

MEDICARE ENROLLMENT PERIODS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://medicareenrollment.examzify.com>



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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. Can individuals still working enroll in Medicare?**
 - A. No, they must wait until retirement
 - B. Yes, during the Special Enrollment Period
 - C. Only if they are self-employed
 - D. Yes, but only during General Enrollment Period
- 2. How long does the special enrollment period last after receiving notice of inadequate coverage?**
 - A. One month
 - B. Two months
 - C. Three months
 - D. Indefinitely until a new plan is chosen
- 3. If a person couldn't enroll because their decision-maker was affected by a disaster, what applies?**
 - A. They must submit a new application after recovery
 - B. They are automatically re-enrolled in their previous plan
 - C. They may also qualify for a special enrollment period
 - D. They lose all rights to enroll until the next period
- 4. What must individuals consider if they want to drop their MAPD drug coverage and save money by using VA services?**
 - A. The impact on their current health plan
 - B. The eligibility for other special enrollment periods
 - C. Whether they have creditable drug coverage
 - D. Both B and C
- 5. How are beneficiaries informed about changes to their Medicare plans?**
 - A. Through phone calls from Medicare
 - B. By an Annual Notice of Change (ANOC)
 - C. Through a billing statement
 - D. By public announcements

6. What does Medicare Part A cover?

- A. Outpatient services and preventive care
- B. Inpatient hospital stays and skilled nursing facility care
- C. Physician visits and mental health services
- D. Prescription drugs and home care services

7. How does someone qualify for Extra Help with Medicare Part D?

- A. By having a specific Medicare physician
- B. Based on age only
- C. Based on income and resource levels
- D. Through a specified annual application

8. What can be done during the Open Enrollment Period (OEP) if the current plan is not satisfactory?

- A. Disenroll from Medicare completely
- B. Make unlimited plan changes
- C. Enroll in a different MA or MAPD plan
- D. Enroll in a standalone PDP

9. What occurs if an individual does not sign up for Medicare during their Initial Enrollment Period?

- A. They lose the option to enroll
- B. They may have to pay a late enrollment penalty
- C. They can only enroll at an advanced age
- D. They automatically receive Medicare coverage

10. What is the main purpose of Medigap policies?

- A. To provide prescription drug coverage
- B. To cover out-of-pocket costs not covered by Medicare
- C. To offer vision and dental insurance
- D. To provide long-term care insurance

Answers

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

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Explanations

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1. Can individuals still working enroll in Medicare?

- A. No, they must wait until retirement
- B. Yes, during the Special Enrollment Period**
- C. Only if they are self-employed
- D. Yes, but only during General Enrollment Period

Individuals who are still working can enroll in Medicare during the Special Enrollment Period (SEP). This period is specifically designed for people who are eligible for Medicare but who are also covered under a group health plan from their job or their spouse's job. If these individuals decide to delay their Medicare enrollment while they continue to work, they do not face penalties as long as they enroll in Medicare when they retire or when their employment ends. It's crucial to recognize the flexibility offered by the SEP, which allows for enrollment without the usual penalties that might be incurred if one fails to sign up during the Initial Enrollment Period. The other options misrepresent the enrollment process for working individuals. For instance, individuals do not need to wait until retirement to enroll, nor is there a restriction that only self-employed individuals can enroll. Additionally, while it is possible to enroll during the General Enrollment Period, this is not the most advantageous time for those who are still working and have alternative health coverage.

2. How long does the special enrollment period last after receiving notice of inadequate coverage?

- A. One month
- B. Two months**
- C. Three months
- D. Indefinitely until a new plan is chosen

The special enrollment period lasts for two months after receiving notice of inadequate coverage. This enrollment period is specifically designed to give individuals the opportunity to enroll in a new Medicare plan without the usual restrictions tied to the general enrollment periods. The rationale behind this two-month duration is to ensure that beneficiaries have enough time to assess their options and make an informed decision regarding their health coverage. This approach is crucial for individuals who may have recently experienced a significant change in their healthcare situation, such as losing coverage deemed inadequate. The time frame allows beneficiaries to avoid potential gaps in coverage while they navigate their choices. This ensures that they can secure a plan that meets their healthcare needs adequately and without unnecessary delays.

3. If a person couldn't enroll because their decision-maker was affected by a disaster, what applies?

- A. They must submit a new application after recovery
- B. They are automatically re-enrolled in their previous plan
- C. They may also qualify for a special enrollment period**
- D. They lose all rights to enroll until the next period

In the context of Medicare enrollment, if an individual is unable to enroll due to a disaster affecting their decision-maker, they may qualify for a special enrollment period. This allows them to enroll in Medicare outside of the standard enrollment timeframe. Special enrollment periods are designed to accommodate individuals who experience certain life events, such as natural disasters, which hinder their ability to take necessary actions regarding their healthcare coverage. This option provides flexibility and acknowledges that circumstances sometimes prevent timely enrollment. It ensures that beneficiaries can still access the necessary health care without being penalized or having to wait until the next general enrollment period. A special enrollment period is crucial for maintaining continuity of care and access to medical services for those impacted by unforeseen events. The other options do not adequately address the situational needs of individuals affected by a disaster. For instance, requiring a new application after recovery overlooks the urgency and necessity of healthcare during difficult times. Automatic re-enrollment could misalign with the individual's current healthcare needs, as their previous plan may no longer be suitable post-disaster. Lastly, losing all rights to enroll until the next period would be detrimental, especially considering the significant gaps it would create in access to healthcare services during critical recovery phases.

4. What must individuals consider if they want to drop their MAPD drug coverage and save money by using VA services?

- A. The impact on their current health plan
- B. The eligibility for other special enrollment periods
- C. Whether they have creditable drug coverage
- D. Both B and C**

When individuals contemplate dropping their Medicare Advantage Plan with drug coverage (MAPD) in favor of utilizing VA services, they need to carefully consider several key factors tied to their healthcare and prescription drug options. One important aspect is whether they have creditable drug coverage. This refers to whether the prescription drug coverage they may obtain through VA services is at least as good as what Medicare would provide. If it is not considered creditable, individuals may face a late enrollment penalty if they decide to enroll in a Medicare Part D plan in the future. Understanding this component is crucial for long-term financial and health planning. In addition, individuals should assess their eligibility for other special enrollment periods. Special enrollment periods allow individuals to enroll in or change their Medicare plans outside the usual enrollment windows under certain circumstances, such as losing other health coverage. Therefore, ensuring they understand their eligibility for these periods is essential to avoid gaps in coverage or penalties for later enrollment. Considering both creditable drug coverage and special enrollment periods provides a comprehensive view for individuals making this decision. This combined understanding empowers them to make informed choices regarding their healthcare coverage and associated costs.

5. How are beneficiaries informed about changes to their Medicare plans?

- A. Through phone calls from Medicare
- B. By an Annual Notice of Change (ANOC)**
- C. Through a billing statement
- D. By public announcements

Medicare beneficiaries are informed about changes to their Medicare plans primarily through an Annual Notice of Change (ANOC). This document is sent out each year and outlines any modifications to the coverage, costs, and benefits for a beneficiary's plan. It acts as an important communication tool, providing essential information that helps beneficiaries understand how their current plan may change in the upcoming year, such as adjustments in premiums, deductibles, and copayments. The ANOC is a key component of the Medicare system, ensuring that beneficiaries have the necessary information to make informed decisions about their healthcare options and whether they need to adjust their enrollment during the Open Enrollment Period. This proactive approach aims to keep beneficiaries well-informed and prepared for changes, allowing them to assess whether their current plan continues to meet their needs or if they need to consider other options.

6. What does Medicare Part A cover?

- A. Outpatient services and preventive care
- B. Inpatient hospital stays and skilled nursing facility care**
- C. Physician visits and mental health services
- D. Prescription drugs and home care services

Medicare Part A primarily covers inpatient care, which includes hospital stays, skilled nursing facility care, hospice care, and some home health care services. This means that if a patient needs to be admitted to a hospital for treatment or requires rehabilitation in a skilled nursing facility following a hospital stay, these services would typically be covered under Part A. This coverage is vital for individuals who may require more intensive medical care that necessitates a hospital admission, as well as post-acute care in a skilled nursing facility, ensuring they receive the necessary support during their recovery. Other options listed do not align with the primary focus of Medicare Part A. Outpatient services and preventive care, for instance, are generally covered under Medicare Part B. Physician visits and mental health services also fall under Part B, which is designed to handle outpatient medical services. Similarly, prescription drugs are covered under Medicare Part D, which specifically addresses the needs for medication coverage. While home care can sometimes intersect with Part A, it is generally part of a broader discussion that includes various levels of care, with Part B often covering more preventive or outpatient care.

7. How does someone qualify for Extra Help with Medicare Part D?

- A. By having a specific Medicare physician
- B. Based on age only
- C. Based on income and resource levels**
- D. Through a specified annual application

Eligibility for Extra Help with Medicare Part D is determined primarily by income and resource levels. This assistance is designed to help beneficiaries afford prescription drug coverage by lowering their monthly premiums, deductibles, and copayments. Individuals who qualify typically have limited income and financial resources, which are assessed through specific thresholds set by the federal government. The need for such support is crucial for those who may struggle to pay for medications, thus facilitating better access to necessary treatments. While having a specific Medicare physician, being of a certain age, or needing to complete an annual application are all components of the broader Medicare system, they do not directly influence qualification for Extra Help. Rather, it is the financial situation of the individual that plays the central role in determining eligibility for this assistance program.

8. What can be done during the Open Enrollment Period (OEP) if the current plan is not satisfactory?

- A. Disenroll from Medicare completely
- B. Make unlimited plan changes
- C. Enroll in a different MA or MAPD plan**
- D. Enroll in a standalone PDP

During the Open Enrollment Period (OEP), individuals have the opportunity to make changes to their Medicare Advantage (MA) or Medicare Advantage Prescription Drug (MAPD) plans if they find their current plan unsatisfactory. This period typically occurs from January 1 to March 31 each year, and it allows those enrolled in an MA or MAPD plan to switch to a different plan or return to Original Medicare. Choosing to enroll in a different MA or MAPD plan is significant as it ensures that beneficiaries can find coverage that better meets their healthcare needs and preferences. This flexibility is essential for those whose circumstances have changed or who have experienced dissatisfaction with their existing plan. While there are options available during OEP, such as switching back to Original Medicare or enrolling in a standalone Medicare Prescription Drug Plan (PDP), the ability to switch between MA or MAPD plans directly addresses the concern of unsatisfactory coverage by providing an avenue to select a more suitable alternative without reverting to Original Medicare. This proactive approach helps beneficiaries ensure they have the health coverage that aligns with their needs.

9. What occurs if an individual does not sign up for Medicare during their Initial Enrollment Period?

- A. They lose the option to enroll
- B. They may have to pay a late enrollment penalty**
- C. They can only enroll at an advanced age
- D. They automatically receive Medicare coverage

When an individual does not sign up for Medicare during their Initial Enrollment Period, the correct outcome is that they may have to pay a late enrollment penalty. This penalty is intended to encourage timely enrollment and can apply to different parts of Medicare, such as Part A and Part B. For Part B, in particular, individuals who do not enroll when they are first eligible could face a monthly premium increase for every 12-month period they were eligible but did not sign up. The penalty can add a significant amount to their costs in the long run, thereby encouraging early enrollment during the designated period. Other options suggest that individuals would lose their opportunity altogether, be limited to enrolling only at an advanced age, or automatically receive coverage without taking action. However, the reality is that even after the Initial Enrollment Period ends, individuals still have options such as the General Enrollment Period to sign up, albeit with potential penalties.

10. What is the main purpose of Medigap policies?

- A. To provide prescription drug coverage
- B. To cover out-of-pocket costs not covered by Medicare**
- C. To offer vision and dental insurance
- D. To provide long-term care insurance

The main purpose of Medigap policies is to cover out-of-pocket costs not covered by Medicare. Medigap, or Medicare Supplement Insurance, is specifically designed to fill the gaps left by Medicare coverage. This includes expenses such as copayments, coinsurance, and deductibles related to Medicare-approved services. Medigap plans are standardized and can provide substantial financial protection by offering coverage for various out-of-pocket costs that beneficiaries may incur while receiving Medicare services. This support is crucial, as Medicare alone may not cover the full range of medical expenses, leaving beneficiaries with potentially significant out-of-pocket costs. While prescription drug coverage, vision and dental insurance, and long-term care insurance are important aspects of healthcare, they fall outside the scope of what Medigap policies are intended to provide. Medigap does not include prescription drug coverage (that would be covered by Medicare Part D), nor does it address vision, dental care, or long-term care, which are often managed through separate insurance policies or plans.

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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://medicareenrollment.examzify.com>

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

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