

AARP MEDICARE SUPPLEMENT INSURANCE PLANS CERTIFICATION PRACTICE TEST (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 happens to consumers who meet Medicare Supplement open enrollment or guaranteed issue requirements?**
 - A. They must answer underwriting questions
 - B. They do not have to answer underwriting questions
 - C. They are automatically enrolled
 - D. They get a reduced premium rate
- 2. Is Prescription Drug coverage included in Medicare Supplement Plans?**
 - A. Yes, it is included.
 - B. No, separate enrollment in Medicare Part D is required.
 - C. Only for certain plans.
 - D. It is included but optional.
- 3. What does the term "Medigap" refer to?**
 - A. Supplemental policies for prescription drugs
 - B. Insurance policies that cover costs not covered by Original Medicare
 - C. Life insurance policies for seniors
 - D. Long-term care insurance for the elderly
- 4. Are Medicare Supplement Plans renewable?**
 - A. No, they can be canceled at any time by the insurer
 - B. Yes, but only for people under 65
 - C. Yes, provided premiums are paid
 - D. No, they are only valid for one year
- 5. Members are required to use a network hospital for inpatient coverage except in what situation?**
 - A. Routine check-ups
 - B. Emergency
 - C. Scheduled procedures
 - D. Urgent care situations

- 6. Can someone with a Medicare Advantage plan purchase a Medicare Supplement plan?**
- A. Yes, both can be held together
 - B. No, they cannot have both simultaneously
 - C. Only if they are under a certain income
 - D. Yes, but it requires additional fees
- 7. To be eligible for Medicare Supplement Insurance, a consumer must:**
- A. Be 60 years or older
 - B. Be enrolled in Medicare Parts A and B
 - C. Have a prior uninsured health condition
 - D. Live outside the state they are applying in
- 8. Which of the following is a condition that leads to a denial of insurance coverage?**
- A. Current user of tobacco products
 - B. Recently completed preventive screenings
 - C. End Stage Renal Disease (ESRD)
 - D. Minor surgeries with no complications
- 9. What can contribute to choosing the right Medicare Supplement plan?**
- A. Consulting only with friends and family
 - B. Personal healthcare needs and understanding of benefits
 - C. Comparing only the lowest premiums available
 - D. Choosing the plan with the most marketing
- 10. What is the primary purpose of the enrollment kit for Medicare Supplement plans?**
- A. To assist agents in selling plans
 - B. To provide a comparison of different plans
 - C. To help consumers understand costs and benefits
 - D. To advertise special promotions

Answers

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

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Explanations

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1. What happens to consumers who meet Medicare Supplement open enrollment or guaranteed issue requirements?

- A. They must answer underwriting questions
- B. They do not have to answer underwriting questions**
- C. They are automatically enrolled
- D. They get a reduced premium rate

When consumers meet the criteria for Medicare Supplement open enrollment or guaranteed issue, they are not required to answer underwriting questions. This is significant because it provides them with important protections when applying for supplemental insurance. During the open enrollment period, which typically begins when a person turns 65 and enrolls in Medicare Part B, individuals have the right to purchase any Medicare Supplement policy sold in their state without the risk of denial based on health status or medical history. This means that they can secure coverage without the insurance company assessing their health risks, ensuring access to necessary health care services and financial support for out-of-pocket costs not covered by Medicare. The guaranteed issue requirements also ensure that individuals can obtain coverage regardless of pre-existing conditions, ensuring that older adults or those with chronic health conditions can still access needed insurance without facing increased premium rates or being denied coverage altogether. This safety net is vital for maintaining health security as individuals age.

2. Is Prescription Drug coverage included in Medicare Supplement Plans?

- A. Yes, it is included.
- B. No, separate enrollment in Medicare Part D is required.**
- C. Only for certain plans.
- D. It is included but optional.

Medicare Supplement Plans, also known as Medigap plans, do not include prescription drug coverage. Instead, beneficiaries who need this coverage must enroll separately in Medicare Part D, which is specifically designed for prescription drug benefits. This distinction is essential for those considering their options; while Medigap plans help cover costs that Original Medicare does not, such as deductibles and copayments, they do not address the need for medication coverage. Thus, to ensure comprehensive healthcare and coverage for prescription medications, individuals must take the additional step of enrolling in a Part D plan. This separation of coverage allows for increased flexibility, as beneficiaries can choose a Part D plan that best fits their specific medication needs and financial situation.

3. What does the term "Medigap" refer to?

- A. Supplemental policies for prescription drugs
- B. Insurance policies that cover costs not covered by Original Medicare**
- C. Life insurance policies for seniors
- D. Long-term care insurance for the elderly

The term "Medigap" refers to insurance policies that are specifically designed to cover costs not covered by Original Medicare, which consists of Part A (hospital insurance) and Part B (medical insurance). These additional costs can include deductibles, copayments, and coinsurance, which can add up quickly for beneficiaries. Medigap policies help fill these financial gaps, ensuring that individuals have greater peace of mind regarding their out-of-pocket healthcare expenses. Medigap policies are standardized and regulated by state and federal laws, meaning that they must provide a certain set of benefits regardless of the insurance company offering them. This allows consumers to compare plans more easily and choose one that best fits their healthcare needs and budget. The other options refer to different types of insurance. For example, supplemental policies for prescription drugs fall under Medicare Part D and are not the same as Medigap. Life insurance policies and long-term care insurance serve different functions and do not pertain to the Medigap concept. Therefore, the correct understanding of Medigap as a resource for covering costs outside of what Original Medicare offers is essential for beneficiaries navigating their healthcare options.

4. Are Medicare Supplement Plans renewable?

- A. No, they can be canceled at any time by the insurer
- B. Yes, but only for people under 65
- C. Yes, provided premiums are paid**
- D. No, they are only valid for one year

Medicare Supplement Plans, also known as Medigap policies, are designed to help cover some of the costs that Original Medicare does not fully pay, such as copayments, coinsurance, and deductibles. One of the key features of these plans is that they are renewable as long as the policyholder continues to pay the required premiums. This means that once an individual enrolls in a Medicare Supplement Plan, they can typically maintain their coverage year after year, provided they meet the premium payment obligations. Renewability is a critical aspect for policyholders because it offers assurance and stability in their healthcare coverage. As long as premiums are kept up to date, insurers cannot arbitrarily cancel the policy for health reasons or any other justification. This protection is particularly beneficial as people age or if their health status changes, ensuring that they have access to supplemental coverage without the risk of being denied renewal. The other options suggest situations where the coverage might change or not be available, which does not accurately reflect the nature of Medicare Supplement Plans. The correct understanding emphasizes the importance of premium payments in maintaining the policy over time.

5. Members are required to use a network hospital for inpatient coverage except in what situation?

- A. Routine check-ups
- B. Emergency**
- C. Scheduled procedures
- D. Urgent care situations

Members are required to use a network hospital for inpatient coverage except in the case of an emergency. In emergency situations, the need for immediate medical attention takes precedence over network restrictions. This policy allows members to receive necessary care without delay, regardless of whether the hospital is part of the network. An emergency typically involves circumstances where a delay in treatment could lead to serious harm or worsening of a medical condition, necessitating immediate access to any available medical facility. In contrast, routine check-ups, scheduled procedures, and urgent care situations generally involve planning and do not represent the same level of urgency as emergencies. Therefore, these scenarios typically require using an in-network provider to ensure coverage and reduce out-of-pocket costs.

6. Can someone with a Medicare Advantage plan purchase a Medicare Supplement plan?

- A. Yes, both can be held together
- B. No, they cannot have both simultaneously**
- C. Only if they are under a certain income
- D. Yes, but it requires additional fees

Individuals enrolled in a Medicare Advantage plan are not permitted to purchase a Medicare Supplement insurance plan at the same time. Medicare Advantage plans, also known as Medicare Part C, provide an alternative way to receive Medicare benefits. They are comprehensive plans that often combine the coverage of Medicare Part A (hospital insurance) and Part B (medical insurance), and they may include additional benefits such as vision, dental, or wellness services. Medicare Supplement plans, on the other hand, are designed to help cover out-of-pocket costs and gaps in Original Medicare (Parts A and B) such as deductibles and co-pays. Since Medicare Advantage plans already offer extensive coverage, having a Supplement plan alongside would not be necessary and could lead to duplication of benefits. Therefore, the rule is clear: once someone enrolls in a Medicare Advantage plan, they cannot hold a Medicare Supplement plan simultaneously, which underscores the rationale behind the correct answer.

7. To be eligible for Medicare Supplement Insurance, a consumer must:

- A. Be 60 years or older
- B. Be enrolled in Medicare Parts A and B**
- C. Have a prior uninsured health condition
- D. Live outside the state they are applying in

To be eligible for Medicare Supplement Insurance, being enrolled in Medicare Parts A and B is essential. Medicare Supplement Insurance, also known as Medigap, is designed to help cover costs that are not fully paid by Original Medicare, such as copayments, coinsurance, and deductibles. Since these plans are specifically meant to supplement Medicare, an individual must first be enrolled in both Parts A and B of Medicare to qualify for a Medigap policy. Without this enrollment, there would be no original Medicare coverage for the supplement to enhance. In contrast, simply being 60 years or older does not automatically grant eligibility, as individuals under 65 may qualify under certain circumstances if they have disabilities. Similarly, having a prior uninsured health condition is not a prerequisite for obtaining Medigap coverage. Also, living outside the state where one is applying would generally violate the plan's guidelines since Medigap policies can vary by state and residency is a factor in determining eligibility and plan availability.

8. Which of the following is a condition that leads to a denial of insurance coverage?

- A. Current user of tobacco products
- B. Recently completed preventive screenings
- C. End Stage Renal Disease (ESRD)**
- D. Minor surgeries with no complications

End Stage Renal Disease (ESRD) is a specific medical condition that significantly impacts an individual's health and requires ongoing, often costly treatment, typically in the form of dialysis or a kidney transplant. Because of the nature of this condition, insurance companies often have specific guidelines regarding coverage. For Medicare and certain Medicare Supplement Insurance plans, individuals with ESRD might face limitations or eligibility issues, especially if they are not yet enrolled in Medicare. This can create scenarios where coverage is denied or limited since the treatment for ESRD is complex and can incur significant expenses. On the other hand, being a current user of tobacco products, having recently completed preventive screenings, or undergoing minor surgeries without complications do not, in themselves, typically lead to outright denial of insurance coverage. Instead, these factors might be considered when determining risk or setting premiums but usually do not disqualify someone from receiving coverage altogether.

9. What can contribute to choosing the right Medicare Supplement plan?

- A. Consulting only with friends and family
- B. Personal healthcare needs and understanding of benefits**
- C. Comparing only the lowest premiums available
- D. Choosing the plan with the most marketing

Choosing the right Medicare Supplement plan should be centered around personal healthcare needs and a comprehensive understanding of the benefits offered by different plans. This approach ensures that the selected plan aligns with an individual's specific medical requirements, financial situation, and lifestyle. Considering personal healthcare needs involves evaluating factors such as chronic conditions, frequency of doctor visits, prescription drug needs, and planned medical procedures. Each Medicare Supplement plan offers different benefits and coverage levels, so understanding how these align with one's healthcare requirements is critical for making an informed choice. Relying solely on consultations with friends and family may not provide the detailed information necessary to make the best decision, as their experiences and needs may differ significantly from one's own. While cost is an important factor, focusing exclusively on the lowest premiums can lead to selecting a plan that may not adequately cover essential services. Similarly, choosing a plan based on marketing efforts may not reflect its actual value or suitability for individual needs. Therefore, a thorough and personalized assessment is crucial for selecting the most appropriate Medicare Supplement plan.

10. What is the primary purpose of the enrollment kit for Medicare Supplement plans?

- A. To assist agents in selling plans
- B. To provide a comparison of different plans
- C. To help consumers understand costs and benefits**
- D. To advertise special promotions

The primary purpose of the enrollment kit for Medicare Supplement plans is to help consumers understand costs and benefits. This kit is designed to provide detailed information that empowers individuals to make informed decisions regarding their healthcare coverage options. It typically includes clear explanations of what each plan covers, out-of-pocket expenses, and how the benefits work in conjunction with Medicare. Understanding these elements is crucial for beneficiaries as they need to evaluate how well a particular plan will meet their healthcare needs and financial situation. Having this information at their fingertips enables individuals to weigh their options effectively and choose a plan that aligns with their personal circumstances. While agents may utilize the kit to facilitate the sales process and understand the various offerings, its core function is to educate consumers. Comparisons of different plans and advertising special promotions might be included in supplemental materials, but the primary goal remains consumer education on the specifics of costs and benefits.

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!

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