

Social Security and Medicare Practice Exam (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. Under which condition can a child of a disabled worker continue to receive Social Security benefits beyond age 18?**
 - A. The child suffered a disability prior to age 22**
 - B. The child is enrolled in college**
 - C. The child is married**
 - D. The child is financially independent**

- 2. If Joe's anesthesiologist charged \$1500 while the Medicare fee schedule shows a maximum allowance of \$1200, how much will Medicare Part A pay if it is his first claim in the year with a \$150 deductible?**
 - A. \$0**
 - B. \$150**
 - C. \$1300**
 - D. \$1200**

- 3. What must Medicare beneficiaries do during designated enrollment periods?**
 - A. Apply for new jobs**
 - B. Submit claims for previous payments**
 - C. Enroll or change their Medicare coverage**
 - D. Attend annual wellness check-ups**

- 4. What type of costs do Medicare Part D plans primarily cover?**
 - A. Hospital stays**
 - B. Prescription drugs**
 - C. Routine check-ups**
 - D. Long-term care**

- 5. Under what circumstances can Social Security benefits be terminated?**
 - A. For failing to pay taxes**
 - B. For earning above certain limits or failing to comply with program requirements**
 - C. For moving out of state**
 - D. For reaching retirement age**

- 6. To maintain Medicare coverage, what action is necessary by beneficiaries?**
- A. Keep a job with a personal insurance**
 - B. Reapply every year**
 - C. Enroll during specific periods**
 - D. Utilize secondary insurance**
- 7. Which part of Medicare covers hospital insurance?**
- A. Medicare Part A**
 - B. Medicare Part B**
 - C. Medicare Part C**
 - D. Medicare Part D**
- 8. What does the term "earnings test" relate to in Social Security?**
- A. A system that increases benefits for additional work**
 - B. A rule that reduces benefits if income exceeds certain thresholds before full retirement age**
 - C. A tax assessment process for retirees**
 - D. A method for determining eligibility for additional services**
- 9. Joe receives therapeutic treatment at a cost of \$3000. How much would Medicare Part B pay?**
- A. \$2400**
 - B. \$3000**
 - C. \$1500**
 - D. \$2000**
- 10. What is an example of a qualifying disability under SSDI?**
- A. Severe arthritis**
 - B. Temporary injury**
 - C. Chronic fatigue syndrome**
 - D. Minor depression**

Answers

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

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Explanations

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1. Under which condition can a child of a disabled worker continue to receive Social Security benefits beyond age 18?

- A. The child suffered a disability prior to age 22**
- B. The child is enrolled in college**
- C. The child is married**
- D. The child is financially independent**

A child of a disabled worker can continue to receive Social Security benefits beyond age 18 if the child suffered a qualifying disability before turning 22. This provision allows for ongoing support for individuals who rely on these benefits due to their disability, reflecting the program's commitment to ensuring financial support for families with dependents facing long-term challenges. The criteria for this continuation of benefits are explicitly linked to the age at which the disability occurred. This ensures that those who may not have been able to achieve independence or enter the workforce due to their disability are still provided for, even as they reach adulthood. In contrast, being enrolled in college, being married, or being financially independent do not meet the specific criteria set by Social Security for extended benefits based on childhood disability. While these factors might influence other situations or benefits, they do not warrant ongoing benefits specific to the conditions surrounding a childhood disability under the Social Security framework.

2. If Joe's anesthesiologist charged \$1500 while the Medicare fee schedule shows a maximum allowance of \$1200, how much will Medicare Part A pay if it is his first claim in the year with a \$150 deductible?

- A. \$0**
- B. \$150**
- C. \$1300**
- D. \$1200**

In this scenario, it's important to understand how Medicare Part A coverage works, including the role of deductibles and fee schedules. When Joe's anesthesiologist charged \$1500, but the Medicare fee schedule indicated a maximum allowable amount of \$1200, Medicare will base its payment on that allowed amount rather than the total charge. Since this is Joe's first claim of the year, he first needs to satisfy the \$150 deductible that applies to Medicare Part A. The deductible is subtracted from the amount that Medicare would otherwise pay based on the allowed fee. Therefore, if Medicare recognizes the \$1200 allowance for the anesthesiologist's services, Joe must first pay his \$150 deductible, reducing the amount that Medicare will consider for payment. After applying the deductible, the payment calculation would look like this: Medicare would only consider the allowed amount of \$1200, and with the deductible of \$150 taken from that amount, there are no remaining funds for Medicare to cover. Thus, with the deductible subtracted from the allowed amount, Medicare ends up paying \$0 because the deductible has consumed the full allowable amount for this claim. This shows that the correct understanding of how deductibles and allowable amounts are factored into Medicare's payment process

3. What must Medicare beneficiaries do during designated enrollment periods?

- A. Apply for new jobs**
- B. Submit claims for previous payments**
- C. Enroll or change their Medicare coverage**
- D. Attend annual wellness check-ups**

Medicare beneficiaries are required to enroll or make changes to their Medicare coverage during designated enrollment periods, which are specific times set by Medicare when individuals can either sign up for coverage, switch plans, or make adjustments to their existing coverage. These enrollment periods include the Initial Enrollment Period, General Enrollment Period, and Annual Enrollment Period, among others. Each period has specific rules about what changes beneficiaries can make to their coverage, allowing them to select plans that best meet their healthcare needs. Additionally, the other options do not align with the main responsibilities of beneficiaries during these enrollment periods. Applying for new jobs does not directly relate to Medicare enrollment, as Medicare eligibility is based on age or disability rather than employment status. Submitting claims for previous payments is a separate administrative task that beneficiaries handle after receiving medical services. Lastly, attending annual wellness check-ups is an important aspect of maintaining health, but it is not a requirement tied to specific enrollment periods. The focus during those times is solely on making the necessary coverage decisions and updates.

4. What type of costs do Medicare Part D plans primarily cover?

- A. Hospital stays**
- B. Prescription drugs**
- C. Routine check-ups**
- D. Long-term care**

Medicare Part D plans are specifically designed to provide coverage for prescription drugs. This program was created to help beneficiaries afford their medications, which are often a significant expense for those with chronic health conditions or who require ongoing treatment. By enrolling in a Medicare Part D plan, beneficiaries can gain access to a wide range of prescription medications at a lower cost, depending on the formulary of the plan and various cost-sharing structures, such as premiums, deductibles, and co-pays. Hospital stays, routine check-ups, and long-term care are not covered under Medicare Part D. These services fall under other parts of Medicare; for instance, Medicare Part A covers hospital stays, and Medicare Part B generally covers outpatient care, including routine check-ups. Long-term care typically is not covered by Medicare at all and requires separate planning and potentially other insurance options. Therefore, the focus of Medicare Part D is on ensuring that beneficiaries have access to necessary prescription medications, making it a vital component of the Medicare program.

5. Under what circumstances can Social Security benefits be terminated?

- A. For failing to pay taxes**
- B. For earning above certain limits or failing to comply with program requirements**
- C. For moving out of state**
- D. For reaching retirement age**

Social Security benefits can be terminated under specific circumstances related to earnings and program compliance. The choice indicating that benefits can be terminated for earning above certain limits or failing to comply with program requirements is correct because there are certain thresholds set for income, particularly when an individual is under full retirement age. If a beneficiary's earnings exceed these limits, their benefits may be reduced or suspended until they reach full retirement age or their earnings fall below the threshold. Additionally, failing to comply with program requirements—such as not notifying the Social Security Administration of changes in income, work status, or living arrangements—can also lead to a termination or reduction of benefits. For example, individuals receiving Supplemental Security Income (SSI) must report any changes in income or resources, and failure to do so can affect their eligibility. Understanding these criteria is crucial for individuals receiving Social Security benefits, as it helps them maintain compliance and avoid disruptions in their financial support.

6. To maintain Medicare coverage, what action is necessary by beneficiaries?

- A. Keep a job with a personal insurance**
- B. Reapply every year**
- C. Enroll during specific periods**
- D. Utilize secondary insurance**

To maintain Medicare coverage, beneficiaries need to enroll during specific periods, such as the Initial Enrollment Period, General Enrollment Period, and Special Enrollment Periods. These defined time frames are crucial for ensuring that individuals have the opportunity to sign up for or make changes to their Medicare plans, particularly when they first become eligible or if they experience qualifying life events. If beneficiaries fail to enroll during these designated periods, they may face penalties or gaps in their coverage, impacting their access to necessary healthcare services. The other options, while related to healthcare and insurance in various ways, do not pertain directly to maintaining Medicare coverage. Keeping a job with personal insurance does not influence one's Medicare status directly; reapplying every year is not a requirement for Medicare, as eligibility is typically based on age or disability status rather than reapplication; and utilizing secondary insurance is an option but not a requirement for maintaining Medicare coverage.

7. Which part of Medicare covers hospital insurance?

- A. Medicare Part A**
- B. Medicare Part B**
- C. Medicare Part C**
- D. Medicare Part D**

Medicare Part A is the component of Medicare that provides hospital insurance. It covers inpatient care in hospitals, skilled nursing facilities, hospice care, and some home health care. This part of Medicare is essential for beneficiaries who require hospital stays, as it helps cover the costs associated with these services, allowing patients to receive the medical care they need without incurring overwhelming financial burdens. Part A typically operates with premiums for those who haven't worked enough quarters to earn premium-free coverage; however, most individuals receive it without a monthly premium if they or their spouse have contributed to Social Security for a designated period. Understanding this is crucial for individuals assessing their potential costs associated with hospital care under Medicare. On the other hand, other parts of Medicare serve different purposes: Part B covers outpatient care, physician services, and preventive services; Part C (Medicare Advantage) is a combination of Parts A and B through private insurance companies; and Part D provides prescription drug coverage. Each part plays a unique role, but Part A is specifically designated for hospital-related coverage.

8. What does the term "earnings test" relate to in Social Security?

- A. A system that increases benefits for additional work**
- B. A rule that reduces benefits if income exceeds certain thresholds before full retirement age**
- C. A tax assessment process for retirees**
- D. A method for determining eligibility for additional services**

The "earnings test" refers specifically to a rule within the Social Security system that affects the benefits of individuals who claim Social Security before reaching their full retirement age. If a person earns more than a designated threshold while receiving benefits, their Social Security payments can be reduced. This rule is designed to balance the benefits provided to individuals who are still working with the overall Social Security system's sustainability. The earnings test is only applicable to individuals under the full retirement age, and it allows some level of earnings while still reducing the benefits to account for that income. Other options pertain to different aspects of Social Security. For instance, while increasing benefits for additional work is indeed a feature of the system, it does not relate specifically to the earnings test. The tax assessment process generally involves how Social Security taxes are collected and reported, not a direct relation to the earnings test itself. Additionally, determining eligibility for additional services involves criteria beyond just income levels established by the earnings test and does not directly correlate to the reduction of benefits based on earnings.

9. Joe receives therapeutic treatment at a cost of \$3000. How much would Medicare Part B pay?

- A. \$2400**
- B. \$3000**
- C. \$1500**
- D. \$2000**

Medicare Part B typically covers 80% of the approved medical expenses after the deductible has been met. Generally, for therapeutic treatments, once the deductible is satisfied, the cost that Medicare covers would be a percentage of the total billed amount. In this scenario, if Joe's treatment costs \$3000, Medicare Part B would cover 80% of that amount. To calculate it: 1. Multiply the total cost of the treatment (\$3000) by 80% (0.8). 2. This gives you \$2400, which is the amount Medicare Part B would pay for the therapeutic treatment. Thus, the correct amount that Medicare Part B would pay for Joe's \$3000 treatment is indeed \$2400.

10. What is an example of a qualifying disability under SSDI?

- A. Severe arthritis**
- B. Temporary injury**
- C. Chronic fatigue syndrome**
- D. Minor depression**

Severe arthritis qualifies as a disability under Social Security Disability Insurance (SSDI) because it can significantly limit an individual's ability to perform basic work-related activities. The Social Security Administration (SSA) has specific criteria for evaluating arthritis, often looking at its severity, the range of motion, and how it impacts daily functioning. For a condition like severe arthritis, the symptoms may include persistent pain, reduced mobility, and difficulty in performing routine tasks, all of which can demonstrate substantial functional limitations. This makes it eligible for consideration under SSDI guidelines, which require that a qualifying disability severely hinders a person from engaging in substantial gainful activity. In contrast, temporary injuries typically do not meet the SSA's requirement for long-term disability, as they are expected to improve. Chronic fatigue syndrome, while serious, may not be as clearly defined in terms of its impact on work ability depending on the severity and documentation. Minor depression often fails to meet the threshold of being debilitating enough to qualify, as it may not cause sufficient functional limitations in daily activities or work capacity.

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://socialsecuritymedicare.examzify.com>

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

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