TRICARE FUNDAMENTALS COURSE (TFC) 6HRS 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.

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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!

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Questions

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1. **Which healthcare options are available for non-active duty military family members?**

   A. TRICARE Prime and TRICARE Gold

   B. Only private insurance options

   C. TRICARE Prime, TRICARE Select, or other plans based on eligibility

   D. TRICARE Basic only

2. **What is typically true about the financial costs for active duty service members under TRICARE?**

   A. They have high out-of-pocket costs for covered services

   B. They have no out-of-pocket costs for covered services

   C. They pay monthly premiums for coverage

   D. They only pay for specialized procedures

3. **What benefit may family members of a service member experience when the service member is deployed?**

   A. Loss of all TRICARE benefits during the deployment

   B. Increased out-of-pocket costs for medical expenses

   C. Access to extended coverage options under TRICARE

   D. Exposure to reduced eligibility for civilian health programs

4. **How often can TRICARE Select enrollment fees and related costs change?**

   A. Every six months

   B. Each calendar year

   C. Every two years

   D. Only when legislation is passed

5. **What must beneficiaries consider when using TRICARE for telehealth services?**

   A. Telehealth services are limited to only certain conditions

   B. All beneficiaries automatically qualify for telehealth

   C. They must have a referral for telehealth visits

   D. Telehealth is only available during specific hours

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6. Which action might result in a late enrollment penalty for individuals becoming eligible for Medicare?

A. Failing to sign up for Medicare Part A

B. Not enrolling in Medicare Part B

C. Not registering for TRICARE

D. Ignoring the TRICARE Dental Program

7. TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) provide _____ benefits to all covered individuals.

A. TRICARE Standard

B. TRICARE Select or TOP

C. TRICARE Extra

D. TRICARE Prime

8. Who is NOT eligible for the Transitional Assistance Management Program (TAMP)?

A. Service members who have been injured in combat

B. Service members separating under honorable conditions

C. Service members voluntarily separating from active duty

D. Service members transitioning to retirement

9. What is the maximum allowable charge for services under TRICARE typically influenced by?

A. Geographical location and provider type

B. The experience level of the provider

C. Only the type of service received

D. The patient's military status

10. How can TRICARE beneficiaries find information regarding their benefits?

A. By only visiting local clinics

B. By contacting their health care providers exclusively

C. By accessing the official TRICARE website or contacting the regional contractor

D. By relying solely on social media for updates

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Answers

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

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Explanations

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1. Which healthcare options are available for non-active duty military family members?

A. TRICARE Prime and TRICARE Gold

B. Only private insurance options

C. TRICARE Prime, TRICARE Select, or other plans based on eligibility

D. TRICARE Basic only

Non-active duty military family members have a variety of healthcare options available to them under TRICARE. TRICARE Prime and TRICARE Select are two of the primary plans offered, which provide different levels of access and cost structures depending on the family member's needs and preferences. TRICARE Prime operates similarly to a health maintenance organization (HMO) and requires beneficiaries to select a primary care manager. This plan is beneficial for those who prefer coordinated care and reduced out-of-pocket costs when using network providers. On the other hand, TRICARE Select is a preferred provider organization (PPO) plan that allows beneficiaries to see any TRICARE-authorized provider without a referral, offering more freedom in choosing healthcare providers but potentially higher costs for out-of-network services. Additionally, there are other healthcare plans available based on specific eligibility criteria, such as TRICARE for Life for eligible retirees and their families, or Special Programs for certain situations. This range of options empowers non-active duty military family members to choose a plan that best fits their healthcare needs. In contrast to the other choices, which may mention outdated or incorrect plans, the correct selection properly acknowledges the full spectrum of available TRICARE options tailored to the diverse circumstances faced by military families.

2. What is typically true about the financial costs for active duty service members under TRICARE?

A. They have high out-of-pocket costs for covered services

B. They have no out-of-pocket costs for covered services

C. They pay monthly premiums for coverage

D. They only pay for specialized procedures

Active duty service members generally enjoy comprehensive healthcare coverage under TRICARE without incurring out-of-pocket costs for most covered services. This is a key feature of the program designed to provide robust support to those who serve in the military. While some healthcare systems may require co-pays, active duty personnel are typically exempt from most cost-sharing requirements for a range of services, including routine care and specialized treatments. This ensures they have access to necessary medical attention without the financial burden that often accompanies healthcare in civilian settings. Consequently, options referencing high out-of-pocket costs, monthly premiums, or payments solely for specialized procedures do not align with the structure of TRICARE benefits, particularly for active duty members, as it aims to facilitate healthcare access without added financial stress.

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3. What benefit may family members of a service member experience when the service member is deployed?

A. Loss of all TRICARE benefits during the deployment

B. Increased out-of-pocket costs for medical expenses

C. Access to extended coverage options under TRICARE

D. Exposure to reduced eligibility for civilian health programs

Family members of a deployed service member can benefit from access to extended coverage options under TRICARE. During a deployment, TRICARE offers specific programs and support services aimed at ensuring that the families of service members continue to receive necessary health care and support. These extended coverage options might include additional benefits that may not typically be available or expanded options for care as the military seeks to support families during the stresses of deployment. For example, TRICARE may enhance access to mental health services, offer additional resources for families, or provide temporary coverage adjustments to ensure seamless access to healthcare while the service member is away. This support is crucial in maintaining the health and well-being of family members, ensuring that they are not unduly burdened during what can be a challenging time.

4. How often can TRICARE Select enrollment fees and related costs change?

A. Every six months

B. Each calendar year

C. Every two years

D. Only when legislation is passed

TRICARE Select enrollment fees and related costs are subject to change each calendar year. This annual adjustment aligns with the federal budgeting process and ensures that the costs reflect any updates in policy or economic conditions that may impact the military health system. By imposing these changes on an annual basis, beneficiaries can plan their healthcare budgets more effectively, understanding that fees may vary from year to year based on the latest assessments. This system allows for the adjustments needed to maintain the sustainability of the TRICARE program while still providing beneficiaries with access to necessary health care services.

5. What must beneficiaries consider when using TRICARE for telehealth services?

A. Telehealth services are limited to only certain conditions

B. All beneficiaries automatically qualify for telehealth

C. They must have a referral for telehealth visits

D. Telehealth is only available during specific hours

Beneficiaries must consider that telehealth services under TRICARE are indeed limited to certain conditions. This means that not all medical issues may qualify for telehealth consultations, and services are often focused on specific diagnoses or situations where remote care is appropriate. Depending on the situation, beneficiaries may need to have certain criteria met or may have to receive care for specific health conditions to utilize telehealth effectively. Understanding these limitations ensures that beneficiaries can plan their healthcare needs accordingly and utilize the services available to them within the scope of TRICARE.

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6. Which action might result in a late enrollment penalty for individuals becoming eligible for Medicare?

A. Failing to sign up for Medicare Part A

B. Not enrolling in Medicare Part B

C. Not registering for TRICARE

D. Ignoring the TRICARE Dental Program

The late enrollment penalty for Medicare specifically applies to individuals who do not sign up for Medicare Part B during their initial enrollment period. This period is usually the three months before the individual turns 65, the month they turn 65, or the three months following their 65th birthday. If an individual delays enrolling in Part B beyond this period and does not qualify for a Special Enrollment Period, they will face a penalty that increases their monthly premium by 10% for each full 12-month period they were eligible but did not enroll in Part B. This penalty underscores the importance of understanding Medicare's enrollment timelines and the consequences of missing these critical deadlines. Other actions, such as failing to sign up for Medicare Part A or not registering for TRICARE, do not result in the same type of late enrollment penalties associated with Medicare Part B.

7. TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) provide _____ benefits to all covered individuals.

A. TRICARE Standard

B. TRICARE Select or TOP

C. TRICARE Extra

D. TRICARE Prime

The benefits provided by TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) are specifically structured to fall under the TRICARE Select or TRICARE Overseas Program (TOP) classifications. TRICARE Select is a more flexible option that allows beneficiaries to choose their health care providers and does not require them to enroll in a specific network. This means that covered individuals have greater freedom in managing their healthcare, which aligns with the flexible benefit structure of TRS and TRR. TRS is available to qualified Selected Reserve members and their families, while TRR is designed for those who are retired members of the reserve components and their families. Both programs focus on providing comprehensive healthcare coverage that works in conjunction with a variety of providers. Understanding these specific classifications helps clarify how TRICARE beneficiaries are supported and the options available for their healthcare management.

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8. Who is NOT eligible for the Transitional Assistance Management Program (TAMP)?

A. Service members who have been injured in combat

B. Service members separating under honorable conditions

C. Service members voluntarily separating from active duty

D. Service members transitioning to retirement

The Transitional Assistance Management Program (TAMP) is designed to provide continued health care benefits to certain service members who are separating from active duty. However, eligibility for TAMP is restricted to those who are involuntarily separated or who are separating under specific circumstances such as a disability related to their service or after being mobilized. Service members who voluntarily separate from active duty do not qualify for TAMP. This is because the program is geared towards those who are transitioning out under circumstances that are not entirely within their control, such as force reductions or medical discharges. In contrast, individuals who are injured in combat, separating under honorable conditions, or transitioning to retirement fall under the eligibility criteria since they typically represent cases of a transition that is considered significant and warrants continued healthcare support. Thus, the reason for the correct identification focuses on the nature of the separation; voluntary separations do not meet the requirements laid out for TAMP eligibility.

9. What is the maximum allowable charge for services under TRICARE typically influenced by?

A. Geographical location and provider type

B. The experience level of the provider

C. Only the type of service received

D. The patient's military status

The maximum allowable charge for services under TRICARE is influenced by geographical location and provider type. This means that the amount TRICARE will reimburse providers for services rendered can vary significantly based on where the service is provided and the classification of the healthcare provider. Geographical location is crucial because healthcare costs can differ dramatically from one region to another. For instance, medical services in urban areas may have higher costs compared to those in rural areas, reflecting the variations in living costs, local market competition, and demand for healthcare services. The type of provider also plays a significant role in establishing maximum charges. Different categories of providers, such as primary care physicians, specialists, or facilities like hospitals and clinics, have distinct fee schedules. Each category is assigned different maximum allowable amounts based on typical charges for that type of service within the specific geographical area. In contrast, while factors like the provider's experience level or the patient's military status can impact other aspects of care or reimbursement, they do not directly influence the maximum allowable charge for services under TRICARE as significantly as geographical location and provider type do.

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10. How can TRICARE beneficiaries find information regarding their benefits?

A. By only visiting local clinics

B. By contacting their health care providers exclusively

C. By accessing the official TRICARE website or contacting the regional contractor

D. By relying solely on social media for updates

TRICARE beneficiaries can find information regarding their benefits through the official TRICARE website or by contacting the regional contractor, making this an essential and reliable source of information. The TRICARE website offers a comprehensive range of resources, including detailed benefits information, eligibility criteria, network providers, and updates related to policies and procedures. Additionally, regional contractors are assigned to assist beneficiaries with specific inquiries, providing personalized support via phone or email. This dual approach ensures that beneficiaries have access to accurate and up-to-date information directly from authoritative sources. Relying only on local clinics or health care providers may yield limited information, as they may not cover the full range of benefits or recent updates. Similarly, social media, while useful for general announcements or community discussions, may not provide reliable or accurate information about specific benefits or claims. Therefore, accessing the official TRICARE website or contacting the regional contractor is the most effective means for beneficiaries to obtain comprehensive and accurate details regarding their TRICARE benefits.

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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.

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

https://tricarefdnstfc6hrs.examzify.com

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

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