

Federally Facilitated Marketplace (FFM) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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 15

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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. How is affordability used to determine APTC?**
 - A. APTC is designed to ensure the consumer's required premium contribution remains affordable relative to income**
 - B. APTC increases the premium**
 - C. APTC is fixed regardless of plan**
 - D. APTC is based on age only**

- 2. Where do consumers remain during the entire application process when assisted by an agent or broker?**
 - A. HealthCare.gov**
 - B. The Marketplace**
 - C. EDE**
 - D. Classic DE**

- 3. What is Plan A's out-of-pocket maximum in the example?**
 - A. \$1,000**
 - B. \$500**
 - C. \$1,500**
 - D. \$2,000**

- 4. Which statement best describes Premium Tax Credit (PTC) in relation to monthly premiums?**
 - A. It is paid monthly to reduce the premium automatically.**
 - B. It is a one-time tax credit applied to the next year.**
 - C. It is the upfront subsidy that reduces premiums.**
 - D. It is used to reimburse medical expenses.**

- 5. An applicant who permanently moves within the same county and does not gain access to new QHPs as a result of the move is:**
 - A. Ineligible to Enroll in a QHP**
 - B. Eligible to Enroll in a QHP (If otherwise meets criteria to enroll in a QHP)**
 - C. Eligible to Enroll in a QHP only if there is a special enrollment period**
 - D. Ineligible only if income changes**

- 6. If Aiping is a tobacco user, how would that affect his premium?**
- A. No effect on premium**
 - B. Premium would increase by a fixed amount**
 - C. Premium would be reduced**
 - D. Aiping's premium may be up to \$450**
- 7. For a married couple filing jointly with one daughter claimed as a dependent, is this one tax household on the Marketplace application?**
- A. False**
 - B. True**
 - C. Not enough information**
 - D. It depends on income**
- 8. If a consumer is eligible for CSRs, which plan level typically offers the most savings and potentially the lowest monthly premium?**
- A. Bronze plan**
 - B. Gold plan**
 - C. Catastrophic plan**
 - D. Silver plan**
- 9. How does the Marketplace verify a consumer's identity?**
- A. Through an identity verification process that may require documents such as government-issued ID or other identity proofs; additional checks may be triggered.**
 - B. By sending a link to verify identity via email.**
 - C. By requiring only the applicant's date of birth.**
 - D. By verifying a credit score.**
- 10. Which option describes a process where an agent or broker can facilitate eligibility without the consumer visiting HealthCare.gov?**
- A. Classic DE**
 - B. The Marketplace**
 - C. EDE**
 - D. HealthCare.gov**

Answers

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

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Explanations

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1. How is affordability used to determine APTC?

- A. APTC is designed to ensure the consumer's required premium contribution remains affordable relative to income**
- B. APTC increases the premium
- C. APTC is fixed regardless of plan
- D. APTC is based on age only

Affordability sets the target for the premium a consumer should pay each month. The system uses the household income (as a percentage of the federal poverty level) to determine what portion of that income is considered affordable for health coverage. The Advanced Premium Tax Credit is then calculated to bring the consumer's net premium—the amount they actually pay after the subsidy—down to that affordable level. In practice, the subsidy is the difference between the cost of the benchmark plan (the plan used to gauge affordability) and the consumer's allowed share of income. If the chosen plan is more expensive than what affordability allows, the APTC reduces the premium to meet that threshold. If the plan is cheaper, the subsidy may be smaller or not needed at all. The key idea is that the subsidy is designed to ensure the consumer's premium contribution remains affordable relative to their income, not to increase premiums, stay fixed regardless of plan, or depend solely on age.

2. Where do consumers remain during the entire application process when assisted by an agent or broker?

- A. HealthCare.gov
- B. The Marketplace**
- C. EDE
- D. Classic DE

The Marketplace is where the whole assisted application stays from start to finish. An agent or broker can help gather and enter information, but the application, eligibility checks, and any subsidy calculations are all handled within the Marketplace system. HealthCare.gov is the public site you'd use to access the Marketplace, but the ongoing processing remains in the Marketplace environment. Behind-the-scenes data transfers, like EDE or Classic DE, are about moving data between the Marketplace and issuers or CMS, not about where the consumer completes the application. So, the consumer stays in the Marketplace throughout the entire process.

3. What is Plan A's out-of-pocket maximum in the example?

- A. \$1,000**
- B. \$500
- C. \$1,500
- D. \$2,000

Out-of-pocket maximum is the maximum you pay for covered services in a plan year; once you reach that amount, the plan covers 100% of covered services for the rest of the year. It includes deductible, copays, and coinsurance, but not your monthly premium. In Plan A's example, the out-of-pocket maximum is \$1,000, so after you've paid \$1,000 in combined deductible, coinsurance, and copays for covered services, the plan pays 100% of further covered expenses for the year. Premiums don't count toward this limit. The other dollar amounts would imply a different cap than what the example shows.

4. Which statement best describes Premium Tax Credit (PTC) in relation to monthly premiums?

- A. It is paid monthly to reduce the premium automatically.
- B. It is a one-time tax credit applied to the next year.
- C. It is the upfront subsidy that reduces premiums.**
- D. It is used to reimburse medical expenses.

Premium Tax Credit lowers your monthly health insurance costs by providing an upfront subsidy that reduces the premium you pay each month. This can be paid in advance to the insurer (the advance premium tax credit), so your monthly bill is smaller during the year. The amount is based on your estimated household income and family size, which is why it helps people with lower or mid-range incomes afford coverage. When you file your taxes, you reconcile what you actually used with what you were eligible for using Form 8962; if your income ends up higher than estimated, you may repay some of the advance payments, and if it's lower, you may receive a larger credit or refund. It's not a one-time credit applied to next year, and it isn't used to reimburse medical expenses.

5. An applicant who permanently moves within the same county and does not gain access to new QHPs as a result of the move is:

- A. Ineligible to Enroll in a QHP**
- B. Eligible to Enroll in a QHP (If otherwise meets criteria to enroll in a QHP)
- C. Eligible to Enroll in a QHP only if there is a special enrollment period
- D. Ineligible only if income changes

Moving within the same county does not create a special enrollment period, and it doesn't automatically make someone ineligible to enroll. Eligibility to enroll in a QHP depends on meeting basic requirements like state/county residency, lawfully present status, and other qualifiers—not on whether you gain new plan options after a move. If the person otherwise meets the criteria, they can enroll in a QHP. The fact that they don't gain access to new QHPs simply means there may be no new plans to choose from, not that enrollment is impossible.

6. If Aiping is a tobacco user, how would that affect his premium?

- A. No effect on premium
- B. Premium would increase by a fixed amount
- C. Premium would be reduced
- D. Aiping's premium may be up to \$450**

Tobacco use can trigger a premium surcharge on marketplace plans. Insurers may add extra to the premium for tobacco users to account for higher health risks, and there's often a cap to how much that surcharge can be. In this scenario, the surcharge could raise Aiping's premium by as much as \$450, which is why the correct answer says his premium may be up to \$450.

7. For a married couple filing jointly with one daughter claimed as a dependent, is this one tax household on the Marketplace application?

A. False

B. True

C. Not enough information

D. It depends on income

In the Marketplace, the tax household is the group of people whose tax return is used to determine premium subsidies. When a couple files jointly, they are treated as one tax household. Claiming a daughter as a dependent on that joint return doesn't create a separate household; she is included in the same tax household for purposes of determining income and household size for the subsidy calculation. So, this scenario is one tax household for the Marketplace application.

8. If a consumer is eligible for CSRs, which plan level typically offers the most savings and potentially the lowest monthly premium?

A. Bronze plan

B. Gold plan

C. Catastrophic plan

D. Silver plan

Cost-sharing reductions are available only to people who qualify for CSRs and choose a Silver plan on the Marketplace. These reductions lower what you pay when you get care—deductibles, copays, and coinsurance—so eligible consumers see the biggest savings when they use medical services. Since CSRs apply exclusively to Silver plans, they provide more substantial out-of-pocket relief than Bronze or Gold plans, and Catastrophic plans aren't eligible for CSRs at all. The note about monthly premium: CSRs themselves reduce what you pay for care, not the plan's monthly premium. However, many CSR-eligible buyers also qualify for premium tax credits that lower the Silver plan's premium, which can make the Silver option the most affordable overall. That combination—CSR-driven cost-sharing reductions plus potential premium subsidies—often makes Silver the most cost-effective choice for eligible individuals.

9. How does the Marketplace verify a consumer's identity?

- A. Through an identity verification process that may require documents such as government-issued ID or other identity proofs; additional checks may be triggered.**
- B. By sending a link to verify identity via email.**
- C. By requiring only the applicant's date of birth.**
- D. By verifying a credit score.**

Identity verification in the Marketplace is a multi-step process that proves who you are by submitting verifiable documents. It often requires a government-issued ID or other identity proofs, along with information that can confirm your name, date of birth, and address. If the initial information or documents raise doubt or don't perfectly align with records, the system may trigger additional checks or a manual review to confirm your identity. This approach ensures the applicant is a real person and prevents fraud. Using an email link alone, relying only on a date of birth, or checking a credit score wouldn't provide the same level of identity assurance used in Marketplace enrollment.

10. Which option describes a process where an agent or broker can facilitate eligibility without the consumer visiting HealthCare.gov?

- A. Classic DE**
- B. The Marketplace**
- C. EDE**
- D. HealthCare.gov**

Enhanced Direct Enrollment lets a licensed agent or broker complete a consumer's eligibility and enroll them in a plan without the consumer ever visiting HealthCare.gov. In this path, the broker collects the consumer's information, verifies eligibility, and transmits the application and enrollment data securely to the Exchange and the issuing issuer. The consumer can receive subsidy estimates and plan options through the broker's workflow, but the actual eligibility determination and enrollment happen without the consumer navigating to HealthCare.gov themselves. HealthCare.gov is the public site the consumer would visit if applying directly. The Marketplace refers to the overall system and program, not a specific broker-assisted process. Classic Direct Enrollment is an older method of direct enrollment that does not describe the streamlined broker-facilitated process without the consumer visiting HealthCare.gov.

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://fedfacilitatedmarketplace.examzify.com>

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

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