

# Medicare Enrollment Periods Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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**SAMPLE**

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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

- 1. What period allows a new Medicare beneficiary who just got Medicare Part A and B to enroll in a Medicare Prescription Drug plan (Part D)?**
  - A. Annual Enrollment Period**
  - B. Initial Enrollment Period**
  - C. Open Enrollment Period**
  - D. Initial Election Period**
- 2. What must individuals do if they miss the General Enrollment Period?**
  - A. They can reapply immediately**
  - B. They must wait for the next GEP or a qualifying event to enroll**
  - C. They can only enroll under Special circumstances**
  - D. They will be automatically re-enrolled**
- 3. During which enrollment periods can beneficiaries enroll in a Medicare Advantage Plan?**
  - A. Only during the Annual Enrollment Period**
  - B. Initial Enrollment Period, Open Enrollment, and Special Enrollment Periods**
  - C. Any time throughout the year**
  - D. Only when they are over 65**
- 4. What evidence is required to verify eligibility for special enrollment due to healthcare decision-maker issues?**
  - A. Documentation of the individual's enrollment status**
  - B. Proof that their decision-maker was unavailable due to disaster**
  - C. Proof of temporary healthcare coverage during the disaster**
  - D. No evidence is required**
- 5. If an individual returns to the U.S. from abroad, how long do they have to enroll in a new plan?**
  - A. 1 month after moving**
  - B. 2 months after moving**
  - C. 3 months post-return**
  - D. Immediately upon return**

- 6. Can a Medigap policy provide additional benefits aside from the core benefits?**
- A. No, they only cover core benefits**
  - B. Yes, but only if the state allows it**
  - C. Yes, many Medigap policies offer additional benefits**
  - D. No, federal law doesn't allow for any extra benefits**
- 7. What does receiving a "purple letter" indicate regarding Low Income Subsidy (LIS) status?**
- A. They will no longer be eligible for any benefits.**
  - B. They may make one enrollment within 3 months of the new benefit.**
  - C. They should ignore the letter.**
  - D. They can immediately enroll in any plan they desire.**
- 8. What should a beneficiary do if they have a change in Medicaid status?**
- A. Notify Medicare immediately**
  - B. Change plans within 6 months**
  - C. Enroll in a new plan within 3 months**
  - D. Wait until open enrollment**
- 9. What happens if you miss the open enrollment period for Medigap?**
- A. You can never enroll in a Medigap policy**
  - B. You may have to go through medical underwriting**
  - C. You will qualify for a special enrollment period**
  - D. There is no penalty for missing it**
- 10. What type of coverage can a person have if they are in an expensive MAPD but obtain medications affordably without insurance?**
- A. Non-Creditable Coverage**
  - B. Other Creditable Coverage**
  - C. Negotiated Price Coverage**
  - D. Discount Medication Coverage**



## **Answers**

SAMPLE

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

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## **Explanations**

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**1. What period allows a new Medicare beneficiary who just got Medicare Part A and B to enroll in a Medicare Prescription Drug plan (Part D)?**

- A. Annual Enrollment Period**
- B. Initial Enrollment Period**
- C. Open Enrollment Period**
- D. Initial Election Period**

The period that allows a new Medicare beneficiary who has just received Medicare Part A and B to enroll in a Medicare Prescription Drug plan (Part D) is the Initial Enrollment Period. This period is specifically designed for people who are newly eligible for Medicare, allowing them to enroll in various Medicare plans, including Part D, as they first sign up for Parts A and B. The Initial Enrollment Period typically spans seven months: three months before the beneficiary's 65th birthday month, the month of their birthday, and three months after. This ensures that beneficiaries have the opportunity to choose their prescription drug coverage at the same time they enroll in the original Medicare program. Enrolling during this time is crucial because it allows beneficiaries to avoid potential penalties and ensure they have coverage in place when they need it. The other terms mentioned, such as Annual Enrollment Period and Open Enrollment Period, refer to times when existing beneficiaries can make changes to their Medicare coverage, but they do not apply to new beneficiaries who just gained Medicare eligibility. The term "Initial Election Period" can be confusing because it is sometimes used interchangeably with the Initial Enrollment Period, but it is not the standard terminology used in Medicare documentation, which typically refers to the Initial Enrollment Period.

**2. What must individuals do if they miss the General Enrollment Period?**

- A. They can reapply immediately**
- B. They must wait for the next GEP or a qualifying event to enroll**
- C. They can only enroll under Special circumstances**
- D. They will be automatically re-enrolled**

Individuals who miss the General Enrollment Period (GEP) for Medicare must wait until the next GEP or qualify for a special enrollment period to enroll in Medicare. The GEP occurs annually from January 1 to March 31, and if an individual does not enroll during that time, they lose their opportunity to sign up until the next GEP. Waiting for the next GEP means that an individual may have to endure a gap in coverage, but they may also find options to enroll sooner if they encounter qualifying events. Qualifying events typically include situations like moving, losing coverage, or having a change in circumstances that impacts eligibility, which can provide alternatives for enrollment outside of the GEP. Other options imply that reapplying immediately, enrolling under special circumstances only, or being automatically re-enrolled are incorrect because they don't accurately reflect the structured nature of Medicare enrollment periods. The system is set to ensure that individuals have specific times to enroll and that missing a designated period generally results in having to wait for future enrollment opportunities or qualifying events.

**3. During which enrollment periods can beneficiaries enroll in a Medicare Advantage Plan?**

**A. Only during the Annual Enrollment Period**

**B. Initial Enrollment Period, Open Enrollment, and Special Enrollment Periods**

**C. Any time throughout the year**

**D. Only when they are over 65**

Beneficiaries can enroll in a Medicare Advantage Plan during specific designated times, which include the Initial Enrollment Period, Open Enrollment Period, and Special Enrollment Periods. The Initial Enrollment Period is the seven-month window that begins three months before the month a person turns 65, includes the month they turn 65, and ends three months after that month. This is critical as it allows new enrollees the opportunity to sign up when they first become eligible for Medicare. The Open Enrollment Period occurs annually from October 15 to December 7. During this time, beneficiaries can make changes to their Medicare Advantage Plans, including enrolling in a plan, switching plans, or returning to Original Medicare. Special Enrollment Periods are other designated times outside of the regular enrollment periods when individuals may enroll in or switch Medicare Advantage Plans, usually triggered by certain life events such as moving, losing other health coverage, or qualifying for Medicaid. The combination of these periods provides flexibility for beneficiaries to choose or change their Medicare Advantage coverage based on their health needs and circumstances. This understanding highlights the importance of being aware of the various enrollment opportunities available throughout the year for Medicare Advantage Plan enrollment.

**4. What evidence is required to verify eligibility for special enrollment due to healthcare decision-maker issues?**

**A. Documentation of the individual's enrollment status**

**B. Proof that their decision-maker was unavailable due to disaster**

**C. Proof of temporary healthcare coverage during the disaster**

**D. No evidence is required**

To verify eligibility for special enrollment due to healthcare decision-maker issues, it is essential to provide proof that the decision-maker was unavailable due to a disaster. This is crucial because special enrollment periods are designed to accommodate individuals who face extenuating circumstances that hinder their ability to enroll in a timely manner. When a healthcare decision-maker is unavailable, typically due to significant disruptions caused by a disaster, this can impact the individual's ability to make informed choices regarding their enrollment in Medicare. The necessary evidence, therefore, must demonstrate that the decision-maker's absence was a direct result of an unforeseen event. This evidence ensures that the individual's situation is validated and that they are granted the opportunity to enroll in or make changes to their Medicare plan outside the standard enrollment periods. In contrast, other options such as providing documentation of enrollment status, proof of temporary healthcare coverage, or suggesting that no evidence is required do not appropriately address the specific requirement for verifying the unique circumstances surrounding the decision-maker's unavailability.

**5. If an individual returns to the U.S. from abroad, how long do they have to enroll in a new plan?**

- A. 1 month after moving**
- B. 2 months after moving**
- C. 3 months post-return**
- D. Immediately upon return**

When an individual returns to the U.S. from abroad, they are granted a special enrollment period that allows them to enroll in Medicare plans. This period lasts for two months after their return. This flexibility is provided to accommodate those who may have been away and unable to enroll during general or open enrollment periods. Such provisions ensure that people do not miss out on important healthcare coverage simply because they were overseas, allowing them a reasonable window to make decisions about their Medicare options upon returning to the country. In contrast, the other options represent time frames that are either too short or imply immediate action. A month or immediate enrollment would not consider the practicalities of returning and assessing healthcare needs after a time away, which is why they do not align with Medicare's enrollment policies.

**6. Can a Medigap policy provide additional benefits aside from the core benefits?**

- A. No, they only cover core benefits**
- B. Yes, but only if the state allows it**
- C. Yes, many Medigap policies offer additional benefits**
- D. No, federal law doesn't allow for any extra benefits**

Medigap policies, also known as Medicare Supplement Insurance, are designed to cover some of the costs that Original Medicare doesn't, such as copayments, coinsurance, and deductibles. Each Medigap plan is standardized, meaning they offer a core set of benefits determined by state and federal regulations. However, certain Medigap policies can offer additional benefits beyond these core ones. For instance, some plans may cover services like medical care received while traveling abroad or potentially offer varying levels of coverage for outpatient care. It's important to note that not all policies will have these additional benefits, and their availability can vary based on the individual state's regulations. Therefore, the answer correctly highlights that many Medigap policies do indeed provide additional benefits alongside the core offerings. This flexibility allows consumers to choose a plan that best fits their healthcare needs and financial situation.

7. What does receiving a "purple letter" indicate regarding Low Income Subsidy (LIS) status?
- A. They will no longer be eligible for any benefits.
  - B. They may make one enrollment within 3 months of the new benefit.**
  - C. They should ignore the letter.
  - D. They can immediately enroll in any plan they desire.

Receiving a "purple letter" concerning Low Income Subsidy (LIS) status indicates that the recipient may make one enrollment within three months of the new benefit. This letter is sent to inform individuals about changes in their LIS status, which could affect their Medicare coverage options. By allowing one enrollment within this specified period, beneficiaries have the opportunity to align their Medicare plans with their updated financial circumstances. This flexibility is crucial because it helps ensure that individuals maintain access to needed medical services while also considering cost implications. The other choices do not accurately reflect the purpose of the purple letter or the options available to the recipient. For instance, stating that beneficiaries will no longer be eligible for any benefits does not capture the transitional nature of the information provided in the letter. Ignoring the letter would lead to missed opportunities to update enrollment based on changes in their subsidy status, while the idea that individuals can immediately enroll in any plan disregards the specific enrollment window indicated by the letter, which is limited to one enrollment within three months.

8. What should a beneficiary do if they have a change in Medicaid status?
- A. Notify Medicare immediately
  - B. Change plans within 6 months
  - C. Enroll in a new plan within 3 months**
  - D. Wait until open enrollment

If a beneficiary experiences a change in their Medicaid status, the correct action is to enroll in a new plan within three months. This is crucial because changes in Medicaid status can significantly affect a person's eligibility for Medicare and the type of coverage they may need. When a beneficiary's Medicaid status changes, it often reflects a shift in their healthcare needs or financial situation, prompting the need for a different Medicare plan that better suits their current circumstances. The three-month window allows beneficiaries to re-evaluate their options and select a plan that aligns with their new needs, ensuring they have the proper coverage in a timely manner. While notifying Medicare and considering options during open enrollment are important, they do not directly address the need to act promptly following a change in Medicaid status. This immediate enrollment opportunity is specifically designed to accommodate beneficiaries facing such changes.

**9. What happens if you miss the open enrollment period for Medigap?**

- A. You can never enroll in a Medigap policy**
- B. You may have to go through medical underwriting**
- C. You will qualify for a special enrollment period**
- D. There is no penalty for missing it**

If you miss the open enrollment period for Medigap, you may have to go through medical underwriting to get a policy. This is significant because during the open enrollment period, which lasts for six months beginning the first month you are 65 or older and enrolled in Medicare Part B, you have guaranteed issue rights. This means insurance companies cannot deny your application or impose waiting periods for pre-existing conditions. Outside of this enrollment period, insurers can impose stricter criteria based on your health. This means that they can require you to provide medical information and potentially deny you coverage or charge you higher premiums based on your health status. This underwriting process is a way for the insurance companies to assess risk before offering coverage, which can result in challenges for individuals looking to obtain Medigap coverage after the open enrollment period has concluded.

**10. What type of coverage can a person have if they are in an expensive MAPD but obtain medications affordably without insurance?**

- A. Non-Creditable Coverage**
- B. Other Creditable Coverage**
- C. Negotiated Price Coverage**
- D. Discount Medication Coverage**

The correct answer is Non-Creditable Coverage. Non-Creditable Coverage pertains specifically to prescription drug coverage that is not considered to be as good as Medicare's standard coverage. If someone is enrolled in an expensive Medicare Advantage Plan with Prescription Drug coverage (MAPD) but can acquire their medications affordably without insurance, the coverage they rely on does not meet the threshold for being creditable. Creditable coverage is essential as it indicates that the drug plan offers benefits at least as good as Medicare's standard drug coverage, allowing individuals to avoid penalties for late enrollment in Medicare Part D later on. If the coverage is construed as non-creditable, this indicates that the individual may not have credible drug coverage, which ultimately can create issues when it comes to re-enrollment in Medicare Part D plans in the future. In contrast, the other options represent categories of coverage that do not specifically address the scenario of having access to affordable medications without insurance or do not clarify the implications on Medicare's guidelines.



## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://medicareenrollment.examzify.com>**

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