

# Wellcare ACT Mastery - Broker and Employee Practice Exam (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. Name one key marketing compliance requirement for WellCare brokers.**
  - A. Materials must be accurate, not misleading, and include required disclosures and approved messaging**
  - B. Brokers can use any messaging**
  - C. Disclosures are optional**
  - D. Marketing materials must be created by a lawyer**
  
- 2. What does an HRA help to prevent?**
  - A. Enrollment errors**
  - B. Further health challenges**
  - C. Financial losses**
  - D. Service delays**
  
- 3. In health plans, which action would be classified as an appeal?**
  - A. Requesting reconsideration of a denied claim**
  - B. Filing a complaint about wait times**
  - C. Requesting a new ID card**
  - D. Changing PCP**
  
- 4. What must be indicated when self-reporting a compliance issue?**
  - A. Only the issue type**
  - B. Only the date of the issue**
  - C. All of these**
  - D. Only the plan involved**
  
- 5. What is emphasized in the Wellcare Spendables™ Card for the D-SNPs program?**
  - A. Only healthcare-related items**
  - B. Home Improvement and Safety Items**
  - C. Only wellness programs**
  - D. Exclusive travel benefits**

- 6. What is step therapy and how does it impact drug coverage?**
- A. A process requiring a lower-cost, preferred drug trial before approving a higher-cost drug**
  - B. A requirement to use brand-name drugs first**
  - C. A method to automatically approve all prescribed drugs**
  - D. A process to waive all co-pays for high-cost drugs**
- 7. Which statement is true regarding Traditional Medicare Advantage Prescription Drug (MAPD) plans and Tier 6 copays?**
- A. All MAPD plans charge a copay for Tier 6**
  - B. All MAPD plans include a \$0 copay Tier 6 at in-network pharmacies**
  - C. Tier 6 is only available at select pharmacies**
  - D. None of the above**
- 8. Which statement about SEP eligibility best describes when it applies?**
- A. SEP eligibility is limited to annual open enrollment.**
  - B. Eligibility to enroll outside standard enrollment periods due to qualifying life events.**
  - C. SEP applies only to drug plans.**
  - D. SEP requires employer sponsorship.**
- 9. During which period can MA and Part D plans be changed?**
- A. Open enrollment year-round.**
  - B. Mid-October through early December.**
  - C. Enrollment only upon turning 65.**
  - D. January to February.**
- 10. What is the purpose of the 1095-C form?**
- A. A form from employers detailing offered health coverage to employees; used for tax purposes.**
  - B. A form used to enroll in a new plan.**
  - C. A form showing premium subsidies.**
  - D. A form listing medical expenses.**

## Answers

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

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## **Explanations**

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**1. Name one key marketing compliance requirement for WellCare brokers.**

**A. Materials must be accurate, not misleading, and include required disclosures and approved messaging**

**B. Brokers can use any messaging**

**C. Disclosures are optional**

**D. Marketing materials must be created by a lawyer**

Marketing communications for WellCare brokers must be truthful and compliant. The essential rule is that materials are accurate, not misleading, and include the required disclosures along with messaging that has been approved for use. This combination ensures beneficiaries receive clear, verifiable information about benefits, premiums, networks, and limitations, and it keeps every piece aligned with WellCare policies and applicable regulations. Disclosures aren't optional, and the messaging isn't arbitrary—it's vetted and approved to prevent misrepresentation. While legal review can be helpful, the exam focuses on the need for accuracy with mandated disclosures and approved messaging as the standard practice.

**2. What does an HRA help to prevent?**

**A. Enrollment errors**

**B. Further health challenges**

**C. Financial losses**

**D. Service delays**

The correct answer focuses on how a Health Risk Assessment (HRA) aims to identify potential health issues and provide early intervention strategies. By evaluating an individual's health status, lifestyle choices, and risk factors, HRAs facilitate proactive measures to mitigate health challenges before they escalate. This preventive approach is crucial in healthcare, as addressing issues early can lead to better health outcomes, reduced complications, and ultimately, improved overall wellness. This proactive prevention of further health challenges aligns with the fundamental purpose of HRAs in encouraging healthier behaviors, identifying necessary screenings, and managing chronic conditions effectively. The information gleaned from HRAs can lead to personalized health plans that address specific risks, empowering individuals to take charge of their health.

**3. In health plans, which action would be classified as an appeal?**

- A. Requesting reconsideration of a denied claim**
- B. Filing a complaint about wait times**
- C. Requesting a new ID card**
- D. Changing PCP**

An appeal is a formal request to have a health plan review and potentially reverse a decision about a benefit or claim. The action that fits this is asking the plan to reconsider a denied claim, usually with new information or arguments about medical necessity. Filing a complaint about wait times is a grievance about service quality rather than a decision on a claim. Requesting a new ID card is a routine administrative request, not a challenge to coverage. Changing your primary care physician is a provider change request. So the concept being tested is recognizing that an appeal involves challenging a plan decision on a claim, not simply addressing service issues or routine changes.

**4. What must be indicated when self-reporting a compliance issue?**

- A. Only the issue type**
- B. Only the date of the issue**
- C. All of these**
- D. Only the plan involved**

When self-reporting a compliance issue, it is essential to provide comprehensive information to facilitate a thorough understanding and appropriate response to the issue. Indicating all relevant details, such as the issue type, date of the issue, and the plan involved, helps ensure that the compliance team can effectively investigate and resolve the matter. Including the type of issue assists in categorizing the compliance concern, allowing for more targeted assessments and responses. The date of the issue is critical for tracking compliance over time, understanding patterns, and determining the urgency of the situation. Additionally, specifying the plan involved enables the compliance team to identify any specific contractual obligations or regulations that might be applicable. By providing all of these details, the self-reporting process is more complete, promoting greater accountability and transparency, ultimately contributing to the overall integrity of compliance practices within the organization. This comprehensive approach ensures that all facets of the compliance issue are addressed appropriately, leading to better outcomes.

**5. What is emphasized in the Wellcare Spendables™ Card for the D-SNPs program?**

- A. Only healthcare-related items**
- B. Home Improvement and Safety Items**
- C. Only wellness programs**
- D. Exclusive travel benefits**

The Wellcare Spendables™ Card for the D-SNPs (Dual Eligible Special Needs Plans) program emphasizes home improvement and safety items. This focus reflects the understanding that many dual-eligible individuals may require assistance in making their living environments safer and more conducive to their overall well-being. By allocating funds for home improvement and safety items, the program aims to enhance the quality of life for beneficiaries, helping them to live more independently and securely in their own homes. Moreover, this focus aligns with broader goals of promoting preventive health measures and reducing the need for more intensive medical interventions resulting from accidents or unsafe living conditions. This approach acknowledges that health is influenced not only by healthcare services but also by the environment in which individuals live. In contrast, the other options, while potentially beneficial, do not align with the specific focus of the Spendables™ Card within this program. The emphasis on only healthcare items or wellness programs excludes the critical aspect of improving one's living environment. Similarly, the notion of exclusive travel benefits diverges from the foundational intention of providing practical, home-related resources for maintaining safety and health at home.

**6. What is step therapy and how does it impact drug coverage?**

- A. A process requiring a lower-cost, preferred drug trial before approving a higher-cost drug**
- B. A requirement to use brand-name drugs first**
- C. A method to automatically approve all prescribed drugs**
- D. A process to waive all co-pays for high-cost drugs**

Step therapy is a prescription drug coverage approach where a plan requires trying a lower-cost, preferred medication before approving coverage for a higher-cost or non-preferred drug. The idea is to start with the most cost-effective option that is clinically appropriate, and only move to more expensive therapies if the initial medication is ineffective, not tolerated, or contraindicated. This shapes drug coverage by guiding the formulary and authorization process: the first-line, lower-cost drug is typically covered with standard copays, while access to the more expensive drug depends on documenting failure or intolerance to the initial option or obtaining an exception. It does not waive all co-pays or automatically approve every drug; exceptions can be granted if a physician provides justification, but the default pathway emphasizes stepping up to costlier therapies only when necessary.

**7. Which statement is true regarding Traditional Medicare Advantage Prescription Drug (MAPD) plans and Tier 6 copays?**

**A. All MAPD plans charge a copay for Tier 6**

**B. All MAPD plans include a \$0 copay Tier 6 at in-network pharmacies**

**C. Tier 6 is only available at select pharmacies**

**D. None of the above**

The statement that all MAPD plans include a \$0 copay for Tier 6 at in-network pharmacies is accurate because many Medicare Advantage Prescription Drug plans categorize Tier 6 medications as over-the-counter and low-cost generic drugs. This tier typically is designed to make access to essential medications more affordable for members, and many plans promote adherence by offering a \$0 copay option at in-network pharmacies for these medications. This structure incentivizes members to choose necessary medications that are often not prescription-based but are equally vital for managing health conditions, helping to reduce overall healthcare costs. In many cases, plans utilize this copay structure to encourage better health outcomes among beneficiaries by enhancing accessibility to these kinds of medications. In contrast, some plans may have different structures or copays for Tier 6 medications, but the widespread nature of the \$0 copay reflects a common approach across various MAPD plans, making the statement true.

**8. Which statement about SEP eligibility best describes when it applies?**

**A. SEP eligibility is limited to annual open enrollment.**

**B. Eligibility to enroll outside standard enrollment periods due to qualifying life events.**

**C. SEP applies only to drug plans.**

**D. SEP requires employer sponsorship.**

A Special Enrollment Period is an enrollment window that's opened when a qualifying life event occurs, allowing someone to enroll in or change coverage outside the usual annual open enrollment. This matters because it shows that eligibility for SEP is tied to these life events and provides a limited time to enroll or adjust plans so coverage can start promptly. Examples of qualifying life events include things like gaining or losing other coverage, marriage or the birth/adoption of a child, moving to a new area with different plan options, or changes in citizenship status. SEPs are not limited to drug plans, nor do they require employer sponsorship; they exist to accommodate these life changes within a defined time frame.

**9. During which period can MA and Part D plans be changed?**

- A. Open enrollment year-round.**
- B. Mid-October through early December.**
- C. Enrollment only upon turning 65.**
- D. January to February.**

The key time to change Medicare Advantage (MA) and Part D plans is the annual enrollment period, which runs from mid-October to early December (October 15 through December 7). During this window you can enroll in, switch, or drop MA and Part D plans. Any changes you make take effect January 1 of the following year. Outside of this period, changes are limited to special enrollment periods triggered by specific life events, not the general open window.

**10. What is the purpose of the 1095-C form?**

- A. A form from employers detailing offered health coverage to employees; used for tax purposes.**
- B. A form used to enroll in a new plan.**
- C. A form showing premium subsidies.**
- D. A form listing medical expenses.**

The form is about reporting employer-sponsored health coverage for ACA compliance and tax purposes. It comes from employers to both employees and the IRS to show that the employer offered minimum essential coverage, who was offered coverage (employee and dependents), and the months the coverage was available. This information helps the individual verify that they had qualifying health coverage when filing taxes and guides the IRS in determining any premium tax credit eligibility or related filings. It is not a tool for enrolling in a plan, it doesn't show subsidies, and it doesn't list medical expenses.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://wellcareactmasterybrokeremployee.examzify.com>**

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

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