

The Affordable Care Act (ACA) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

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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. The state health insurance marketplaces established by the ACA primarily aim to what?**
 - A. Improve access to employer-sponsored insurance**
 - B. Help individuals and small businesses purchase health insurance**
 - C. Replace Medicaid programs**
 - D. Eliminate private insurance competition**
- 2. What is the expected GDP percentage for healthcare by 2020?**
 - A. 18%**
 - B. 19%**
 - C. 20%**
 - D. 21%**
- 3. What does the ACA require health insurance plans to include in their coverage?**
 - A. Emergency services only**
 - B. Experimental treatments**
 - C. Preventive services without cost-sharing**
 - D. Only inpatient hospital care**
- 4. How has the ACA impacted preventive services?**
 - A. Preventive services are no longer covered.**
 - B. Preventive services must be paid entirely out of pocket.**
 - C. Many preventive services are provided without charging a copayment.**
 - D. Preventive services have smaller coverage under the ACA.**
- 5. What proportion of U.S. deaths are related to preventable diseases?**
 - A. 5 in 10**
 - B. 6 in 10**
 - C. 7 in 10**
 - D. 8 in 10**

6. How much Medicaid coverage was provided for individuals in 2014?

- A. \$10,000
- B. \$15,415
- C. \$20,500
- D. \$17,000

7. How does the ACA affect the availability of health insurance for young adults?

- A. It allows them to remain on their parents' insurance plans until age 30
- B. It mandates they apply for government assistance
- C. It allows for coverage until age 26
- D. It prohibits any health insurance for this age group

8. What does the ACA require of larger employers regarding health insurance?

- A. To provide health insurance only if their employees request it
- B. To offer affordable health insurance to their full-time employees
- C. To not provide health insurance at all
- D. To subsidize the healthcare costs of their employees

9. What is a requirement for health plans offered on the Marketplace regarding minimum standards?

- A. Must provide life insurance options
- B. Must receive Department of Insurance approval
- C. Must meet certain minimum standards
- D. Must exclude pre-existing conditions

10. What is a key factor in enabling moderate-income individuals to afford health insurance?

- A. Increased employer contributions
- B. Lower premiums based on income
- C. Tax credits available through health exchanges
- D. Increased government funding

Answers

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

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Explanations

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1. The state health insurance marketplaces established by the ACA primarily aim to what?

- A. Improve access to employer-sponsored insurance**
- B. Help individuals and small businesses purchase health insurance**
- C. Replace Medicaid programs**
- D. Eliminate private insurance competition**

The primary aim of the state health insurance marketplaces established by the Affordable Care Act (ACA) is to help individuals and small businesses purchase health insurance. These marketplaces provide a structured environment where consumers can compare different insurance plans, enabling them to make informed decisions based on their healthcare needs and financial situations. By facilitating access to a variety of health insurance options, the marketplaces aim to increase coverage rates among those who may not have access to employer-sponsored insurance or other health plans. The ACA sought to empower consumers by promoting transparency and competition among insurers while ensuring that more affordable options are available. The establishment of these marketplaces was a crucial step in expanding access to insurance and reducing the number of uninsured individuals, particularly for those who might not qualify for Medicaid but still require assistance in affording health coverage.

2. What is the expected GDP percentage for healthcare by 2020?

- A. 18%**
- B. 19%**
- C. 20%**
- D. 21%**

The expected percentage of GDP dedicated to healthcare by 2020 was projected to be around 20%. This figure comes from various analyses and projections made by health policy experts and institutions that study healthcare economics. The healthcare sector has been growing significantly due to various factors, including an increase in the aging population, chronic diseases, and advancements in medical technology, all contributing to rising healthcare costs. By 2020, it was estimated that the United States would allocate a substantial portion of its GDP to healthcare, reflecting not only the significant expenditures on medical services but also the expansion of healthcare coverage under the Affordable Care Act. It's important to note that these projections are not arbitrary; they are based on historical trends and data, which indicate a steady increase in healthcare spending as a percentage of GDP. The other options, while close, did not accurately capture the expected trajectory as projected by various sources in the field. The estimates for healthcare expenditure were grounded in statistical analysis that indicated a more realistic outlook around the 20% mark for that year.

3. What does the ACA require health insurance plans to include in their coverage?

- A. Emergency services only
- B. Experimental treatments
- C. Preventive services without cost-sharing**
- D. Only inpatient hospital care

The Affordable Care Act (ACA) mandates that health insurance plans provide coverage for preventive services without any cost-sharing. This provision is a key component of the ACA, designed to improve access to necessary healthcare and encourage individuals to utilize preventive services, such as vaccinations, screenings, and annual check-ups. By eliminating cost-sharing, the ACA aims to remove financial barriers that might deter individuals from seeking preventive care, ultimately promoting better health outcomes and reducing long-term healthcare costs. In contrast, emergency services only, experimental treatments, and only inpatient hospital care do not encapsulate the broader intent and requirements of the ACA regarding essential health benefits. These options either limit the scope of necessary healthcare services or do not align with the ACA's goal of enhancing preventive care access and affordability. The emphasis on preventive services underlines the ACA's commitment to a proactive approach in healthcare, shifting focus from just treating illnesses to preventing them in the first place.

4. How has the ACA impacted preventive services?

- A. Preventive services are no longer covered.
- B. Preventive services must be paid entirely out of pocket.
- C. Many preventive services are provided without charging a copayment.**
- D. Preventive services have smaller coverage under the ACA.

The Affordable Care Act significantly improved access to preventive services by ensuring that many of these services are covered without requiring patients to pay a copayment, coinsurance, or deductible when they receive care from an in-network provider. This means that individuals can access essential preventive care, such as vaccinations, screenings, and wellness visits, without the burden of additional costs. This change aims to encourage people to take advantage of preventive services, ultimately leading to better health outcomes and reducing long-term healthcare costs by addressing health issues before they escalate. The impact of the ACA on preventive services reflects a broader emphasis on preventive care within the healthcare system, highlighting the importance of early detection and intervention. This shift seeks to improve overall public health and reduce disparities in access to essential health services.

5. What proportion of U.S. deaths are related to preventable diseases?

- A. 5 in 10**
- B. 6 in 10**
- C. 7 in 10**
- D. 8 in 10**

The proportion of U.S. deaths related to preventable diseases is indeed significant, and research indicates that about 7 in 10 deaths are attributed to these causes. Preventable diseases include conditions such as heart disease, cancer, stroke, and diabetes, which are often linked to lifestyle factors like smoking, poor diet, and lack of physical activity. The Affordable Care Act emphasizes preventive care and public health initiatives aimed at reducing these deaths through greater access to health services and education about healthy living. This focus on prevention is crucial as it not only improves individual health outcomes but also reduces healthcare costs associated with the treatment of advanced disease stages.

6. How much Medicaid coverage was provided for individuals in 2014?

- A. \$10,000**
- B. \$15,415**
- C. \$20,500**
- D. \$17,000**

In 2014, the Affordable Care Act significantly expanded Medicaid coverage, allowing more individuals to qualify for benefits, particularly in states that opted to expand their programs. The figure of \$15,415 represents the approximate average cost of Medicaid coverage per individual that year. This cost accounts for various expenses, including hospital visits, preventive services, prescription medications, and long-term care services. The expansion of Medicaid aimed to reduce the number of uninsured individuals, particularly among low-income populations. It is important to note that the specific costs can vary by state due to different Medicaid programs and provider reimbursement rates, but the provided figure aligns with reported data on Medicaid expenditure per enrollee during that period. Understanding this average cost is essential when discussing the financial aspects of healthcare reform and its impact on accessibility to services for those in need.

7. How does the ACA affect the availability of health insurance for young adults?

- A. It allows them to remain on their parents' insurance plans until age 30
- B. It mandates they apply for government assistance
- C. It allows for coverage until age 26**
- D. It prohibits any health insurance for this age group

The Affordable Care Act (ACA) significantly impacts the availability of health insurance for young adults by allowing them to remain on their parents' health insurance plans until they reach the age of 26. This provision was designed to address the issue of uninsured young adults, who often face challenges in securing their own health coverage due to factors like limited income or the instability of entry-level jobs. By extending coverage through parental plans, the ACA ensures that young adults can access vital healthcare services without the burden of high costs typically associated with individual insurance policies. This provision helps mitigate gaps in coverage, especially for those who may be in a transitional phase, such as attending college or starting their careers. The other options do not correctly reflect the ACA's provisions. For instance, requiring young adults to apply for government assistance does not capture the ACA's primary support mechanism for this demographic. Similarly, while the act provides a safety net for young adults, it does not prohibit health insurance for those under 26; instead, it actively encourages their inclusion in family plans.

8. What does the ACA require of larger employers regarding health insurance?

- A. To provide health insurance only if their employees request it
- B. To offer affordable health insurance to their full-time employees**
- C. To not provide health insurance at all
- D. To subsidize the healthcare costs of their employees

The Affordable Care Act mandates that larger employers—specifically those with 50 or more full-time equivalent employees—must offer affordable health insurance to their full-time employees. This requirement is intended to ensure that employees have access to necessary health coverage and to reduce the number of uninsured individuals in the population. Under the ACA, an employer is considered to provide "affordable" coverage if the employee's share of the premium for the lowest-cost self-only plan does not exceed a certain percentage of their household income. This ensures that health insurance is accessible and financially manageable for employees. If employers fail to comply with this requirement, they may be subject to penalties. The other answer choices do not align with the ACA's stipulations. Employers are not simply allowed to provide insurance only upon employee request, nor are they permitted to opt-out of providing any health insurance altogether. Additionally, the ACA does not specifically mandate that employers subsidize healthcare costs beyond what is required for offering the insurance itself.

9. What is a requirement for health plans offered on the Marketplace regarding minimum standards?

- A. Must provide life insurance options**
- B. Must receive Department of Insurance approval**
- C. Must meet certain minimum standards**
- D. Must exclude pre-existing conditions**

Health plans offered on the Marketplace are mandated to meet certain minimum standards, which are designed to ensure that they provide a baseline level of coverage and financial protection for consumers. These standards are part of the ACA's essential health benefits, which include categories such as emergency services, hospitalization, preventive services, and more. Meeting these minimum standards helps to ensure that consumers have access to necessary medical services without facing excessive out-of-pocket costs. For instance, all plans must cover preventive services without charging a co-payment, thus promoting preventive care and early detection of health issues. The other options presented do not align with the core requirements set forth by the ACA. For instance, while life insurance could be a component of a comprehensive health offering, it is not a requirement for Marketplace plans. Also, while state regulatory bodies do play a role in oversight, Department of Insurance approval is not uniformly required for Marketplace plans across all states. Lastly, while the ACA prohibits discrimination based on pre-existing conditions, this is not classified as a minimum standard in the same context as the essential health benefits that all Marketplace plans must include.

10. What is a key factor in enabling moderate-income individuals to afford health insurance?

- A. Increased employer contributions**
- B. Lower premiums based on income**
- C. Tax credits available through health exchanges**
- D. Increased government funding**

A key factor that enables moderate-income individuals to afford health insurance under the Affordable Care Act is the availability of tax credits through health exchanges. These tax credits are designed to reduce the cost of premiums for eligible individuals and families whose income falls within specific ranges, making insurance more affordable. They are applied directly to the monthly premiums, resulting in a lower out-of-pocket cost for enrollees. This system helps to bridge the affordability gap that many moderate-income individuals face when trying to purchase health coverage. By lowering the actual amount paid for premiums, these tax credits encourage more people to enroll in health insurance plans, thereby increasing access to necessary health care services. In contrast, while increased employer contributions and government funding can play a role in overall health insurance affordability, they do not specifically target the income-based affordability challenges faced by moderate-income individuals in the same systematic way that the tax credit structure does. Additionally, lower premiums based on income are a result of these tax credits rather than a standalone solution.

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://affordablecareact.examzify.com>

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

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