabling them to access necessary health benefits as they age. While some may choose to enroll in Medicare early due to certain disabilities or qualifying conditions, the general age of 65 remains the standard. Hence, the choice of 65 is aligned with the broader eligibility criteria established by Medicare and the nature of AARP's offerings.

4. How are Medicare Supplement policies generally affected by state regulations?

- A. States can introduce additional enrollment periods**
- B. States cannot regulate any aspect of these policies
- C. States must follow federal guidelines strictly
- D. States may increase premium rates as desired

Medicare Supplement policies, also known as Medigap plans, are indeed influenced by state regulations, and one significant aspect is that states can introduce additional enrollment periods. This flexibility allows states to create provisions that may enhance access to Medigap coverage for their residents. For example, some states offer specific open enrollment periods beyond the standard ones mandated by federal law to accommodate different populations or circumstances. This interaction between state regulations and Medicare Supplement policies is crucial because it acknowledges that healthcare needs and demographics can vary significantly across the country. By allowing states to add more enrollment periods, it provides consumers with improved opportunities to enroll in these plans without being subjected to medical underwriting or waiting periods. The other options do not accurately reflect the regulatory framework governing Medicare Supplement policies. States have a role in regulating these plans, but they must operate within the boundaries established by federal law. States are not free to regulate every aspect without adherence to federal guidelines, nor can they unilaterally increase premium rates without justification or oversight. Therefore, the ability for states to introduce additional enrollment periods underscores their significant, albeit regulated, role in managing Medicare Supplement insurance at the state level.

5. What should an applicant consider when selecting a Medicare Supplement Plan?

- A. Plan availability in their state**
- B. Availability of online enrollment options**
- C. Popularity of the insurance provider**
- D. Age of the applicant**

When selecting a Medicare Supplement Plan, one of the most crucial considerations is the availability of the specific plans in the applicant's state. Medicare supplement insurance plans, also known as Medigap plans, are regulated by both federal and state governments, which can lead to variations in the types of plans offered based on the state in which the individual resides. Each state may provide different Medigap policies, and some plans may not be available to residents of certain states. Therefore, understanding which Medigap plans are available locally is essential for an applicant to ensure they select a plan that fits their healthcare needs and financial situation. The other options, while they may be relevant factors, do not directly impact the fundamental eligibility and selection process in the same way as state availability. For instance, availability of online enrollment options can enhance convenience but is not a determining factor for the selection of plan coverage itself. Similarly, while popularity of the insurance provider might reflect customer satisfaction or financial stability, it does not address the specific nuances of the applicant's individual needs. Age can influence premium rates or eligibility for certain plans, but without the proper plans being available in the state, the choice remains moot. Therefore, focusing on plan availability is the most critical factor when choosing a Medicare Supplement

6. When can someone switch their Medicare Supplement plan without penalty?

- A. Anytime during the year**
- B. Only during the Open Enrollment Period or with Guaranteed Issue Rights**
- C. At the end of the year only**
- D. During their birthday month**

Switching a Medicare Supplement plan without penalty is primarily allowed during the Open Enrollment Period or when an individual qualifies for Guaranteed Issue Rights. The Open Enrollment Period begins on the first day of the month when an individual turns 65 and is enrolled in Medicare Part B. This period lasts for six months, during which a person can choose a Medicare Supplement plan without medical underwriting, meaning they cannot be denied coverage or charged higher premiums based on their health conditions. Guaranteed Issue Rights may occur under specific circumstances, such as losing other health coverage, moving out of the service area of a current plan, or if a plan is discontinued. These rights are designed to protect consumers and ensure they can obtain new coverage without facing penalties or higher rates due to health issues. While switching plans is allowed at various times throughout the year under specific conditions, options like switching anytime without restrictions or limiting changes strictly to the end of the calendar year do not provide the same level of protection or flexibility as the Open Enrollment Period and Guaranteed Issue Rights. Thus, the most accurate answer is that an individual can switch their Medicare Supplement plan without penalty only during the designated periods or under qualifying conditions.

7. What types of out-of-pocket costs are typically covered by Medicare Supplement Insurance?

- A. Only deductibles**
- B. Prescription drugs and hospital stays**
- C. Coinsurance, copayments, and deductibles**
- D. All healthcare services fully**

Medicare Supplement Insurance, commonly known as Medigap, is designed to help cover certain out-of-pocket costs that are not fully paid by Original Medicare. This includes coinsurance, copayments, and deductibles. Coinsurance is the percentage of costs that a beneficiary is required to pay after Medicare has paid its share. For example, if Medicare covers 80% of a service, the Medigap policy can cover the remaining 20%. Copayments are fixed amounts that the beneficiary pays for specific services, while deductibles are the set amounts that have to be paid before Medicare starts to pay its share. By covering these costs, Medicare Supplement Insurance can significantly reduce the financial burden on beneficiaries, making healthcare more affordable. Beneficiaries can focus on their health needs rather than worrying about the expenses that come with medical care, as these policies are designed to fill the gaps left by Original Medicare. This is why the coverage of coinsurance, copayments, and deductibles is a key feature of Medigap plans. Other choices may suggest limited coverage or coverage that does not align with Medigap policies. For example, coverage limited to deductibles would not provide comprehensive assistance for all potential out-of-pocket expenses, and

8. What is the typical duration of the Medicare Supplement open enrollment period?

- A. Six months after turning 65 and enrolling in Part B**
- B. Two months before turning 65**
- C. One year from applying for Medicare**
- D. Immediately after applying for Medicare**

The typical duration of the Medicare Supplement open enrollment period is six months, beginning the first month a person is both 65 years old and enrolled in Medicare Part B. This six-month period is crucial as it guarantees the individual the right to purchase any Medicare Supplement insurance plan without medical underwriting, meaning they cannot be denied coverage or charged higher premiums based on their health status during this time. This specific timing allows beneficiaries to make informed decisions about their supplemental coverage as they transition into Medicare and encounter potential healthcare needs. During this open enrollment period, individuals have a unique opportunity to secure coverage, ensuring that they are protected against high medical costs that Medicare may not cover. The other options do not accurately represent the established guidelines for the open enrollment period, which is structured specifically around the age of 65 and the enrollment in Part B, ensuring clarity and uniformity in the Medicare system.

9. Can you purchase a Medicare Supplement Plan if you are under 65?

A. No, it is not allowed in any state

B. Yes, in all states

C. Yes, in some states with varying regulations

D. No, only if you are already enrolled in Medicare

Medicare Supplement Plans, often referred to as Medigap plans, can indeed be purchased by individuals under 65, but this is subject to state regulations. Many states have specific rules that allow people under 65 who are eligible for Medicare—usually due to a disability—to purchase a Medicare Supplement Plan. A few states may have more expanded options, providing access to Medigap plans for individuals under 65. It is important to understand that these regulations can vary significantly from one state to another, resulting in some states allowing for the purchase of a Supplement plan while others might have more restrictive criteria or even limit enrollment based on age. Therefore, being aware of the specific laws in your state regarding eligibility for Medicare Supplement Plans is crucial for understanding the options available to those under 65.

10. What is one of the main purposes of Medicare Supplement Plans?

A. To provide dental coverage.

B. To fill the gaps in Medicare coverage.

C. To manage long-term care expenses.

D. To offer supplementary drug benefits.

One of the main purposes of Medicare Supplement Plans, often referred to as Medigap policies, is to fill the gaps in Medicare coverage. Original Medicare, which consists of Part A (hospital insurance) and Part B (medical insurance), does not cover all healthcare expenses. This can leave beneficiaries with significant out-of-pocket costs, such as co-payments, coinsurance, and deductibles. Medicare Supplement Plans are designed specifically to help cover these additional costs, thus providing financial protection for those enrolled in Medicare. By choosing a Medigap policy, beneficiaries can have more predictability in their healthcare expenses and reduced financial strain. This is particularly important for older adults who may be on fixed incomes and need to manage their healthcare costs carefully. While dental coverage, long-term care expenses, and drug benefits are important aspects of healthcare, they are not the primary focus of Medicare Supplement Plans, which directly target the limitations of Original Medicare.

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://aarpmedsupinsuranceplans.examzify.com>

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