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HEALTH PLAN EXPERTS
A FULL-SERVICE NATIONAL INSURANCE FMO

WEEK 1 | SESSION 1

MEDICARE FUNDAMENTALS

Building the Foundation.
Empowering Your Success.

MORE KNOWLEDGE.
BETTER ADVISORS.

MORE CONFIDENCE.
STRONGER CONVERSATIONS.

MORE CLIENTS.
BETTER OUTCOMES.

MORE IMPACT.
BETTER COMMUNITIES.

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TODAY'S LEARNING OBJECTIVES

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

- Explain how Medicare works.
- Understand Parts A, B, C & D.
- Compare Medicare Advantage and Medigap.
- Identify eligibility and enrollment periods.
- Understand Medicare terminology.
- Learn how commissions work.
- Avoid common mistakes made by new agents.

Your goal today is **confidence**—not memorization.

WEEK 1 | SESSION 1
MEDICARE FUNDAMENTALS

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WHY YOU'RE HERE

You're entering one of the fastest-growing industries in America.

- **Millions** of Americans become Medicare-eligible every year.
- Clients need **trusted advisors**—not just salespeople.
- Every conversation is an opportunity to make a **real difference**.

SERVE PEOPLE

Help beneficiaries navigate Medicare with confidence and care.

BUILD A BUSINESS

Create recurring renewal income and build long-term relationships.

GROW YOUR CAREER

Develop expertise that sets you apart and opens doors to endless opportunities.

> *Great Medicare advisors don't sell plans—they **solve problems.***

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WELCOME

TO THE

ADVANTAGE PLUS MEDICARE SALES ACADEMY

+

Building the Knowledge, Confidence, and Skills to Serve Medicare Beneficiaries with Excellence.

WEEK 1 | MEDICARE FUNDAMENTALS

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WHAT IS MEDICARE?

Medicare is a federal health insurance program primarily for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (ESRD).

Medicare helps cover a wide range of healthcare services.
You have choices in how you get your Medicare coverage.

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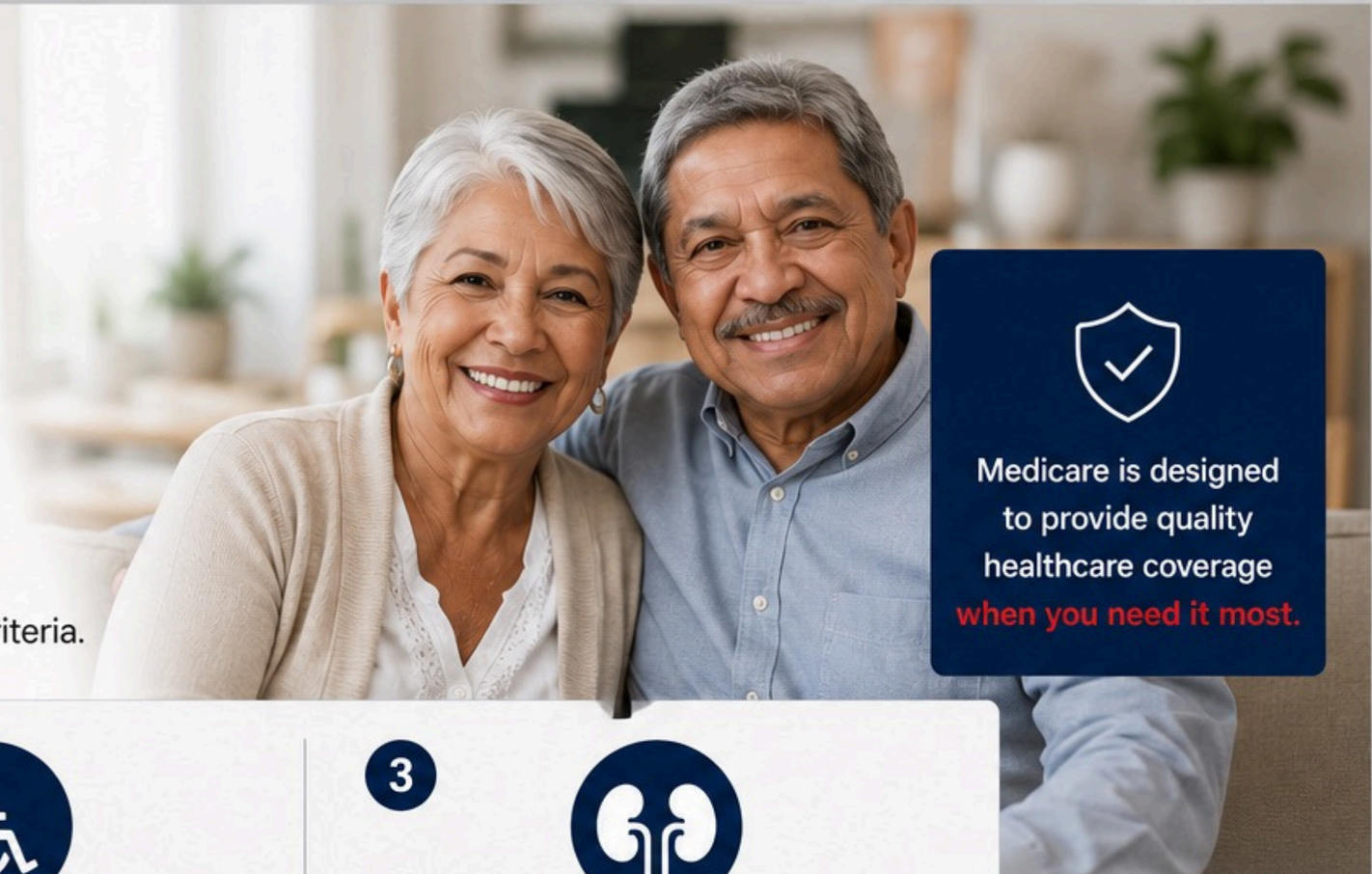
WHO QUALIFIES FOR MEDICARE?



Medicare is designed to provide quality healthcare coverage when you need it most.

You may be **eligible** for Medicare if you meet one of the following criteria.

1

AGE 65 OR OLDER

Most people become eligible for Medicare Part A and Part B when they turn **65**.

2

UNDER 65 WITH A DISABILITY

You may qualify after **24 months** of receiving Social Security Disability benefits.

3

END-STAGE RENAL DISEASE (ESRD)

People with permanent kidney failure requiring dialysis or a kidney transplant may qualify.

U.S. citizens and certain legal residents who have lived in the U.S. for **at least 5 continuous years** are eligible.

Medicare eligibility is based on specific criteria.
Let's make sure your clients know if they qualify!

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WHY MEDICARE EXISTS

Medicare was created in 1965 by the Social Security Act to provide affordable health coverage to Americans when they need it most.

Healthcare costs were rising.
Medicare helps protect seniors from the high cost of medical care.

Seniors needed access to quality care.
Medicare makes essential healthcare services more accessible.

Medicare provides a foundation for financial security.
It gives people peace of mind knowing they have coverage when they need it.

Medicare is one of the most successful social programs in our nation's history—**providing health security and peace of mind to millions of Americans.**

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THE FOUR PARTS OF MEDICARE

Each part plays a key role in your healthcare coverage.

PART A
HOSPITAL INSURANCE

Helps cover inpatient hospital stays, skilled nursing facility care, hospice care, and some home health care.

Covers:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Some home health care

PART B
MEDICAL INSURANCE

Helps cover doctor visits, outpatient care, preventive services, medical equipment, and more.

Covers:

- Doctor visits
- Outpatient care
- Preventive services
- Durable medical equipment
- Lab tests & X-rays

PART C
MEDICARE ADVANTAGE (PART C)

An all-in-one alternative to Original Medicare (Parts A & B) offered by private insurance companies. May include drug coverage.

Covers:

- All benefits of Parts A & B
- Often includes Part D drug coverage
- May include extra benefits (dental, vision, hearing, etc.)

PART D
PRESCRIPTION DRUG COVERAGE

Helps cover the cost of prescription drugs through Medicare-approved drug plans.

Covers:

- Prescription medications
- Different plan options and costs
- Helps lower your drug costs

You can choose Original Medicare (Parts A & B) with or without a Part D plan, or choose a **Medicare Advantage Plan** (Part C), which may include drug coverage.

We're here to help you find the right option for your needs.

Understanding Medicare is the first step to helping your clients make **confident, informed** decisions.

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MEDICARE PART A

OVERVIEW

Medicare Part A is hospital insurance. It helps cover inpatient care in a hospital, skilled nursing facility care, hospice care, and some home health care.

Helps cover inpatient hospital stays
Includes semi-private room, meals, general nursing, and other services and supplies.

Covers skilled nursing facility care
For a limited time after a qualifying hospital stay.

Includes hospice care
For those with a terminal illness and a life expectancy of six months or less.

Includes some home health care
If you're homebound and need skilled care.

You usually don't pay a monthly premium for Part A
if you or your spouse worked and paid Medicare taxes for at least 10 years (40 quarters).

Part A is the foundation of Original Medicare and works together with the other parts to help provide the care your clients need.

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MEDICARE PART A
WHAT PART A COVERS

Medicare Part A helps cover care you receive in a hospital or skilled nursing facility, as well as some home health and hospice care.

1 INPATIENT HOSPITAL CARE

Covers care in a hospital as an inpatient. This includes a semi-private room, meals, general nursing, and other services and supplies.

2 SKILLED NURSING FACILITY CARE

Covers care in a skilled nursing facility (SNF) after a qualifying hospital stay of at least 3 days. Care is limited to 100 days per benefit period.

3 HOME HEALTH CARE

Covers part-time or intermittent skilled care at home. Services must be ordered by a doctor and provided by a Medicare-certified home health agency.

4 HOSPICE CARE

Covers care for people with a terminal illness and a life expectancy of 6 months or less. Focuses on comfort, pain relief, and quality of life.

5 SOME HOSPITAL SERVICES

May cover blood transfusions, certain tests, and other services related to your inpattent care.

KEY TAKEAWAY

Part A covers care in a hospital, skilled nursing facility, at home, and through hospice when medically necessary.

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MEDICARE PART A
WHAT PART A DOESN'T COVER

Medicare Part A is important, but it doesn't cover everything.
Here are some common things Part A doesn't pay for:

1. LONG-TERM CARE

Part A does not cover custodial or long-term care in a nursing home.

2. ROUTINE VISION, DENTAL & HEARING

Does not cover routine eye exams, glasses, dental care, or hearing aids.

3. PRESCRIPTION DRUGS

Part A does not cover prescription medications. You'll need Part D or another plan for drug coverage.

4. MOST TRAVEL

Does not cover health care outside the U.S., except in very limited situations.

5. PERSONAL CARE OR COMFORT ITEMS

Does not cover help with daily activities like bathing, dressing, or meals when not part of skilled care.

6. EXPERIMENTAL OR NON-APPROVED SERVICES

Does not cover treatments or procedures that are considered experimental or not approved by Medicare.

KEEP IN MIND

You may need other coverage, like a Medicare Supplement plan, Medicare Advantage plan, or separate insurance to help pay for these services and out-of-pocket costs.

KEY TAKEAWAY

Knowing what Medicare Part A doesn't cover helps you guide your clients to the right coverage and avoid unexpected expenses.

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MEDICARE PART B
WHAT PART B COVERS

Medicare Part B helps cover medically necessary services and supplies that you receive on an outpatient basis.

DOCTOR VISITS
Office visits, specialist appointments, and outpatient care.

PREVENTIVE SERVICES
Screenings, vaccines, and wellness visits to help keep you healthy.

LAB TESTS & X-RAYS
Diagnostic tests and imaging services.

DURABLE MEDICAL EQUIPMENT (DME)
Items like walkers, wheelchairs, oxygen equipment, and more.

MENTAL HEALTH CARE
Outpatient therapy and counseling services.

AMBULANCE SERVICES
Medically necessary ambulance transportation.

BLOOD & BLOOD PRODUCTS
Covers blood tests and certain blood products.

AND MORE
Part B may cover other medically necessary services as well.

MEDICALLY NECESSARY
Part B only covers services and supplies that are medically necessary to diagnose or treat a medical condition.

Part B works with your other coverage to help you get the care you need *outside of a hospital setting.*

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MEDICARE PART B

OVERVIEW

Medicare Part B is medical insurance. It helps cover medically necessary services and supplies that you receive on an outpatient basis, such as doctor visits, preventive care, and medical equipment.

DESIGNED FOR YOUR EVERYDAY CARE

- Covers services from doctors and other healthcare providers.
- Helps keep you healthy and catch problems early.
- Works alongside Part A and other coverage you may have.

BASED ON YOUR INCOME

- Most people pay a monthly premium for Part B.
- The amount can vary based on your income.
- You'll also pay a yearly deductible and coinsurance.

IMPORTANT TO KNOW

If you're already receiving Social Security benefits, your Part B coverage usually starts automatically when you turn 65.

Part B helps cover the care you get outside the hospital.
It plays a key role in keeping you healthy and independent.

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MEDICARE PART B
PART B COSTS

Part B costs include a monthly premium, an annual deductible, and coinsurance for covered services.

MONTHLY PREMIUM

$202.90

PER MONTH

Most people pay a standard monthly premium.
If your income is higher, you may pay more.

(Deducted from your Social Security check)

ANNUAL DEDUCTIBLE

$283

PER YEAR

You pay the deductible each year before Medicare starts to pay its share.

COINSURANCE

After you meet the deductible, you typically pay 20% of the Medicare-approved amount for most covered services.

IMPORTANT TO KNOW

- Premiums are usually deducted from your Social Security check.
- Costs can change each year.
- Extra Help may be available to help with Part B costs if you have limited income and resources.

KEY TAKEAWAY

Understanding Part B costs helps you plan ahead and choose the right coverage for your clients.

Source: Centers for Medicare & Medicaid Services (CMS) | 2026

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MEDICARE PART C
WHAT IS MEDICARE ADVANTAGE?

Medicare Advantage (Part C) is an alternative way to get your Medicare benefits. These plans are offered by private insurance companies approved by Medicare.

Medicare Advantage plans include all the benefits of Medicare Part A (hospital insurance) and Part B (medical insurance)—and in most cases, include Part D prescription drug coverage too.

ENROLLED IN PART A AND PART B?

You must have both Part A and Part B to join a Medicare Advantage plan.

ONE PLAN. EXTRA BENEFITS.

Most plans offer extra benefits beyond Original Medicare.

KEY POINTS

- Offered by private insurance companies approved by Medicare
- Includes all Part A and Part B benefits
- Most plans include Part D prescription drug coverage
- Many plans include extra benefits like dental, vision, hearing, fitness, and more

Medicare Advantage plans are another way to get your Medicare coverage—with more benefits in one plan.

HMO vs. PPO

Medicare Advantage plans come in different types. The two most common are HMO and PPO plans. Here's how they compare.

	HMO	PPO
Provider Network	You must use doctors, hospitals, and other providers in the plan's network (except in an emergency).	You can see any doctor or specialist. You'll pay less if you use providers in the plan's network.
Referrals	You usually need a referral from your primary care doctor to see a specialist.	You don't need a referral to see a specialist.
Out-of-Network Coverage	Generally not covered, except for emergencies or urgent care.	Covered, but you'll pay more if you go out-of-network.
Costs	Lower out-of-pocket costs and premiums in most cases.	Usually higher premiums and out-of-pocket costs.
Best For	People who want lower costs and don't mind staying in-network.	People who want more flexibility in choosing providers.

KEEP IN MIND

- Plan availability varies by county.
- Costs, networks, and benefits can vary between plans.
- Compare plans during Annual Enrollment to find the best fit for your needs.

Compare your options to choose the plan that fits your health care needs and budget.

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BENEFITS OF MEDICARE ADVANTAGE

Medicare Advantage (Part C) plans are designed to give you more than Original Medicare—often at no extra cost.

PRESCRIPTION DRUG COVERAGE (PART D)

Most plans include coverage for prescription medications.

EXTRA BENEFITS

Many plans offer dental, vision, hearing, fitness memberships, and more.

$0 MONTHLY PREMIUM OPTIONS

Many Medicare Advantage plans have $0 monthly premiums.

COORDINATED CARE

Plans often include care management to help coordinate your health care needs.

NETWORK OF PROVIDERS

Access to a network of doctors and hospitals in your plan.

OUT-OF-POCKET PROTECTION

Plans have an annual limit on out-of-pocket costs for covered services.

KEEP IN MIND

Benefits and costs can vary by plan. It's important to compare plans to find the one that's right for you.

Medicare Advantage plans offer comprehensive coverage and extra benefits that fit your lifestyle and health needs.

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COMMON EXTRA BENEFITS

Many Medicare Advantage plans include extra benefits that Original Medicare (Parts A & B) doesn't cover.

DENTAL
Routine exams, cleanings, fillings, dentures, and other dental services.

VISION
Eye exams, glasses, contacts, and allowances for lenses and frames.

HEARING
Hearing exams, hearing aids, and related services.

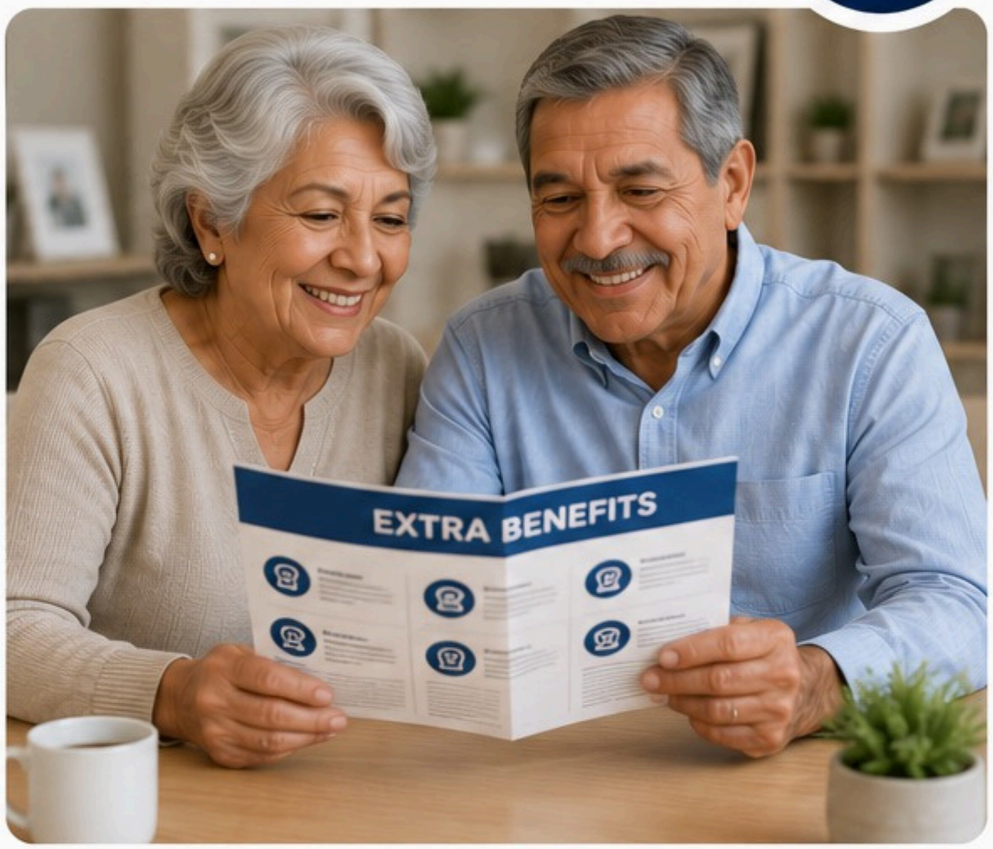
FITNESS
Gym memberships, fitness programs, and wellness benefits.

TRANSPORTATION
Rides to doctor appointments and pharmacy visits.

OTC ALLOWANCE
Monthly allowance to buy over-the-counter health items.

HEALTH & WELLNESS
Programs and services to help you stay healthy and independent.

MEAL DELIVERY
Meals delivered to your home after a hospital stay.



KEEP IN MIND

- Extra benefits vary by plan and county.
- Not all plans include the same benefits.
- Always review the plan details during Annual Enrollment.

Extra benefits can help improve your quality of life and save you money on everyday expenses.

4
COMMON EXTRA BENEFITS

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PRESCRIPTION DRUG COVERAGE

Most Medicare Advantage (Part C) plans include Part D prescription drug coverage, so you get your medical and prescription benefits in one plan.

HOW IT WORKS

1. PLAN INCLUDES PART D
Most Medicare Advantage plans include prescription drug coverage (Part D).

2. FORMULARY
Plans have a list of covered medications called a formulary.

3. COVERAGE TIERS
Medications are placed in different tiers that affect what you pay.

4. PAY YOUR SHARE
You pay copays or coinsurance depending on the tier and your plan.

BENEFITS OF PART D WITH MEDICARE ADVANTAGE

- Convenient: Medical and drug coverage in one plan
- May lower your out-of-pocket costs
- Many plans cover common brand and generic drugs
- Extra benefits may be included

Having Part D coverage helps protect you from high drug costs and ensures you have access to the medications you need.

UNDERSTANDING FORMULARIES

A formulary is the list of prescription drugs that a plan covers.
Medicare Advantage plans have different formularies.
It's important to know what's on your plan's list.

WHAT TO KNOW

COVERED DRUGS
Drugs on the formulary are covered by the plan.

NOT COVERED
Drugs not on the formulary may not be covered or may cost more.

TIERS & COSTS
Drugs are placed in different tiers that affect your copay or coinsurance.

CHANGES CAN HAPPEN
Formularies can change from year to year. Always review during Annual Enrollment.

TIPS FOR YOU

- Make a list of your current medications.
- Check if they are on the plan's formulary.
- Ask your agent or the plan for help if you have questions.

LOWER YOUR COSTS

- Use preferred pharmacies.
- Choose generic drugs when available.
- Talk to your doctor about lower-cost options.

Understanding your plan's formulary helps you avoid surprises and manage your prescription drug costs.

THE PART D COVERAGE STAGES

Medicare Part D prescription drug plans have different coverage stages. Your costs change as your total drug spending increases throughout the year.

1. DEDUCTIBLE STAGE

You pay the full cost of your covered drugs until you meet the plan's deductible.

YOU PAY:
100% of drug costs

2. INITIAL COVERAGE STAGE

After you meet your deductible, the plan pays its share and you pay your share.

YOU PAY:
Copays or coinsurance

3. COVERAGE GAP (DONUT HOLE)

After your total drug costs reach a certain amount, you pay more for your drugs.

YOU PAY:
A higher share of costs

4. CATASTROPHIC COVERAGE

Once your out-of-pocket costs reach a certain amount, the plan pays most of your drug costs.

YOU PAY:
A small coinsurance or copay

GOOD TO KNOW

- The amounts change each year.
- Your plan will send you an Annual Notice of Change with the updated amounts.
- Comparing plans can help you manage your prescription costs.
- Extra Help may lower your costs in all stages.

Understanding the Part D stages can help you budget and make the most of your prescription drug coverage.

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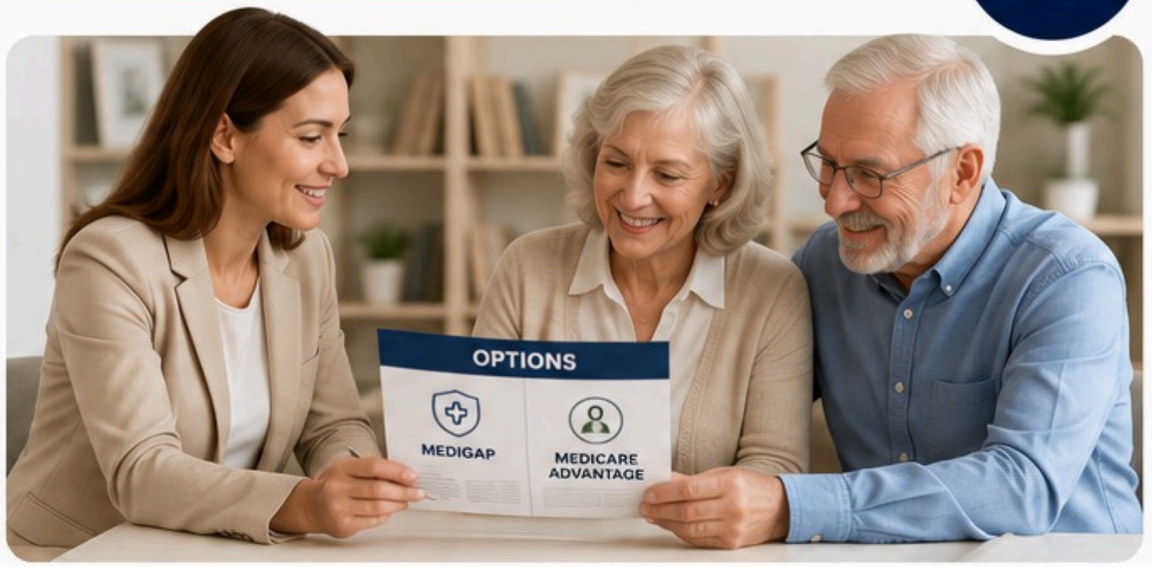
2. WHICH CLIENT FITS EACH OPTION?



Every client is different. Use their health needs, budget, and lifestyle to guide the best recommendation.

CLIENTS WHO MAY PREFER MEDIGAP

Frequent travelers who spend time outside the U.S.
Medigap offers more reliable coverage nationwide.

Clients who want to see any doctor or specialist
No network restrictions with Original Medicare.

Those who want predictable out-of-pocket costs
Medigap helps cover deductibles and coinsurance.

Clients with ongoing or chronic health conditions
Medigap provides consistent coverage year after year.

Anyone who values flexibility and peace of mind
Buy any Medigap plan anytime (guaranteed issue rights).

CLIENTS WHO MAY PREFER MEDICARE ADVANTAGE

Clients on a fixed income or looking to save on premiums
Many plans have $0 monthly premiums.

Those who want extra benefits beyond Original Medicare
Dental, vision, hearing, fitness, transportation, and more.

Clients who don't mind using a network of providers
HMO or PPO networks can help keep costs low.

Those who want prescription drug coverage in one plan
Part D coverage is included.

Clients who rarely travel outside the U.S.
Coverage is designed for in-network, in-country care.

KEY TAKEAWAY

There's no perfect plan—only the right plan for the right client.
Listen, compare, and recommend with confidence.

KNOW YOUR CLIENT. MATCH THEIR NEEDS. MAKE AN IMPACT. Your recommendation can make healthcare simpler and more affordable.

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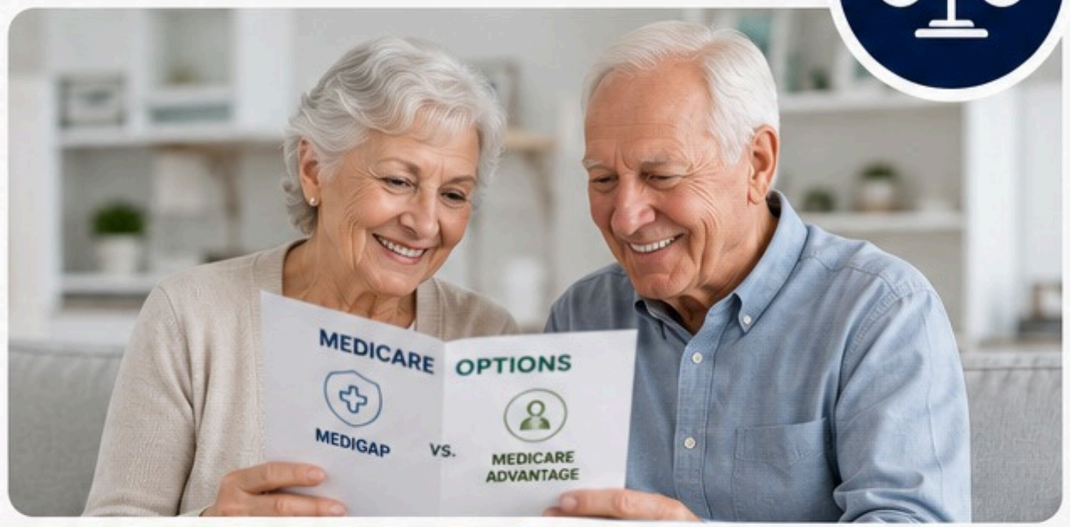
SECTION 4: MEDIGAP vs. MEDICARE ADVANTAGE
(10 MINUTES)

1. SIDE-BY-SIDE COMPARISON



Both options are valuable. The right choice depends on your clients' health needs, budget, and lifestyle.

FEATURE	MEDIGAP + ORIGINAL MEDICARE	MEDICARE ADVANTAGE (PART C)
Provider Choice	See any doctor or specialist in the U.S. who accepts Medicare.	Must use doctors and hospitals in the plan's network (except emergencies).
Network	No network restrictions.	Yes, HMO or PPO networks apply.
Monthly Premiums	Pay a monthly premium for Medigap + Part B premium.	Often $0 plan premium (in addition to Part B premium).
Out-of-Pocket Costs	Very predictable. Medigap helps pay Medicare's coinsurance, copays, and deductibles.	Out-of-pocket maximum protects you from higher costs.
Prescription Drug Coverage	Not included. Must join a separate Part D plan.	Includes Part D prescription drug coverage.
Extra Benefits	Does not include extra benefits.	Often includes dental, vision, hearing, fitness, OTC, transportation, and more.
Travel	Covers emergencies anywhere in the U.S. Limited coverage while traveling abroad.	Emergency coverage in the U.S. only. Limited or no coverage outside the U.S.
Plan Changes	Buy any Medigap plan anytime. Guaranteed issue rights.	Can only switch during Annual Enrollment or with a Special Election Period.

REMEMBER:

There is no one-size-fits-all answer—help your clients choose the option that best fits their needs and lifestyle.

KNOW THE DIFFERENCE. HELP THEM CHOOSE. Your guidance makes all the difference.

10 MINUTES

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SECTION 5: ELIGIBILITY & ENROLLMENT

1. MEDICARE ELIGIBILITY

To enroll in Medicare, your clients must meet certain eligibility requirements.

WHO IS ELIGIBLE?

AGE 65 OR OLIDER

Most people become eligible for Medicare the month they turn 65.

UNDER 65 WITH A DISABILITY

You may qualify if you've received Social Security or Railroad Retirement disability benefits for 24 months.

SPECIAL SITUATIONS

People with End-Stage Renal Disease (ESRD) or ALS (Lou Gehrig's disease) may also qualify for Medicare.

YOUR CLIENTS WILL RECEIVE:

A	**PART A** Hospital Insurance	Usually premium-free if they or their spouse paid Medicare taxes for at least 10 years.
B	**PART B** Medical Insurance	Helps pay for doctor visits, outpatient care, and preventive services.
C	**PART C** Medicare Advantage	An alternative to Original Medicare offered by private insurance companies.
D	**PART D** Prescription Drug Coverage	Helps cover the cost of prescription medications.

Most clients will have Part A and Part B.
Part C and Part D are optional.

KNOW ELIGIBILITY. GUIDE CONFIDENTLY.

Confirm eligibility early to help your clients enroll on time and avoid late penalties.

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SECTION 5: ELIGIBILITY & ENROLLMENT

2. INITIAL ENROLLMENT PERIOD (IEP)

The Initial Enrollment Period (IEP) is your first opportunity to enroll in Medicare when you become eligible.

WHEN IT HAPPENS

Your IEP is a 7-month window:

You can enroll in Part A, Part B, Part C (Medicare Advantage), and Part D during this time.

WHAT YOU CAN DO

- Enroll in Part A and Part B.
- Choose a Medicare Advantage Plan (Part C) and/or Part D Prescription Drug Plan.
- Compare plans to find the best fit for your needs.

DON'T DELAY

If you don't enroll when first eligible, you may face late enrollment penalties.

KEY TAKEAWAY

Your IEP is your best chance to enroll in Medicare on time and avoid penalties.

Plan ahead and enroll during your 7-month IEP window!

ENROLL ON TIME. STAY PROTECTED. | We're here to help you every step of the way.

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SECTION 5: ELIGIBILITY & ENROLLMENT

4. OPEN ENROLLMENT PERIOD (OEP)

The Open Enrollment Period (OEP) gives Medicare Advantage members a chance to make one change to their coverage.

WHEN IT HAPPENS

JANUARY 1 – MARCH 31

Coverage changes take effect on the first day of the following month.

IMPORTANT

OEP is only for Medicare Advantage (Part C) members.

You cannot switch from Original Medicare to a Medicare Advantage Plan during OEP.

WHAT YOU CAN DO DURING OEP

- Switch to a different Medicare Advantage Plan.
- Switch from a Medicare Advantage Plan with drug coverage to one without (or vice versa).
- Join, switch to, or drop a Part D Prescription Drug Plan.

KEY TAKEAWAY

OEP is your mid-year opportunity to make a plan change.

Help your clients review their coverage and make sure it still meets their needs.

ONE CHANGE. BETTER COVERAGE.

OEP gives Medicare Advantage members flexibility to make a change that works better for them.

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SECTION 5: ELIGIBILITY & ENROLLMENT

3. ANNUAL ENROLLMENT PERIOD (AEP)

The Annual Enrollment Period (AEP) is your yearly opportunity to review and make changes to your Medicare coverage.

WHEN IT HAPPENS

OCTOBER 15 Start Date → **DECEMBER 7** End Date

Changes made during AEP take effect on **January 1.**

WHAT YOU CAN DO DURING AEP

- Switch from Original Medicare to a Medicare Advantage Plan (Part C) or vice versa.
- Switch from one Medicare Advantage Plan to another.
- Join, switch, or drop a Part D Prescription Drug Plan.
- Review your current coverage and make sure it still fits your needs.

KEY TAKEAWAY

AEP happens every year!

It's the best time for your clients to compare plans and make changes for the upcoming year.

REVIEW. COMPARE. SAVE.

A smart review during AEP can lead to better coverage and possible savings.

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SECTION 5: ELIGIBILITY & ENROLLMENT

5. SPECIAL ENROLLMENT PERIODS (SEP)

Special Enrollment Periods (SEP) allow your clients to enroll or make changes outside of the regular enrollment periods due to certain life events.

WHAT IT IS

A SEP is triggered by specific life events that affect your client's coverage or circumstances.

SEPs have different timeframes depending on the event.

Always verify eligibility and deadlines.

COMMON REASONS FOR SEP

- Moving out of your plan's service area
- Loss of employer or union coverage
- Losing Medicaid or Extra Help
- Moving to or from a nursing home or long-term care facility
- Other exceptional circumstances (natural disasters, plan errors, etc.)

KEY TAKEAWAY

Life happens—SEPs provide flexibility when your clients need it most.

Always document the event and confirm eligibility.

LOOK FOR OPPORTUNITIES TO HELP.
SEPs can open the door to better coverage.

TIP: Always ask about potential life changes that may qualify for a SEP.

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6. ENROLLMENT TIMELINE

Understanding the Medicare enrollment timeline helps you guide your clients at the right time.

INITIAL ENROLLMENT PERIOD (IEP)

7 MONTHS

3 months before your 65th birthday, the month you turn 65, and 3 months after your birthday.

Coverage starts based on when you enroll.

ANNUAL ENROLLMENT PERIOD (AEP)

OCTOBER 15 – DECEMBER 7

Review and make changes to Medicare Advantage (Part C) or Part D plans.

Changes take effect January 1.

OPEN ENROLLMENT PERIOD (OEP)

JANUARY 1 – MARCH 31

Medicare Advantage members can make one change to their plan.

Changes take effect the first day of the following month.

SPECIAL ENROLLMENT PERIODS (SEP)

VARIES

Triggered by certain life events that allow enrollment or changes outside of regular periods.

Timelines depend on the qualifying event.

ONGOING ENROLLMENT

YEAR-ROUND SUPPORT

Help clients understand their options and plan ahead for the next enrollment period.

Stay informed and stay prepared!

TIMING MATTERS. WE'RE HERE TO HELP.

Enroll on time, avoid penalties, and help your clients get the coverage they need—when they need it.

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SECTION 6 — MEDICARE LANGUAGE

1. MEDICARE TERMINOLOGY

Understanding key terms makes it easier to explain Medicare options and build client trust.

TERM	WHAT IT MEANS
CMS	Centers for Medicare & Medicaid Services.
MAPD	Medicare Advantage Prescription Drug plan. Combines Part A, Part B, and usually Part D.
PDP	Prescription Drug Plan (Part D). Covers outpatient prescription medications.
HMO	Health Maintenance Organization. Requires you to use doctors and hospitals in the plan's network.
PPO	Preferred Provider Organization. Offers more flexibility to see out-of-network providers for a higher cost.
MOOP	Maximum Out-of-Pocket. The most a member pays in a plan year for covered services.
Formulary	The list of covered prescription drugs in a plan.
Network	The doctors, hospitals, and providers that have a contract with the plan to provide services.
LIS	Low-Income Subsidy (Extra Help). Helps pay for Part D premiums and prescription costs.

KEY TAKEAWAY

Using the right language helps build confidence, clarity, and credibility with your clients.

KNOW THE TERMS. BUILD TRUST.

The more comfortable you are with Medicare terms, the easier it is to guide your clients.

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SECTION 7 — UNDERSTANDING YOUR BUSINESS

1. HOW MEDICARE AGENTS GET PAID

Medicare agents are paid by insurance carriers when a policy is issued. You don't charge your clients—your compensation comes from the insurance company.

HOW IT WORKS

- You help a client enroll in a Medicare Advantage, Prescription Drug Plan (PDP), Medigap, or other Medicare plan.
- The insurance carrier pays you a commission after the policy is issued and the client is active.
- You do not bill your clients. Commissions are built into the plan's cost.

WHAT YOU EARN

- **Initial Commission:** Paid when the policy is issued.
- **Renewal Commission:** Paid monthly as long as the client stays enrolled.
- **Bonus & Overrides:** Additional incentives may be available based on performance and upline structure.

IMPORTANT TO KNOW

- Commission rates vary by plan type and carrier.
- Licensing, appointing with carriers, and following compliance rules are essential.
- Your income is directly tied to the value you provide and the clients you serve.

YOU HELP. THEY ENROLL. YOU GET PAID.

Focus on education, building trust, and providing solutions—your success follows.

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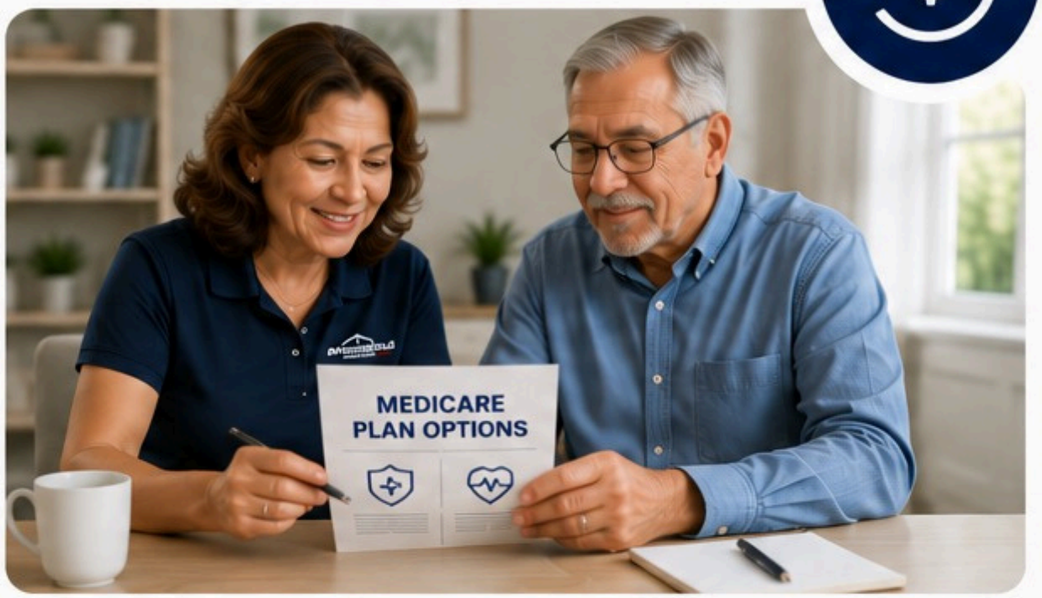
2. INITIAL VS. RENEWAL COMMISSIONS

Medicare agents earn two types of commissions. Understanding the difference helps you set the right expectations and build long-term success.



INITIAL COMMISSION

Paid when the policy is issued.

- One-time payment
- Based on the plan, carrier, and product
- Typically higher than renewal commissions

EXAMPLE

You enroll a client in a Medicare Advantage plan.
You receive an initial commission from the carrier.

RENEWAL COMMISSION

Paid as long as the client stays enrolled.

- Ongoing, usually paid monthly
- Smaller amount, but long-term
- Provides residual income

EXAMPLE

Your client remains enrolled year after year.
You continue to receive renewal commissions each month.

KEY POINT
Initial commissions reward your efforts up front. Renewal commissions reward your client relationships over time.

BUILD TODAY. BENEFIT TOMORROW.

Strong retention leads to steady income and a sustainable Medicare business.

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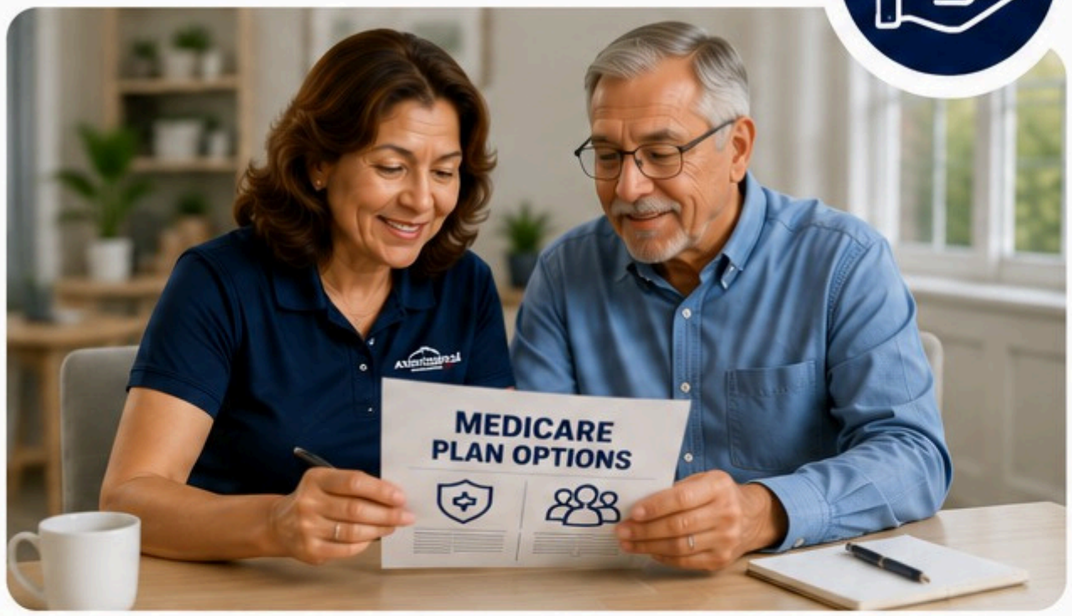
3. WHY RETENTION MATTERS



Keeping your clients year after year is one of the most powerful ways to grow a stable and successful Medicare business.

STEADY INCOME

Renewal commissions provide ongoing income as long as your client stays enrolled.

BUSINESS GROWTH

Happy, well-served clients are more likely to stay with you and refer their friends and family.

CLIENT TRUST

Retention is built on relationships, service, and being a trusted resource.

LONG-TERM SUCCESS

A strong retention rate today leads to a more valuable book of business tomorrow.

THE BOTTOM LINE | Getting the sale is important. Keeping the client is everything.
Retention turns one-time enrollments into a lasting, profitable business.

**FOCUS ON SERVICE. EARN LOYALTY.
BUILD A BUSINESS THAT LASTS.**

When your clients feel supported, they stay.
When they stay, your business grows.

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SECTION 8 — AVOIDING BEGINNER MISTAKES

1. TOP 10 MISTAKES NEW AGENTS MAKE

Avoid these common pitfalls and set yourself up for long-term success.

1	Not learning Medicare thoroughly before selling
2	Focusing on price instead of value and fit
3	Not following the scope of appointment (SOA) process
4	Missing enrollment deadlines
5	Failing to compare plans side by side
6	Overpromising benefits
7	Not documenting and keeping records
8	Poor follow-up and client communication
9	Not staying compliant with CMS and carrier rules
10	Giving up too soon—consistency is key

PRO TIP

Keep learning, stay organized, and always put the client's needs first.

FOCUS ON DOING IT RIGHT, NOT JUST DOING IT FAST.

Small mistakes can cost trust—
accuracy and care build your reputation.

2. REAL-LIFE CASE STUDY

Let's look at a real situation where a few small mistakes led to a lost client—and how it could have been avoided.

THE SITUATION

A new agent, Alex, met with Mr. Johnson, a **72-year-old retiree turning 65** soon.

Mr. Johnson wanted a plan with good doctors and low out-of-pocket costs.

WHAT WENT WRONG

1. Alex rushed the appointment and didn't fully review all of Mr. Johnson's medications.
2. Didn't compare plans side by side.
3. Overlooked a plan with a lower MOOP and better network.
4. Alex didn't follow up after enrollment.

THE RESULT

Mr. Johnson had higher drug costs and couldn't see his preferred doctor. He switched plans during the next enrollment period—and left a negative review.

WHAT COULD HAVE BEEN DONE

- ✔ Taken time to review all medications and doctors.
- ✔ Compared multiple plans side by side.
- ✔ Focused on value, not just premium.
- ✔ Explained benefits, costs, and plan differences clearly.
- ✔ Followed up to confirm satisfaction.

LESSON LEARNED

Taking the time to do it right the first time builds trust, results in better outcomes, and keeps clients for life.

3. GROUP DISCUSSION

Let's learn from each other. Share your experiences, ask questions, and discover solutions together.

DISCUSSION PROMPTS

- What was your biggest challenge when you first started selling Medicare plans?
- Which of the top 10 mistakes do you see most often?
- What's one thing you do now that has made a big difference in your success?
- How do you build trust and keep clients for the long term?

SHARE. LEARN. GROW.

Your insights could help another agent avoid a mistake and create a better experience for their clients.

KEY TAKEAWAY

We grow faster when we learn together. Let's support each other and build stronger Medicare businesses.

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WRAP-UP

1. KEY TAKEAWAYS

Great job today! Here are the most important points to remember from this session:

1. YOU MAKE A DIFFERENCE
You help people make important healthcare decisions that protect their health and financial well-being.

2. UNDERSTAND THE BASICS
Knowing Medicare parts, plan types, and enrollment periods is the foundation of your success.

3. GET PAID FOR YOUR WORK
Commissions come from both initial and renewal payments. Retention is key to long-term income.

4. AVOID COMMON MISTAKES
Learning from others' mistakes helps you build trust, serve clients well, and grow your business faster.

5. CONTINUE LEARNING
Stay curious, ask questions, and keep improving. The more you learn, the more you earn!

Every client you help today builds a better tomorrow.

Thank you for your time and commitment.
Let's finish strong!

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WRAP-UP

THANK YOU!

YOU TOOK A BIG STEP TODAY.

Thank you for your time, energy, and commitment
to building a successful Medicare career.
We're here to support you every step of the way.

REGISTER FOR THE NEXT SESSION

Scan the QR code or visit the link below
to view upcoming sessions and secure your seat.

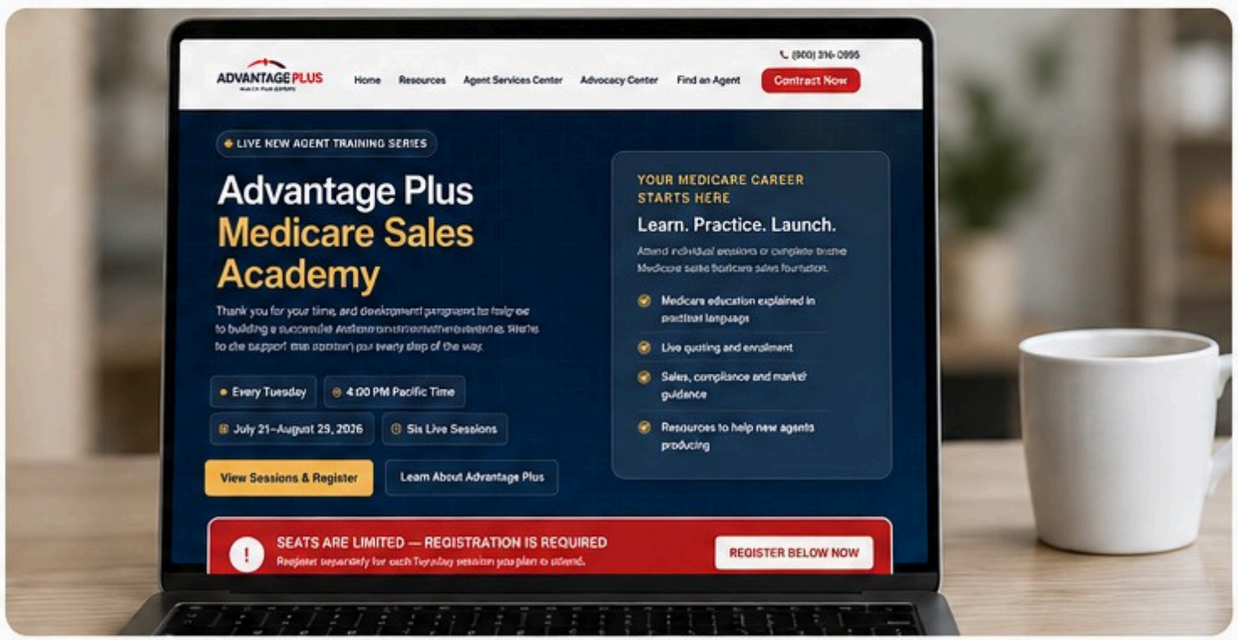
REGISTER NOW

Advantagemedicareoptions.com/
medicare-sales-academy/

PREVIEW OF WEEK 2

Next Session Focus:

- Deep dive into Medicare Advantage plans
- Understanding plan benefits and networks
- Enrollment scenarios and role play
- Live Q&A and real-world examples



KEEP LEARNING. KEEP GROWING.

Every session brings you closer to confidence,
clients, and commissions.

YOU'VE GOT THIS!
We believe in you and can't wait to see your success.

See you next week!
Let's keep building your future.