

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**

<https://aarpmedsupinsuranceplans.examzify.com>



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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 does guaranteed issue typically refer to in the context of Medicare Supplement plans?**
 - A. The ability to enroll without medical underwriting
 - B. A special discount for long-term members
 - C. A requirement for all insurance providers
 - D. Reduced premiums for low-income individuals
- 2. Which condition disqualifies consumers under age 65 from applying for Medicare Supplement plans in a limited number of states?**
 - A. Having a chronic condition
 - B. Having ESRD
 - C. Being unemployed
 - D. Having a previous policy
- 3. Are out-of-pocket costs the same for every Medicare Supplement Plan?**
 - A. Yes, they are uniform across all plans
 - B. No, different plans have varying levels of coverage
 - C. Yes, they depend only on the individual's income
 - D. No, they are determined by state regulations
- 4. What role does AARP play in relation to Medicare education?**
 - A. They provide financial advice for seniors
 - B. They offer resources to help members understand Medicare options
 - C. They operate Medicare Advantage plans
 - D. They manage Medicare claims
- 5. Which Medicare Supplement Plan is known for offering the lowest out-of-pocket costs?**
 - A. Plan A
 - B. Plan G
 - C. Plan F
 - D. Plan K

- 6. Consumers are not eligible for the enrollment discount if they are which of the following?**
- A. Under age 65
 - B. Age 77 or older
 - C. Currently enrolled in Medicare Part A
 - D. Having a level 1 health rating
- 7. What does the National Association of Insurance Commissioners (NAIC) do?**
- A. It provides Medicare coverage.
 - B. It sells insurance plans directly to consumers.
 - C. It standardizes regulations for state insurance departments.
 - D. It regulates Medicare premiums.
- 8. What unique feature does Plan N have in Medicare Supplement coverage?**
- A. Covers all office visits without additional cost
 - B. Requires copayments for certain office visits
 - C. Offers the lowest premiums available
 - D. Covers only emergency services
- 9. How does Plan G differ from Plan F?**
- A. Plan G covers the hospital deductible while Plan F does not
 - B. Plan G provides coverage for all outpatient services
 - C. Plan G does not cover the Medicare Part B deductible
 - D. Plan G is offered exclusively by AARP
- 10. What factors should be considered when choosing a Medicare Supplement plan?**
- A. Coverage benefits and income level
 - B. Premium costs and network limitations
 - C. Personal healthcare needs and leisure activities
 - D. Plan popularity and insurer reputation

Answers

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

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Explanations

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1. What does guaranteed issue typically refer to in the context of Medicare Supplement plans?

- A. The ability to enroll without medical underwriting**
- B. A special discount for long-term members
- C. A requirement for all insurance providers
- D. Reduced premiums for low-income individuals

Guaranteed issue refers to the ability to enroll in a Medicare Supplement plan without the need for medical underwriting. This means that individuals can obtain coverage regardless of their health status or pre-existing conditions, which can be particularly beneficial for those who might otherwise face challenges in securing insurance. In many cases, guaranteed issue rights are triggered by specific circumstances, such as losing other health coverage or being within a certain enrollment period. This feature is designed to protect consumers, ensuring that they have access to supplemental coverage that can help pay for costs not covered by Medicare, like copayments, coinsurance, and deductibles. It plays a crucial role in maintaining healthcare accessibility for older adults and those with disabilities.

2. Which condition disqualifies consumers under age 65 from applying for Medicare Supplement plans in a limited number of states?

- A. Having a chronic condition
- B. Having ESRD**
- C. Being unemployed
- D. Having a previous policy

Having End-Stage Renal Disease (ESRD) serves as a specific condition that can disqualify consumers under the age of 65 from applying for Medicare Supplement plans in certain states. This is particularly relevant because Medicare benefits for individuals with ESRD differ in their availability and qualifications compared to those of typical Medicare beneficiaries. As Medicare has specific enrollment periods and guidelines regarding individuals with ESRD, not every state includes them as eligible for supplementary coverage under the same conditions as those who are over 65. In many states, coverage options for younger consumers with ESRD can be limited, reflecting the challenges and complexities that arise with this condition. Thus, understanding ESRD's implications is crucial for consumers considering their Medicare options, particularly for those under 65 who might be seeking supplemental insurance plans.

3. Are out-of-pocket costs the same for every Medicare Supplement Plan?

- A. Yes, they are uniform across all plans
- B. No, different plans have varying levels of coverage**
- C. Yes, they depend only on the individual's income
- D. No, they are determined by state regulations

Medicare Supplement Plans, often referred to as Medigap plans, are designed to help cover healthcare costs not included in Original Medicare, such as copayments, coinsurance, and deductibles. The correct response indicates that different Medicare Supplement Plans have varying levels of coverage, which results in differing out-of-pocket costs. This variance is primarily due to the fact that there are multiple standardized plans, each offering different combinations of benefits. For instance, some plans may cover the full amount of coinsurance for hospital stays, while others may only partially cover these fees. Consequently, this variation allows individuals to choose a plan that best fits their needs and budget, depending on the types of expenses they expect to incur during their healthcare journey. Other options present misunderstandings about how these plans work. While someone's income can influence their overall healthcare affordability, it does not determine the out-of-pocket costs set by individual plans. Claims that the coverage amounts are uniform across all plans overlook the custom nature of each available option. Furthermore, state regulations can affect insurance practices; however, Medigap plans themselves are standardized at the federal level, providing specific benefits regardless of location. Thus, acknowledging that out-of-pocket costs differ across various Medicare Supplement Plans accurately reflects the structure and purpose of

4. What role does AARP play in relation to Medicare education?

- A. They provide financial advice for seniors
- B. They offer resources to help members understand Medicare options**
- C. They operate Medicare Advantage plans
- D. They manage Medicare claims

AARP's primary role in relation to Medicare education is to offer resources that help members understand their Medicare options. They provide a wealth of information, including guides, online tools, webinars, and counseling services that educate seniors on the various components of Medicare. This includes details about Original Medicare, Medicare Advantage, Medicare Supplement plans, and prescription drug coverage. AARP focuses on empowering its members to make informed decisions about their healthcare coverage, ensuring clarity regarding benefits, costs, and eligibility. The focus on providing educational resources sets AARP apart from entities that might offer financial advice or manage specific Medicare plans or claims. While AARP may support seniors in navigating the financial aspects of Medicare indirectly, their direct involvement is primarily oriented towards education and resource dissemination rather than financial planning or claims management.

5. Which Medicare Supplement Plan is known for offering the lowest out-of-pocket costs?

- A. Plan A
- B. Plan G
- C. Plan F**
- D. Plan K

Medicare Supplement Plan F is known for offering the lowest out-of-pocket costs among the various Medicare Supplement plans available. This plan typically covers a wide range of Medicare-related expenses, including deductibles, copayments, and coinsurance, making it particularly valuable for individuals who are looking for comprehensive coverage without the worry of additional out-of-pocket expenses. Plan F covers all the gaps in Medicare Parts A and B, which means that beneficiaries can access services without having to pay any additional costs for covered items. This seamless coverage structure makes Plan F an attractive choice for those anticipating frequent medical care. The other plans, while they offer some level of coverage, do not match the comprehensive nature of Plan F. For instance, Plan G offers very similar coverage but requires beneficiaries to pay the Part B deductible out-of-pocket, making it slightly different in terms of overall costs. Other plans like A and K provide more limited coverage options, resulting in higher out-of-pocket expenses for beneficiaries.

6. Consumers are not eligible for the enrollment discount if they are which of the following?

- A. Under age 65
- B. Age 77 or older**
- C. Currently enrolled in Medicare Part A
- D. Having a level 1 health rating

The enrollment discount for consumers participating in AARP Medicare Supplement Insurance Plans is not available to individuals who are age 77 or older. This policy likely reflects the insurance underwriting practices aimed at managing risk, as older individuals statistically have higher health care costs, which could make it less viable for insurers to offer discounts that are typically intended to attract younger, healthier applicants. Those under age 65 may actually qualify for certain plans and discounts, depending on specific regulations or state laws. Similarly, being currently enrolled in Medicare Part A is a standard requirement for obtaining a Medicare Supplement plan, so it would not disqualify someone from receiving discounts. Finally, a level 1 health rating generally indicates a healthier status, which could actually make a consumer more eligible for discounts, rather than disqualifying them. Hence, age 77 or older is the most relevant reason for ineligibility for the enrollment discount.

7. What does the National Association of Insurance Commissioners (NAIC) do?

- A. It provides Medicare coverage.
- B. It sells insurance plans directly to consumers.
- C. It standardizes regulations for state insurance departments.**
- D. It regulates Medicare premiums.

The National Association of Insurance Commissioners (NAIC) plays a crucial role in standardizing regulations for state insurance departments across the United States. It is an organization composed of state insurance regulators that collaborates to establish consistent guidelines and policies, which helps ensure that consumers are protected while maintaining a fair marketplace for insurance. By creating model laws and regulatory frameworks, the NAIC assists individual states in developing their insurance laws, fostering uniformity and clarity in the industry. The association does not provide Medicare coverage directly nor sell insurance plans to consumers, as these functions are typically managed by private insurance companies. Additionally, while the NAIC may influence regulations surrounding Medicare, it does not have the authority to regulate Medicare premiums; this responsibility lies with federal agencies such as the Centers for Medicare & Medicaid Services (CMS). This differentiation highlights the NAIC's primary focus on regulatory standardization within the insurance sector.

8. What unique feature does Plan N have in Medicare Supplement coverage?

- A. Covers all office visits without additional cost
- B. Requires copayments for certain office visits**
- C. Offers the lowest premiums available
- D. Covers only emergency services

Plan N has a unique feature in that it requires copayments for certain office visits. This means that while the plan provides coverage for many services, it does involve some out-of-pocket costs for specific types of visits, such as those to a physician or specialist. This structure allows Plan N to typically offer lower premiums compared to other Medicare Supplement plans that may cover these visits without additional costs. It is important to note that this copayment feature is a defining characteristic of Plan N, differentiating it from other plans that provide a more extensive level of coverage for such visits without requiring copayment. Therefore, beneficiaries who select Plan N should budget for these copayments when planning for their healthcare expenses.

9. How does Plan G differ from Plan F?

- A. Plan G covers the hospital deductible while Plan F does not
- B. Plan G provides coverage for all outpatient services
- C. Plan G does not cover the Medicare Part B deductible**
- D. Plan G is offered exclusively by AARP

Plan G is distinct from Plan F primarily in that it does not cover the Medicare Part B deductible. This deductible is an amount the policyholder is responsible for before Medicare starts to pay for covered outpatient services. In contrast, Plan F covers both the Medicare Part A and Part B deductibles, in addition to a comprehensive range of services, making it often seen as more complete for those who want fewer out-of-pocket expenses when using medical services. As a result, beneficiaries who choose Plan G will need to pay the Part B deductible themselves before the plan begins to provide coverage for outpatient services. This is a key difference, as it reflects broader changes in Medicare supplement plans that have generally aimed to reduce costs for the program as a whole. The shift away from providing coverage for the Part B deductible in Plan G is a notable factor influencing the choices of many individuals considering their Medicare options. Other options presented do not accurately capture the specifics of coverage differences between Plan G and Plan F. For example, while Plan G does cover a broad range of outpatient services, it is not unique in that regard, as Plan F also covers outpatient services. Additionally, Plan G covering the hospital deductible is incorrect, as both Plans F and G cover Medicare Part A coinsurance and hospital

10. What factors should be considered when choosing a Medicare Supplement plan?

- A. Coverage benefits and income level
- B. Premium costs and network limitations**
- C. Personal healthcare needs and leisure activities
- D. Plan popularity and insurer reputation

When evaluating a Medicare Supplement plan, the focus on premium costs and network limitations is essential. Premium costs directly impact your monthly budget and overall financial health, making it vital to choose a plan that offers a balance of coverage and affordability. Different plans come with varying premium amounts, and understanding these costs helps individuals select a plan that aligns with their financial situation. Network limitations can also affect access to healthcare providers and facilities. Some Medicare Supplement plans may include specific networks, which can restrict your choice of doctors and hospitals. It is crucial for beneficiaries to know whether they need the flexibility to see specialists or prefer to stay within a network of providers, as this may influence their overall satisfaction with the plan. While knowing personal healthcare needs is important, and aspects like plan popularity and insurer reputation can offer insights, the most immediate factors impacting beneficiaries directly relate to premium costs and network access. They ensure that individuals can afford their healthcare and receive the services they need from preferred providers.

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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