

UNITED HEALTH COVERAGE (UHC) MEDICARE BASICS PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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. What crucial service is included in Medicare Part A coverage?**
 - A. Routine physical exams
 - B. Skilled nursing facility care
 - C. Prescription medications
 - D. Dental services
- 2. Can beneficiaries use their Medicare card for preventive services?**
 - A. No, only for emergency services
 - B. Yes, often without out-of-pocket costs
 - C. No, it is only valid for inpatient care
 - D. Yes, but only for certain high-cost services
- 3. How can individuals under 65 qualify for Medicare based on their disability status?**
 - A. By receiving Social Security Disability Insurance for 12 months
 - B. By being diagnosed with End-Stage Renal Disease or ALS
 - C. By completing a state health program for 18 months
 - D. By working and paying Medicare taxes for 7 years
- 4. Which of the following defines a Medicare Advantage (MA) plan?**
 - A. MA plans are government-funded options
 - B. MA plans are healthy plan options approved by Medicare and offered by private insurance companies
 - C. MA plans require state approval only
 - D. MA plans are available for those under 65 exclusively
- 5. What are the four parts of Medicare?**
 - A. Part A, Part B, Part C, and Part D
 - B. Part E, Part F, Part G, and Part H
 - C. Part A, Part B, Part C, and Part E
 - D. Part A, Part B, Part D, and Part F

- 6. What is the primary feature of Medicare Advantage?**
- A. A government-run insurance plan
 - B. Coverage exclusively for outpatient services
 - C. A plan offered by private insurance companies
 - D. A type of Medigap insurance
- 7. Can spouses apply for Medicare based on their partner's work history?**
- A. No, only individuals can apply independently
 - B. Yes, if they are aged 65 or older and have been married for at least a year
 - C. Yes, regardless of age or marriage duration
 - D. Only if the primary breadwinner is deceased
- 8. 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
- 9. What types of preventive screenings does Medicare cover?**
- A. Only routine MRI scans
 - B. Mammograms, colonoscopies, and cardiovascular screenings
 - C. Chiropractic adjustments and acupuncture
 - D. General wellness check-ups
- 10. What makes Medicare Advantage plans appealing to many beneficiaries?**
- A. Lower premiums than Original Medicare
 - B. Fewer restrictions on doctors
 - C. Comprehensive coverage, often including additional benefits
 - D. Guaranteed coverage for life

Answers

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

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Explanations

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1. What crucial service is included in Medicare Part A coverage?

- A. Routine physical exams
- B. Skilled nursing facility care**
- C. Prescription medications
- D. Dental services

Medicare Part A primarily covers inpatient hospital stays, skilled nursing facility care, hospice care, and some home health care. Specifically, skilled nursing facility care is a critical component of Part A coverage, providing necessary rehabilitation and other services after a hospital stay. This is essential for patients recovering from serious illnesses or surgeries who require additional support and care in a skilled nursing environment. Other options do not fall under Medicare Part A. Routine physical exams are typically covered under Medicare Part B, which focuses on outpatient care and preventive services. Prescription medications are primarily covered under Medicare Part D, which specifically addresses outpatient prescription drug coverage. Dental services are generally not covered by any part of Medicare, including Part A, making skilled nursing facility care the only correct choice in this context.

2. Can beneficiaries use their Medicare card for preventive services?

- A. No, only for emergency services
- B. Yes, often without out-of-pocket costs**
- C. No, it is only valid for inpatient care
- D. Yes, but only for certain high-cost services

Beneficiaries can indeed use their Medicare card for preventive services, and this will often incur no out-of-pocket costs. Medicare provides a variety of preventive services designed to detect health issues early on, such as screenings for cancer, cardiovascular disease, diabetes, and wellness visits to manage health better. For many of these services, if they are delivered by a healthcare provider that accepts Medicare, beneficiaries do not pay any coinsurance, copayments, or deductibles, as long as the service is deemed medically necessary. This encourages enrollees to prioritize their health by getting regular check-ups and screenings without the barrier of cost, ultimately leading to proactive health management. Preventive services are a crucial aspect of the Medicare program, as they focus on maintaining health and preventing illness rather than just treating conditions after they arise. This availability of preventive care contributes significantly to the overall health outcomes for beneficiaries.

3. How can individuals under 65 qualify for Medicare based on their disability status?

- A. By receiving Social Security Disability Insurance for 12 months
- B. By being diagnosed with End-Stage Renal Disease or ALS**
- C. By completing a state health program for 18 months
- D. By working and paying Medicare taxes for 7 years

Individuals under 65 can qualify for Medicare based on their disability status by being diagnosed with specific conditions such as End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS). This eligibility allows them to access Medicare benefits without the typical waiting period that applies to most disabilities. When a person is diagnosed with ESRD, which is a permanent kidney failure that requires dialysis or a kidney transplant, they can become eligible for Medicare as soon as the treatment starts. Similarly, a diagnosis of ALS, also known as Lou Gehrig's disease, grants immediate access to Medicare coverage, regardless of age or the waiting period usually required after receiving Social Security Disability Insurance payments. This provision acknowledges the critical nature of these medical conditions and aims to provide timely healthcare support to individuals facing significant health challenges. In contrast, other options such as the requirement of receiving Social Security Disability Insurance for 12 months would only apply to those whose disabilities do not meet the criteria for immediate termination of the waiting period. Completing a state health program for 18 months is not a pathway to Medicare eligibility, and working for 7 years while paying Medicare taxes pertains to eligibility for premium-free Medicare Part A, which generally applies to individuals 65 and older or

4. Which of the following defines a Medicare Advantage (MA) plan?

- A. MA plans are government-funded options
- B. MA plans are healthy plan options approved by Medicare and offered by private insurance companies**
- C. MA plans require state approval only
- D. MA plans are available for those under 65 exclusively

Medicare Advantage (MA) plans are defined as health plan options that are approved by Medicare and provided through private insurance companies. This means that while Medicare itself is a federal program, MA plans allow beneficiaries to receive their Medicare benefits through an alternative route that private insurers offer, which may include additional services beyond what Original Medicare provides. The emphasis on being approved by Medicare is crucial because it ensures that these plans meet specific standards and regulations set forth by the government. Additionally, private insurance companies design these plans, often with various added benefits such as vision or dental coverage, which is not typically available in Original Medicare. Furthermore, MA plans are not limited to specific age groups or endorsed solely by state approvals; rather, they cater primarily to individuals eligible for Medicare, typically those aged 65 and older, but can also include certain younger individuals with disabilities. Therefore, the accurate and comprehensive understanding of Medicare Advantage plans focuses on the relationship with Medicare and the role of private insurers in delivering these managed care plans.

5. What are the four parts of Medicare?

A. Part A, Part B, Part C, and Part D

B. Part E, Part F, Part G, and Part H

C. Part A, Part B, Part C, and Part E

D. Part A, Part B, Part D, and Part F

The four parts of Medicare are designed to cover different aspects of healthcare for seniors and certain eligible individuals. Part A covers hospital insurance, including inpatient stays in hospitals, skilled nursing facility care, hospice care, and some home health care. Part B provides coverage for outpatient care, including doctor's visits, preventive services, and some medical equipment. Part C, also known as Medicare Advantage, combines the benefits of Part A and Part B, and often includes additional coverage options such as vision and dental care. Part D adds prescription drug coverage, allowing beneficiaries to obtain necessary medications at a lower cost. Understanding these parts is crucial for anyone navigating the Medicare system, as they each serve specific healthcare needs and can significantly impact the overall health and financial planning for Medicare beneficiaries.

6. What is the primary feature of Medicare Advantage?

A. A government-run insurance plan

B. Coverage exclusively for outpatient services

C. A plan offered by private insurance companies

D. A type of Medigap insurance

The primary feature of Medicare Advantage is that it is a plan offered by private insurance companies. Medicare Advantage plans, also known as Medicare Part C, are an alternative way for beneficiaries to receive their Medicare benefits. These plans are authorized by Medicare but are administered by private insurers, which means they can offer additional benefits and potentially lower out-of-pocket costs compared to traditional Medicare (Parts A and B). Most Medicare Advantage plans include coverage for hospital inpatient stays, outpatient services, and often additional benefits such as vision, dental, and wellness programs, allowing for a more comprehensive approach to healthcare. The plans must cover all the services that Original Medicare covers, but they may do so with different rules, costs, and coverage specifics. This structure distinguishes Medicare Advantage from government-run plans like Original Medicare. Moreover, it does not exclusively focus on outpatient services nor is it a type of Medigap insurance, which is designed to supplement Original Medicare rather than replace it.

7. Can spouses apply for Medicare based on their partner's work history?

- A. No, only individuals can apply independently
- B. Yes, if they are aged 65 or older and have been married for at least a year**
- C. Yes, regardless of age or marriage duration
- D. Only if the primary breadwinner is deceased

Spouses can indeed apply for Medicare based on their partner's work history, provided that specific conditions are met. The correct answer indicates that spouses aged 65 or older who have been married for at least one year are eligible to apply for Medicare using their partner's work history. This is essential because Medicare often requires beneficiaries to have a qualifying work record, which typically means they must have contributed to Social Security for a certain number of quarters. Eligibility for Medicare benefits based on a spouse's work record highlights the collaborative support built into the program, which recognizes the importance of familial roles in financial planning for healthcare during retirement. Additionally, by allowing spousal access to Medicare, it ensures that couples can maintain healthcare continuity, even if only one partner has the requisite work history. Understanding the nuances of eligibility not only reflects the intentions behind the Medicare program but also aids couples in making informed decisions regarding their healthcare coverage as they age. Spouses can leverage this option as a significant benefit, assuming the outlined conditions—age and duration of marriage—are fulfilled.

8. 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.

9. What types of preventive screenings does Medicare cover?

- A. Only routine MRI scans
- B. Mammograms, colonoscopies, and cardiovascular screenings**
- C. Chiropractic adjustments and acupuncture
- D. General wellness check-ups

Medicare covers a variety of preventive screenings to help detect potential health issues early, promoting better health outcomes. One of the most significant aspects of this coverage includes screenings such as mammograms, colonoscopies, and cardiovascular screenings. Mammograms are essential for early detection of breast cancer, allowing for timely treatment and improved survival rates. Colonoscopies are critical for screening for colorectal cancer, which is one of the leading causes of cancer-related deaths; early identification through this screening can lead to removal of precancerous polyps. Cardiovascular screenings are aimed at identifying risk factors related to heart disease, which is a common health concern among older adults. These screenings are typically offered to beneficiaries at no additional cost when conducted in accordance with Medicare guidelines, thus encouraging preventive care. This comprehensive approach to preventive health care helps to reduce the incidence of more severe health issues down the line. In contrast, options like routine MRI scans, chiropractic adjustments, acupuncture, and general wellness check-ups may not be routinely covered or are subject to different eligibility criteria under Medicare.

10. What makes Medicare Advantage plans appealing to many beneficiaries?

- A. Lower premiums than Original Medicare
- B. Fewer restrictions on doctors
- C. Comprehensive coverage, often including additional benefits**
- D. Guaranteed coverage for life

Medicare Advantage plans are appealing to many beneficiaries primarily because they offer comprehensive coverage, often including additional benefits that are not available through Original Medicare. These plans typically bundle together coverage for hospital services (Part A), medical services (Part B), and often include prescription drug coverage (Part D) as well. This convenience can simplify the healthcare experience for beneficiaries. Moreover, many Medicare Advantage plans provide extra benefits such as vision care, dental services, hearing aids, wellness programs, and fitness memberships. These added services enhance the overall value of the plans, making them attractive options for beneficiaries looking for more than just the basic Medicare coverage. While lower premiums and reduced restrictions on doctors can be attractive features, these aspects can vary widely among plans and beneficiaries' personal situations. Guaranteed coverage for life is not a characteristic of Medicare Advantage plans; while they generally guarantee renewal as long as premiums are paid, they can still change benefits and provider networks annually. Overall, the comprehensive nature of coverage and additional benefits available through Medicare Advantage plans play a significant role in their popularity among beneficiaries.

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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