

CERTIFIED APPLICATION COUNSELOR PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://certifiedapplicationcounselor.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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

SAMPLE

- 1. What does "premium" refer to in health insurance terms?**
 - A. The amount paid quarterly
 - B. The fixed payment made for a covered service
 - C. The monthly payment for a health insurance plan
 - D. The total out-of-pocket maximum
- 2. Which of the following is NOT a way to meet Minimum Essential Coverage (MEC)?**
 - A. Enrolling in a QHP
 - B. Having a health plan through a spouse's employer
 - C. Being covered by TRICARE
 - D. Negotiating lower rates with providers
- 3. What federal law established the Health Insurance Marketplace?**
 - A. The Health Insurance Portability and Accountability Act (HIPAA)
 - B. The Affordable Care Act (ACA)
 - C. The Patient Protection Act
 - D. The Children's Health Insurance Program (CHIP)
- 4. Under which conditions must health insurers provide a Summary of Benefits and Coverage (SBC)?**
 - A. When renewing existing plans, upon change of address, and upon request
 - B. Upon enrollment for the first time, at the start of each plan year, and upon request
 - C. At the beginning of each month and at the end of each year
 - D. Only at the consumer's request
- 5. What is the function of the Health Insurance Marketplace for consumers?**
 - A. To file complaints against healthcare providers
 - B. To shop for, compare, and enroll in health insurance plans
 - C. To receive free medical advice
 - D. To apply for grants for medical research

- 6. Which statement is true regarding the Affordable Care Act?**
- A. It abolished the requirement for health insurance
 - B. It introduced the Health Insurance Marketplace
 - C. It limited access to healthcare for individuals
 - D. It only applies to state-funded health programs
- 7. What is a useful tool for consumers to estimate savings?**
- A. Financial advisor tool
 - B. Claim submission tool
 - C. Savings estimator tool
 - D. Insurance calculator tool
- 8. For how long must an organization retain a record of consumers' consent?**
- A. 3 years
 - B. 5 years
 - C. 6 years
 - D. Indefinitely
- 9. What individuals are counted as part of household sizes for determining eligibility?**
- A. Only adults
 - B. Only dependents
 - C. Tax filers and their dependents
 - D. Tax filers only
- 10. Which type of account can carry over unused funds to the next year's plan?**
- A. FSA
 - B. HRA
 - C. HSA
 - D. Health Savings Card

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What does "premium" refer to in health insurance terms?

- A. The amount paid quarterly
- B. The fixed payment made for a covered service
- C. The monthly payment for a health insurance plan**
- D. The total out-of-pocket maximum

In health insurance terminology, "premium" specifically refers to the monthly payment made for a health insurance plan. This is the amount that an individual or employer pays to the insurance company to maintain coverage, regardless of whether any services are used in a given month. It is a critical component of health insurance costs, as it secures the policyholder's access to healthcare services throughout the policy term. Understanding what a premium entails is important, as it is distinct from other costs associated with health insurance, such as copayments for services or deductibles that must be met before the insurer starts to pay. The other options represent different aspects of health insurance: the amount paid quarterly relates to a payment structure that may exist but does not define premiums, the fixed payment for a covered service refers to copayments, and the total out-of-pocket maximum is the cap on total costs that a policyholder would incur.

2. Which of the following is NOT a way to meet Minimum Essential Coverage (MEC)?

- A. Enrolling in a QHP
- B. Having a health plan through a spouse's employer
- C. Being covered by TRICARE
- D. Negotiating lower rates with providers**

Meeting Minimum Essential Coverage (MEC) is a critical aspect of health insurance requirements under the Affordable Care Act (ACA). The correct choice, which indicates a method that does not satisfy the MEC requirement, is accurately identified. Enrolling in a Qualified Health Plan (QHP), having a health plan through a spouse's employer, and being covered by TRICARE are all recognized ways to meet MEC. A QHP is a health insurance plan that has been certified by the Marketplace and meets specific criteria set forth by the ACA, ensuring comprehensive coverage essential for meeting the requirements. Having a health plan through a spouse's employer also qualifies as it falls under group health plans, which are typically designed to provide robust coverage that aligns with MEC standards. TRICARE, which is a healthcare program serving Uniformed Service members, retirees, and their families, is another valid option for meeting the MEC due to its comprehensive benefits. Negotiating lower rates with providers does not constitute a form of insurance coverage and therefore does not meet the criteria for MEC. This option refers to an action taken to reduce the costs of healthcare services rather than a means of obtaining health insurance that provides necessary coverage under the law. Therefore, it is the correct answer in the context of ways to meet

3. What federal law established the Health Insurance Marketplace?

- A. The Health Insurance Portability and Accountability Act (HIPAA)
- B. The Affordable Care Act (ACA)**
- C. The Patient Protection Act
- D. The Children's Health Insurance Program (CHIP)

The Affordable Care Act (ACA) is the federal law that established the Health Insurance Marketplace. This landmark legislation was enacted in 2010 and aimed to increase the quality and affordability of health insurance while expanding access to care for millions of Americans. The ACA created structured marketplaces where individuals and small businesses can compare and purchase health insurance plans. This was a significant step towards ensuring that more people could obtain insurance coverage, particularly through subsidies and financial assistance provided within these marketplaces for those with lower incomes. In contrast, the other laws mentioned serve different purposes. The Health Insurance Portability and Accountability Act (HIPAA) primarily focuses on the protection of personal health information and the establishment of standards for electronic health transactions, rather than creating a marketplace for health insurance. The Patient Protection Act is often referred to as a part of the ACA but is not a standalone law that established the Marketplace. Lastly, the Children's Health Insurance Program (CHIP) provides health coverage to children in families with incomes too high to qualify for Medicaid but too low to afford private coverage; it does not relate directly to the establishment of health insurance marketplaces for adults or families seeking insurance options.

4. Under which conditions must health insurers provide a Summary of Benefits and Coverage (SBC)?

- A. When renewing existing plans, upon change of address, and upon request
- B. Upon enrollment for the first time, at the start of each plan year, and upon request**
- C. At the beginning of each month and at the end of each year
- D. Only at the consumer's request

Health insurers are required to provide a Summary of Benefits and Coverage (SBC) to ensure that consumers have clear and comprehensible information regarding their health coverage. This requirement is rooted in the Affordable Care Act, which aims to promote transparency in health insurance. The correct conditions include providing the SBC upon enrollment for the first time so that new enrollees understand what their plan covers. Additionally, it must be provided at the start of each plan year to ensure that all members, whether new or renewing, are updated about the benefits covered and the cost-sharing responsibilities. Furthermore, insurers must provide the SBC upon request, allowing consumers to obtain this critical information whenever needed to make informed decisions regarding their healthcare coverage. In contrast, the other conditions outlined in the incorrect options lack some or all of these key timeframes and fail to comply with the statutory requirements designed to inform consumers about their coverage effectively.

5. What is the function of the Health Insurance Marketplace for consumers?

- A. To file complaints against healthcare providers
- B. To shop for, compare, and enroll in health insurance plans**
- C. To receive free medical advice
- D. To apply for grants for medical research

The Health Insurance Marketplace serves a critical function for consumers by allowing them to shop for, compare, and enroll in health insurance plans. This platform provides an organized and structured way for individuals and families to explore their health insurance options in one place, making it easier to understand and choose from various plans based on coverage, costs, and specific needs. Through the Marketplace, consumers can access detailed information about different insurance plans, allowing them to compare premiums, deductibles, and benefits side-by-side, which empowers them to make informed decisions about their healthcare coverage. Additionally, the Marketplace often provides information on financial assistance that may be available to help lower the costs of premiums for eligible individuals. This functionality directly addresses the needs of consumers in finding suitable health insurance options, making it the correct choice in this context. Other choices, such as filing complaints, receiving free medical advice, or applying for research grants, do not align with the primary purpose of the Health Insurance Marketplace.

6. Which statement is true regarding the Affordable Care Act?

- A. It abolished the requirement for health insurance
- B. It introduced the Health Insurance Marketplace**
- C. It limited access to healthcare for individuals
- D. It only applies to state-funded health programs

The statement that the Affordable Care Act (ACA) introduced the Health Insurance Marketplace is indeed accurate. The ACA established the Marketplace, which is a platform where individuals and families can compare and purchase health insurance plans. This initiative aimed to increase access to affordable health coverage by providing a transparent way for consumers to see their options, along with the possibility of receiving subsidies based on their income levels. The introduction of the Marketplace was a key component of the ACA designed to facilitate coverage for those who may have been uninsured or underinsured prior to the Act's implementation. The Health Insurance Marketplace serves as an essential tool for promoting consumer choice and competition among insurers, allowing more people to find insurance that fits their needs and financial situations. With the ACA, the intention was to enhance overall coverage in the United States and expand access to healthcare, fundamentally changing the landscape of health insurance.

7. What is a useful tool for consumers to estimate savings?

- A. Financial advisor tool
- B. Claim submission tool
- C. Savings estimator tool**
- D. Insurance calculator tool

The savings estimator tool is specifically designed for consumers to assess their potential savings based on various factors such as income, household size, and chosen health plans. This tool typically takes into account different variables that can impact financial outcomes, such as subsidies available through healthcare programs, allowing users to get a clearer picture of how much they might save on their healthcare costs. In contrast, financial advisor tools focus on overall financial planning rather than specific savings estimates related to health care. Claim submission tools are intended for processing and submitting claims for healthcare services, which does not directly relate to estimating savings. Insurance calculator tools might help consumers understand premium costs or coverage details, but they do not provide a comprehensive view of potential savings in the way a savings estimator tool does.

8. For how long must an organization retain a record of consumers' consent?

- A. 3 years
- B. 5 years
- C. 6 years**
- D. Indefinitely

The correct duration for retaining a record of consumers' consent is six years. This retention period aligns with regulatory requirements and best practices for compliance, especially related to privacy laws and data protection regulations, which often emphasize the importance of maintaining evidence of consent for a significant period. Holding onto consent records for six years allows organizations to demonstrate accountability and compliance if questions or issues arise regarding how data was collected and the permissions granted by consumers. This timeframe also supports the organization in monitoring and managing consent changes over time, as consumers may change their preferences or withdraw consent. Ensuring that there is a clear and accessible record of consent during this period is crucial for organizations to uphold consumer rights and apply transparency in their data handling practices. As for the other options, while three, five, and indefinite periods might be considered by different regulations or policies, they do not align with the established standard of six years, which balances consumer protection with practical record-keeping needs.

9. What individuals are counted as part of household sizes for determining eligibility?

- A. Only adults
- B. Only dependents
- C. Tax filers and their dependents**
- D. Tax filers only

Household size is a crucial factor in determining eligibility for various programs, including health insurance subsidies. The correct answer includes tax filers and their dependents because both groups are necessary for accurately calculating the household size. Tax filers represent the adults in the household who are responsible for filing taxes and can affect the overall income bracket. Dependents, which include children and potentially other qualifying individuals, are also accounted for, as their needs and resources impact the household's total income and eligibility for benefits. Including both tax filers and their dependents in the household size ensures that the calculation reflects the total number of individuals living in the home, which is vital for determining the appropriate level of assistance or subsidy available. This approach allows for a more accurate assessment of the financial dynamics within a household, leading to fairer eligibility determinations.

10. Which type of account can carry over unused funds to the next year's plan?

A. FSA

B. HRA

C. HSA

D. Health Savings Card

The correct answer is Health Savings Account (HSA). HSAs are designed to allow individuals to save money for medical expenses on a tax-advantaged basis. One of the key features of HSAs is that funds can carry over from year to year without any cap, meaning that there is no "use it or lose it" rule. This flexibility allows account holders to accumulate savings over time for future healthcare costs, as the funds remain in the account until they are needed. In contrast, Flexible Spending Accounts (FSAs) typically have a limit on how much can be rolled over from one year to the next, often requiring the funds to be used within a specific time frame or risk forfeiture. Health Reimbursement Arrangements (HRAs) are also funded by an employer and can have specific terms regarding fund rollover, which may not be as flexible as HSAs. A Health Savings Card is not a type of account; rather, it typically refers to a card used to access funds within an HSA or other similar accounts, thus not being independently capable of carrying over funds.

SAMPLE

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://certifiedapplicationcounselor.examzify.com>

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

SAMPLE