



Medicare Agent Handbook

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Chapter 1:

How to Become a Medicare Agent

First Steps to becoming a Medicare Agent

- Complete pre-licensing education and training:
This can include taking a pre-licensing course.
- Pass the state licensing exam:
You may need to pay a fee and present a certificate of completion.
- Apply for the Medicare health insurance producer license in your state:
Each state has its own requirements for this license.
- Get certified to sell Medicare products:
You can enroll in America's Health Insurance Plans' Medicare training and certification program (AHIP).
- Get Errors & Omissions protection.
- Complete continuing education to maintain your license:
Most states require a minimum of 24 hours of continuing education credits every two years.
- Set up a business bank account.
- Set up a business email.
- Set up to get a professional headshot.
- Work with Marketing Specialist:
Business Cards & Marketing pieces
- Request access to Enrollment Tools:
Connecture or Sunfire

How to get contracted with Carriers

- After completing your licensing requirements, reach out to Erica Vaughn or Lisa Gargis at Alabama Health Guidance.

erica@alabamahealthguidance.com

lisa@alabamahealthguidance.com

- Erica or Lisa will request contracts with each carrier you are interested in selling.
- The contracts will be sent directly to your email from our FMO Advocate.

Training Opportunities

- In-house training:

Available at Alabama Health Guidance office in Florence, AL with Lisa Gargis.

- Field training:

Available with Lisa Gargis upon request.

- Webinar training available:

**1st Friday of each month 8:00-9:00 am
Advanced Medicare Topics for all agents**

**3rd Wednesday of each month 9:00-9:30 am
Medicare – New Agent Training**

- Website training clips visit us at Alabama Health Guidance website page for clips on Medicare topics.

- Agent support 24/7 – Group Me App

CHAPTER 2: MEDICARE BASICS

Signing up for Medicare

- If you are qualifying for Medicare by turning 65 you will have a 7-month window to enroll in Medicare.

Initial Enrollment Period

3 months before you turn 65	2 months before you turn 65	1 month before you turn 65	The month you turn 65	1 month after you turn 65	2 months after you turn 65	3 months after you turn 65
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- In most cases, if you are already drawing your Social Security or Railroad Retirement Board benefits you should automatically be signed up for Part A and Part B.
- If you are not drawing your Social Security or RRB benefits and want to sign up for Medicare you can do so by signing up online at ssa.gov, or visit your local Social Security office.
- If you are on employer insurance you may not need Part B. Please check with your benefit coordinator to be sure.

Medicare Part A Basics

- Medicare Part A is the part of Medicare that helps cover you as an inpatient.
 - Hospital Care
 - Skilled Nursing Facility Care
 - Hospice
 - Home Health Services
- If you worked 40 hours and paid into Medicare, Part A is “free”. “Free” meaning you do not have to pay a monthly premium to Medicare for Part A.
- Part A has a deductible of \$1,676.00 each benefit period.
A benefit period starts when you're admitted to the hospital and ends when you haven't had inpatient hospital care for 60 days in a row. You must pay the deductible for each benefit period.
This deductible can hit more than one time a year.
- After 60 days of inpatient care you will have a co-pay of \$419.00 per day for days 61-90.

Medicare Part B Basics

- Medicare Part B is the part of Medicare that covers you as an outpatient.
 - Primary Care Doctor or Specialist
 - Preventive Services
 - Ambulance Services
 - Durable Medical Equipment
- For most people in 2025 Medicare Part B has a monthly premium of \$185.00.
- In 2025 Medicare Part B has an annual deductible of \$257.00. After the deductible is met, Medicare will cover 80% of approved charges and you will be responsible for the other 20%. This includes inpatient and outpatient charges filed under Part B.
- If you are on employer coverage you may not need Part B. You will need to check with your benefit coordinator.


Medicare Part D Basics

- Medicare Part D is the prescription drug part of Medicare.
- Part D plans can only be purchased through private insurance companies.
- Medicare Part D is optional, but you may have to pay a penalty if you do not sign up for a Part D plan when first eligible. However, there are exceptions to this rule. for example...if you have employer coverage.
- Premiums, deductibles, copays and coinsurance will vary from company to company and plan to plan.
- Every plan has its own formulary. This is a list of drugs that are covered on the plan. These drug formularies will vary from plan to plan. It is a good idea to check the plan's formulary to assure your drugs are covered. You can do this at Medicare.gov or the company's website.

Why do I need a plan?

Medicare is basically an 80-20% plan.

- You need help covering the 20% Medicare does not cover.
- Medicare does not have an out-of-pocket limit.
- Medicare does not include drug coverage.



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Types of Medicare Plans

- It is the member's option if they choose to purchase an additional plan to help cover the deductibles and coinsurance of original Medicare. They may choose to have original Medicare only.

If they choose to purchase additional coverage, they have 2 options:

- Medicare Supplement or Medigap plan
- Medicare Advantage plan

Medicare Supplement or Medigap plan

- Medigap plans are purchased through private insurance companies.
- Medigap plans co-ordinate with original Medicare.
- Medigap plans are standardized by Medicare. This means a Plan G with one company must have the same basic benefits as every other company offering Plan G.
- Most Medigap plans are accepted by healthcare providers anywhere in the U.S. that also accept Medicare. There are a few exceptions to this.

Medicare Advantage Plan (MA or MAPD)

- MA plans are purchased through private insurance companies.
- MA plans will have different premiums, copays, deductibles and coinsurance, depending on the plan you choose.
- MA plans must offer the same basic benefits as original Medicare but may have additional benefits built in.
- Most MA plans are classified as HMO or PPO .
- You can purchase a MA plan with or without drug coverage.

Medicare and Employer Insurance

If you are on employer insurance and trying to decide whether or not to enroll in a Medicare plan, here are a few things to consider...

- Do you have a spouse or dependent that would lose coverage if you leave your employer plan?
- What is the premium of your employer plan and would it be financially beneficial to look at going to Medicare?
- Are the deductibles and copays expensive on your employer plan?

You will need to conduct a fair comparison between plans to make an informed decision before leaving employer coverage.

Medicare and Late Enrollment Penalties

When you first become eligible for Medicare you should be automatically enrolled in Medicare Part A. There is no monthly premium for Medicare Part A for most people.

The following are rules concerning Medicare Part B and Part D Enrollment Penalties.

Part B...

- If you do not enroll in Part B when you first become eligible, you may be assessed a penalty if you decide to enroll at a later date.
- There are some exceptions to this rule...The most common exception is if you are still employed past the age of 65 and still on their employer coverage.

Part D...

- If you do not enroll in Part D when you first become eligible, you may be assessed a penalty if you decide to enroll at a later date.
- There are some exceptions to this rule...If a person has “creditable” drug coverage through another channel. For example, employer coverage or VA benefits, there should not be a late enrollment penalty if they sign up at a later date.
- A few things to keep in mind, Worker’s Comp or COBRA coverage is not “creditable” coverage.

Election Periods: Does my client have one?

- In order for someone to enroll in a plan, they must qualify for an election period. These election periods are determined by Medicare, and they are listed on the website below.
- A member may need to make changes to a Medicare Advantage or PDP when certain events happen in life. For example, if you move or lose other coverage, these opportunities to make changes are called Special Enrollment Periods. The types of changes you can make, and the timing depend on your life event.
- **To find all the SEP's please visit...**
<https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan/special-enrollment-periods>

CHAPTER 3: MARKETING

Compliant Marketing

To get the latest marketing guidelines for agents:

<https://www.medicare.gov/health-drug-plans/healthplans/your-coverage-options/plan-marketing-rules>

Marketing Ideas

The idea is to become the Medicare guru of your community. These are a few ideas of ways to get your name out there.

OWNING YOUR COMMUNITY (Ways that bring in business over time)

Flyers and business cards in key locations

- High traffic areas
- Laundry mats
- Grocery stores
- Restaurants

Advertising Opportunities

- Local Newspaper
- 55 + community newsletters
- Radio
- TV

Be Visible

- Find ways to be in the public view
- Example: Johnny is at the farmers market every Tuesday
- 10 Business cards in your pocket

Join the Chamber & Local BNA Group

- Don't just join but be involved – great networking opportunity
- Ribbon Cuttings
- Volunteer and charity functions

T-65 Mailings & Letters

Mailings to T-65's in within your community
Letters sent out to your social group

Physician Marketing

- Establish that you are the local agent
- You are the go-to for anything Medicare
- Build trust by consistency
- Provider Guides

OWNING YOUR COMMUNITY (More immediate ways that bring in business)

Pharmacies

- Local Pharmacies are great sources of leads
- Set up days to be at the pharmacy
- Rack Cards & Staple Cards

Low Income Housing & Food Pantries

- Year round DSNP opportunities
- Put information in the Housing newsletter that goes out
- Drive thru Food Pantries are captive audiences

Veterans

Find your local CBOC clinic
Get involved in Veteran events in your area

Dental Marketing

Provider Guides
Show the value in the office sending you referrals

Work with Local Agencies that align with what you do

Community Action Agency
Medicaid Office

HR Departments

City Retirees
Unions

Other Ideas on how to get your name out there...

Social Media

Events

QR Codes

Ringless Voicemail



Events...great ways to be seen!

Seminars, Senior centers, Health Fairs, Food Banks etc...

General Guide of what to take to an event...

- Anything that brings people to your table – T.V., Popcorn Machine
- Prize Wheel
- Table & Chairs (if necessary)
- Table Cover
- Pens
- Brochures/Flyers with holder
- Business Cards
- Event Contact Forms
- Pull-up banner

CHAPTER 4:

The Appointment Process

The Appointment Process

Appointment Steps:

1. Scope of Appointment
2. Introduction
3. NEADS Analysis
4. Present the Plan
5. Finalize the Sale Step

Step 1: Scope of Appointment:

The Scope of Appointment (SOA) form is used to document a Medicare Advantage or prescription drug plan appointment with a potential, new or existing member. The SOA should be completed 48 hours prior to the appointment. Two exceptions to the 48-hour requirement:

- The first exception is for beneficiaries who are approaching the end of a valid enrollment period.
- The other exception will be for walk-ins. Beneficiaries who walk into an agent's office, a kiosk, a plan's office or any other walk-in will not be subject to the 48 hour rule.

Step 2: Introduction:

- Make sure it is clear, that you are a licensed agent and the company that you work for.
- Ensure your introduction does not come off as though you are an employee of Medicare.
- Provide a business card and it is suggested to have a name tag or badge.
- Start off just getting to know the individual a bit and letting them know you are there to help educate them on their healthcare or benefit options.

Step 3: NEADS Analysis:

Understanding a prospect's needs means identifying where there is a disconnect between what they have now and what they could have. This is your opportunity to ask questions and determine why you are meeting with them, and why they might be interested in making a change to a different plan. Use the NEADS acronym to remember some important questions and discussions to have with the client.

N – What does the prospect have NOW?

E – What do they ENJOY about that coverage?

A – What are they looking to ADD to a plan?

D – Are they the DECISION Maker?

S – Provide the prospect with a SOLUTION.

Step 4: Present the Plan

Now that you have decided which plan the prospect is interested in, you review the plan information with them.

- Make sure you only use approved materials.
- Review the Summary of Benefits.
- Review Prescription coverage and in network pharmacies.
- Review Providers and select a Primary Care Physician.
- Go over Star Ratings.

CHAPTER 5: MEDICARE SAVINGS PROGRAM

Medicare Savings Program

Get help from your state paying your Medicare Part A (Hospital Insurance) and Part (Medical Insurance) premiums through a Medicare Savings Program. If you qualify, Medicare Savings Programs might also pay your Part A and Part deductibles, coinsurance, and copayments.

You'll apply for Medicare Savings Programs through your state. When you apply, your state determines which program(s) you qualify for. Even if you do not think you qualify, you should still apply.

How to qualify for a Medicare Savings Program?

In many cases, to qualify for a Medicare Savings Program, you must have income and resources below a certain limit. These limits go up each year. You may still qualify for these programs in your state even if your income or resources are higher than the federal limits. Some states do not count certain types or specific amounts of income or resources when deciding who qualifies.

Contact your state:

<https://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip/index.html#statemenu>

Qualified Medicare Beneficiary (QMB) Program

Helps pay for: Part A premiums; Part B premiums, deductibles, coinsurance, and copayments (for services and items Medicare covers).

Monthly Income and Resource Limits for 2025.

Your situation	Monthly Income Limit	Resource Limit
Individual	\$1,325	\$9,660
Married Couple	\$1783	\$14,470

* Income limits are slightly higher in Alaska and Hawaii. You may qualify in other states for these programs even if your income or resources are higher than the federal limits listed. Contact your state to find out.

If you qualify for the QMB program:

- Medicare providers are not allowed to bill you for services and items Medicare covers, including deductibles, coinsurance, and copayments.
- You may get a bill for a small Medicaid copayment, if one applies.
- You will also get Extra Help paying for your prescription drugs. You'll pay no more than \$12.15 in 2025 for each drug covered by your Medicare drug plan.

Specified Low-Income Medicare Beneficiary (SLMB) Program:

Helps pay for: Part B premiums (You must have both Part A and Part to qualify)

Monthly Income and Resource Limits for 2025:

Your situation	Monthly Income Limit	Resource Limit
Individual	\$1,585	\$9,660
Married Couple	\$2,135	\$14,470

*Income limits are slightly higher in Alaska and Hawaii. You may qualify in other states for these programs even if your income or resources are higher than the federal limits listed. Contact your state to find out.

If you qualify for the SLMB Program:

- You will also get Extra Help paying for your prescription drugs.
- You will pay no more than \$12.15 in 2025 for each drug your Medicare drug plan covers.

Qualifying Individual (QI) Program:

Helps pay for: Part B premiums (You must have both Part A and Part to qualify)

Monthly Income and Resource Limits for 2025:

Your Situation	Monthly Income Limit	Resource Limit
Individual	\$1,781	\$9,660
Married Couple	\$2,400	\$14,4701

If you qualify for the QI program:

- You must apply every year to stay in the QI Program.
- States approve applications on a first-come, first-served basis – priority is given to people who got QI benefits the previous year.
- You will also get Extra Help paying for your prescription drugs. You'll pay no more than \$12.15 in 2025 for each drug your Medicare drug plan covers

QI is only available for people who don't qualify for any other Medicaid coverage or benefits, but you may qualify for help from another Medicare Savings Program.

Qualified Disabled & Working Individual (QDWI) Program

You may qualify for the QDWI Program if you:

- Have a disability
- Are working
- Lost our Social Security disability benefits and Medicare premium-free Part A because you returned to work.

Helps pay for: Part A premiums only

Monthly Income and Resources Limits for 2025:

Your situation	Monthly Income Limit	Resource Limit
Individual	\$5,302	\$4,000
Married Couple	\$7,135	\$6,000

* Income limits are slightly higher in Alaska and Hawaii. You may qualify in other states for these programs even if your income or resources are higher than the federal limits listed. Contact your state to find out.

Extra Help or Low-Income Subsidy

"Extra Help" is a Medicare program to help people with limited income and resources pay Medicare drug coverage (Part D) premiums, deductibles, coinsurance, and other costs. You also won't have to pay a Part D late enrollment penalty while you get Extra Help.

Some people qualify for Extra Help automatically, and other people have to apply.

Who gets Extra Help automatically?

You'll get Extra Help automatically if you get:

- Full Medicaid coverage
- Help from your state paying your Part B premiums (from a Medicare Savings Program)
- Supplemental Security Income (SSI) payments from Social Security

You'll get a letter about your Extra Help. It tells you things like how much you'll pay, and your new Medicare drug plan, if you don't have one already.

If you don't get Extra Help automatically, you can apply for it.

Who should apply for Extra Help?

In most cases, to qualify for Extra Help, you must have income and resources below a certain limit. These limits may go up each year.

Income and Resource Limits in 2025

Individual	Annual Income Limit	Resource Limit
Individual	\$22,590	\$17,600
Married Couple	\$30,660	\$35,130

What you'll pay under Extra Help in 2025:

- Plan Premium: \$0
- Plan Deductible: \$0
- Prescriptions you fill at one of our plan's participating pharmacies:
Up to \$4.90 for each generic drug. Up to \$12.15 for each brand-name drug.

Once your total drug costs (including certain payments made on your behalf, like through the extra help program) reach \$2,000, you'll pay \$0 for each covered drug.

If you qualify for Extra Help you will automatically be enrolled in a Medicare drug plan (Part D), if you don't have one already. We do this so you can get the cost savings you qualify for.

You'll get a letter telling you:

- About your new plan. You can pick a different Medicare drug plan if you want.
- That you get Extra Help for the rest of the calendar year. Even if your income changes in the middle of the year, you'll keep getting Extra Help through December 31.
- If you meet the income and resource limits for next year, you'll keep getting Extra Help.

You'll get a letter in the mail if:

- You no longer qualify for Extra Help.
- You get moved to a different plan for next year.

*** If you don't get a letter from Medicare or Social Security, you'll keep getting Extra Help and keep the same plan for next year.

What Counts Towards Income and Resources?

Resources include the value of the things you own. Some examples are:

- Real estate (other than your primary residence)
- Bank accounts, including checking, savings, and certificates of deposit
- Stocks
- Bonds, including U.S. Savings bonds
- Mutual funds
- Individual Retirement Accounts (IRAs)
- Cash at home or anywhere else.

What does not count as a resource?

We do not count:

- Your primary residence
- Your personal possessions
- Your vehicle(s)
- Resources you cannot easily convert to cash, such as jewelry or home furnishings
- Property you need for self-support, such as rental property or land you use to grow produce for home consumption
 - Non-business property essential to your self-support
- Life insurance policies
- Burial expenses
- Interest earned on money you plan to use for burial expenses

Certain other money you are holding is not counted for 9 months, such as:

- Retroactive Social Security benefits or Supplemental Security Income (SSI) payments
- Housing assistance
- Tax advances and refunds related to earned income tax credits and child tax credits
- Compensation you receive as a crime victim
- Relocation assistance from a state or local government.

You should contact Social Security for other resource exclusions.

How do these limits work for Married Couples?

- If you're married and live with your spouse, both of your incomes and resources count, even if only one of you applies for extra help.
- If you're married and don't live with your spouse, only your income and resources count.

Are there any exceptions?

Even if your yearly income is higher, you may still qualify if you or your spouse meet one of these conditions:

- You support other family members who live with you
- You have earnings from work
- You live in Alaska or Hawaii

How to Apply

Applying for Medicare Savings Program...

Complete the application for Medicare Savings Program

- Apply online at <https://medicaid.alabama.gov>
Click on apply for Medicaid
Click on Applications and Forms
Click on Form 211
- Contact your state's Medicaid office
- Contact your local SHIP office

Applying for Extra Help...

Complete the Application for Extra Help with Medicare Drug Plan Costs (Form SSA-1020).

Use one of these methods:

- Apply online at <https://www.ssa.gov/medicare/part-d-extra-help>
- Call Social Security at 1-800-772-1213 (TT 1-800-325-0778) to apply over the phone or to request an application
- Apply at your local Social Security office

CHAPTER 6: MEDICARE.GOV

5 Tips on using Medicare.gov

***Create a secure Medicare account** – Access your information anytime. You can also:

- Add your prescriptions to help you better compare health and drug plans in your area.
- View your Original Medicare claims as soon as they're processed.
- Print a copy of your official Medicare card.
- Review a list of preventive services you're eligible to get in Original Medicare.
- Learn about your Medicare premiums and pay them online if you get a bill from Medicare.

You'll need your Medicare Number to create an account. If you don't have your Medicare card yet, you can log into your secure Social Security account to get your Medicare Number or call 1-800-MEDICARE (1-800-633-4227) for help. TTY users can call 1-877-486-2048. If you join a Medicare health or drug plan, your plan may offer an online account to track your claims.

***Give Medicare permission to talk to someone you trust** – We can't share any information about your Medicare account, like claims or billing, unless you give written permission first. Fill out and mail an authorization form or log into your Medicare account to give permission to talk to a person you trust (like a spouse, family member, or caregiver).

***Find out if you qualify for help with costs** – If you have limited income, you may qualify for help paying costs, like your premiums or for drugs.

***Go digital** – You can save and print information anytime for your records. Log into your account to get these items electronically:

- “Medicare & You” handbook – We'll send you an email with a link to the PDF version. With the PDF version, you can enter search words to quickly find what you want, and print the pages you need.
- Original Medicare claims statements – You'll get these statements, called Medicare Summary Notices, every month instead of waiting 4 months for them to arrive by mail. Access them anytime in your Medicare account.

***Get your free "Welcome to Medicare" visit** – Schedule this free preventive visit with your doctor during your first year with Medicare. You'll talk with your doctor about your medical history, your health needs, and preventive services that may be right for you.

CHAPTER 7: ENROLLMENT TOOLS

Enrollment Tools

There are many different avenues available to help you sign up members. Whether it's through in-person meetings, online platforms or phone enrollments. There's a solution to fit every situation. Alabama Health Guidance can help you get connected with these enrollment tools among others...

- **Connecture**
- **Sunfire**

Recording Instructions for Phone Enrollments:

This is a step-by-step instruction on using Advocate for Agents Call Recording System

- Step 1. With the member on the line, call the Advocate Call Recording phone number at 1-888-249-4351
- Step 2. Enter your NPN number when prompted.
- Step 3. (Optional) Enter your reference number when prompted. (The reference number is a number of your choosing to reference the call) (We recommend using the members phone number as the reference number)
- Step 4. Bring Customer on the line using three way calling or Conference Calling. (See FAQs below for tutorials on how to do conference/three-way calling)
- Step 5. If you will be doing a telephonic sales presentation or enrollment, you need to read the disclaimer verbatim, within the first minute of the call: "Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) for help with plan choices."
- Step 6. Click on the link below to view recordings
https://advocatehealthllc-my.sharepoint.com/:v/p/admin/ERL_dLKd4ZEt4_F9RoLMb4BppjlCksQBQyPioeF0G4pJA?e=pkjrQS