

# WELLCARE ACT MASTERY – TELEAGENT PRACTICE EXAM (SAMPLE)

## STUDY GUIDE



*Prepare with structure. Pass with confidence*



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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 does the term "pre-authorization requirement" imply?**
  - A. Members must pay upfront costs for all services
  - B. About switching plans during open enrollment
  - C. Certain services must be approved before coverage
  - D. Medications can be filled without prior approval
- 2. How can a TeleAgent ensure they are up to date with policy changes?**
  - A. Relying solely on customer feedback
  - B. Attending training sessions and participating in continuous education programs
  - C. Only reviewing policies once a year
  - D. Reading social media updates
- 3. What happens to members who have Low-Income Subsidy (LIS) and enroll in a plan other than Wellcare's Classic plan?**
  - A. They will not pay a premium
  - B. They will pay a premium regardless of LIS status
  - C. They are exempt from all fees
  - D. They will receive additional subsidies
- 4. How can TeleAgents boost their confidence while speaking with members?**
  - A. Through adequate preparation and practice
  - B. By winging the conversation
  - C. Through extensive technical jargon
  - D. By avoiding member inquiries
- 5. How long is the grace period before termination due to unpaid premiums?**
  - A. One month
  - B. Two months
  - C. Three months
  - D. Six months

- 6. What are the key differences between Medicare Part A and Part B?**
- A. Part A covers outpatient services; Part B covers inpatient services
  - B. Part A is for preventive care; Part B is for hospital services
  - C. Part A covers inpatient hospital services, while Part B covers outpatient services and preventive care
  - D. Part A focuses on mental health; Part B focuses on physical health
- 7. What type of cost-sharing do all Prescription Drug Plans (PDPs) offer for Tier 1 preferred generic medications?**
- A. Zero dollar copay through Express Scripts Pharmacy
  - B. Discounted prices through mail-order services
  - C. Higher copays for initial prescriptions
  - D. Increased rates for specialty medications
- 8. How does Wellcare ensure that their TeleAgents are compliant with regulations?**
- A. Through independent evaluations
  - B. By ongoing training and monitoring of practices
  - C. By minimizing communication with agents
  - D. Through a strict hiring process
- 9. What are "maximum allowable costs" in relation to prescription drug coverage?**
- A. The highest price a pharmacy can charge
  - B. The lowest amount a member pays
  - C. The greatest sum a plan will pay for a covered drug
  - D. The total cost of all medications in a plan
- 10. In which two states did Wellcare launch new tiered provider plans?**
- A. California and Texas
  - B. Arizona and Oregon
  - C. Florida and Georgia
  - D. New York and Illinois

## **Answers**

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

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## **Explanations**

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## 1. What does the term "pre-authorization requirement" imply?

- A. Members must pay upfront costs for all services
- B. About switching plans during open enrollment
- C. Certain services must be approved before coverage**
- D. Medications can be filled without prior approval

*The term "pre-authorization requirement" refers to the process whereby certain medical services or treatments must receive approval from a health insurance provider before they are performed or covered under a member's plan. This means that healthcare providers need to request approval for specific procedures, tests, or treatments to verify that they are medically necessary and meet the insurance company's criteria for coverage. Understanding this concept is crucial for both members and providers, as it ensures that services are indeed in line with the patient's needs and the insurance policy's guidelines. Pre-authorization helps manage costs and maintain the quality of care by preventing unnecessary procedures from being performed without prior verification of their necessity. This requirement is particularly common for more expensive treatments, surgeries, or specialized services.*

## 2. How can a TeleAgent ensure they are up to date with policy changes?

- A. Relying solely on customer feedback
- B. Attending training sessions and participating in continuous education programs**
- C. Only reviewing policies once a year
- D. Reading social media updates

*Being proactive in attending training sessions and participating in continuous education programs is vital for a TeleAgent to stay informed about policy changes. These structured educational opportunities are designed to provide comprehensive updates on new policies, revisions, regulatory changes, and other important information relevant to their role. Training sessions often include expert-led discussions, workshops, and resources that help TeleAgents deepen their understanding and apply new information effectively in their jobs. This kind of ongoing education allows them to engage with the material in a meaningful way, ask questions, and clarify complex topics, ensuring they are well-equipped to assist customers accurately and confidently. In contrast, options such as relying solely on customer feedback or only reviewing policies once a year would lead to gaps in knowledge. Customer feedback might provide anecdotal information but is not a reliable source for comprehensive policy updates. Reviewing policies just once a year does not account for frequent changes in rules and regulations that need to be understood in real time. Finally, social media updates might not always be accurate or comprehensive enough to serve as a sole source of truth for policy changes.*

### 3. What happens to members who have Low-Income Subsidy (LIS) and enroll in a plan other than Wellcare's Classic plan?

- A. They will not pay a premium
- B. They will pay a premium regardless of LIS status**
- C. They are exempt from all fees
- D. They will receive additional subsidies

*When members who qualify for Low-Income Subsidy (LIS) enroll in a plan that is not Wellcare's Classic plan, they will generally be required to pay a premium, despite their LIS status. The LIS is designed to assist with costs associated with certain Medicare prescription drug plans, but it does not completely eliminate premiums for all plans. While LIS does help lower out-of-pocket costs, including premiums in some instances, it is crucial to understand that there are varying premium structures across different plans. The LIS provides a sliding scale of assistance that primarily affects cost-sharing for drugs and the premiums may still apply depending on the specific plan selected. Thus, for members who choose not to enroll in the Classic plan, they will likely find themselves facing the standard premium requirements of their chosen plan, leading to the conclusion that they will pay a premium regardless of their LIS status.*

### 4. How can TeleAgents boost their confidence while speaking with members?

- A. Through adequate preparation and practice**
- B. By winging the conversation
- C. Through extensive technical jargon
- D. By avoiding member inquiries

*TeleAgents can significantly boost their confidence while speaking with members through adequate preparation and practice. When TeleAgents thoroughly prepare, they familiarize themselves with the products, services, and potential questions or concerns members might have. This preparation includes understanding the company's policies, being aware of common issues, and crafting responses to typical queries. As a result, when TeleAgents engage with members, they are more informed and capable of addressing inquiries effectively, which contributes to a more confident interaction. Furthermore, practice allows TeleAgents to refine their communication skills and become comfortable in delivering information. Rehearsing conversations or role-playing different scenarios can help them anticipate questions and learn how to articulate their responses clearly. This level of preparedness not only instills confidence but also enhances the overall member experience, as members feel heard and valued. In contrast, winging the conversation, relying on extensive technical jargon, or avoiding member inquiries can lead to confusion, miscommunication, and a negative experience for both the TeleAgent and the member. Lack of preparation often results in uncertainty, while the use of jargon can alienate members who may not understand technical terms. Avoiding inquiries can leave members feeling unvalued or ignored, further diminishing the trust and rapport essential in these interactions.*

### 5. How long is the grace period before termination due to unpaid premiums?

- A. One month
- B. Two months
- C. Three months**
- D. Six months

*The grace period before termination due to unpaid premiums is typically three months. This period allows policyholders to make necessary payments without losing their coverage, providing a buffer to manage unforeseen circumstances like financial hardship. During this time, the policy remains active, and the insured can fulfill their payment obligations without the threat of cancellation. Understanding this grace period is crucial for agents and clients, as it reflects the insurance provider's commitment to customer support and flexibility. It also highlights the importance of timely premium payments to maintain continuous coverage.*

## 6. What are the key differences between Medicare Part A and Part B?

- A. Part A covers outpatient services; Part B covers inpatient services
- B. Part A is for preventive care; Part B is for hospital services
- C. Part A covers inpatient hospital services, while Part B covers outpatient services and preventive care**
- D. Part A focuses on mental health; Part B focuses on physical health

Medicare Part A and Part B are essential components of the Medicare program, each serving distinct purposes regarding healthcare services. Part A primarily covers inpatient hospital services, meaning it assists with costs associated with hospital stays, skilled nursing facility care, hospice care, and some home health care services. This focus is crucial for individuals requiring comprehensive care during their hospitalization and recovery processes. On the other hand, Part B is tailored to cover outpatient services, including visits to healthcare providers, preventive care, diagnostic tests, and some emergency room services. It plays a significant role in maintaining health through regular check-ups, screenings, and vaccinations, which can help catch health issues early or prevent complications. Understanding these distinctions is vital for beneficiaries in deciding which parts of Medicare fit their healthcare needs best.

## 7. What type of cost-sharing do all Prescription Drug Plans (PDPs) offer for Tier 1 preferred generic medications?

- A. Zero dollar copay through Express Scripts Pharmacy**
- B. Discounted prices through mail-order services
- C. Higher copays for initial prescriptions
- D. Increased rates for specialty medications

All Prescription Drug Plans (PDPs) offer a zero dollar copay for Tier 1 preferred generic medications to encourage the use of lower-cost alternatives. This approach aims to enhance medication adherence among members by minimizing their out-of-pocket expenses for essential medications. When members have access to Tier 1 medications without any copay, it significantly reduces the financial barriers to obtaining necessary prescriptions, ultimately promoting health outcomes. Within the context of pharmacy benefits, Tier 1 medications typically represent the most cost-effective choices, which is why they come with this zero copay feature across virtually all PDPs. This strategy aligns with broader healthcare goals to manage costs while ensuring that individuals can access the medications they need without hesitation or burden. The other options, while they may relate to various aspects of managing prescription costs or access, do not accurately describe the uniform benefit structure for Tier 1 generics offered by PDPs.

**8. How does Wellcare ensure that their TeleAgents are compliant with regulations?**

- A. Through independent evaluations
- B. By ongoing training and monitoring of practices**
- C. By minimizing communication with agents
- D. Through a strict hiring process

*Wellcare ensures compliance among its TeleAgents primarily through ongoing training and monitoring of practices. This approach is essential because the healthcare industry is subject to numerous regulations and standards that evolve over time. Continuous training helps keep agents informed about the latest compliance requirements, regulatory changes, and best practices in customer interactions. Additionally, monitoring practices allows the organization to assess adherence to compliance measures in real-time, enabling timely corrections and support where needed. This multifaceted strategy not only reinforces agents' understanding of their responsibilities but also enhances their ability to provide accurate information to clients while adhering to industry standards. The combination of up-to-date training and active monitoring establishes a culture of compliance and accountability within the organization, ultimately protecting both the agency and its clientele.*

**9. What are "maximum allowable costs" in relation to prescription drug coverage?**

- A. The highest price a pharmacy can charge
- B. The lowest amount a member pays
- C. The greatest sum a plan will pay for a covered drug**
- D. The total cost of all medications in a plan

*"Maximum allowable costs" refer specifically to the highest amount that a health insurance plan is willing to reimburse for a particular covered prescription drug. This is an essential component in determining the cost-efficiency of a plan's drug coverage. By setting this limit, plans can control their spending on medications while ensuring that members still have access to necessary treatments. This concept is particularly vital in the context of generic drugs, where the plan typically establishes a maximum allowable cost for each drug. If a pharmacy charges more than this established amount for the drug, the insurance plan will only reimburse up to the maximum allowable cost, leaving the pharmacy or the patient responsible for any additional charges. This practice helps maintain consistency and predictability in prescription pricing within the coverage network. Understanding maximum allowable costs is crucial for both members and healthcare providers to navigate the healthcare landscape effectively, as it directly influences out-of-pocket expenses for patients when they access prescription medications.*

**10. In which two states did Wellcare launch new tiered provider plans?**

- A. California and Texas
- B. Arizona and Oregon**
- C. Florida and Georgia
- D. New York and Illinois

*The correct choice indicates that Wellcare's new tiered provider plans were launched in Arizona and Oregon. This reflects Wellcare's strategy to expand its network options and enhance the accessibility of affordable healthcare for its members in these regions. Tiered provider plans are designed to offer varying levels of cost-sharing based on the provider's tier, promoting the use of high-quality and efficient providers while also allowing members to save on out-of-pocket costs when they choose in-network providers. In the context of the other choices: California and Texas, Florida and Georgia, as well as New York and Illinois, while they may have significant healthcare markets, were not the states identified for this specific launch. This information is essential for understanding Wellcare's growth and improvements in providing healthcare options tailored to the needs of diverse populations in targeted states.*

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## 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://wellcareactmasteryteleagent.examzify.com>

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

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