

SOCIAL SECURITY AND MEDICARE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://socialsecuritymedicare.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. At what age can individuals start receiving full Social Security retirement benefits?**
 - A. Age 60
 - B. Between ages 66 and 67, depending on the year of birth
 - C. Age 65
 - D. Age 62
- 2. Which part of Medicare covers hospital insurance?**
 - A. Medicare Part A
 - B. Medicare Part B
 - C. Medicare Part C
 - D. Medicare Part D
- 3. What defines a participating provider in the Medicare program?**
 - A. A health care provider paid directly by Medicare
 - B. A provider who charges higher fees
 - C. A provider not accepting Medicare payments
 - D. A provider who operates without a license
- 4. What condition allows someone who hasn't paid Medicare taxes to achieve Medicare Part A eligibility?**
 - A. Has attained age 65 and pays a monthly premium
 - B. Has a dependent child
 - C. Is a U.S. citizen
 - D. Has a driver's license
- 5. What percentage of her primary insurance amount is a worker entitled to receive as her Social Security retirement benefit at normal age?**
 - A. 75%
 - B. 100%
 - C. 85%
 - D. 95%

- 6. How are Social Security benefits adjusted for inflation?**
- A. Through fixed annual increases
 - B. Through cost-of-living adjustments (COLA) based on the Consumer Price Index (CPI)
 - C. Benefits are not adjusted for inflation
 - D. Through promotions in different fiscal years
- 7. What is the primary purpose of standardizing Medigap policies?**
- A. To help consumers make informed decisions
 - B. To reduce the cost of healthcare
 - C. To simplify Medicare enrollment
 - D. To limit insurance providers' options
- 8. If the approved charge for respite care is \$200 per day, what would be the family's co-payment under Medicare Part A?**
- A. 5
 - B. 10
 - C. 20
 - D. 50
- 9. What is the maximum number of social security credits a worker can earn in a single calendar year?**
- A. 2
 - B. 3
 - C. 4
 - D. 5
- 10. What is the difference between Medicare and Medicaid?**
- A. Medicare is for seniors and those with disabilities, while Medicaid is for all residents
 - B. Medicare is primarily for seniors and those with disabilities, while Medicaid is for low-income individuals, regardless of age
 - C. Medicare provides comprehensive coverage, while Medicaid covers only hospital services
 - D. Medicare is funded by private insurance, while Medicaid is state-funded

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. At what age can individuals start receiving full Social Security retirement benefits?

- A. Age 60
- B. Between ages 66 and 67, depending on the year of birth**
- C. Age 65
- D. Age 62

Individuals can begin receiving full Social Security retirement benefits between ages 66 and 67, depending on their year of birth. This is a key component of the Social Security program, as the full retirement age was gradually increased to ensure the program's sustainability amid demographic changes, such as increasing life expectancy. For those born in 1937 or earlier, the full retirement age is 65. However, for individuals born in 1960 or later, the full retirement age has been raised to age 67. As such, the exact age at which a worker can receive full benefits varies within this range, making it essential to consider the year of birth when determining full retirement age. This system encourages individuals to retire later to receive their full benefits, offering a financial incentive to work longer. Early retirement options are available starting at age 62, but those who choose to retire early will face a reduction in their monthly benefits.

2. 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.

3. What defines a participating provider in the Medicare program?

- A. A health care provider paid directly by Medicare**
- B. A provider who charges higher fees
- C. A provider not accepting Medicare payments
- D. A provider who operates without a license

A participating provider in the Medicare program is defined as a health care provider who has agreed to accept Medicare's approved payment amount as full payment for services rendered to Medicare beneficiaries. This means that the provider will bill Medicare directly and must follow Medicare's established fee schedules and billing guidelines. By opting to be a participating provider, these professionals ensure that beneficiaries face lower out-of-pocket costs. They also benefit from increased patient access, as they are more likely to attract Medicare patients given their commitment to accepting Medicare's payment structure. This participation also facilitates smoother claims processing since providers have agreed to the terms set forth by Medicare. In contrast, the other options present characteristics that do not align with the definition of a participating provider. For instance, providers who charge higher fees or do not accept Medicare payments altogether operate under different circumstances that do not contribute to the goals of the Medicare program. Similarly, a provider who operates without a license would not qualify as a legitimate participant.

4. What condition allows someone who hasn't paid Medicare taxes to achieve Medicare Part A eligibility?

- A. Has attained age 65 and pays a monthly premium**
- B. Has a dependent child
- C. Is a U.S. citizen
- D. Has a driver's license

To achieve eligibility for Medicare Part A, one of the primary conditions is for the individual to be 65 years of age, and they can qualify even if they haven't paid Medicare taxes through a few specific provisions. One such provision allows individuals who have reached the age of 65 to enroll in Medicare Part A by paying a monthly premium, even if they do not have the requisite work history or tax contributions that typically ensure premium-free access to Medicare. This means that individuals in this situation can still access important health services provided under Medicare, which can be crucial for maintaining health and financial stability in later years. The other options do not provide a basis for Medicare Part A eligibility without the payment of taxes. For example, simply having a dependent child or being a U.S. citizen does not inherently grant access to Medicare if the necessary tax criteria haven't been met. Furthermore, possession of a driver's license is unrelated to Medicare eligibility altogether. Thus, the option that highlights the ability to pay a premium for access upon reaching the appropriate age is indeed the correct and relevant condition.

5. What percentage of her primary insurance amount is a worker entitled to receive as her Social Security retirement benefit at normal age?

- A. 75%
- B. 100%**
- C. 85%
- D. 95%

A worker is entitled to receive 100% of her primary insurance amount (PIA) as her Social Security retirement benefit when she claims benefits at her normal retirement age. The Primary Insurance Amount is calculated based on the worker's lifetime earnings and is intended to provide financial support during retirement. Normal retirement age varies depending on the worker's birth year; however, for most people nearing retirement in recent years, it typically falls between ages 66 and 67. At this age, individuals have fully qualified for the benefits accrued through their contributions to Social Security during their employment years. Claiming benefits at this age means the worker is allowed to collect the full PIA without any reductions or penalties, which is essential for financial planning and income stability during retirement. Retiring before normal retirement age would result in a reduced benefit percentage of the PIA, while delaying benefits beyond this age could potentially increase the monthly benefits through delayed retirement credits. Understanding these aspects helps workers make informed choices about when to retire and claim their benefits.

6. How are Social Security benefits adjusted for inflation?

- A. Through fixed annual increases
- B. Through cost-of-living adjustments (COLA) based on the Consumer Price Index (CPI)**
- C. Benefits are not adjusted for inflation
- D. Through promotions in different fiscal years

Social Security benefits are adjusted for inflation through cost-of-living adjustments (COLA), which are specifically designed to maintain the purchasing power of beneficiaries as the cost of living rises. COLA adjustments are determined based on changes in the Consumer Price Index (CPI) for urban wage earners and clerical workers. Each year, if the CPI shows that prices have increased, Social Security benefits are increased accordingly to reflect that inflation, ensuring that beneficiaries can afford goods and services even as prices rise. This mechanism is vital for protecting retirees and other beneficiaries from the eroding effects of inflation over time. Adjustments occur annually, based on the calculations related to the CPI, ensuring the support keeps pace with economic changes.

7. What is the primary purpose of standardizing Medigap policies?

A. To help consumers make informed decisions

B. To reduce the cost of healthcare

C. To simplify Medicare enrollment

D. To limit insurance providers' options

The primary purpose of standardizing Medigap policies is to help consumers make informed decisions. Standardization means that the basic benefits provided by each Medigap plan are uniform across different insurance companies, making it easier for consumers to compare plans. This clarity allows individuals to understand what coverage they are getting regardless of the insurer, as each plan letter (like Plan A, B, C, etc.) offers the same basic benefits. Consequently, this standardization is designed to empower consumers by enabling them to select the plan that best meets their needs without being confused by varying terms and conditions across different providers. While reducing healthcare costs and simplifying Medicare enrollment are important considerations, they are secondary to the central goal of aiding consumer decision-making in a marketplace that can often be complex and overwhelming. Additionally, limiting insurance providers' options is not a goal of standardization; rather, it enhances transparency and fosters competition among providers by ensuring they all adhere to similar benefit structures.

8. If the approved charge for respite care is \$200 per day, what would be the family's co-payment under Medicare Part A?

A. 5

B. 10

C. 20

D. 50

Under Medicare Part A, which covers inpatient hospital stays, skilled nursing facility care, hospice, and some home health services, the cost-sharing structure involves a specific co-payment for skilled nursing facility services. Once the Medicare patient has met their deductible (which is applicable for the first 60 days of a hospital stay), they are typically responsible for a co-payment. In the case of respite care provided in a skilled nursing facility, after the initial benefits are exhausted, Medicare requires a co-payment per day. For respite care, which temporarily relieves family caregivers, the co-payment is often calculated based on a daily rate, and typically is a set percentage of the approved charge. Given that the approved charge for respite care is \$200 per day, a co-payment of \$10 is consistent with Medicare's cost-sharing requirements. This is reflective of Part A's standard approach to setting daily co-payment obligations for skilled nursing services. This understanding also aligns with the overall insurance structure under Medicare, which places emphasis on shared costs between the program and the beneficiaries during their utilization of skilled nursing care.

9. What is the maximum number of social security credits a worker can earn in a single calendar year?

- A. 2
- B. 3
- C. 4**
- D. 5

In a single calendar year, a worker can earn a maximum of four Social Security credits. The amount of earnings required to earn one credit is adjusted annually based on average wage increases. For 2023, for example, a worker must earn \$1,640 to earn one credit, so by earning \$6,560 in total earnings over the year, they can accumulate the four credits available. This system of credits serves to determine eligibility for Social Security benefits, such as retirement or disability benefits. Most workers will reach the maximum of four credits as they typically earn well above the minimum thresholds. Understanding the credit system is crucial for grasping how benefits are calculated and when a worker becomes eligible to receive them later in life.

10. What is the difference between Medicare and Medicaid?

- A. Medicare is for seniors and those with disabilities, while Medicaid is for all residents
- B. Medicare is primarily for seniors and those with disabilities, while Medicaid is for low-income individuals, regardless of age**
- C. Medicare provides comprehensive coverage, while Medicaid covers only hospital services
- D. Medicare is funded by private insurance, while Medicaid is state-funded

The choice indicating that Medicare is primarily for seniors and those with disabilities, while Medicaid is for low-income individuals, regardless of age, is correct because it accurately describes the core functions and target populations of both programs. Medicare is a federal program designed to provide health coverage primarily for individuals who are 65 years or older, as well as certain younger individuals with disabilities or specific medical conditions, such as End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS). This program helps cover costs associated with hospital stays, medical services, and prescription drugs, among other health-related expenditures. On the other hand, Medicaid serves a different demographic focus, aimed at providing healthcare coverage for low-income individuals and families at any age. It is a jointly funded program by both federal and state governments, designed to ensure that those who may not afford health insurance can access necessary medical services. The eligibility criteria and benefits often vary from state to state, reflecting the diverse needs of low-income populations. In contrast, other choices present misleading information. Medicare is not comprehensive in the sense that it doesn't cover all medical services, and Medicaid indeed provides broader coverage beyond just hospital services. Moreover, Medicare is primarily funded through payroll taxes and premiums rather than private

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!

SAMPLE