

TRICARE Fundamentals Course (TFC) 6hrs Practice Test (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. Are chiropractic services covered under TRICARE?

- A. No, they are not covered**
- B. Yes, if provided by a licensed chiropractor**
- C. Only for active duty personnel**
- D. Only in a hospital setting**

2. What is expected of TRICARE beneficiaries regarding their benefits?

- A. To rely entirely on TRICARE representatives for information**
- B. To manage their benefits and keep their information updated**
- C. To refrain from seeking medical care to avoid costs**
- D. To visit their TRICARE center at least once a month**

3. How are emergency care costs covered under TRICARE?

- A. Emergency care is not covered under TRICARE.**
- B. Emergency care is covered only if received in-network.**
- C. Emergency care is usually covered at the highest level regardless of the provider network, subject to cost-shares.**
- D. Emergency care requires prior authorization before treatment.**

4. What is the purpose of the Formulary Search Tool?

- A. To locate hospitals**
- B. To find covered medications**
- C. To search for healthcare providers**
- D. To manage claims**

5. How can you appeal a TRICARE claim denial?

- A. By contacting a lawyer for legal advice**
- B. By contacting their regional contractor with the appeal form**
- C. By re-submitting the claim without changes**
- D. By visiting a TRICARE office in person**

6. When a service member is called to active duty, what eligibility change might occur for their family members?

- A. They may lose access to all TRICARE programs**
- B. They may become eligible for specific TRICARE programs and benefits**
- C. They will only be eligible for emergency services**
- D. Eligibility remains unchanged, as they will continue existing coverage**

7. What type of beneficiaries typically pay the annual enrollment fee for TRICARE Prime?

- A. Active-duty service members.**
- B. Retirees and certain family members.**
- C. All beneficiaries enrolled in TRICARE.**
- D. Only dependents of retirees.**

8. What must former active duty members have to be eligible for Transitional Care for Service-Related Conditions (TCSRC)?

- A. A service-related condition validated by a DoD physician**
- B. A recommendation from a primary care manager**
- C. A financial need assessment completed**
- D. A referral from a specialist**

9. Which of the following is covered under TRICARE?

- A. Elective cosmetic procedures.**
- B. Emergency medical care.**
- C. Infertility treatments.**
- D. Certain alternative therapies.**

10. Who manages care for TRICARE Prime beneficiaries?

- A. The Department of Defense**
- B. Private health insurance companies**
- C. A Primary Care Manager (PCM)**
- D. The beneficiaries themselves**

Answers

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

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Explanations

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1. Are chiropractic services covered under TRICARE?

- A. No, they are not covered
- B. Yes, if provided by a licensed chiropractor**
- C. Only for active duty personnel
- D. Only in a hospital setting

Chiropractic services are indeed covered under TRICARE, but with specific stipulations. The correct response affirms that coverage is available, provided that the services are rendered by a licensed chiropractor. This means that for a patient to benefit from chiropractic care under TRICARE, it is crucial that the provider holds a valid license and operates within the professional guidelines set forth by the program. This reflects TRICARE's commitment to ensuring that beneficiaries receive quality care from qualified health professionals. While it is true that some coverage restrictions may apply based on the status of the service member or location of service, the emphasis on licensed practitioners highlights the importance TRICARE places on standards of care. Options that suggest limitations based solely on setting or the status of the personnel do not accurately represent the broader coverage available for eligible beneficiaries seeking chiropractic services. Overall, TRICARE aims to provide comprehensive healthcare options, including chiropractic support, when delivered through appropriate channels.

2. What is expected of TRICARE beneficiaries regarding their benefits?

- A. To rely entirely on TRICARE representatives for information
- B. To manage their benefits and keep their information updated**
- C. To refrain from seeking medical care to avoid costs
- D. To visit their TRICARE center at least once a month

Beneficiaries of TRICARE are expected to actively manage their benefits and keep their personal information updated. This responsibility includes understanding their coverage, knowing how to access care, and being aware of the options available to them. By maintaining updated information, beneficiaries ensure that they are receiving the correct level of care, are well-informed about their eligibility, and can navigate the healthcare system effectively. Managing benefits also involves staying informed about changes in policies, coverage options, and any necessary preauthorization for services. This proactive approach helps beneficiaries avoid potential issues with care access and billing, ensuring they can utilize their TRICARE benefits to their fullest extent. The other options suggest behaviors that can lead to misunderstandings regarding the benefits. For instance, relying entirely on representatives can limit a beneficiary's understanding of their own healthcare options, refraining from seeking care could jeopardize health, and the unrealistic expectation of frequent visits to a TRICARE center does not align with how benefits are typically managed. Thus, actively managing one's benefits and maintaining up-to-date information is essential for effective use of TRICARE services.

3. How are emergency care costs covered under TRICARE?

- A. Emergency care is not covered under TRICARE.**
- B. Emergency care is covered only if received in-network.**
- C. Emergency care is usually covered at the highest level regardless of the provider network, subject to cost-shares.**
- D. Emergency care requires prior authorization before treatment.**

Emergency care under TRICARE is usually covered at the highest level regardless of the provider network, subject to cost-shares. This means that when a TRICARE beneficiary requires emergency care, the plan recognizes the urgency and typically allows for coverage even if the services are rendered by an out-of-network provider. This is crucial for situations where immediate medical attention is necessary, and it may not be feasible for the patient to seek care within their designated network. The coverage provided ensures that beneficiaries can obtain critical and potentially life-saving services without worrying about the limitations that may apply in non-emergency situations. However, beneficiaries may still have to pay cost-shares such as copayments or deductibles as defined by their specific TRICARE plan. This structure reflects TRICARE's commitment to ensuring that individuals have access to necessary care during emergencies, promoting timely and efficient treatment without the added burden of authorization requirements that might delay care.

4. What is the purpose of the Formulary Search Tool?

- A. To locate hospitals**
- B. To find covered medications**
- C. To search for healthcare providers**
- D. To manage claims**

The Formulary Search Tool is specifically designed to help users find covered medications within the TRICARE pharmacy benefit. This tool provides an accessible way for beneficiaries to identify which prescription drugs are included in the formulary, ensuring that they can obtain medications that are covered under their current TRICARE plan. By allowing users to search by drug name, the tool helps in determining coverage, any associated costs, and alternatives, facilitating informed decisions regarding their medication options. The other choices pertain to different aspects of healthcare services. Locating hospitals involves finding facilities for care, searching for healthcare providers connects users with available medical professionals, and managing claims focuses on the processing of expenses and reimbursements, none of which align with the primary function of the Formulary Search Tool in managing medication-related inquiries.

5. How can you appeal a TRICARE claim denial?

- A. By contacting a lawyer for legal advice
- B. By contacting their regional contractor with the appeal form**
- C. By re-submitting the claim without changes
- D. By visiting a TRICARE office in person

The process for appealing a TRICARE claim denial involves a structured protocol, where contacting the regional contractor with the appropriate appeal form is the correct method. This process ensures that the appeal is submitted through the correct channels and follows TRICARE's established guidelines. The regional contractors are designated to handle claims and appeals, making them the right point of contact for addressing any issues related to claim denials. By using the appeal form, beneficiaries can provide the necessary details and any supporting documentation that can substantiate their claim, thereby increasing the likelihood of a successful appeal. This method aligns with TRICARE's formal processes, ensuring that the appeal is documented, tracked, and evaluated according to their standards. Other methods, such as reaching out to a lawyer, may not only be unnecessary for the appeal process but might also complicate matters if the legal aspect is not warranted. Simply re-submitting a claim without any changes would not address the reasons for the initial denial. Visiting a TRICARE office in person might not be practical or necessary, especially when the designated regional contractor can handle the appeal more efficiently and effectively remotely.

6. When a service member is called to active duty, what eligibility change might occur for their family members?

- A. They may lose access to all TRICARE programs
- B. They may become eligible for specific TRICARE programs and benefits**
- C. They will only be eligible for emergency services
- D. Eligibility remains unchanged, as they will continue existing coverage

When a service member is called to active duty, their family members may become eligible for specific TRICARE programs and benefits designed to support military families during periods of active service. Activation often leads to an increase in available benefits, as the family transitions to a different status under TRICARE. For example, if a service member is activated from reserve status, their family may gain access to more comprehensive TRICARE options, such as TRICARE Prime or TRICARE Select, depending on their circumstances and location. This adjustment aims to ensure that families are adequately supported and can access necessary healthcare services during the service member's deployment. Understanding this shift is essential to ensure that military families are aware of their rights and the benefits they can access while their loved ones are serving on active duty, ultimately facilitating better healthcare support during these times.

7. What type of beneficiaries typically pay the annual enrollment fee for TRICARE Prime?

- A. Active-duty service members.**
- B. Retirees and certain family members.**
- C. All beneficiaries enrolled in TRICARE.**
- D. Only dependents of retirees.**

The correct answer pertains to retirees and certain family members as the typical beneficiaries who are required to pay an annual enrollment fee for TRICARE Prime. This system is designed to ensure access to managed care and benefits for those who are not actively serving in the military but have completed their service and are transitioning into civilian life. Active-duty service members do not pay enrollment fees for TRICARE Prime or any other TRICARE plans; they are entitled to comprehensive health care coverage without any out-of-pocket costs for basic health care. Not all beneficiaries are subject to an annual enrollment fee; for instance, active-duty members and their families usually do not incur these costs. Furthermore, while dependents of retirees may be required to pay an annual fee, it is not exclusive to just them. The fees apply to the retiree as the primary beneficiary, who may then have family members covered under their plan. Therefore, understanding the fee structure is essential for beneficiaries, particularly for retirees and their dependents, as it impacts their financial planning and health care access under TRICARE Prime.

8. What must former active duty members have to be eligible for Transitional Care for Service-Related Conditions (TCSRC)?

- A. A service-related condition validated by a DoD physician**
- B. A recommendation from a primary care manager**
- C. A financial need assessment completed**
- D. A referral from a specialist**

To qualify for Transitional Care for Service-Related Conditions (TCSRC), it is necessary for former active duty members to have a service-related condition that has been validated by a Department of Defense (DoD) physician. This requirement ensures that the care provided during the transitional period is specifically focused on conditions that are directly associated with their service, thus maintaining the integrity and intention of the TCSRC program. Validation by a DoD physician confirms that the condition in question meets the criteria set forth for service-related health issues, which is important for the proper allocation of resources and support. It establishes eligibility for targeted care, allowing transitioning service members to access the treatments required for their specific medical conditions that arise due to their military service.

9. Which of the following is covered under TRICARE?

- A. Elective cosmetic procedures.**
- B. Emergency medical care.**
- C. Infertility treatments.**
- D. Certain alternative therapies.**

Emergency medical care is covered under TRICARE because it is considered essential for maintaining the health and safety of its beneficiaries. TRICARE provides coverage for emergency services that are required to treat acute conditions that could result in serious injury or death if not addressed promptly. This includes situations where immediate medical attention is necessary, regardless of whether the care is rendered within a civilian facility or a military treatment facility. In contrast, elective cosmetic procedures typically are not covered because they are considered non-essential procedures. Infertility treatments may have some coverage but often depend on specific conditions and eligibility criteria, which may vary. Certain alternative therapies, while potentially covered to some extent, usually face restrictions and are not broadly included in standard coverage. Thus, emergency medical care is clearly defined and prioritized within the TRICARE benefits framework, making it the correct choice.

10. Who manages care for TRICARE Prime beneficiaries?

- A. The Department of Defense**
- B. Private health insurance companies**
- C. A Primary Care Manager (PCM)**
- D. The beneficiaries themselves**

Management of care for TRICARE Prime beneficiaries is specifically handled by a Primary Care Manager (PCM). The PCM serves as a central point for coordinating all medical services, facilitating referrals to specialists, and ensuring that beneficiaries receive timely and appropriate care. This structured approach helps streamline the healthcare experience for TRICARE Prime patients, enabling them to have personalized and continuous care. The PCM is responsible for providing preventive services, routine check-ups, and managing chronic conditions, which are essential aspects of maintaining good health within the TRICARE Prime system. Having a dedicated PCM helps beneficiaries navigate the healthcare system efficiently, enhancing their overall health outcomes and satisfaction with the care they receive.

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://tricarefdnstfc6hrs.examzify.com>

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

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