

MEDICARE PRODUCTS & CARRIERS

Understanding Medicare Advantage, Medicare Supplements, Prescription Drug Plans & Carrier Selection



BETTER PRODUCT KNOWLEDGE

Understand how Medicare products work.



SMARTER PLAN COMPARISONS

Learn to evaluate plans with confidence.



BETTER CLIENT RECOMMENDATIONS

Match the right plan to the right client.



BUILD A STRONGER BUSINESS

Increase confidence and long-term success.



TODAY'S LEARNING OBJECTIVES

By the end of this session, you'll be able to:

-  Understand Medicare Advantage Plans (Part C)
-  Compare HMO and PPO plan types
-  Learn Medicare Supplement (Medigap) options
-  Understand Part D Prescription Drug Plans
-  Identify Special Needs Plans (D-SNP, C-SNP & I-SNP)
-  Learn how professional agents compare plans and carriers
-  Build confidence recommending the right product for each client



WHY THIS SESSION MATTERS

Medicare has many moving parts, but the right plan makes all the difference.



CLIENTS HAVE CHOICES.

Understanding the options helps you guide clients with clarity and confidence.



PLANS ARE NOT ONE-SIZE-FITS-ALL.

Every client has unique doctors, medications, and budget needs.



YOUR EXPERTISE BUILDS TRUST.

When you understand the products and carriers, your clients feel secure in your guidance.



BETTER MATCHES CREATE BETTER RESULTS.

The right recommendation leads to better healthcare experiences and long-term success.



MEDICARE PARTS & PLAN TYPES

Understanding the differences between Medicare options and how to choose the right plan for each client.



MEDICARE PARTS A, B, C & D

Know what each part covers and how they work together.



MEDICARE ADVANTAGE PLANS (PART C)

Explore HMO, PPO and other plan options.



MEDICARE SUPPLEMENT PLANS (MEDIGAP)

Understand supplemental coverage and how it fills the gaps.



PRESCRIPTION DRUG PLANS (PART D)

Learn how drug coverage works and how to compare plans.



WEEK 2 | SESSION 2

MEDICARE ADVANTAGE PLANS (PART C)

Medicare Advantage (Part C) plans are offered by private insurance companies approved by Medicare. These plans include Part A, Part B, and often Part D—plus extra benefits.



ALL-IN-ONE COVERAGE

Combines hospital, medical, and often prescription drug coverage in one plan.



EXTRA BENEFITS

May include dental, vision, hearing, transportation, fitness programs, over-the-counter allowances, and more.



PLAN VARIETY

Available as HMO, PPO, PFFS, and Special Needs Plans to fit different needs and preferences.



COST & VALUE

Many plans have low or \$0 monthly premiums and offer strong value beyond Original Medicare.



WHY MEDICARE ADVANTAGE CONTINUES TO GROW

More beneficiaries are choosing Medicare Advantage because these plans deliver more value, more benefits, and a better overall experience.



COMPREHENSIVE ALL-IN-ONE COVERAGE

Includes Part A, Part B, and often Part D—simplifying coverage in one convenient plan.



EXTRA BENEFITS

Plans offer valuable extras like dental, vision, hearing, fitness memberships, transportation, and more.



LOW OR \$0 MONTHLY PREMIUMS

Many plans have low or \$0 premiums, making quality coverage more affordable for beneficiaries.



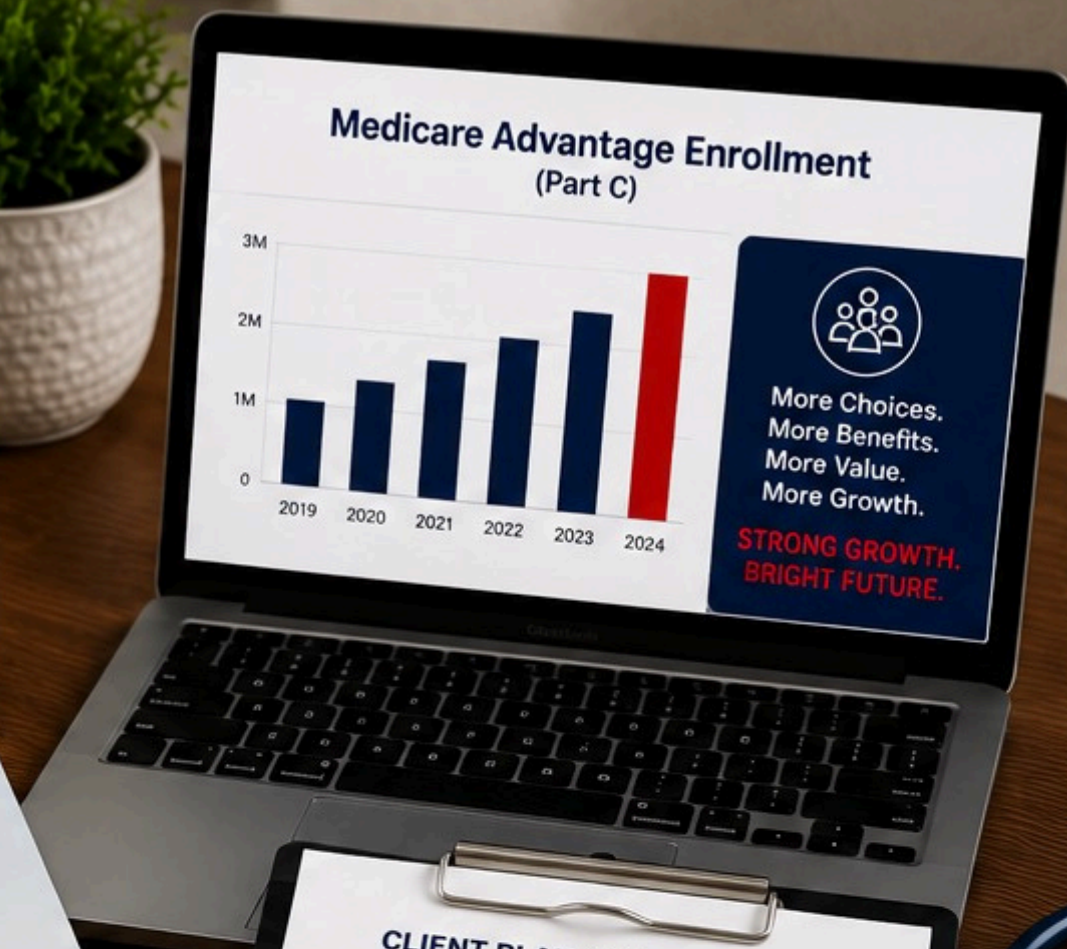
COORDINATED CARE

Providers work together to improve health outcomes and deliver a better care experience.



ANNUAL MAXIMUM OUT-OF-POCKET PROTECTION

Provides financial peace of mind by capping yearly out-of-pocket costs.



	PLAN A	PLAN B	PLAN C
Premium	✓	✓	✓
Doctor Visits	✓	✓	✓
Hospital Care	✓	✓	✓
Prescription Drugs	✓	✓	✓
Dental	✓	✓	✓
Vision	✓	✓	✓
Hearing	✓	✓	✓
Transportation	✓	✓	✓
Fitness	✓	✓	✓
OTC Allowance	✓	✓	✓



The right plan.
The right carrier.
The right fit.

That's the Advantage.

WEEK 2 | SESSION 2

WHO IS ELIGIBLE FOR MEDICARE ADVANTAGE?

Most people with Medicare are eligible to choose a Medicare Advantage plan.



HAVE MEDICARE PART A AND PART B

You must be enrolled in both Part A (hospital) and Part B (medical).



LIVE IN THE PLAN'S SERVICE AREA

You must live in the county or area where the plan is offered.



CITIZEN OR LAWFUL U.S. RESIDENT

You must be a U.S. citizen or lawfully present in the United States.



NOT HAVE END-STAGE RENAL DISEASE (ESRD)*

Most Medicare Advantage plans don't cover ESRD except in special circumstances.

*Some plans may offer coverage for ESRD under specific conditions.



Eligibility is based on Medicare rules. Always verify during the enrollment process.

WEEK 2 | SESSION 2

MEDICARE SUPPLEMENT (MEDIGAP) PLANS

Medicare Supplement plans work with Original Medicare (Part A & Part B) to help pay your out-of-pocket costs. They do not include prescription drug coverage.



FILL THE GAPS

Helps pay deductibles, copayments, and coinsurance that Original Medicare doesn't cover.



PREDICTABLE COSTS

Helps protect against unexpected medical bills and healthcare costs.



STANDARDIZED BENEFITS

Plans are standardized by letter (A, B, C, D, F, G, K, L, M, N) so benefits are the same across companies.



FREEDOM OF CHOICE

See any doctor or specialist who accepts Medicare—no network restrictions.



GUARANTEED RENEWABLE

As long as you pay your premium, your coverage cannot be canceled.



PLAN	DEDUCTIBLES & COINSURANCE	HOSPITAL COSTS	DOCTOR VISITS	FOREIGN TRAVEL EMERGENCY
A	Basic Coverage	✓	✓	Up to \$50,000
G	Most Comprehensive	✓	✓	Up to \$50,000
N	Lower Premium Option	✓	✓	Up to \$50,000

Peace of mind that helps protect your budget from big medical expenses.

Medigap Helps With:

- ☒ Part A Deductible
- ☒ Part B Coinsurance
- ☒ Skilled Nursing Care
- ☒ Blood (First 3 Pints)
- ☒ Hospice Care
- ☒ Foreign Travel Emergency
- ...and more!

HOW MEDICARE ADVANTAGE WORKS

Medicare Advantage (Part C) combines your Part A and Part B benefits into one plan offered by private insurance companies.



YOU ENROLL IN A PLAN

You choose a Medicare Advantage plan during your enrollment period.



THE PLAN COVERS YOUR CARE

The plan covers your Part A (hospital) and Part B (medical) services—and often includes extra benefits.



YOU USE IN-NETWORK PROVIDERS

You receive care from doctors and hospitals in the plan's network (exceptions for emergencies).



THE PLAN PAYS MEDICARE

The plan pays Medicare for your covered services, and you pay your copays or premiums.



EXTRA BENEFITS & SUPPORT

Many plans include extra benefits like dental, vision, hearing, and wellness programs.



WEEK 2 | SESSION 2

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MAXIMUM OUT-OF-POCKET (MOOP)

The Maximum Out-of-Pocket (MOOP) is the most a member will pay for covered Part A and Part B services in a plan year.



FINANCIAL PROTECTION

Once the MOOP is reached, the plan pays 100% of covered services for the rest of the year.



VARIES BY PLAN

MOOP limits are set by each plan and can vary significantly.



IMPORTANT FOR CLIENTS

Helps clients understand their potential costs before enrolling.



COMPARE & EXPLAIN

Always review the MOOP amount when comparing plan options.



A lower MOOP can provide more peace of mind and stronger protection for your clients.

WEEK 2 | SESSION 2

MEDICARE ADVANTAGE PLAN TYPES

There are different types of Medicare Advantage plans to fit your clients' needs.



HMO (HEALTH MAINTENANCE ORGANIZATION)

Requires you to use in-network providers except for emergencies.



PPO (PREFERRED PROVIDER ORGANIZATION)

Offers more flexibility to see out-of-network providers for a higher cost.



PFFS (PRIVATE FEE-FOR-SERVICE)

Lets you see any Medicare-approved provider who agrees to the plan's terms.



SPECIAL NEEDS PLANS (SNPs)

Designed for people with specific health conditions, chronic illnesses, or unique needs.



Each plan type has different rules, costs, and networks. Help clients choose the plan that fits them best.



PRIMARY CARE PHYSICIANS (PCP)

Many Medicare Advantage plans require you to choose a Primary Care Physician.



YOUR PARTNER IN CARE

Your PCP helps coordinate your care and keeps track of your health.



GATEKEEPER TO SERVICES

Your PCP may be required before seeing specialists or getting certain services.



CHOOSE WISELY

Picking the right PCP can improve your experience and outcomes.



CAN YOU CHANGE?

Yes, you can usually change your PCP during certain times of the year.



Remind clients: their PCP is key to getting the most out of their plan and staying on track with their health.

WEEK 2 | SESSION 2

REFERRALS & PRIOR AUTHORIZATIONS

Some Medicare Advantage plans require approvals before certain services or specialist visits.



REFERRALS MAY BE REQUIRED

Your PCP may need to refer you to see specialists.



PRIOR AUTHORIZATION

Certain tests, procedures, or treatments may need approval from the plan.



PLAN AHEAD

Approvals can take time—start the process early to avoid delays.



WE'RE HERE TO HELP

We assist clients with understanding requirements and getting approvals.



Understanding these rules helps clients avoid surprises and get the care they need.

WEEK 2 | SESSION 2

CLIENT EXAMPLE

Let's look at how these Medicare Advantage features work together in a real-world scenario.



MEET MARIA

Maria is 67 and enrolling in a Medicare Advantage HMO.



CHOOSES A PCP

She selects Dr. Lopez as her Primary Care Physician.



NEEDS A SPECIALIST

Dr. Lopez refers her to a cardiologist for evaluation.



PRIOR AUTHORIZATION

The plan requires approval for a cardiac stress test.
The test is approved quickly.



RECEIVES CARE

Maria gets the care she needs with \$25 copays and stays within her plan's benefit structure.



POSITIVE OUTCOME

She's satisfied with her care and stays within her plan's maximum out-of-pocket limit.



Understanding how these steps connect helps you guide clients with confidence.



KEY TAKEAWAYS



COVERAGE WITH PROTECTION

Medicare Advantage plans offer comprehensive benefits and financial protection.



FOLLOW THE RULES

PCPs, referrals, and prior authorizations are important parts of the plan.



KNOW THE DETAILS

Understanding plan features helps you provide the right guidance.



FOCUS ON THE CLIENT

Help clients choose the right plan and providers for their needs.



YOU MAKE THE DIFFERENCE

Your knowledge and support lead to better healthcare experiences.



When you understand the plan, you can confidently explain the value and help clients make informed decisions.

HMO INTRODUCTION



HMOs are the **most common** type of **Medicare Advantage** plan.



They offer **coordinated care** through a network of providers.



Lower out-of-pocket costs for members.



Understanding HMOs helps you recommend the **right plan**.



Let's explore what makes HMOs work and who they are best for.



What is an HMO?



Health Maintenance Organization (HMO)



Members must use doctors and hospitals in the network



Primary Care Physician (PCP) manages your care



Lower monthly premiums and predictable out-of-pocket costs



What is a PPO?



Preferred Provider Organization (PPO)



More flexibility to see any doctor or specialist



Higher monthly premiums



May pay more when using out-of-network providers



HMO vs PPO Comparison

FEATURE	HMO	PPO
 Network	Must use network providers	Use any provider
 Referrals	Usually required	Not usually required
 Monthly Premium	Lower	Higher
 Out-of-Pocket Costs	Lower	Higher
 Flexibility	Less flexibility	More flexibility
 Best For	Lower costs, structured care	More choice, more freedom



Provider Networks



Each plan has a specific network of doctors and hospitals



In-network care costs less than out-of-network care



Network size and location impact client satisfaction



Always verify your client's doctors are in-network



Doctors Matter More Than Benefits



Clients value their doctors
and trust their care



A good doctor relationship
impacts health outcomes



Clients will switch plans for
the right doctor



Always confirm their doctors
are in-network



Hospital Systems



Many plans are tied to specific hospital systems



Hospital affiliations affect access and out-of-pocket costs



Know which hospitals are in-network



Review hospital quality and patient experience



Medical Groups (IPAs)



IPAs are groups of doctors who contract with plans



They manage care and help control costs for the plan



In-network care often depends on the IPA



Understanding IPAs helps you explain provider access



Plan Benefits and Limitations



Review what the plan covers and what it doesn't



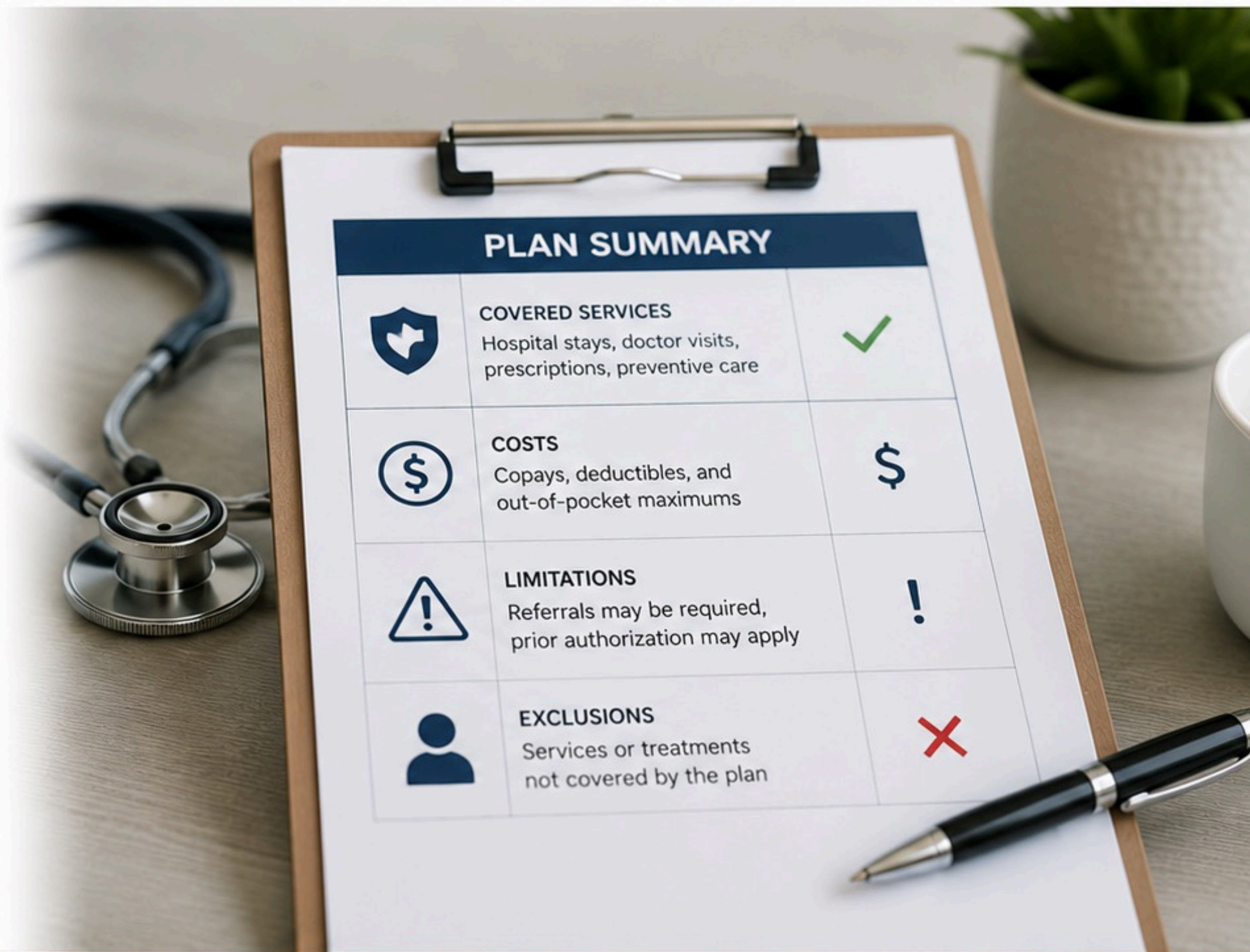
Understand copays, deductibles, and out-of-pocket maximums



Know any limitations, referrals, or prior authorizations



Help clients choose the plan that fits their needs



Client Example

Real client. Real choices. Better results.



Meet Mr. Johnson

68, diabetic, takes 5 medications, sees 2 specialists.



What We Found

His doctors are in a specific network.



Compare Options

We reviewed plans that fit his doctors and budget.



Best Fit

Lower out-of-pocket and keeps his providers.



Result

Mr. Johnson is confident and covered.



Common Agent Mistakes

- ✗ Not checking doctors or hospital networks
- ✗ Focusing only on monthly premium
- ✗ Not reviewing prescriptions
- ✗ Assuming all plans are the same
- ✗ Not documenting the recommendation



HMO vs PPO Comparison

Know the differences. Help clients choose the right fit.



HMO – Health Maintenance Organization



PPO – Preferred Provider Organization



Key differences in cost, flexibility and referrals



How each plan works for different clients



Help clients make the best choice

Feature	HMO	PPO
Provider Network	Must use network providers	Can use in-network or out-of-network
Referrals	Usually required for specialists	Not required
Cost	Lower premiums and out-of-pocket	Higher premiums, more flexibility
Flexibility	Limited to network	More freedom to choose providers
Best For	Clients with lower healthcare needs	Clients who want more choice



Medicare Supplement Plans (Medigap)

-  Help pay for Original Medicare out-of-pocket costs.
-  Standardized plans: A, B, C, D, F, G, K, L, M, N (availability varies by state).
-  Premiums vary by company, age, location, and tobacco use.
-  Use anytime after age 65 with Guaranteed Issue rights.
-  Works with any doctor or hospital that accepts Medicare.



MEDICARE PLAN OPTIONS		
BENEFITS	PLAN G	PLAN N
Part A Coinsurance & Hospital Costs	✓	✓
Part B Coinsurance or Copay	✓	Copays may apply
Blood (First 3 Pints)	✓	✓
Part A Hospice Care Coinsurance	✓	✓
Skilled Nursing Facility Coinsurance	✓	✓
Part A Deductible (\$1,632)	✓	50%
Part B Deductible (\$233)	✓	50%
Part B Excess Charges	✓	

Benefits are the same no matter which company you choose.



Who Should Consider Medigap?

- People who want predictable health care costs.
- Those who travel and want to see any provider.
- Clients who do not qualify or prefer not to enroll in a Medicare Advantage plan.
- Healthy individuals who want comprehensive coverage.
- Anyone who values choice and flexibility.



Plan G, N & High Deductible G

G

Plan G

- Most comprehensive coverage
- Higher premium

N

Plan N

- Very similar to Plan G
- Lower premium (small copays for some services)

**HD
G**

High Deductible G

- Lowest premium
- Must pay annual Medicare deductible before coverage begins



Guaranteed Issue vs. Underwriting



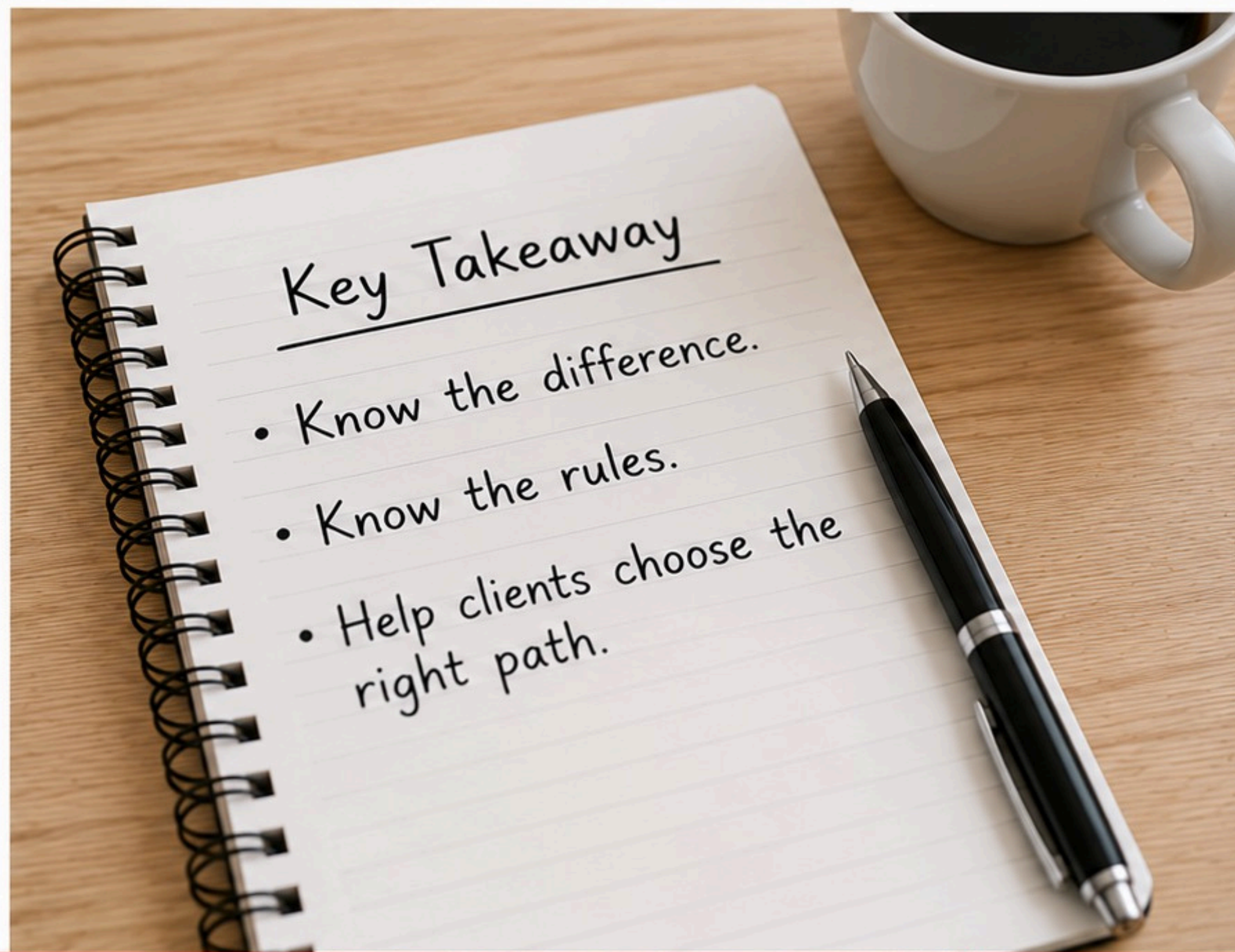
Guaranteed Issue

- No health questions
- Can't be denied coverage
- May pay a higher premium
- Enrollment limited to specific times



Underwriting

- Health questions required
- Coverage can be declined
- Usually lower premium
- Enrollment available all year



Part D Prescription Drug Plans



Helps cover the cost of prescription medications.



Plans and costs vary by carrier and formulary.



Review medications every year during Annual Enrollment.



Compare premiums, deductibles, copays, and coverage tiers.



Ensure preferred pharmacies are in-network.



Reviewing Medications



Get a complete list of all medications, including dosage and frequency.



Check which drugs are covered on each plan's formulary.



Compare tiers and estimated annual drug costs.



Look for quantity limits, prior authorizations, and step therapy.



Confirm preferred pharmacy is in-network.



35. Special Needs Plans (SNPs)

Special Needs Plans are Medicare Advantage plans designed for people with specific health conditions or circumstances.



Tailored for Specific Needs

SNPs focus on the unique needs of certain groups and often provide extra benefits and care management.



Common SNP Types

Chronic Condition SNPs, Dual Eligible SNPs (D-SNPs), Institutional SNPs (I-SNPs), and End-Stage Renal Disease SNPs (ESRD SNPs).



Why They Matter

SNPs can improve health outcomes, simplify care, and reduce out-of-pocket costs for the right members.



Putting It All Together



Assess

Understand your client's doctors, medications, and priorities.



Research

Use tools and resources to find the right plan options.



Compare

Review benefits, networks, costs, and drug coverage side by side.



Recommend

Present the plan that best fits the client's healthcare needs and budget.



Follow Up

Revisit annually and when needs or plan options change.



37. Case Study #2

Another client, another situation—different needs, different priorities.

	MEET THE CLIENT 72-year-old female, with COPD and heart issues, on multiple medications.
	THE CHALLENGE Needed extra support managing her conditions and understanding her medications.
	OUR APPROACH Reviewed her prescriptions, identified a Chronic Condition SNP with care management and transportation benefits.
	THE RESULT Enrolled in an SNP with additional benefits, lower copays, and peace of mind.



38. Ten Habits of Successful Agents

- 1 Know your products inside and out.
- 2 Research and understand your local market.
- 3 Listen more than you talk.
- 4 Focus on needs, not just benefits.
- 5 Build strong relationships with providers.
- 6 Stay organized and follow up consistently.
- 7 Educate every client so they can make confident decisions.
- 8 Review medications and check for interactions.
- 9 Document everything and stay compliant.
- 10 Always act with integrity and put clients first.



39. Homework

Apply what you learned today. Take action this week.



1. PLAN RESEARCH PRACTICE

Choose two Medicare Advantage plans in your area and compare them side by side (HMO vs PPO).



2. PROVIDER NETWORK CHECK

Look up the provider network for each plan. Identify key doctors and hospitals.



3. MEDICATION REVIEW

Review a client's medication list and check formulary coverage using the plan's drug tool.



4. CASE STUDY PREP

Put together a full recommendation for a real or practice client using today's process.



Remember: Great agents prepare before the meeting, so the client can make the best decision.



40. Closing / Session 3 Preview

Great work! You've completed Session 2 and built a strong foundation for Medicare success.



REVIEW

Go back through your notes and key takeaways.



PRACTICE

Use your client examples and homework to build confidence.



STAY CONNECTED

Leverage Advantage Plus tools and your agency support team.



GET READY

Session 3 will dive into Part D, Supplements, and advanced sales strategies.



Keep learning. Keep helping. Keep growing.

You're on the path to becoming a Medicare expert!



THANK YOU!

You've completed Session 2 of
Medicare Sales Best Practices.

Keep learning, keep growing, and
keep making a difference in the
lives of your clients.



KEEP LEARNING

Continue building your
knowledge and skills.



KEEP GROWING

Apply what you learn
and grow your business.



KEEP SUCCEEDING

Your success is
our mission.



Every conversation matters.
Every enrollment changes a life.

JOIN US NEXT WEEK!

SESSION 3

Enrollment Process & Client Communication



TUESDAY, AUGUST 4, 2026
4:00 PM PT



LIVE ONLINE TRAINING

Interactive • Practical • Results-Driven



TOPICS INCLUDE

- The Enrollment Process Step-by-Step
- Asking the Right Questions
- Communicating Value & Building Trust
- Overcoming Objections with Confidence

RESERVE YOUR SPOT!

Seats are limited.
Scan the QR code
to sign up now!



SCAN TO REGISTER



LEARN



GROW



SUCCEED

Questions? Contact your Support Team

1 (800) 316-2995

www.AdvantageMedicareOptions.com