

TRICARE FUNDAMENTALS COURSE (TFC) 6HRS PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

<https://tricarefdnstfc6hrs.examzify.com>



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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. Which claim resolution method is preferred according to TRICARE guidelines?**
 - A. Minimizing contact with health providers to streamline the process
 - B. Following the established appeals process only
 - C. Contacting the appropriate claim department as soon as issues arise
 - D. Waiting until benefits are wholly denied before taking action
- 2. 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.
- 3. Who qualifies for TRICARE coverage?**
 - A. Only active duty service members
 - B. Retired service members and their families only
 - C. Active duty service members, retirees, their families, and certain survivors
 - D. Only military dependents
- 4. What is the term used for the maximum out-of-pocket costs a beneficiary pays each calendar year for TRICARE-covered services?**
 - A. Annual limit
 - B. Out-of-pocket maximum
 - C. Catastrophic cap
 - D. Benefits limit
- 5. What is an annual enrollment fee for TRICARE Prime?**
 - A. A fee that some beneficiaries, particularly retirees, pay to maintain their TRICARE Prime coverage.
 - B. A one-time payment required for all TRICARE beneficiaries.
 - C. A monthly subscription fee for additional services.
 - D. A penalty for late enrollment.

6. TAMP beneficiaries are eligible for how many days of medical coverage?

- A. 90 days
- B. 180 days
- C. 365 days
- D. 120 days

7. How can TRICARE beneficiaries find information regarding their benefits?

- A. By only visiting local clinics
- B. By contacting their health care providers exclusively
- C. By accessing the official TRICARE website or contacting the regional contractor
- D. By relying solely on social media for updates

8. What defines the TRICARE Network?

- A. A group of military hospitals only
- B. Health care providers who provide services at various rates
- C. Contracted providers who offer services at negotiated rates
- D. All health care providers available to services members

9. What type of health care coverage does TRICARE provide for eligible members who are also enrolled in Medicare?

- A. Secondary payer for medically necessary services
- B. Exclusive coverage for urgent care visits
- C. Primary coverage for all services
- D. No coverage at all

10. What are the primary goals of the TRICARE program?

- A. To provide high-quality health care
- B. To manage costs effectively
- C. To ensure access to care
- D. All of the above

Answers

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

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Explanations

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1. Which claim resolution method is preferred according to TRICARE guidelines?

- A. Minimizing contact with health providers to streamline the process
- B. Following the established appeals process only
- C. Contacting the appropriate claim department as soon as issues arise**
- D. Waiting until benefits are wholly denied before taking action

The preferred claim resolution method according to TRICARE guidelines is to contact the appropriate claim department as soon as issues arise. This proactive approach allows for timely clarification and problem-solving, which can prevent minor issues from escalating into more significant problems. By reaching out early, beneficiaries can receive the necessary assistance to understand the claims process, rectify any misunderstandings, and ensure that any necessary documentation is submitted promptly. This method aligns with the overall goal of TRICARE to provide a positive healthcare experience for its beneficiaries by encouraging communication and support. It emphasizes the importance of being engaged in the claims process rather than passively waiting for problems to resolve themselves, which can lead to unnecessary delays or complications in receiving benefits.

2. 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.

3. Who qualifies for TRICARE coverage?

- A. Only active duty service members
- B. Retired service members and their families only
- C. Active duty service members, retirees, their families, and certain survivors**
- D. Only military dependents

The correct choice highlights the broad scope of individuals eligible for TRICARE coverage, which includes active duty service members, retirees, their families, and certain survivors. This comprehensive eligibility reflects TRICARE's mission to provide healthcare services not only to those currently serving in the military but also to those who have served in the past and their dependents. Active duty service members are the primary focus of TRICARE, as they need comprehensive medical support to ensure their readiness and health. Retired service members also require ongoing healthcare coverage after their military service ends. By including families, TRICARE acknowledges the importance of supporting the health needs of dependents, who often play crucial roles in the service member's overall well-being. Additionally, certain survivors, such as the spouses and children of service members who have died while in the line of duty, are also eligible for these benefits, emphasizing the commitment to those affected by military service. Other options present a more limited view of eligibility. For example, restricting coverage to only active duty service members or retired service members and their families would exclude a significant number of individuals who are entitled to care under TRICARE policies. It is crucial to recognize that TRICARE is designed as a comprehensive health care programs to support a

4. What is the term used for the maximum out-of-pocket costs a beneficiary pays each calendar year for TRICARE-covered services?

- A. Annual limit
- B. Out-of-pocket maximum
- C. Catastrophic cap**
- D. Benefits limit

The correct term for the maximum out-of-pocket costs a beneficiary pays each calendar year for TRICARE-covered services is known as the "out-of-pocket maximum." This term specifically refers to the upper limit on the amount individuals must spend on their healthcare before their TRICARE plan begins to cover 100% of the costs for covered services. It helps beneficiaries understand their financial responsibilities in a given year and ensures there is a cap on their healthcare spending, providing essential financial protection. In contrast, the term "catastrophic cap" generally pertains to limits on out-of-pocket expenses, but it is more commonly associated with specific health plans rather than TRICARE's terminology. "Annual limit" and "benefits limit" are terms that suggest restrictions on the amount of benefits or services provided, rather than the out-of-pocket spending that beneficiaries might incur. Understanding the terminology used in TRICARE is crucial for beneficiaries to navigate their healthcare effectively.

5. What is an annual enrollment fee for TRICARE Prime?

- A. A fee that some beneficiaries, particularly retirees, pay to maintain their TRICARE Prime coverage.
- B. A one-time payment required for all TRICARE beneficiaries.
- C. A monthly subscription fee for additional services.
- D. A penalty for late enrollment.

The annual enrollment fee for TRICARE Prime is defined as a fee that some beneficiaries, particularly retirees, pay to maintain their TRICARE Prime coverage. This fee helps to ensure continued access to the comprehensive benefits that TRICARE Prime provides, which includes preventive care, routine visits, and the use of a primary care manager to coordinate care. The fee may vary depending on the status of the service member, such as whether they are active duty or a retiree, and is separate from any costs associated with care received. For beneficiaries in certain categories, specifically retirees and their family members, this annual fee is an essential part of maintaining their health care coverage under the TRICARE Prime plan. It is important to understand that this fee has a specific purpose related to enrollment and is not just a random charge; it reflects the overall structure of the program that aims to provide affordable healthcare options for eligible military families. In contrast, some of the other options mentioned do not accurately reflect the nature of the enrollment fee. For instance, there is not a one-time payment required for all TRICARE beneficiaries; rather, the enrollment fee is an annual commitment for those beneficiaries specified. There is also no monthly subscription fee for additional services within the TRICARE Prime

6. TAMP beneficiaries are eligible for how many days of medical coverage?

- A. 90 days
- B. 180 days
- C. 365 days
- D. 120 days

TAMP, or Transitional Assistance Management Program, provides a limited period of health care coverage to eligible beneficiaries, specifically those who are separating from active duty. The program extends medical coverage for a total of 180 days after separation. This temporary assistance is designed to help beneficiaries transition to civilian health care options. The provision of 180 days allows former service members and their families to maintain access to necessary medical services while they adjust to their new circumstances. Such support during a critical time is vital for ensuring that they don't experience a gap in healthcare access.

7. How can TRICARE beneficiaries find information regarding their benefits?

- A. By only visiting local clinics
- B. By contacting their health care providers exclusively
- C. By accessing the official TRICARE website or contacting the regional contractor**
- D. By relying solely on social media for updates

TRICARE beneficiaries can find information regarding their benefits through the official TRICARE website or by contacting the regional contractor, making this an essential and reliable source of information. The TRICARE website offers a comprehensive range of resources, including detailed benefits information, eligibility criteria, network providers, and updates related to policies and procedures. Additionally, regional contractors are assigned to assist beneficiaries with specific inquiries, providing personalized support via phone or email. This dual approach ensures that beneficiaries have access to accurate and up-to-date information directly from authoritative sources. Relying only on local clinics or health care providers may yield limited information, as they may not cover the full range of benefits or recent updates. Similarly, social media, while useful for general announcements or community discussions, may not provide reliable or accurate information about specific benefits or claims. Therefore, accessing the official TRICARE website or contacting the regional contractor is the most effective means for beneficiaries to obtain comprehensive and accurate details regarding their TRICARE benefits.

8. What defines the TRICARE Network?

- A. A group of military hospitals only
- B. Health care providers who provide services at various rates
- C. Contracted providers who offer services at negotiated rates**
- D. All health care providers available to services members

The TRICARE Network is defined by the presence of contracted providers who offer services at negotiated rates. This means that these health care providers have entered into agreements with TRICARE, ensuring they adhere to specific terms that include able to provide services at predefined costs. This arrangement facilitates a more streamlined and affordable health care experience for beneficiaries while ensuring high-quality care from providers who are specifically vetted and selected by TRICARE. By having a network of contracted providers, TRICARE is able to maintain a balance between the cost of services and the quality of care provided to military personnel and their families. This is essential for ensuring that members receive timely and effective healthcare while managing overall healthcare expenses. In contrast, while military hospitals are part of the larger TRICARE program, they do not solely define the TRICARE Network. Additionally, general health care providers available to service members are broader than just those in the TRICARE Network, and health care providers who provide services at various rates do not emphasize the contractual relationship and negotiated rates that are a hallmark of the TRICARE Network.

9. What type of health care coverage does TRICARE provide for eligible members who are also enrolled in Medicare?

- A. Secondary payer for medically necessary services**
- B. Exclusive coverage for urgent care visits
- C. Primary coverage for all services
- D. No coverage at all

TRICARE provides health care coverage as a secondary payer for eligible members who are also enrolled in Medicare. This means that when an individual is covered by both TRICARE and Medicare, TRICARE may cover certain costs that Medicare does not, thereby helping to reduce out-of-pocket expenses for the beneficiary. Medicare typically serves as the primary insurer, meaning it pays first for covered services. After Medicare has processed the claim, TRICARE may cover additional expenses, such as deductibles or coinsurance, for medically necessary services that are covered under both plans. This arrangement helps ensure a broader range of health care services is available to eligible individuals while minimizing their financial liability. The other options do not accurately represent the comprehensive nature of TRICARE coverage in conjunction with Medicare. Exclusive coverage for urgent care visits, primary coverage for all services, or no coverage at all do not reflect the typical policies regarding the dual coverage arrangement.

10. What are the primary goals of the TRICARE program?

- A. To provide high-quality health care
- B. To manage costs effectively
- C. To ensure access to care
- D. All of the above**

The primary goals of the TRICARE program encompass a comprehensive approach aimed at delivering high-quality health care, effectively managing costs, and ensuring access to care for beneficiaries. By integrating all these objectives, TRICARE strives to create a robust healthcare system for military members, their families, and retirees. Providing high-quality health care is essential for the well-being of beneficiaries, ensuring they receive appropriate and timely medical services. Managing costs effectively is crucial for the sustainability of the program, allowing it to serve the needs of its population while maintaining fiscal responsibility. Ensuring access to care means that beneficiaries can reach healthcare services without unnecessary barriers, which is a fundamental aspect of any healthcare system. Together, these goals reflect TRICARE's commitment to supporting the health needs of the military community, addressing both the quality of care provided and the logistical and financial aspects involved in delivering that care. Each goal plays a pivotal role, and addressing them collectively contributes to the overall effectiveness of the TRICARE program.

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:

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

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