

THE AFFORDABLE CARE ACT (ACA) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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

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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. Why do uninsured individuals typically face higher treatment costs?**
 - A. They have more access to preventive care
 - B. They tend to seek care only in emergencies
 - C. They receive government subsidies
 - D. They are prioritized in healthcare systems
- 2. What is the coverage percentage for Gold Plans?**
 - A. 90%
 - B. 80%
 - C. 70%
 - D. 60%
- 3. What percentage of Floridians who chose a plan opted for a Bronze Plan?**
 - A. 10%
 - B. 13%
 - C. 15%
 - D. 12%
- 4. If an individual's employer does not offer insurance, what option is available to them?**
 - A. They must join a state-sponsored plan
 - B. They can purchase insurance directly from the Health Insurance Marketplace
 - C. They are ineligible for health coverage
 - D. They can rely on emergency services only
- 5. What fundamental issue does the ACA aim to address in the healthcare system?**
 - A. High rates of insured individuals
 - B. Unmanaged healthcare spending
 - C. Minimized preventive care options
 - D. Improved health disparities

- 6. What percentage of individuals in the coverage gap reside in Florida?**
- A. 10%
 - B. 20%
 - C. 25%
 - D. 16%
- 7. What critical challenge does the ACA help to minimize in healthcare?**
- A. Access to specialty care
 - B. High uninsured rates
 - C. Employment in the healthcare field
 - D. Insurance company competitiveness
- 8. What was the life expectancy in the U.S. in 2011?**
- A. 76.5 years
 - B. 78.7 years
 - C. 80.1 years
 - D. 81.0 years
- 9. What was a major benefit of the Healthcare Reform for children with preexisting conditions?**
- A. Increased premiums
 - B. Denial of coverage
 - C. Protection from coverage denials
 - D. Decreased coverage options
- 10. What significant change in physician payment will begin in January of 2015?**
- A. Physicians will be paid less for their services
 - B. Physicians will be paid based on value rather than volume
 - C. Physicians will only receive payment in cash
 - D. Physicians will not receive payments for preventative care

Answers

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

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Explanations

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1. Why do uninsured individuals typically face higher treatment costs?

- A. They have more access to preventive care
- B. They tend to seek care only in emergencies**
- C. They receive government subsidies
- D. They are prioritized in healthcare systems

Uninsured individuals tend to face higher treatment costs primarily because they often seek care only in emergencies. This pattern arises due to a couple of key factors. When individuals lack insurance, they may avoid seeking medical attention for routine or preventive care due to concerns about the costs involved. As a result, when health issues do arise, they are more likely to be severe and require emergency treatment, which is generally more expensive than preventive or routine care. This situation leads to a cycle where by the time they seek treatment, their conditions may have worsened, necessitating more intensive and costly interventions. In contrast, individuals with health insurance typically have better access to preventive services, regular check-ups, and early interventions, which can mitigate the necessity for costly emergency treatments. Additionally, because uninsured individuals lack coverage, they do not receive subsidies that could help manage healthcare costs, nor are they given priority in healthcare resources, making their financial burden greater when they do seek medical care.

2. What is the coverage percentage for Gold Plans?

- A. 90%
- B. 80%**
- C. 70%
- D. 60%

Gold Plans under the Affordable Care Act provide a coverage percentage of 80%. This means that, on average, these plans pay for 80% of a consumer's healthcare costs, while the consumer is responsible for the remaining 20%. Gold Plans are designed to offer a balance between monthly premiums and out-of-pocket costs. They are typically suitable for individuals who anticipate needing significant medical care throughout the year, as the higher level of coverage helps manage higher overall healthcare expenses. In the context of the metal tier system of health insurance plans established by the ACA, Gold Plans sit above Silver (70% coverage) and Bronze (60% coverage), but below Platinum Plans, which cover 90% of costs. Understanding these tiers is essential for consumers to make informed decisions based on their expected healthcare usage and financial situation.

3. What percentage of Floridians who chose a plan opted for a Bronze Plan?

- A. 10%
- B. 13%**
- C. 15%
- D. 12%

The correct choice indicates that 13% of Floridians who selected a health insurance plan through the ACA chose a Bronze Plan. This is significant to understand as it highlights the behavioral trends of consumers utilizing the Health Insurance Marketplace, particularly in Florida. Bronze Plans typically have lower monthly premiums compared to Silver or Gold Plans, making them attractive for those who may be seeking affordable options, especially younger and healthier individuals. These plans cover 60% of healthcare costs on average, leading consumers to assume greater out-of-pocket expenses when using medical services. The data regarding the percentage of individuals choosing different plan categories helps inform policymakers and health organizations about consumer preferences and can influence the design of future insurance products and educational efforts regarding health insurance options. Understanding the makeup of plan selections, such as the proportion of Bronze Plan enrollees, provides valuable insight into the effectiveness of the ACA in catering to diverse consumer needs.

4. If an individual's employer does not offer insurance, what option is available to them?

- A. They must join a state-sponsored plan
- B. They can purchase insurance directly from the Health Insurance Marketplace**
- C. They are ineligible for health coverage
- D. They can rely on emergency services only

When an individual's employer does not provide health insurance, one of the primary options available to them is to purchase insurance directly from the Health Insurance Marketplace. The Health Insurance Marketplace, established under the Affordable Care Act, allows individuals and families to compare and enroll in various health insurance plans that meet their needs. This option is particularly significant because it provides an avenue for those without employer-sponsored coverage to secure health insurance, potentially with financial assistance based on their income level. The Marketplace offers a range of plans with different coverage levels and costs, enabling individuals to select a plan that fits their healthcare needs and budget. Other options mentioned, such as joining a state-sponsored plan, may not be universally available or may depend on specific eligibility criteria and circumstances. The assertion that an individual would be ineligible for health coverage is not accurate; there are always alternatives available under the ACA. Similarly, relying solely on emergency services is not a viable or comprehensive healthcare option, as it does not provide necessary preventive care or treatment for ongoing health issues. Thus, purchasing insurance through the Health Insurance Marketplace is the correct and most viable solution for individuals whose employers do not offer health insurance.

5. What fundamental issue does the ACA aim to address in the healthcare system?

- A. High rates of insured individuals
- B. Unmanaged healthcare spending**
- C. Minimized preventive care options
- D. Improved health disparities

The Affordable Care Act (ACA) primarily seeks to address the issue of unmanaged healthcare spending, which has been a significant concern in the U.S. healthcare system. Prior to the implementation of the ACA, there were notable gaps in healthcare coverage that led to escalating costs—many individuals faced barriers to accessing necessary medical services due to high prices or lack of insurance. The ACA introduced a variety of measures aimed at controlling costs while improving access to care. These measures include promoting preventive services, providing health insurance subsidies, and expanding Medicaid eligibility, all of which help to manage overall healthcare expenses more effectively. By targeting unmanaged healthcare spending, the ACA also indirectly aims to enhance the quality of care and outcomes for individuals, as reduced costs can lead to better resource allocation and more comprehensive care options. Moreover, one of the overarching goals of the ACA is to ensure that more Americans have access to affordable insurance options, thereby reducing the strain on emergency services and decreasing the financial burden on both individuals and the healthcare system as a whole. This focus on managing healthcare spending aligns with the ACA's broader mission of creating a more sustainable and equitable healthcare environment, which aims to give individuals better access to necessary healthcare services without placing an undue financial burden on them.

6. What percentage of individuals in the coverage gap reside in Florida?

- A. 10%
- B. 20%
- C. 25%
- D. 16%**

The correct answer reflects that approximately 16% of individuals in the coverage gap reside in Florida. The coverage gap pertains to individuals who earn too much to qualify for Medicaid but not enough to qualify for premium subsidies under the ACA. Florida, being one of the states that did not expand Medicaid under the ACA, has a significant number of people who find themselves in this coverage gap. This statistic underscores the impact of state decisions on health coverage and highlights the concentration of individuals lacking affordable healthcare options in states like Florida. By understanding this percentage, one can appreciate the broader implications of state-level Medicaid expansion debates and the ongoing challenges faced by individuals in states that have not chosen to expand their Medicaid programs. This information is essential for grasping the dynamics of health insurance coverage across different states and the role of the ACA in addressing healthcare access.

7. What critical challenge does the ACA help to minimize in healthcare?

- A. Access to specialty care
- B. High uninsured rates**
- C. Employment in the healthcare field
- D. Insurance company competitiveness

The Affordable Care Act (ACA) plays a pivotal role in addressing high uninsured rates in healthcare, which has been a significant barrier to access and quality care for many individuals. Before the ACA was implemented, the number of uninsured Americans was quite high, leading to gaps in coverage and significant financial hardship for those without insurance. The ACA aimed to reduce these rates through several key provisions. One major provision was the expansion of Medicaid eligibility, allowing more low-income individuals and families to gain coverage. Additionally, the creation of health insurance marketplaces provided consumers with a platform to compare and purchase insurance plans, often with subsidies available to lower-income individuals, further aiding in reducing the number of uninsured. By focusing on lowering uninsured rates, the ACA enhances overall public health by ensuring that more individuals have access to preventive services, necessary medical treatments, and health resources, thereby improving population health outcomes. This central aim of expanding coverage is what clearly establishes the ACA's critical challenge in the healthcare landscape.

8. What was the life expectancy in the U.S. in 2011?

- A. 76.5 years
- B. 78.7 years**
- C. 80.1 years
- D. 81.0 years

In 2011, the life expectancy in the United States was indeed approximately 78.7 years. This figure reflects various factors influencing health and longevity, including medical advancements, public health initiatives, and socioeconomic conditions at that time. Life expectancy is a critical indicator of a nation's health and wellness, representing the average number of years a person can expect to live based on current mortality rates. The other options presented either overestimate or underestimate the life expectancy for that year. While life expectancy has been on a gradual upward trend in previous decades, figures such as 76.5 years would reflect a significantly lower expectation prevalent in earlier periods, and values like 80.1 years and 81.0 years represent averages seen in later years or more optimistic projections not applicable to 2011. Thus, the figure of 78.7 years perfectly encapsulates the statistical health data for the U.S. during that timeframe.

9. What was a major benefit of the Healthcare Reform for children with preexisting conditions?

- A. Increased premiums
- B. Denial of coverage
- C. Protection from coverage denials**
- D. Decreased coverage options

The major benefit of the Healthcare Reform for children with preexisting conditions was the protection from coverage denials. Under the provisions of the Affordable Care Act, insurance companies are prohibited from denying coverage or charging higher premiums based on preexisting conditions, which includes chronic illnesses or health issues that a child may have had prior to obtaining insurance. This was a significant step forward, as it ensured that all children, regardless of their health history, would have access to necessary medical care and services without facing discrimination or financial barriers from insurers. The reform aimed to create a more equitable healthcare system, ensuring that all children could receive the healthcare they needed.

10. What significant change in physician payment will begin in January of 2015?

- A. Physicians will be paid less for their services
- B. Physicians will be paid based on value rather than volume**
- C. Physicians will only receive payment in cash
- D. Physicians will not receive payments for preventative care

In January of 2015, a significant shift in the way physicians are compensated under the Affordable Care Act was initiated. This change was centered around transitioning from a volume-based payment system to one that emphasizes value. In this new framework, physicians are rewarded for the quality of care they provide, rather than the sheer number of services or procedures performed. This aligns with broader healthcare goals of improving patient outcomes, enhancing efficiencies, and reducing costs over time. The value-based payment model encourages healthcare providers to focus on delivering higher quality care, which ultimately benefits patients through better health outcomes and potentially lowers overall healthcare costs. This shift supports the ACA's objectives of ensuring better healthcare services, fostering accountability among providers, and enhancing patient satisfaction in the healthcare system.

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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