

AHIP PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 should Mr. Castillo know about enrolling in a Medicare Advantage plan after stopping Part B payments?**
 - A. He can enroll immediately in Medicare Advantage
 - B. He must re-enroll in Medicare Part B first
 - C. He qualifies due to his Part A coverage
 - D. He is exempt from re-enrollment requirements
- 2. If a person with end-stage renal disease (ESRD) begins dialysis, when does their Medicare coverage usually start?**
 - A. On the first day of dialysis
 - B. The day they apply for Medicare
 - C. Three months after dialysis begins
 - D. The fourth month after dialysis treatments start
- 3. Which individual is most likely to be eligible to enroll in a Part D plan?**
 - A. Jose, a grandfather granted asylum with work history in the U.S.
 - B. Myra, who is 67 and wants to enroll in Medicare Advantage after starting with Original Medicare.
 - C. Mr. Chen, who is curious about Medical Savings Accounts.
 - D. Mrs. Chen, who is concerned about qualifying for Part A due to her birth country.
- 4. What is "minimum essential coverage"?**
 - A. Any plan with the lowest premiums
 - B. Any health insurance plan meeting the ACA's requirements
 - C. A type of Medicaid coverage
 - D. Insurance coverage for emergency services only
- 5. When meeting with Mrs. Midler, which questions are permissible for you to ask?**
 - A. Any questions about her medical history
 - B. Only questions about eligibility conditions
 - C. Questions about her insurance preferences
 - D. Detailed inquiries about her medications

- 6. What are the key eligibility criteria for Medicare?**
- A. Individuals must be aged 70 or older
 - B. Individuals must be aged 65 or older, or under 65 with certain disabilities
 - C. Individuals must be aged 60 or older, or under 65 with any medical condition
 - D. Individuals must be aged 65 or older, or have a low income
- 7. Which organization is responsible for the administration of the AHIP certification exam?**
- A. National Health Insurance Institute
 - B. Healthcare Certification Board
 - C. AHIP (America's Health Insurance Plans)
 - D. Insurance Regulatory Authority
- 8. During her MA Initial Coverage Election Period (ICEP), what can't Mrs. Reeves do?**
- A. Enroll in a Medicare Advantage plan
 - B. Enroll in a Medigap plan to supplement her MA plan
 - C. Change her existing Medicare coverage
 - D. Disenroll from her current plan
- 9. Which statement best describes "out-of-pocket maximum"?**
- A. The maximum amount an insurer will pay for services in a year
 - B. The total cost of premiums paid over a year
 - C. The highest limit on expenses an insured must pay in a year before insurance covers all costs
 - D. The maximum fee a provider can charge for services
- 10. What does Mr. Johannsen's Part D low-income subsidy allow him regarding enrollment in Part D plans?**
- A. He can enroll in a Part D plan anytime without conditions
 - B. He must wait until the next enrollment period
 - C. He qualifies for a special election period
 - D. He cannot disenroll once enrolled

Answers

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

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Explanations

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1. What should Mr. Castillo know about enrolling in a Medicare Advantage plan after stopping Part B payments?

- A. He can enroll immediately in Medicare Advantage
- B. He must re-enroll in Medicare Part B first**
- C. He qualifies due to his Part A coverage
- D. He is exempt from re-enrollment requirements

When considering Mr. Castillo's situation regarding enrollment in a Medicare Advantage plan after stopping Part B payments, it's essential to understand the relationship between Medicare Part B and Medicare Advantage plans. Medicare Advantage plans are alternatives to Original Medicare and require individuals to be enrolled in both Medicare Part A and Part B to be eligible. Therefore, before Mr. Castillo can enroll in a Medicare Advantage plan, he must first re-enroll in Medicare Part B. This is crucial because without active Part B coverage, he is not eligible for any Medicare Advantage plan, which serves as a substitute for the benefits provided by Original Medicare. It's important for individuals like Mr. Castillo to be aware that simply having Part A does not automatically grant access to Medicare Advantage plans, as both parts are necessary for eligibility. Understanding this process helps ensure that individuals can effectively navigate their Medicare options and avoid gaps in coverage that might arise from not having both parts of Medicare active simultaneously.

2. If a person with end-stage renal disease (ESRD) begins dialysis, when does their Medicare coverage usually start?

- A. On the first day of dialysis
- B. The day they apply for Medicare
- C. Three months after dialysis begins
- D. The fourth month after dialysis treatments start**

Medicare coverage for individuals with end-stage renal disease (ESRD) typically begins in the fourth month after they start dialysis treatments. This means that for the first three months of dialysis, Medicare coverage is not yet in effect. The purpose of this waiting period is to manage costs and ensure that Medicare resources are allocated efficiently. Individuals who undergo dialysis may apply for Medicare benefits while in the process, but the official coverage under Medicare begins as stipulated after the required waiting period. This helps to establish a framework for consistent care and ensures that those who require ongoing treatment due to ESRD have a structured process for receiving their benefits. In some cases, individuals may be eligible for Medicare coverage earlier than four months due to certain extenuating circumstances, but this is not the standard procedure for most patients starting dialysis. The other options presented do not align with this standard policy regarding the initiation of coverage, reinforcing why the fourth month is recognized as the typical start date for Medicare coverage in this context.

3. Which individual is most likely to be eligible to enroll in a Part D plan?

- A. Jose, a grandfather granted asylum with work history in the U.S.
- B. Myra, who is 67 and wants to enroll in Medicare Advantage after starting with Original Medicare.**
- C. Mr. Chen, who is curious about Medical Savings Accounts.
- D. Mrs. Chen, who is concerned about qualifying for Part A due to her birth country.

To understand why the individual who is most likely to be eligible to enroll in a Part D plan is Jose, it is important to note the eligibility criteria for Medicare Part D. Part D is designed to provide prescription drug coverage to Medicare beneficiaries, which includes those who are eligible for Medicare Part A or Part B. Jose, a grandfather granted asylum with work history in the U.S., meets the primary criteria for Part D enrollment because he is likely to qualify for Medicare due to his residency status and work history. Individuals who have been granted asylum can access Medicare benefits if they meet the age or disability criteria. If Jose qualifies for either Medicare Part A or Part B, he can subsequently enroll in a Part D plan, which is contingent on his Medicare eligibility. Myra, on the other hand, although she is of age for Medicare, is focused on enrolling in a Medicare Advantage plan after having initially started with Original Medicare. While she may be eligible, her intention reflects a choice of plan rather than direct enrollment into Part D specifically. Mr. Chen, who exhibits curiosity about Medical Savings Accounts, does not directly relate to the enrollment process for Part D plans. Interest in MSAs does not imply any Medicare eligibility and does not pertain to prescription drug coverage.

4. What is "minimum essential coverage"?

- A. Any plan with the lowest premiums
- B. Any health insurance plan meeting the ACA's requirements**
- C. A type of Medicaid coverage
- D. Insurance coverage for emergency services only

Minimum essential coverage refers to any health insurance plan that meets the requirements outlined by the Affordable Care Act (ACA). This term encompasses a broad range of health insurance plans, including employer-sponsored plans, Medicaid, Medicare, and plans offered through the Health Insurance Marketplace. These plans are required to provide a set of essential health benefits, ensuring that individuals have access to necessary health care services. This definition underscores the importance of comprehensive coverage that meets specific regulatory standards. Plans that do not meet these standards may not be sufficient to satisfy the individual mandate, which requires most Americans to have health insurance or face a tax penalty. Therefore, understanding minimum essential coverage is crucial for individuals looking to comply with the ACA and for determining eligibility for various health benefits and subsidies. The other options do not accurately capture the definition of minimum essential coverage. While the lowest premium plans or specific types of coverage may play a role in an individual's health insurance choices, they do not necessarily fulfill the requirements set by the ACA.

5. When meeting with Mrs. Midler, which questions are permissible for you to ask?

- A. Any questions about her medical history
- B. Only questions about eligibility conditions**
- C. Questions about her insurance preferences
- D. Detailed inquiries about her medications

In a scenario where you're interacting with a prospect like Mrs. Midler regarding insurance products, it's essential to adhere to compliance regulations and best practices concerning the types of questions you're allowed to ask. Focusing on eligibility conditions is a permissible approach because these questions are directly relevant to determining if Mrs. Midler qualifies for specific insurance plans. Eligibility conditions typically pertain to age, residency status, income levels, and other factors that dictate if she can enroll in a particular program or policy. Ensuring that you stay within these boundaries not only protects sensitive personal information but also aligns with legal and ethical standards in the insurance industry. Other areas, such as medical history, insurance preferences, or detailed medication inquiries, may unnecessarily delve into personal health information or specifics that are outside the purview of what can be discussed at this stage. Engaging in conversations beyond the scope of eligibility could lead to potential privacy violations or misunderstandings about the insurance process. Thus, focusing solely on eligibility conditions is both compliant and appropriate, making it the most suitable choice.

6. What are the key eligibility criteria for Medicare?

- A. Individuals must be aged 70 or older
- B. Individuals must be aged 65 or older, or under 65 with certain disabilities**
- C. Individuals must be aged 60 or older, or under 65 with any medical condition
- D. Individuals must be aged 65 or older, or have a low income

The key eligibility criteria for Medicare are that individuals must be aged 65 or older, or under 65 with certain disabilities. This criterion is foundational for understanding who qualifies for Medicare coverage. The program primarily serves those in the older population, reflecting its origins as a means to provide health care for aging adults. Additionally, it extends eligibility to younger individuals who receive Social Security Disability Insurance (SSDI) or who have specific medical conditions, such as End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS). The other options do not accurately capture the comprehensive eligibility requirements of Medicare. For example, being aged 70 or older is not a requirement for eligibility, as turning 65 marks the standard threshold. The option that states individuals must be aged 60 or older is also incorrect; the stipulation for age starts at 65. Furthermore, having a low income is not a direct criterion for Medicare but may relate to Medicaid eligibility, which is a separate program designed to assist low-income individuals with health care costs. Understanding these nuances is essential for recognizing who qualifies for Medicare coverage.

7. Which organization is responsible for the administration of the AHIP certification exam?

- A. National Health Insurance Institute
- B. Healthcare Certification Board
- C. AHIP (America's Health Insurance Plans)**
- D. Insurance Regulatory Authority

The organization responsible for the administration of the AHIP certification exam is AHIP, which stands for America's Health Insurance Plans. AHIP is a national trade association representing health insurance providers and plays a crucial role in developing policies that improve the healthcare system. It oversees the certification process to ensure that professionals entering the health insurance field have the necessary knowledge and skills to effectively serve consumers and navigate the complexities of health insurance. AHIP not only conducts the certification exam but also provides comprehensive training materials and resources to prepare candidates for success. By being the certifying body, AHIP ensures that the certification aligns with current industry practices and regulatory requirements. This focus on quality and competency is essential for maintaining high standards within the health insurance industry. The other organizations mentioned do not engage in the administration of the AHIP certification exam, as their roles may focus on different aspects of healthcare or insurance. Recognizing the specific role of AHIP in certification underscores its importance in enhancing the professionalism and expertise within the health insurance workforce.

8. During her MA Initial Coverage Election Period (ICEP), what can't Mrs. Reeves do?

- A. Enroll in a Medicare Advantage plan
- B. Enroll in a Medigap plan to supplement her MA plan**
- C. Change her existing Medicare coverage
- D. Disenroll from her current plan

When considering what Mrs. Reeves cannot do during her Medicare Advantage Initial Coverage Election Period (ICEP), it's important to understand the nature of Medicare Advantage plans and Medigap policies. During the ICEP, individuals are granted the opportunity to enroll in a Medicare Advantage plan or make changes to their existing Medicare coverage. However, Medigap plans, also known as Medicare Supplement Insurance, are specifically designed to complement Original Medicare (Parts A and B) and cannot be used in conjunction with a Medicare Advantage plan. Since Mrs. Reeves is looking to enroll in a Medicare Advantage plan, she cannot subsequently enroll in a Medigap policy, as they are mutually exclusive. Medigap plans are not applicable to those who have a Medicare Advantage plan, meaning that individuals like Mrs. Reeves will have to either stick with Original Medicare and utilize a Medigap plan or enroll in Medicare Advantage without the option for Medigap. This policy is crucial for understanding the coverage options available and ensures that beneficiaries can clearly navigate their choices without overlap in their coverage types.

9. Which statement best describes "out-of-pocket maximum"?

- A. The maximum amount an insurer will pay for services in a year
- B. The total cost of premiums paid over a year
- C. The highest limit on expenses an insured must pay in a year before insurance covers all costs**
- D. The maximum fee a provider can charge for services

The statement that describes "out-of-pocket maximum" accurately is that it represents the highest limit on expenses an insured must pay in a year before the insurance plan covers all additional costs. This limit is crucial for consumers as it provides financial protection, ensuring that once this threshold is reached, the insurance company will cover 100% of the costs for covered healthcare services for the remainder of the year. Understanding the out-of-pocket maximum helps individuals manage their healthcare expenses effectively. It's essential for people to know their out-of-pocket maximum to budget for potential healthcare costs and to understand when their insurance will fully kick in, relieving them from further financial burden due to medical expenses. The other options pertain to different aspects of insurance costs but do not accurately define the out-of-pocket maximum. For example, while the maximum amount an insurer will pay for services in a year (the first option) relates to the insurer's liability, it does not apply to what the insured has to pay out-of-pocket directly. The total cost of premiums (the second option) focuses solely on the payment for the insurance itself, not medical services. Lastly, the maximum fee a provider can charge (the fourth option) relates to provider billing practices rather than the insured's financial responsibility

10. What does Mr. Johannsen's Part D low-income subsidy allow him regarding enrollment in Part D plans?

- A. He can enroll in a Part D plan anytime without conditions
- B. He must wait until the next enrollment period
- C. He qualifies for a special election period**
- D. He cannot disenroll once enrolled

Mr. Johannsen's Part D low-income subsidy provides him with eligibility for a special election period, which allows him to enroll in or change his Part D plan outside of the regular enrollment periods. This flexibility is crucial for individuals receiving low-income subsidies, as it helps ensure they have access to affordable medication coverage when their needs change or when they experience other qualifying events. By qualifying for this special election period, Mr. Johannsen can better manage his prescription drug coverage, ensuring he is enrolled in a plan that meets his needs financially and in terms of formulary coverage. This is particularly important for low-income individuals, as they may face unexpected changes in their health or financial situations that necessitate adjustments to their coverage. The other options do not accurately reflect the benefits of the low-income subsidy. The ability to enroll anytime without conditions is generally not true for all beneficiaries and is specifically afforded through special circumstances like the special election period. Waiting for the next enrollment period does not apply since he can act outside of those timelines given his subsidy qualification. Finally, issues around disenrollment do not relate to the core benefit of the low-income subsidy in the context of enrollment flexibility.

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://ahip.examzify.com>

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

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