MEDICARE ENROLLMENT PERIODS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://medicareenrollment.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. **What is the status of eligibility if a person got another Medicare Advantage plan after returning to Medigap?**

   A. They can switch back without issues

   B. They lose 12G eligibility

   C. They still maintain eligibility

   D. They must apply for a new plan

2. **What type of enrollment can someone not do during the OEP without being in a plan?**

   A. Change to a different MA plan

   B. Enroll in a MAPD plan

   C. Enroll in a PDP plan

   D. All of the above

3. **How many months before and after an individual turns 65 does the IEP span?**

   A. 4 months before and 2 months after

   B. 3 months before and 3 months after

   C. 6 months before and 1 month after

   D. 1 month before and 6 months after

4. **Why do states have the ability to create additional rules regarding Medicare?**

   A. To tailor Medicare approaches to state populations

   B. To increase federal funding

   C. To simplify enrollment

   D. To eliminate existing Medicare rules

5. **What should beneficiaries do if they disagree with a denied claim?**

   A. File a complaint with the insurance company

   B. Immediately re-enroll in Medicare

   C. Appeal the denial of the claim

   D. Accept the denial as final

SAMPLE

6. When does the enrollment period begin for those who lost employer group health coverage?

A. One month after loss

B. The month of the loss of coverage

C. Start of the next enrollment period

D. Two months after loss

7. What type of coverage is primarily associated with Medicare Part D?

A. Vision coverage

B. Prescription drug coverage

C. Preventative care coverage

D. Inpatient hospital coverage

8. Is there a penalty for late enrollment in Medicare Part B?

A. No, there are no penalties

B. Yes, a 5% penalty for each year of delay

C. Yes, a 10% penalty for each 12-month period of delay

D. Yes, a flat fee penalty every year

9. What key factor is involved in changing plans after a significant health status change?

A. Duration of the current plan

B. Timeliness of enrollment actions

C. Consultation with healthcare providers

D. Insurance company policies

10. What occurs if an individual does not sign up for Medicare during their Initial Enrollment Period?

A. They lose the option to enroll

B. They may have to pay a late enrollment penalty

C. They can only enroll at an advanced age

D. They automatically receive Medicare coverage

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the status of eligibility if a person got another Medicare Advantage plan after returning to Medigap?

A. They can switch back without issues

B. They lose 12G eligibility

C. They still maintain eligibility

D. They must apply for a new plan

When a person transitions from a Medicare Advantage plan back to a Medigap policy, their eligibility for certain Medigap plans, specifically those that are guaranteed issue rights under 12G, is affected. The 12G standard ensures that individuals have access to specific Medigap policies without being subjected to medical underwriting, facilitating coverage regardless of health conditions. In this context, if a person chooses to enroll in another Medicare Advantage plan after having previously returned to Medigap, they lose the protections offered by the 12G guidelines. This means their eligibility for guaranteed issue rights associated with Medigap policies is forfeited, which can lead to potential challenges in obtaining a Medigap plan in the future, including being subject to underwriting and possible denial based on pre-existing conditions. Maintaining awareness of these rules is crucial for individuals navigating Medicare options, as they directly impact the ability to secure health coverage when needed.

2. What type of enrollment can someone not do during the OEP without being in a plan?

A. Change to a different MA plan

B. Enroll in a MAPD plan

C. Enroll in a PDP plan

D. All of the above

During the Open Enrollment Period (OEP), which runs from January 1 to March 31 each year, individuals have specific restrictions on the types of enrollments they can complete. It's important to understand that the OEP is primarily intended for those who are already enrolled in a Medicare Advantage (MA) plan. Individuals are not allowed to make changes or enroll in any Medicare Advantage plans, stand-alone Medicare Part D plans (PDPs), or Medicare Advantage Plans with prescription drug coverage (MAPDs) unless they are already in a plan. This means that: - To change to a different MA plan, a person must be enrolled in an existing MA plan first to utilize the OEP. - Enrolling in an MAPD also requires prior enrollment in a plan, since MAPDs serve both Medicare Advantage and drug coverage. - Similarly, enrolling in a PDP is restricted under the OEP for those not already enrolled in a Medicare plan. Thus, all of these enrollment activities (changing plans, enrolling in an MAPD, or enrolling in a PDP) cannot be executed during the OEP by someone who is not already in a Medicare plan. This makes the correct answer comprehensive, indicating that none of these activities can be completed during the OEP for individuals

SAMPLE

3. How many months before and after an individual turns 65 does the IEP span?

A. 4 months before and 2 months after

B. 3 months before and 3 months after

C. 6 months before and 1 month after

D. 1 month before and 6 months after

The Initial Enrollment Period (IEP) for Medicare is designed to give individuals a comprehensive opportunity to enroll in Medicare as they approach age 65. This period spans three months before the individual turns 65, the month of their birthday, and three months after. As a result, the correct timeframe for the IEP is a total of seven months: three months leading up to the birthday, the birthday month itself, and three months following the birthday. This structure is intended to ensure that individuals have ample time to understand their Medicare options, make informed choices, and avoid any potential gaps in health coverage. In this context, understanding the layout of the IEP is crucial for effective planning and utilization of Medicare benefits as individuals transition into this program.

4. Why do states have the ability to create additional rules regarding Medicare?

A. To tailor Medicare approaches to state populations

B. To increase federal funding

C. To simplify enrollment

D. To eliminate existing Medicare rules

States have the ability to create additional rules regarding Medicare primarily to tailor Medicare approaches to state populations. Each state has unique demographics, healthcare needs, and resources. This flexibility allows states to implement programs or policies that better address the specific health challenges and needs of their residents. By customizing Medicare programs through additional rules, states can improve access to care, enhance quality of services, and ensure that the Medicare offerings align more closely with the community's expectations. This adaptability is crucial for effectively managing public health at a state level, particularly in areas like Medicaid expansion or supplemental coverage options. The other options do not accurately reflect the primary reason behind state rule-making in relation to Medicare. While federal funding and simplification of enrollment are important aspects of healthcare, they are not the main drivers for states to create additional rules. The aim is not to eliminate existing Medicare rules but rather to enhance and customize them to serve the specific needs of each state's population.

SAMPLE

5. What should beneficiaries do if they disagree with a denied claim?

A. File a complaint with the insurance company

B. Immediately re-enroll in Medicare

C. Appeal the denial of the claim

D. Accept the denial as final

When a beneficiary disagrees with a denied claim, the appropriate course of action is to appeal the denial of the claim. The appeals process allows the beneficiary to formally challenge the insurance company's decision by providing additional information or clarification that supports their case. This is a critical step in ensuring that beneficiaries receive the medical services and benefits that they are entitled to under their Medicare plan. The appeals process is structured and typically involves several levels. Beneficiaries often begin by contacting their Medicare Advantage or Part D plan to request a review of the decision. If the claim is still denied, they can then proceed to a formal written appeal. It is important for beneficiaries to follow this procedure, as accepting the denial as final would mean forgoing the benefits for which they may rightly qualify. Engaging in the appeals process not only helps to advocate for their own interests but also contributes to the overall monitoring of insurer practices, potentially benefiting others in similar situations. Thus, appealing the denial is the recommended and most effective action for beneficiaries to take when faced with a denied claim.

6. When does the enrollment period begin for those who lost employer group health coverage?

A. One month after loss

B. The month of the loss of coverage

C. Start of the next enrollment period

D. Two months after loss

The enrollment period for individuals who have lost employer group health coverage begins in the month that the loss of coverage occurs. This is part of a Special Enrollment Period (SEP) that is designed to allow individuals to promptly secure Medicare coverage in response to changes in their health insurance situation. When someone loses their employer-sponsored health insurance, it triggers the ability to enroll in Medicare without having to wait for the general enrollment period, which typically occurs once a year. This SEP acknowledges the importance of timely health coverage and helps ensure that individuals do not experience a gap in their health insurance. The other options misinterpret the timing associated with the loss of coverage. For instance, starting enrollment one month after the loss or during the next general enrollment period would not provide the necessary immediate access to coverage that people need after losing their employer-based plans. Thus, the correct choice reflects the system's intention to allow beneficiaries immediate access to Medicare services in light of significant life changes.

SAMPLE

7. What type of coverage is primarily associated with Medicare Part D?

A. Vision coverage

B. Prescription drug coverage

C. Preventative care coverage

D. Inpatient hospital coverage

Medicare Part D is specifically designed to provide coverage for prescription drugs. This program enables beneficiaries to obtain medication at a reduced cost, helping them manage their health by accessing necessary medications. Part D plans are offered by private insurance companies that have been approved by Medicare, and they can vary in terms of costs, formularies, and the specific drugs covered. Vision coverage, preventive care coverage, and inpatient hospital coverage are not associated with Medicare Part D. Vision coverage is typically part of supplementary insurance or certain Medicare Advantage plans, preventative care coverage is usually included in Medicare Part B, and inpatient hospital coverage falls under Medicare Part A. Thus, the unique focus of Medicare Part D makes it essential for those needing assistance with prescription medication expenses.

8. Is there a penalty for late enrollment in Medicare Part B?

A. No, there are no penalties

B. Yes, a 5% penalty for each year of delay

C. Yes, a 10% penalty for each 12-month period of delay

D. Yes, a flat fee penalty every year

The correct response indicates that there is indeed a penalty for late enrollment in Medicare Part B, which is a critical aspect of Medicare's regulations. The penalty for delaying enrollment is structured as a 10% increase in the monthly premium for each 12-month period during which an individual was eligible but did not enroll. This penalty is applied when the individual eventually decides to enroll in Part B, meaning if you waited two years to enroll after being eligible, your premium could increase by 20% when you do sign up. This penalty is designed to encourage timely enrollment and to mitigate the potential cost implications of individuals delaying coverage. Understanding this structure is important for beneficiaries to ensure they make informed decisions about their healthcare options and to avoid unnecessary costs.

9. What key factor is involved in changing plans after a significant health status change?

A. Duration of the current plan

B. Timeliness of enrollment actions

C. Consultation with healthcare providers

D. Insurance company policies

Timeliness of enrollment actions is a critical factor when it comes to changing Medicare plans after a significant health status change. When an individual's health situation changes, such as a new diagnosis, hospitalization, or a need for different services, there may be an opportunity to reassess and select a plan that better fits their current healthcare needs. Medicare provides specific enrollment periods where beneficiaries can make changes to their plans without any penalties or interruptions in coverage. It's essential to act promptly during these designated times to ensure that the new plan becomes effective when it is needed the most. Taking timely actions is particularly important because missing the enrollment period can limit options for obtaining a more suitable health plan to address new medical needs. Therefore, understanding the timing associated with plan changes and acting within the allowed enrollment periods can significantly affect an individual's healthcare outcomes and coverage. In contrast, duration of the current plan, consultation with healthcare providers, and insurance company policies may play roles in the decision-making process but do not directly influence the ability to change plans during the critical window prompted by a health status change.

SAMPLE

10. What occurs if an individual does not sign up for Medicare during their Initial Enrollment Period?

A. They lose the option to enroll

B. They may have to pay a late enrollment penalty

C. They can only enroll at an advanced age

D. They automatically receive Medicare coverage

When an individual does not sign up for Medicare during their Initial Enrollment Period, the correct outcome is that they may have to pay a late enrollment penalty. This penalty is intended to encourage timely enrollment and can apply to different parts of Medicare, such as Part A and Part B. For Part B, in particular, individuals who do not enroll when they are first eligible could face a monthly premium increase for every 12-month period they were eligible but did not sign up. The penalty can add a significant amount to their costs in the long run, thereby encouraging early enrollment during the designated period. Other options suggest that individuals would lose their opportunity altogether, be limited to enrolling only at an advanced age, or automatically receive coverage without taking action. However, the reality is that even after the Initial Enrollment Period ends, individuals still have options such as the General Enrollment Period to sign up, albeit with potential penalties.

SAMPLE

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://medicareenrollment.examzify.com

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

SAMPLE