

Medicare Introduction Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. If you lose credible prescription drug coverage, you may qualify for which Medicare Part D enrollment event?**
 - A. Special Enrollment Period**
 - B. Open Enrollment Period**
 - C. Initial Enrollment Period**
 - D. Annual Coordinated Enrollment**

- 2. Which Part B preventive services are generally provided at no cost to the beneficiary?**
 - A. Annual Wellness Visit, vaccinations, cancer screenings, and specific preventive exams**
 - B. Routine dental cleaning and braces**
 - C. Hearing aids and vision tests**
 - D. Cosmetic procedures**

- 3. The Initial Enrollment Period spans which months around your birthday?**
 - A. Three months before, the birthday month, and three months after.**
 - B. The entire year.**
 - C. Only the birthday month.**
 - D. Six months before your birthday.**

- 4. In which enrollment periods can a person switch MA plans or Part D plans?**
 - A. During the Annual Enrollment Period (AEP) only.**
 - B. During the Annual Enrollment Period (AEP) and the Medicare Advantage Open Enrollment Period for MA plans, plus any applicable Special Enrollment Periods.**
 - C. Only during Special Enrollment Periods.**
 - D. There is no separate period to switch MA plans.**

- 5. What does 'outpatient' mean in the context of Part B?**
 - A. Medical services or procedures provided without the patient being admitted to a hospital**
 - B. Emergency department visit requiring admission**
 - C. An overnight hospital stay**
 - D. Home health services**

- 6. Which of the following statements about home health services is true?**
- A. Part A covers all home health services.**
 - B. Part B covers all home health services.**
 - C. Part A covers some home health services.**
 - D. Medicare never covers home health.**
- 7. Medicare Advantage plans often include additional benefits such as dental, vision, or hearing coverage.**
- A. Not offered**
 - B. False**
 - C. True**
 - D. Only for plans with higher premiums**
- 8. What does a Medicare Supplement (MedSupp) plan primarily do?**
- A. It replaces Medicare Part A and B.**
 - B. It fills gaps beyond Part A and B and does not include drug coverage.**
 - C. It is only for under 30.**
 - D. It provides drug coverage within the plan.**
- 9. Which statement describes readiness to sell for an agent?**
- A. Being actively contracted or employed, properly licensed, appointed for the state, and certified for the product**
 - B. Being licensed and appointed, regardless of contracting or certification**
 - C. Only being contracted is required**
 - D. Being licensed is sufficient for readiness**
- 10. What are the three roles of CMS?**
- A. Payer, Regulator, Planner**
 - B. Provider, Regulator, Auditor**
 - C. Beneficiary, Regulator, Analyst**
 - D. Customer, Regulator, Evaluator**

Answers

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

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Explanations

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1. If you lose credible prescription drug coverage, you may qualify for which Medicare Part D enrollment event?

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

Losing credible prescription drug coverage creates a Special Enrollment Period for Medicare Part D. This special window is designed for life events that change your coverage, letting you enroll in a Part D plan (or switch plans) without facing penalties within that limited timeframe after your coverage ends. The other options are different, regular periods: Open Enrollment Period is the yearly window to change plans (Oct 15-Dec 7), Initial Enrollment Period is when you first become eligible for Medicare, and there isn't a standard "Annual Coordinated Enrollment" period used for Part D. So the best answer is that you qualify for a Special Enrollment Period.

2. Which Part B preventive services are generally provided at no cost to the beneficiary?

- A. Annual Wellness Visit, vaccinations, cancer screenings, and specific preventive exams**
- B. Routine dental cleaning and braces**
- C. Hearing aids and vision tests**
- D. Cosmetic procedures**

Medicare Part B provides no-cost preventive services to encourage regular preventive care, as long as the services are delivered by a doctor or other qualified provider who accepts assignment. The idea is to cover actions that help prevent illness or catch problems early without out-of-pocket costs. The no-cost preventive services include the Annual Wellness Visit, vaccines, cancer screenings, and specific preventive exams. The Annual Wellness Visit is a yearly opportunity to review your health status and create or update a personalized prevention plan. Vaccines such as flu and pneumococcal shots are covered at no cost. Cancer screenings, like mammograms and colon cancer screenings, are covered without charge when appropriate. Specific preventive exams include counseling and risk assessments that support ongoing prevention. Routine dental cleaning and braces, hearing aids and vision tests, and cosmetic procedures are not generally covered under Part B preventive benefits, so they typically involve out-of-pocket costs or fall outside the preventive service scope. Therefore, the no-cost option is the first choice.

3. The Initial Enrollment Period spans which months around your birthday?

- A. Three months before, the birthday month, and three months after.**
- B. The entire year.**
- C. Only the birthday month.**
- D. Six months before your birthday.**

The initial enrollment period is a seven-month window around your 65th birthday. You can sign up for Medicare Part A and Part B without penalties during this time. It starts three months before your birthday month, includes the birthday month itself, and ends three months after. For example, if your birthday is in June, the window would run from March through September. This seven-month span—not the whole year, not only the birthday month, and not just six months prior—is designed to give you a flexible period to enroll smoothly.

4. In which enrollment periods can a person switch MA plans or Part D plans?

- A. During the Annual Enrollment Period (AEP) only.**
- B. During the Annual Enrollment Period (AEP) and the Medicare Advantage Open Enrollment Period for MA plans, plus any applicable Special Enrollment Periods.**
- C. Only during Special Enrollment Periods.**
- D. There is no separate period to switch MA plans.**

Switching Medicare Advantage or Part D plans is allowed during three types of windows. First, the Annual Enrollment Period each year lets you enroll in, switch, or drop MA plans and add or drop Part D coverage for the upcoming year. Second, the Medicare Advantage Open Enrollment Period runs January 1 through March 31, specifically for people in MA plans to switch to another MA plan or return to Original Medicare and join a stand-alone Part D plan. Third, any applicable Special Enrollment Periods let you switch outside these windows if you qualify due to certain life events or changes in your situation. Because these options cover both MA and Part D changes, the best choice is the one that includes AEP, the MA Open Enrollment Period, and Special Enrollment Periods.

5. What does 'outpatient' mean in the context of Part B?

- A. Medical services or procedures provided without the patient being admitted to a hospital**
- B. Emergency department visit requiring admission**
- C. An overnight hospital stay**
- D. Home health services**

Outpatient in Part B means care you receive without being admitted to the hospital overnight. These services are usually provided in a doctor's office, a clinic, or the hospital's outpatient department, and you leave the same day. Part B covers medically necessary services you get on a visit basis—such as doctor visits, lab tests, imaging, therapies, and preventive care—that don't require an inpatient hospital stay. If you go to the emergency department but are not admitted as an inpatient, that care is considered outpatient and is typically billed under Part B. Only when you are formally admitted and stay overnight does inpatient care apply, which is associated with Part A.

6. Which of the following statements about home health services is true?

- A. Part A covers all home health services.**
- B. Part B covers all home health services.**
- C. Part A covers some home health services.**
- D. Medicare never covers home health.**

Medicare home health coverage is not all-or-nothing; it's split between Parts A and B. To be covered, services must come from a Medicare-certified home health agency, and the patient must be homebound with a physician establishing and periodically reviewing a plan of care. Some home health services are paid under Part A and others under Part B, depending on eligibility and the specific service. Because of this split, Part A does not cover all home health services; it covers only some. That's why the statement that Part A covers some home health services is true.

7. Medicare Advantage plans often include additional benefits such as dental, vision, or hearing coverage.

- A. Not offered**
- B. False**
- C. True**
- D. Only for plans with higher premiums**

Medicare Advantage plans are private options that wrap Original Medicare and often add extra benefits to stand out. Because Original Medicare doesn't typically cover routine dental, vision, or hearing, many MA plans include these benefits to provide broader coverage. So the statement is true. It's helpful to remember that not every plan offers every extra benefit, and the specifics can vary by plan and location. Also, these benefits aren't limited to higher-premium plans; you can find MA plans with low or zero premiums that still include dental, vision, or hearing coverage.

8. What does a Medicare Supplement (MedSupp) plan primarily do?

A. It replaces Medicare Part A and B.

B. It fills gaps beyond Part A and B and does not include drug coverage.

C. It is only for under 30.

D. It provides drug coverage within the plan.

Medicare Supplement plans are designed to work with Original Medicare (Parts A and B). Their main purpose is to reduce out-of-pocket costs that Medicare doesn't fully cover, such as deductibles, coinsurance, and copayments, helping to limit how much you pay when you get care. Some plans may cover additional gaps, but they do not provide prescription drug coverage. For drugs, you'd add a separate Medicare Part D plan. So the essence is that MedSupp plans fill gaps beyond Parts A and B and do not include drug coverage.

9. Which statement describes readiness to sell for an agent?

A. Being actively contracted or employed, properly licensed, appointed for the state, and certified for the product

B. Being licensed and appointed, regardless of contracting or certification

C. Only being contracted is required

D. Being licensed is sufficient for readiness

The main idea is that you're truly authorized to sell only when you have four pieces in place: active contract or employment with the carrier, a valid state license, appointment by the carrier to sell that product in your state, and certification for the product. Each piece matters because they ensure you're legally permitted, trained, and officially approved to market and enroll clients in that product. Being contracted shows the carrier has you as an approved salesperson. Holding a state license satisfies regulatory requirements to sell insurance. Appointment links you to the specific carrier and product in your state, so you're authorized to represent them. Certification proves you've completed the necessary product training and understand compliance and plan details. If any one element is missing, you aren't fully ready to sell that product. For example, you might be contracted but not licensed or certified, or licensed and appointed but not contracted with a carrier for that product. That's why all four are required to be truly ready to sell.

10. What are the three roles of CMS?

- A. Payer, Regulator, Planner
- B. Provider, Regulator, Auditor
- C. Beneficiary, Regulator, Analyst
- D. Customer, Regulator, Evaluator**

CMS is viewed as performing three main functions: as a Customer, a Regulator, and an Evaluator. As a Customer, CMS is the purchaser of health services for beneficiaries, determining what benefits are covered and how programs like Medicare and Medicaid are funded and organized. This role centers on ensuring beneficiaries have access to appropriate services. As a Regulator, CMS sets the rules, standards, and requirements that providers, plans, and programs must follow to participate in Medicare and Medicaid. This establishes accountability, quality expectations, and safety guarantees across the system. As an Evaluator, CMS collects data, monitors performance, and assesses outcomes to determine how well programs are meeting goals and where improvements are needed. This data-driven oversight guides policy adjustments and program enhancements. Other descriptions might emphasize providers, auditors, or planners, but they don't capture how CMS operates across purchasing, governance, and measurement within the Medicare/Medicaid landscape.

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://medicareintro.examzify.com>

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

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