Pre-/Post-Quiz:

Before launching this unit, print the “Health” quiz from the “Lessons & Worksheets” section of the site, or send students to www.scholastic.com/NextGeneration/Students to take an interactive version of the quiz and print their answers. Explain to your class that the quiz is meant to be a benchmark to assess their prior knowledge of the topic and will help you organize class discussions. The quiz can also be used as a post-assessment tool after students have completed the unit lessons.

QUIZ ANSWERS

1. In the United States, on average, approximately how much money is spent per person on healthcare each year?
   - A. $4,000
   - B. $6,000
   - C. $8,000
   - D. $10,000

2. Co-insurance and co-payment refer to the same thing.
   - A. True
   - B. False

3. Which of the following is not a type of health insurance plan?
   - A. Health Maintenance Organization (HMO)
   - B. Preferred Provider Organization (PPO)
   - C. Health Provider Organization (HPO)
   - D. Point of Service (POS)

4. Students who have healthcare coverage through their parents typically have the option of staying on the plan until age 26.
   - A. True
   - B. False

5. If a person with a preexisting medical condition such as diabetes or cancer starts a new job, his or her employer’s health insurance company must provide him or her with coverage, but isn’t obligated to cover costs associated with the preexisting condition.
   - A. True
   - B. False

6. The only way to get health insurance coverage is through an employer.
   - A. True
   - B. False

7. What is a health savings account (HSA)?
   - A. A type of policy in which employers let you save up sick days
   - B. A type of medical savings account for individuals without insurance
   - C. A type of medical savings account that allows individuals to save money to pay for future medical expenses with a reduced tax rate
   - D. A type of health care plan that combines a qualified high-deductible health plan with a nontaxable account where funds can be deposited to pay for qualified medical expenses not covered by the plan

8. A 30-year-old woman broke her arm and went to the emergency room for treatment. Her health insurance plan has a $1,500 deductible. What does this mean?
   - A. She can deduct $1,500 from the hospital bill, but must pay the rest
   - B. The hospital will only charge her $1,500
   - C. She is responsible for paying $1,500 of her medical expenses before her insurance policy starts to pay
   - D. Her insurance company is responsible for paying $1,500 and she must pay the rest

9. A store clerk has an individual health insurance plan with a $20 co-payment for in-network doctor visits. She goes to her doctor, who is in-network, twice during the year. What can she expect to pay for healthcare for the year?
   - A. $40 in co-payments only
   - B. Her premiums plus $40 in co-payments plus any extra costs for prescriptions or non-covered services
   - C. Her premiums plus $40 in co-payments plus an extra office fee and any extra costs for non-covered services
   - D. None of the above

10. Costs for medical tests are universally the same throughout the country.
    - A. True
    - B. False