

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 health care 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 health care 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 health care 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