

NORTH CAROLINA MEDICARE SUPPLEMENT AND LONG-TERM CARE AGENT PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. What is the main purpose of the long-term care waiver of premium benefit?**
 - A. To allow employees to avoid paying premiums
 - B. To prevent policy cancellations during illness
 - C. To suspend premiums while receiving care
 - D. To lower premiums for non-users
- 2. Medicare Advantage plans often include what along with other Medicare benefits?**
 - A. Vision and dental coverage only
 - B. Emergency medical services
 - C. Prescription drug coverage
 - D. Life insurance options
- 3. Do Medigap policies cover the first three pints of blood every year?**
 - A. Yes, always
 - B. No, never
 - C. Only after 65
 - D. Only if medically necessary
- 4. What is unique about the formularies associated with Medicare Part D?**
 - A. They cover all prescription drugs universally
 - B. Each plan has its own list of covered drugs
 - C. They do not change annually
 - D. They are managed by the federal government
- 5. Who is responsible for enacting the laws of Medicare?**
 - A. State Legislators
 - B. Congress
 - C. The President
 - D. CMS
- 6. What percentage of Part B Coinsurance does Medigap Plan L cover?**
 - A. 100%
 - B. 25%
 - C. 75%
 - D. 50%

- 7. When is a long-term care (LTC) insurance claim typically triggered?**
- A. When an individual reaches a certain age
 - B. When a person is unable to perform 2 of the 6 ADLs
 - C. When medical expenses reach a specified threshold
 - D. When a person is diagnosed with a chronic illness
- 8. After the deductible is satisfied, what percentage of costs does Part B Medicare cover?**
- A. 60%
 - B. 75%
 - C. 80%
 - D. 50%
- 9. What type of care refers to rehabilitation services provided for a limited number of hours per day?**
- A. Skilled nursing care
 - B. Intermediate care
 - C. Custodial care
 - D. Home health care
- 10. What is the copayment amount for prescription drugs under Hospice care?**
- A. \$10
 - B. \$2
 - C. \$5 or 5%, whichever comes first
 - D. \$15

Answers

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

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Explanations

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1. What is the main purpose of the long-term care waiver of premium benefit?

- A. To allow employees to avoid paying premiums
- B. To prevent policy cancellations during illness
- C. To suspend premiums while receiving care**
- D. To lower premiums for non-users

The main purpose of the long-term care waiver of premium benefit is to suspend premiums while receiving care. When a policyholder qualifies for long-term care benefits, they may be unable to continue making premium payments due to their circumstances, such as being unable to work or facing significant medical expenses. The waiver of premium benefit provides financial relief by allowing the policyholder to maintain their policy coverage without the obligation to pay premiums during the period they are receiving long-term care services. This feature ensures that individuals can focus on their recovery and care without the added stress of premium payments, thereby preventing lapses in coverage due to financial strain while they are in need of support.

2. Medicare Advantage plans often include what along with other Medicare benefits?

- A. Vision and dental coverage only
- B. Emergency medical services
- C. Prescription drug coverage**
- D. Life insurance options

Medicare Advantage plans, also known as Part C, are designed to encompass all the benefits of Original Medicare (Parts A and B) and usually include additional coverage options. A significant feature of many Medicare Advantage plans is the inclusion of prescription drug coverage, which is crucial for beneficiaries who require medications regularly. This coverage helps offset the costs of prescriptions, which can be a major expense for many seniors. Including prescription drug coverage within Medicare Advantage plans allows beneficiaries to have a more comprehensive approach to their health care needs. This convenience of consolidating medical and drug coverage under one plan can lead to cost savings and simplified management of health care services. The other options, while they may be associated with various health plans and benefits, do not typically reflect the standard offerings included in Medicare Advantage plans. Vision and dental coverage, emergency medical services, and life insurance options may be provided by some plans to varying degrees, but they are not universal among all Medicare Advantage plans. The primary and most recognized additional benefit across the majority of these plans remains the inclusion of prescription drug coverage, making this option the most accurate choice in this context.

3. Do Medigap policies cover the first three pints of blood every year?

- A. Yes, always**
- B. No, never
- C. Only after 65
- D. Only if medically necessary

Medigap policies are designed to supplement Original Medicare coverage and help cover the costs that Medicare does not pay, including coinsurance, copayments, and deductibles. One important benefit provided by Medigap plans is coverage for the first three pints of blood needed for a medical procedure each year. Under Medicare Part A, an individual must pay for the first three pints of blood received in a hospital or outpatient setting; however, Medigap policies cover this cost. This coverage is particularly beneficial because blood transfusions can be a critical and sometimes necessary medical intervention, and not having to worry about the cost of these first three pints can alleviate financial burdens associated with necessary healthcare. Medigap policies, depending on the specific plan, often provide additional benefits beyond just the coverage for blood, but this specific coverage is a fundamental aspect of what Medigap is intended to offer. Hence, stating that Medigap policies cover the first three pints of blood every year is accurate.

4. What is unique about the formularies associated with Medicare Part D?

- A. They cover all prescription drugs universally
- B. Each plan has its own list of covered drugs**
- C. They do not change annually
- D. They are managed by the federal government

The unique feature of the formularies associated with Medicare Part D is that each plan has its own list of covered drugs. This means that different Medicare Part D plans can cover different medications, and the specific drugs included in each plan's formulary can vary significantly. This allows insurance companies to tailor their offerings based on the medications most commonly needed by their enrollees, while also managing costs. The diversity in formularies emphasizes the importance for beneficiaries to review and compare plans to ensure that their prescribed medications are included, as well as to consider whether their doctor can prescribe substitutions if their medication is not covered. This element of choice encourages competition among providers and can lead to better pricing and options for consumers. Other options present inaccuracies; for instance, formularies do not cover all prescription drugs universally, as each plan selectively includes covered medications. Additionally, while formularies can change annually, stating that they do not change annually is incorrect. Lastly, although Medicare does regulate the overall structure and requirements for Part D, the day-to-day management and specific formulary listings are handled by private insurance companies rather than directly by the federal government.

5. Who is responsible for enacting the laws of Medicare?

- A. State Legislators
- B. Congress**
- C. The President
- D. CMS

The correct choice is Congress because it is the legislative body responsible for enacting the laws and regulations that govern Medicare. Medicare, which was established in 1965, is a federal program designed to provide health coverage to eligible older adults and certain younger people with disabilities. As the primary law-making institution in the United States, Congress has the authority to create, amend, and repeal federal laws, including those related to Medicare. This involves a comprehensive process that includes drafting legislation, conducting committee reviews, voting on proposed laws, and ultimately determining the funding and policies that dictate how Medicare operates. While organizations such as the Centers for Medicare & Medicaid Services (CMS) are pivotal in administering the program and implementing the laws created by Congress, they do not have the power to enact legislation. Similarly, state legislators may create laws related to state health programs, but they do not have jurisdiction over federal Medicare laws. The President can influence Medicare policy and propose changes, but it is Congress that holds the constitutional authority to enact such laws.

6. What percentage of Part B Coinsurance does Medigap Plan L cover?

- A. 100%
- B. 25%
- C. 75%**
- D. 50%

Medigap Plan L is specifically designed to cover a portion of the costs associated with Medicare coverage. For Part B coinsurance, Medigap Plan L provides a coverage level that is 75%. This means that beneficiaries with Plan L will be responsible for the remaining 25% of the Part B coinsurance after Medicare has paid its share. Understanding the coverage percentages is crucial for beneficiaries, as it helps them anticipate their out-of-pocket costs for medical services that fall under Part B. Other Medigap plans may cover a higher percentage, such as Plan F, which covers 100% of the Part B coinsurance, but Plan L offers a more budget-friendly option while still offering significant coverage compared to plans with no coinsurance support. This balance can be particularly useful for those looking to manage healthcare costs more effectively while maintaining necessary coverage.

7. When is a long-term care (LTC) insurance claim typically triggered?

- A. When an individual reaches a certain age
- B. When a person is unable to perform 2 of the 6 ADLs**
- C. When medical expenses reach a specified threshold
- D. When a person is diagnosed with a chronic illness

The correct answer relates to the specific conditions under which long-term care (LTC) insurance policies begin to pay benefits. A long-term care insurance claim is typically triggered when a person is unable to perform two out of the six Activities of Daily Living (ADLs). These ADLs include bathing, dressing, eating, toileting, transferring (moving from one position to another), and continence. Insurance companies define these criteria to assess the level of care an individual may require. When an individual cannot perform a specified number of ADLs, it indicates that they may need assistance with daily tasks, thereby qualifying them for benefits under their LTC insurance policy. This focus on functional abilities helps ensure that the insurance is utilized for its intended purpose—providing support for individuals who genuinely need comprehensive care. Other possible conditions, such as reaching a certain age or being diagnosed with a chronic illness, do not inherently trigger a claim in LTC insurance. While age may influence the likelihood of needing care, it's the inability to perform ADLs that explicitly activates the benefits. Additionally, reaching a threshold of medical expenses is typically more relevant to health insurance or critical illness plans than it is to long-term care policies.

8. After the deductible is satisfied, what percentage of costs does Part B Medicare cover?

- A. 60%
- B. 75%
- C. 80%**
- D. 50%

Part B of Medicare provides coverage for a range of medically necessary services and preventive care, primarily focusing on outpatient care. After the beneficiary has met their annual deductible for Part B, Medicare covers 80% of the allowable costs for those services. This means that for most outpatient services, once the deductible is paid, the dependent is responsible for only 20% of the costs. This structure is crucial for beneficiaries to understand, as it affects their out-of-pocket expenses significantly. For instance, knowing that Medicare covers 80% can help individuals plan their finances, particularly if they are anticipating high medical bills. Additionally, many beneficiaries opt for Medicare Supplement plans to cover the remaining 20% and reduce their potential out-of-pocket costs even further. The other percentages listed do not reflect the actual coverage provided by Part B Medicare. Understanding this percentage allows beneficiaries to make informed decisions regarding their healthcare and supplement plans.

9. What type of care refers to rehabilitation services provided for a limited number of hours per day?

- A. Skilled nursing care
- B. Intermediate care**
- C. Custodial care
- D. Home health care

The correct type of care that refers to rehabilitation services provided for a limited number of hours per day is intermediate care. This level of care is designed to help individuals who require more assistance than what is provided in a home setting but do not need the full-time medical supervision typically associated with skilled nursing care. Intermediate care often involves rehabilitation services that can be delivered for a set number of hours each day, assisting patients in recovering their mobility, strength, or ability to perform daily activities without the need for round-the-clock care. Skilled nursing care involves higher levels of medical attention, typically 24/7 nursing support for patients with complex medical needs. Custodial care focuses on assistance with daily living activities without providing medical care, while home health care is a broader term that includes a variety of health services delivered at home, which can also include skilled nursing. However, intermediate care specifically aligns with the idea of limited rehabilitation services as described in the question.

10. What is the copayment amount for prescription drugs under Hospice care?

- A. \$10
- B. \$2
- C. \$5 or 5%, whichever comes first**
- D. \$15

In the context of hospice care under Medicare, there is a specific copayment structure for prescription drugs provided to beneficiaries. The correct choice indicates that the copayment is \$5 or 5% of the cost, whichever is less. This structure is designed to ensure that patients in hospice, who are often experiencing significant health challenges, have access to necessary medications without being burdened by high out-of-pocket expenses. This copayment applies specifically to outpatient drugs, which are not covered under the full benefit of hospice care, but Medicare allows a small copayment structure to help manage costs while maintaining access to vital medications. The choice reflects an understanding of how Medicare seeks to balance cost-sharing with the need for care, especially in sensitive situations like hospice, where maintaining comfort and quality of life is paramount. Understanding these specifics helps in ensuring that beneficiaries can make informed choices about their care without facing overwhelming financial hurdles.

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://ncmedicarelongtermcareagent.examzify.com>

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

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