

United Health Coverage (UHC) Medicare Basics Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. What is the main difference between a copayment and coinsurance?**
 - A. A copayment is a percentage of costs**
 - B. A copayment is a fixed cost**
 - C. Coinsurance is a flat fee for all services**
 - D. There is no difference**
- 2. What is an important factor to consider when choosing a Medicare Advantage plan?**
 - A. The availability of a doctor's office within a certain distance from home**
 - B. The number of medications covered under the plan**
 - C. The payment options for premiums and deductibles**
 - D. All of the above choices are important**
- 3. What type of coverage do Medicare beneficiaries have when traveling abroad?**
 - A. Unlimited coverage for any service overseas.**
 - B. Limited coverage for emergency services in certain foreign countries.**
 - C. Full coverage for all foreign healthcare services.**
 - D. No coverage whatsoever when traveling internationally.**
- 4. Are Medicare beneficiaries obligated to purchase a Medigap policy?**
 - A. Yes, to receive any coverage**
 - B. No, it is optional**
 - C. Yes, as part of their Medicare plan**
 - D. No, but it's highly recommended**
- 5. What is the Medicare Part B premium based on?**
 - A. Individual health assessment**
 - B. Income levels of the beneficiaries**
 - C. Fixed national average**
 - D. State residency**

- 6. What happens if you miss the deadline to enroll in Medicare?**
- A. You can enroll at any time without penalties**
 - B. You may incur late enrollment penalties**
 - C. You get automatically enrolled in a default plan**
 - D. You will not be penalized but delayed enrollment is allowed**
- 7. Aside from a standalone Medicare prescription drug plan, how else can a Medicare eligible consumer obtain Part D coverage?**
- A. By purchasing private insurance**
 - B. By enrolling in a Medicare Advantage plan**
 - C. By applying for Medicaid**
 - D. By joining a health savings account**
- 8. When may a consumer incur a late enrollment penalty for a Medicare Advantage plan?**
- A. If they enrolled early in Medicare Part B**
 - B. If they did not have credible drug coverage for 63 days or more**
 - C. If they are under 65 years old**
 - D. If they have a disability**
- 9. What is a Health Maintenance Organization (HMO) plan in Medicare?**
- A. A plan that allows for out-of-network care without penalties**
 - B. A type of Medicare Advantage plan with in-network requirements**
 - C. A plan that covers only hospital services**
 - D. A type of Original Medicare plan**
- 10. What happens if a person does not enroll in Medicare on time?**
- A. They are automatically enrolled later**
 - B. No consequences arise**
 - C. They may face a late enrollment penalty**
 - D. They can still receive Medicare without penalties**

Answers

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

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Explanations

1. What is the main difference between a copayment and coinsurance?

- A. A copayment is a percentage of costs**
- B. A copayment is a fixed cost**
- C. Coinsurance is a flat fee for all services**
- D. There is no difference**

The primary distinction between a copayment and coinsurance lies in how they are structured in relation to healthcare expenses. A copayment, which is a fixed cost, is a predetermined amount that a patient is required to pay for a specific medical service, such as a doctor's visit or a prescription medication. This amount remains consistent regardless of the total cost of the service, making it predictable for budgeting healthcare expenses. In contrast, coinsurance involves paying a percentage of the total cost of a service after meeting deductibles. This means that the more expensive the service, the higher the out-of-pocket cost for the patient, as it directly corresponds to the service's overall price. Understanding this difference is crucial for individuals navigating health insurance plans, as it impacts their financial responsibility and influences their decisions regarding care utilization.

2. What is an important factor to consider when choosing a Medicare Advantage plan?

- A. The availability of a doctor's office within a certain distance from home**
- B. The number of medications covered under the plan**
- C. The payment options for premiums and deductibles**
- D. All of the above choices are important**

When selecting a Medicare Advantage plan, considering all the outlined factors is crucial for ensuring that the plan meets individual healthcare needs effectively. The availability of a doctor's office within a reasonable distance is essential because it impacts access to care. If a preferred healthcare provider is not conveniently located, it could lead to difficulties in obtaining necessary medical services, ultimately affecting overall health. The number of medications covered under the plan is equally significant. Prescription drug coverage varies greatly among Medicare Advantage plans. Understanding which medications are covered and at what cost helps beneficiaries better manage their healthcare expenses and ensures they receive necessary prescriptions without financial strain. The payment options for premiums and deductibles also play a vital role in the decision-making process. Different plans have different cost structures that can significantly affect a beneficiary's budget. It is critical to choose a plan that aligns with personal financial situations and expected healthcare needs. Considering all these factors collectively ensures that individuals select a Medicare Advantage plan that provides comprehensive coverage and fits smoothly into their lifestyle, ultimately enhancing their healthcare experience.

3. What type of coverage do Medicare beneficiaries have when traveling abroad?

- A. Unlimited coverage for any service overseas.**
- B. Limited coverage for emergency services in certain foreign countries.**
- C. Full coverage for all foreign healthcare services.**
- D. No coverage whatsoever when traveling internationally.**

Medicare beneficiaries typically have limited coverage for emergency services when traveling abroad. This means that if a beneficiary experiences a medical emergency while outside the United States, Medicare may cover certain emergency services under specific conditions. However, this coverage only applies in certain foreign countries and is not as comprehensive as what is available within the U.S. It's important to note that Medicare does not provide worldwide coverage, meaning that routine medical care and non-emergency services are generally not covered when traveling outside the U.S. Beneficiaries may find themselves responsible for costs incurred for non-emergency treatments or services, which are typically not reimbursed by Medicare. Thus, understanding the scope of this limited coverage is crucial for beneficiaries planning to travel internationally, highlighting the necessity of securing supplemental travel insurance for broader and more effective health care coverage abroad.

4. Are Medicare beneficiaries obligated to purchase a Medigap policy?

- A. Yes, to receive any coverage**
- B. No, it is optional**
- C. Yes, as part of their Medicare plan**
- D. No, but it's highly recommended**

Medicare beneficiaries are not obligated to purchase a Medigap policy; it is entirely optional. Medigap policies, sold by private insurance companies, are designed to help cover some of the costs that Original Medicare does not pay, such as copayments, coinsurance, and deductibles. This option allows beneficiaries the flexibility to choose whether they want additional coverage based on their individual health needs and financial situations. While many beneficiaries choose to purchase Medigap coverage to help manage out-of-pocket expenses, there is no requirement to do so. This choice depends on personal circumstances, and some individuals may find that they do not need the additional coverage, especially if they prefer to manage their healthcare costs another way or if they are enrolled in a Medicare Advantage plan, which offers different benefits.

5. What is the Medicare Part B premium based on?

- A. Individual health assessment
- B. Income levels of the beneficiaries**
- C. Fixed national average
- D. State residency

The Medicare Part B premium is based on the income levels of the beneficiaries. This means that the amount individuals pay for their Part B coverage can vary depending on their reported income from the previous year. Specifically, higher-income beneficiaries may have to pay an increased premium, known as the Income-Related Monthly Adjustment Amount (IRMAA). This sliding scale approach ensures that those who may have higher financial means contribute a more proportional amount towards their healthcare coverage, while those with lower income pay a standard premium. The other options do not accurately reflect how the Part B premium is determined. A fixed national average would imply a one-size-fits-all approach, which does not recognize the variations in income that can affect affordability. Individual health assessments or state residency do not play a role in determining premiums either, as the focus is solely on the previous year's income levels to ensure equitable contributions across the Medicare program. Through this income-based structure, Medicare Part B aims to provide necessary medical services while considering the financial capacity of its beneficiaries.

6. What happens if you miss the deadline to enroll in Medicare?

- A. You can enroll at any time without penalties
- B. You may incur late enrollment penalties**
- C. You get automatically enrolled in a default plan
- D. You will not be penalized but delayed enrollment is allowed

Missing the enrollment deadline for Medicare can have significant consequences. If you fail to enroll during your initial enrollment period or the general enrollment period, you may incur late enrollment penalties. This penalty means you could pay a higher premium for Medicare Part B (and potentially Part D) for as long as you have coverage. The penalty accumulates for each full 12-month period that you were eligible but did not sign up, which can substantially increase your costs in the long run. The other options do not accurately reflect what happens when the enrollment deadline is missed. Automatic enrollment in a default plan is not applicable in this situation, as it only occurs under specific conditions, such as being eligible due to Social Security disability. Additionally, enrollment cannot take place at any time without penalties, contradicting the rules around Medicare enrollment periods. Finally, delayed enrollment without penalties is not allowed; if enrollment is delayed past the designated periods, penalties will apply.

7. Aside from a standalone Medicare prescription drug plan, how else can a Medicare eligible consumer obtain Part D coverage?

A. By purchasing private insurance

B. By enrolling in a Medicare Advantage plan

C. By applying for Medicaid

D. By joining a health savings account

A Medicare eligible consumer can obtain Part D coverage by enrolling in a Medicare Advantage plan. Medicare Advantage plans, also known as Medicare Part C, are private insurance plans that combine coverage from both Medicare Part A (hospital insurance) and Part B (medical insurance). Many of these plans include built-in prescription drug coverage, effectively offering the benefits of Medicare Part D. This integration allows beneficiaries to manage their healthcare and prescription drug needs through a single plan, often with additional services that traditional Medicare does not provide. On the other hand, while private insurance and Medicaid can provide some form of health coverage, they are not directly associated with Medicare Part D. A health savings account (HSA) is a type of savings account that allows individuals to save for medical expenses but does not in itself provide Part D coverage. Thus, enrolling in a Medicare Advantage plan stands out as a direct and integrated way to acquire Part D benefits.

8. When may a consumer incur a late enrollment penalty for a Medicare Advantage plan?

A. If they enrolled early in Medicare Part B

B. If they did not have credible drug coverage for 63 days or more

C. If they are under 65 years old

D. If they have a disability

The correct answer is based on the concept of credible drug coverage and its implications for late enrollment penalties in Medicare. A consumer may incur a late enrollment penalty for a Medicare Advantage plan if they did not have credible drug coverage for 63 consecutive days or more. Credible drug coverage refers to prescription drug coverage that is at least as good as the standard Medicare prescription drug coverage. If a person goes without this coverage for the specified period, when they eventually enroll in a Medicare drug plan or a Medicare Advantage plan that includes drug coverage, they will face a penalty that increases their monthly premium. This penalty is meant to encourage individuals to maintain continuous coverage and avoid gaps that could lead to increased healthcare costs. Not having credible drug coverage for more than 63 days means a person was at risk of high prescription drug costs during this time, which Medicare seeks to mitigate through penalties for late enrollment. Other options relate to aspects of Medicare eligibility and coverage requirements but do not specifically address the late enrollment penalty linked directly to drug coverage.

9. What is a Health Maintenance Organization (HMO) plan in Medicare?

- A. A plan that allows for out-of-network care without penalties**
- B. A type of Medicare Advantage plan with in-network requirements**
- C. A plan that covers only hospital services**
- D. A type of Original Medicare plan**

A Health Maintenance Organization (HMO) plan in Medicare is indeed a type of Medicare Advantage plan that typically operates with specific in-network requirements. This means that members must receive their health care services from a network of doctors, hospitals, and other providers that have contracted with the HMO. If a member seeks care outside of this network, except in emergencies, they generally will not have coverage or will face higher out-of-pocket costs. HMO plans emphasize preventive care and may require members to choose a primary care physician (PCP) who coordinates their care and provides referrals to specialists within the network. This structure is designed to control costs while ensuring that members get the necessary preventive services, keeping members healthy and reducing the need for more expensive care later on. In contrast to this, other plan types might allow for care outside the network or provide different coverage options, but those characteristics do not apply to HMO plans specifically. This is why the answer correctly identifies the HMO's in-network requirement as a defining feature of this type of Medicare plan.

10. What happens if a person does not enroll in Medicare on time?

- A. They are automatically enrolled later**
- B. No consequences arise**
- C. They may face a late enrollment penalty**
- D. They can still receive Medicare without penalties**

When a person does not enroll in Medicare during their initial enrollment period, they may face a late enrollment penalty. This penalty applies because Medicare has specific enrollment periods, and missing these can lead to increased costs for the beneficiary. The penalty typically results in a higher monthly premium for Medicare Part B (and potentially Part D), which can last as long as the individual has Medicare coverage. This discourages late enrollment and encourages timely registration to avoid financial penalties. It is important to understand that Medicare does not automatically enroll individuals who miss their initial enrollment period, nor do they offer an open enrollment window without consequences. Therefore, timely enrollment is crucial for avoiding additional costs associated with late enrollment.

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://unitedhealthcoveragemedicarebasics.examzify.com>

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