

CVS HEALTH – AETNA ONE ADVOCATE (A1A) TRAINING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. For which demographic is Medicaid specifically designed to assist?**
 - A. Only children under 12
 - B. Low-income individuals and families
 - C. Only elderly individuals
 - D. All citizens
- 2. What type of health insurance plan offers the least restrictions but is generally more costly?**
 - A. EPO
 - B. PPO
 - C. HMO
 - D. POS
- 3. Which of the following best describes coinsurance?**
 - A. The total cost of medical services
 - B. The fixed amount paid for specific services
 - C. Percentage of costs a member must share
 - D. The maximum amount paid annually by the member
- 4. What is a tax-advantaged savings account available for individuals in high-deductible health plans?**
 - A. Flexible Spending Account
 - B. Health Savings Account
 - C. Co-Pay Account
 - D. Premium Account
- 5. What is the purpose of a health insurance deductible?**
 - A. To limit out-of-pocket costs
 - B. To split costs between the insurer and the insured
 - C. To ensure coverage for preventive services
 - D. To require policyholders to pay a certain amount before insurance contributes

- 6. What program is designed to reduce medical claim costs for plan sponsors and members?**
- A. Health Savings Program
 - B. Cost Efficiency Program
 - C. National Advantage Program (NAP)
 - D. Medical Expense Reduction Initiative
- 7. What type of crime is categorized as a felony and can lead to severe punishment or imprisonment?**
- A. Misdemeanor
 - B. Infraction
 - C. Felony
 - D. Violation
- 8. What are the 5 W's related to claims?**
- A. Who, What, Where, When, Why
 - B. When, Where, How, Who, What
 - C. Who, What, When, How, Why
 - D. What, Why, Where, Who, How
- 9. What term describes a medication that requires authorization from a healthcare provider before it can be dispensed?**
- A. Over-the-counter drug
 - B. Prescription drug
 - C. Generic drug
 - D. Controlled substance
- 10. What is the term for the process where a provider contacts the insurance provider to check if a proposed procedure is covered?**
- A. Preauthorization
 - B. Copayment
 - C. Premium
 - D. Dependent Coverage

Answers

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

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Explanations

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1. For which demographic is Medicaid specifically designed to assist?

- A. Only children under 12
- B. Low-income individuals and families**
- C. Only elderly individuals
- D. All citizens

Medicaid is specifically designed to assist low-income individuals and families, providing them with access to essential healthcare services. The program is aimed at those who may not have the financial means to afford necessary medical care, making it crucial for maintaining the health and well-being of vulnerable populations. This typically includes not only low-income families with children but also a wider range of individuals, such as pregnant women, persons with disabilities, and elderly individuals who meet certain income criteria. While some of the other choices mention specific populations—such as children, the elderly, or all citizens—these do not encompass the full intent of Medicaid, which is primarily focused on income status rather than age or citizenship alone. The correct understanding highlights how Medicaid serves as a vital safety net for those in financial need, reinforcing its role within the broader healthcare system.

2. What type of health insurance plan offers the least restrictions but is generally more costly?

- A. EPO
- B. PPO**
- C. HMO
- D. POS

A Preferred Provider Organization (PPO) plan is characterized by its flexibility and fewer restrictions compared to other types of health insurance plans. Members in a PPO can seek care from any healthcare provider, and they do not need a primary care physician or a referral to see specialists. This offers significant convenience for patients who prefer to have more control over their healthcare choices. However, this added flexibility comes at a higher cost. Premiums for PPO plans are typically more expensive than those for Health Maintenance Organization (HMO) plans, which require members to choose a network of doctors and get referrals for specialty care. The higher out-of-pocket costs associated with PPOs can also include higher deductibles and co-pays, especially when choosing out-of-network providers. In contrast, EPO (Exclusive Provider Organization) plans typically do not cover any out-of-network services at all, unless it's an emergency, thus having restrictions similar to HMOs but without requiring referrals. Similarly, POS (Point of Service) plans offer some flexibility but still enforce a primary care physician network and require referrals to specialists, adding a layer of restriction. Thus, identifying a PPO as providing the least restrictions but generally being more costly aligns perfectly with the understanding of these plan types and how they operate within the

3. Which of the following best describes coinsurance?

- A. The total cost of medical services
- B. The fixed amount paid for specific services
- C. Percentage of costs a member must share**
- D. The maximum amount paid annually by the member

Coinsurance is best described as a percentage of costs that a member is required to share after meeting their deductible. This means that once the individual has paid their deductible for a specific health plan, they will then pay a certain percentage of the costs for covered medical services, while the insurance plan pays the remaining percentage. For instance, if a health insurance policy has an 80/20 coinsurance structure, the insurer covers 80% of the cost of services after the deductible is met, and the member is responsible for the remaining 20%. This concept is fundamental in health insurance as it outlines the shared financial responsibility between the insurer and the insured, incentivizing members to consider healthcare costs when receiving services. The other options describe different aspects of health insurance and costs. The total cost of medical services refers to the overall expense incurred for care, not the sharing between parties. A fixed amount paid for specific services refers to copayments, while the maximum amount paid annually by the member pertains to out-of-pocket maximums, which caps the total expense a member would face in a given policy year.

4. What is a tax-advantaged savings account available for individuals in high-deductible health plans?

- A. Flexible Spending Account
- B. Health Savings Account**
- C. Co-Pay Account
- D. Premium Account

The correct response identifies a Health Savings Account (HSA) as a tax-advantaged savings account specifically designed for individuals enrolled in high-deductible health plans (HDHPs). HSAs allow these individuals to set aside money for qualified medical expenses, offering both tax benefits and savings opportunities. Contributions to an HSA are tax-deductible, the funds grow tax-free, and withdrawals for eligible healthcare expenses are also tax-free. This structure incentivizes individuals to save for out-of-pocket expenses while encouraging careful spending and management of healthcare costs in conjunction with a high-deductible health plan. This is particularly valuable as it helps patients manage costs effectively while potentially reducing their taxable income. Other options, while they may also relate to healthcare financing, do not offer the same level of tax advantages and are not specifically tied to high-deductible health plans. For instance, Flexible Spending Accounts are used for medical expenses but typically require expenditures to occur within the plan year, which limits the flexibility that HSAs provide.

5. What is the purpose of a health insurance deductible?

- A. To limit out-of-pocket costs
- B. To split costs between the insurer and the insured
- C. To ensure coverage for preventive services
- D. To require policyholders to pay a certain amount before insurance contributes**

The purpose of a health insurance deductible is to require policyholders to pay a certain amount out of pocket before their insurance coverage begins to contribute to their medical expenses. This structure helps to manage costs for the insurance provider and encourages insured individuals to be mindful about their healthcare spending. By having a deductible, policyholders are responsible for covering their initial healthcare costs, which can reduce unnecessary medical services and encourage more careful decision-making regarding their healthcare needs. The deductible serves as a form of cost-sharing that helps alleviate some of the financial burden on the insurance company. Once the deductible has been met, the insurer typically begins to pay for covered healthcare services, either entirely or in combination with co-payments and co-insurance, depending on the specific plan. This feature ensures that insured individuals engage somewhat actively in their healthcare decisions, as they are directly impacted by the initial costs before insurance benefits kick in.

6. What program is designed to reduce medical claim costs for plan sponsors and members?

- A. Health Savings Program
- B. Cost Efficiency Program
- C. National Advantage Program (NAP)**
- D. Medical Expense Reduction Initiative

The National Advantage Program (NAP) is specifically designed to help reduce medical claim costs for both plan sponsors and members. This program typically leverages a network of healthcare providers offering negotiated rates, which can lead to significant cost savings on medical services. By establishing agreements with certain providers, the NAP enables plan sponsors to manage their expenditures more effectively while ensuring that members receive high-quality care at a reduced cost. This approach not only addresses the financial aspect of healthcare but also encourages efficient use of resources within the healthcare system. It aims to provide value through enhanced access to a broad network of providers, ultimately benefiting both the sponsors and the members involved.

7. What type of crime is categorized as a felony and can lead to severe punishment or imprisonment?

- A. Misdemeanor
- B. Infraction
- C. Felony**
- D. Violation

A felony is a type of crime that is typically regarded as more serious than a misdemeanor and is punishable by a year or more of imprisonment, significant fines, or both. The classification of a crime as a felony usually involves significant harm or potential harm to society or individuals, reflecting the severity of the act. This designation corresponds to strict legal implications, including lengthy prison sentences, which can vary widely based on the specific crime committed and the jurisdiction's laws. In contrast, a misdemeanor generally involves less severe offenses that carry lesser penalties, such as shorter jail time or smaller fines. Infractions are typically minor violations of laws, often resulting in fines rather than imprisonment. Violations can refer to any breach of the law but are often used interchangeably with infractions, particularly in terms of lesser offenses that do not carry the consequences associated with felonies. The distinction between these categories is crucial for understanding the legal system's approach to punishment and rehabilitation.

8. What are the 5 W's related to claims?

- A. Who, What, Where, When, Why**
- B. When, Where, How, Who, What
- C. Who, What, When, How, Why
- D. What, Why, Where, Who, How

The five W's related to claims are essential for comprehensively understanding and addressing any claims process within the context of healthcare. "Who" pertains to identifying the parties involved, such as the patient, provider, and insurer. "What" addresses the specific details of the claim, including the services rendered or the nature of the claim itself. "Where" refers to the location where the service was provided or the claim was originated. "When" signifies the timing, including when the services were delivered and when the claim was filed. Lastly, "Why" involves understanding the reasoning behind the claim, including the justification for the services provided and the need for reimbursement. This framework supports healthcare professionals in navigating claims effectively, ensuring that all aspects are considered to support a successful claims process. Other combinations of words do not capture the essential elements of the claims process as clearly, omitting crucial components required for thorough understanding and resolution.

9. What term describes a medication that requires authorization from a healthcare provider before it can be dispensed?

- A. Over-the-counter drug
- B. Prescription drug**
- C. Generic drug
- D. Controlled substance

The term that describes a medication requiring authorization from a healthcare provider before it can be dispensed is a prescription drug. This category of medications is regulated to ensure they are used safely and effectively under the guidance of a healthcare professional. Prescription drugs are typically prescribed for specific conditions and may have potential side effects or require monitoring, making it essential for a healthcare provider to evaluate the patient's needs and circumstances before the medication is supplied. In contrast, over-the-counter drugs can be purchased without a prescription, allowing individuals to manage common ailments independently. Generic drugs, while often more affordable alternatives to brand-name medications, can also fall into the prescription category and thus may or may not require a healthcare provider's authorization depending on the specific medication. Controlled substances are a subset of prescription drugs with a higher risk of abuse and are closely regulated, but not all prescription drugs are classified as controlled substances. Therefore, the definition of a prescription drug is most accurate in this context.

10. What is the term for the process where a provider contacts the insurance provider to check if a proposed procedure is covered?

- A. Preauthorization**
- B. Copayment
- C. Premium
- D. Dependent Coverage

The process where a provider contacts the insurance provider to check if a proposed procedure is covered is known as preauthorization. This is an essential step in the healthcare system, as it ensures that the procedure meets the insurance company's guidelines for coverage. Preauthorization helps to avoid unexpected costs for both the provider and the patient by confirming that the insurance will cover the procedure before it occurs. It typically involves the provider submitting clinical information to demonstrate the medical necessity of the procedure in question. In contrast, copayment refers to the fixed amount that a patient pays for a specific service, which is unrelated to checking coverage ahead of a procedure. Premium is the amount paid for an insurance policy, representing a different aspect of insurance costs. Dependent coverage refers to the way insurance policies may extend coverage to an insured person's dependents but does not involve checking the coverage of a specific procedure.

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://cvshealtha1atraining.examzify.com>

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

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