Marketing and Selling Medicare Supplements
Work the Medicare market all year.

Our symposium features:

- Medicare Supplements
  - A Medicare Supplement History
  - Medicare Supplement Plan Types
  - Medicare Select Plans
  - High Deductible Plans
- Lead Programs – How to identify and locate prospects
- Methods to Maintain Persistency
- Market Information
  - Overview
  - TBI Medicare Supplement Quote Engine
  - Licensing
Working Supps!
Medigap in the 1980’s

During the 1980s the federal government first provided a voluntary certification option for Medicare Supplement, or *Medigap Insurance*, insurers in Section 507 of the Social Security Disability Amendments of 1980, commonly known as the “Baucus Amendment.”

In order to meet the Baucus Amendment’s voluntary minimum standards, the Medicare Supplement plan was required to:

• Meet or exceed the National Association of Insurance Commissioners (“hereinafter referred to as “NAIC”) model standards for such plans, and
• Return to policyholders as aggregate benefits at least 75% of the aggregate amount of premiums collected in group policies and at least 60% of the aggregate amount collected in individual policies.
Medigap in the 1980’s

The move toward increased consumer protections was evident beginning in the late 1980s.

The Medicare and Medicaid Patient and Program Protection Act of 1987 provided that individuals who knowingly and willfully make a false statement or misrepresent a medical fact in the sale of a Medicare Supplement policy are guilty of a felony.

The Omnibus Budget Reconciliation Act of 1987 permitted the participating physicians or suppliers to be paid directly by the Medicare Supplement insurance carriers.
Medigap in the 1980’s

The Medicare Catastrophic Coverage Act of 1988 improved the information available to potential Medicare Supplement Insurance purchasers by directing the Secretary of Health and Human Services to inform them about sales abuses, publish a toll-free phone number to report such abuses, and inform potential beneficiaries of the addresses and telephone numbers of state and federal offices that provide information and assistance.

The MCCA also required that Medicare Supplement plans offered in a state meet or exceed the NAIC guidelines. If this requirement was not met, federal model standards would be established for that state.
Medigap in the 1980’s

Several provisions in MCAA would have made additional changes to original Medicare, but they were repealed before they went into effect by the Medicare Catastrophic Coverage Repeal Act of 1989. The changes made by the MCAA included the following:

• Expanding Medicare Part B benefits;

• Imposing an annual supplemental Medicare premium on Part A beneficiaries whose tax liability equaled or exceeded $150; and

• Imposing an out-of-pocket maximum on Part B expenditures.
Medigap in the 1990’s

- It was during the 1990’s The Omnibus Budget Reconciliation Act of 1990 replaced some voluntary guidelines with federal standards. Specifically, The Omnibus Budget Reconciliation Act of 1990 did the following:
  - Provided for the sale of only 10 standardized Medicare Supplement Plans (in all but three states);
  - Guaranteed plan renewability (with rare exceptions);
  - Prohibited the selling of policies that duplicated certain health insurance provisions to which a beneficiary was entitled, for instance through a retiree health plan;
Medigap in the 1990’s

- Curtailed the use of preexisting condition limitations and other forms of health based pricing;
- Required that insurers return to policyholders as aggregate benefits at least 75% of the aggregate amount of premiums collected in group policies and at least 65% of the aggregate amount collected in individual policies; and,
- Introduced Medicare Medigap insurance SELECT plans in 15 states. The Medicare SELECT Supplement plans provided a managed-care option for beneficiaries with reimbursement within a limited network.
Medigap in the 1990’s

The Act to Amend the Omnibus Budget Reconciliation Act of 1990, which was passed in 1995, extended the Medicare SELECT Supplement plans beyond the initial 15 states’ demonstration program to every state, at each states’ choice.

Two of the statutes enacted during the 1990s continued to emphasize consumer protections.

- The Balanced Budget Act of 1997 imposed restrictions on preexisting condition exclusions during the initial Medicare Supplement Plans Open Enrollment Period when the Medicare beneficiary is at least 65 years of age and meets a requirement for previous health insurance coverage.

- The Budget Reconciliation Act also requested that the Secretary of Health and Human Services ask the NIAC to develop two high deductible Medicare Supplement – Medigap plans. As a result, the High Deductible Plan F and Plan J were created.
Medigap in the 1990’s

- The Ticket to Work and Work Incentives Improvement Act of 1999 permitted disabled Medicare beneficiaries to request the suspension of a Medicare Supplement Plan when they were covered under a major medical group health policy.

- The Social Security Act Amendments of 1994 modified the Omnibus Budget Reconciliation Act. As listed above, the Omnibus Budget Reconciliation Act barred the sale of policies that duplicated other coverage to which a Medicare beneficiary was entitled.

- It also amended the Omnibus Budget Reconciliation Act of 1990 requirements by narrowing the anti-duplication provisions and clarifying the circumstances under which insurance companies could sell health insurance policies which duplicated non-Medicare insurance coverage.
Medigap in the 1990’s

- The Omnibus Consolidation and Emergency Supplemental Appropriation Act of 1999 required that providers or facilities that paid Medicare Supplement Plans premiums for Medicare beneficiaries be subject to civil penalties.

- This legislation attempted to avoid conflicts of interest created when providers or facilities first paid premiums and then self-referred patients.
Medigap in the 2000’s

The Consolidated Appropriations Act of 2001 specified various anti-discrimination provisions. In particular, individuals who experienced certain changes in their health insurance status (i.e., involuntary termination of a Medicare Supplement plan) were guaranteed the right to purchase a new Medicare Supplement plan and protected against preexisting conditions exclusions.
Medigap in the 2000’s

The Medicare Prescription Drug Improvement and Modernization Act of 2003 included various changes in Medicare Supplement Plans.

- Based upon the fact that the MMA added the Medicare Part D drug provisions, Medicare Supplement Plan insurance, plans containing drug benefits could no longer be sold to those who did not already have them.

- The Medicare beneficiaries whose Medicare Supplement Plans, policies were issued before January 1, 2006, and did contain drug coverage were allowed to keep their existing Medicare Supplement Plan policy as is, or in some cases the Medicare beneficiary could keep their existing policy minus the drug benefit, or the Medicare beneficiary could purchase Medicare Part D together with either their old Medicare Supplement Plans minus the drug benefit or certain new Medicare Supplement insurance plans.
Medigap in the 2000’s

- In particular, individuals with Medicare Supplement Plans H, Plan I, and Plan J were guaranteed the right to purchase any of Plan A, Plan B, Plan C, and Plan F with the same insurance company.

- Moreover, the insurance company could not use the Medicare beneficiary’s health status, claims experience, receipt of health care, or medical condition to determine the premium.

- Additionally, excluding preexisting conditions from these policies was also prohibited.
Medigap in the 2000’s

- The MMA also requested that the Secretary of Health & Human Services request the NAIC to develop additional Medicare Supplement plans. Specifically, the two new plans were to incorporate coinsurance and a maximum out-of-pocket limit. No plans available in 2003 had these features. These two plans became Plan K and Plan L.

- Any other Medicare Supplement plans developed by the NAIC did not have to incorporate these features, but were required to exclude prescription drug benefits. Medicare Supplement Plan M and Plan N fell into this category. In some instances, the MMA changes created two identical Medicare Supplement plans; therefore, the existing Plan E, Plan H, Plan I, and Plan J were eliminated because they duplicated other plans.
Medigap in the 2000’s

- The Medicare Improvements for Patients and Providers Act of 2008 set standards for which Medicare Supplement plans that insurance companies must offer. Specifically, insurance companies that wanted to offer plans beyond the basic least comprehensive plan, Plan A, were required to offer at least one of the most comprehensive plans –Plan C or Plan F.

- The Genetic Information Nondiscrimination Act of 2008 prohibited discrimination by health insurance companies and employers based on genetic information.

- Finally, Section 3210 of the Patient Protection and Affordable Care Act of 2010 requested that the Secretary of Health and Human Services request that the NAIC “review and revise” cost-sharing in Medicare Supplement Plan C and Plan F.
Medigap in the 2000’s

- History brings us to the current standardized plans, which are the third generation of Medicare Supplement Plans – Medigap insurance plans included in statutes.

- The first group of plans predated the plan standardization mandated by Omnibus Budget Reconciliation Act of 1990.

- The second group of plans, labeled Plan A through Plan J, were standardized and became effective in a state when the terms of Omnibus Budget Reconciliation Act of 1990 were adopted by the state, mainly in 1992.
<table>
<thead>
<tr>
<th>Medigap Benefits</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F*</th>
<th>G</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>N</th>
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<tr>
<td>Medicare Part A Coinsurance and hospital costs up to an additional 365 days</td>
<td>100</td>
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<td>after Medicare benefits are used up</td>
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<td>Medicare Part B Coinsurance or Copayment</td>
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<td>75</td>
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<td>Blood (First 3 Pints)</td>
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<td>Part A Hospice Care Coinsurance or Copayment</td>
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<td>Skilled Nursing Facility Care Coinsurance</td>
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<td>Medicare Part A Deductible</td>
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<td>Medicare Part B Deductible</td>
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<td>Medicare Part B Excess Charges</td>
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<td>Foreign Travel Emergency (Up to Plan Limits)</td>
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*Plan F also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of $2,110 in 2013 before your Medigap plan pays anything.

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible ($147 in 2013), the Medigap plan pays 100% of covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don't result in an inpatient admission.

<table>
<thead>
<tr>
<th>Out-of-Pocket Limit**</th>
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<tbody>
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<td>$4,800</td>
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<td>$2,400</td>
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</table>
What is Medicare SELECT?

Medicare SELECT is a type of Medigap policy sold in some states that requires you to use hospitals and, in some cases, doctors within its network to be eligible for full insurance benefits (except in an emergency). Medicare SELECT can be any of the standardized Medigap Plans. See page 11. These policies generally cost less than other Medigap policies. However, if you don’t use a Medicare SELECT hospital or doctor for non-emergency services, you’ll have to pay some or all of what Medicare doesn’t pay. Medicare will pay its share of approved charges no matter which hospital or doctor you choose.

Medicare Select offers all of the great benefits of a traditional Medicare Supplement but costs approximately 15% less. Your clients can visit their health care providers of choice, without the need for approval or pre-certification. If hospital care is needed, your clients may visit any of the hospitals that are affiliated with their Medicare Select insurance policy, anywhere in the country.
High Deductible F

- Appeals to healthy clients
- Calendar year deductible for both parts A&B - $2,070
- After deductible pays traditional Plan F benefits
- Age 65 Female Non-tobacco nationwide average monthly premium - $26
Consider this:

Compare Rates:

- \( F(\text{hd}) \times 12 = 26 \times 12 = 312 \)
- \( F \times 12 = 130 \times 12 = 1560 \) (on the cheap end!)
- $1248 savings (only $752 out of pocket if $2,070 of expense that calendar year!)
Hospital Indemnity

- No coordination of benefits
- $500 or $1,000 Hospital Admission Benefit
  - Matches Medicare Benefit Period
  - Up to $500 Daily Benefit
- Intensive Care = 2X daily benefit
- Same Day Surgical Facility
- Ambulance Benefit 50% of Daily Benefit
- Issue Ages 0-74
- Sample Rate:
  - 65 year old $100 Daily Benefit & $1,000 Admission Benefit
    - $71.05 per month
Hospital Indemnity

65 F Non-tobacco – TX 760 Zip

Medicare Supplement Plan F (HD)
$32.88
Hospital Indemnity ($1,000/$100)
$71.05
Total Monthly Bank Draft
$103.93
Total Annualized Premium
$1247.16

Less than the cost of a traditional Plan F
Medicare Supplement

• Sample Claim:
  ◦ 5 days in the hospital - $1156 Part A
  ◦ Medicare pays all other approved charges
  ◦ Hospital Indemnity pays $1,500 to insured ($1,000 admission and $100 per day)

  ◦ $103.93 x 12 = $1247
  ◦ $130 x 12 = $1560
  ◦ Savings - $313
  ◦ Annual rate increase on small percentage of combined premium
Medicare Supplement Premium Credit

- Anytime client uses network hospital
- $100 premium credit on next premium
- USA MCO Network (usamco.com)
  - Within 15 miles of 760 zip in Texas
    - Methodist Hospital South Lake
    - Harris Methodist Hurst Euless Bedford
    - Arlington Cancer Center
    - North Hills Hospital
    - Las Colinas Medicare Center
    - Medical Center of Lewisville
    - Arlington Memorial Hospital
  - Texas Heart & Vascular Hospital
  - Pine Creek Medical Center
  - UT Southwestern St Paul Hospital
  - UT Southwestern Zale Lipshy Medical Center
Medicare Supplement

♦ Yes / No application
♦ Liberal underwriting
♦ Draft premium, including initial
♦ Direct deposit commissions
♦ 15-Month interest free advance commissions
♦ Platinum Service (fax applications)
♦ E-application

THE TOTAL PACKAGE
Convenient Phone Enrollment

♦ Are you looking for an easier way to process your applications?
♦ High fuel prices leaving you prospect-less?
♦ Does all the paperwork bog you down?
♦ Tired of having to fax, mail, or overnight the applications to the carrier?

How about a Telephone Application Process?
You no longer have to see your clients to complete a sale.
Bonus Lead Program

- 1,000 direct lead mailer or 4,000 name consumer prospecting list
- Qualification: $5,000 of combined issued annualized health premium (5 combo sales)
- No limit on how many times you qualify for this program
The SLAICO Difference

- **Bonus Leads Program**
  - $5,000 in life and health combined = 1,000 piece mailer or 4,000 name consumer prospecting list

- **Fax in Application...PLATINUM SERVICE**
  - Faster processing time - means the policy is issued quicker

- **Easy Phone Enrollment**
  - No paperwork or wet signature needed

- **Draft Premium, including Initial**
  - All payment modes from checking or savings account

- **Advance Commissions**
  - 15 months with no interest...paid weekly for all health sales and 9 months for life sales
The SLAICO Difference

• **Telephone Contracting**
  - **7 minutes**, Agent fax in license, E&O and voided check

• **Marketing Support**
  - Toll-free, **Monday – Friday, 8:00 am – 4:30 pm CST**

• **Website (www.slaico.com)**
  - Online reports and forms available 24 / 7

• **Full menu of Life, Health and Financial Products**
Support Systems

Where to turn for help:

- Your contracted carriers:
  - Product & Sales Education
  - Marketing Support
  - Leads

- Your Contracting Hierarchy
  - Product & Sales Education
  - Marketing Support
  - Leads

- Yourself:
  - Study
  - Prospect
  - Work
Let’s examine The Brokerage Inc’s Lead Program Menu.
Option A: Contact List

Custom List   Volume-Based Pricing

A contact list custom ordered for you from a list vendor, based on the age range, income level and county you desire to work in. All contact names are scrubbed against the do not call list.

Keep in mind this list is purchased at a discount from an outside vendor and is distributed multiple times. And, not all programs allow for cold-calling.

Specifics are at www.thebrokerageinc.com, under the “TOOLS” tab, “LEAD PROGRAM MENU”.

Get the Right Leads and Find New Customers Faster

The Brokerage agents have access to the widest selection of filters to pinpoint the best available leads in their area. Easily and securely order and download fresh, privacy-compliant leads online, or call 1-877-288-6287 to get live expert help and learn what's helping other agents succeed.

<table>
<thead>
<tr>
<th>Consumer Lists</th>
<th>Business Lists</th>
<th>New Homeowner Lists</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Guaranteed 94% Deliverable</td>
<td>• Guaranteed 90% Deliverable</td>
<td>• Over 100,000 new leads added weekly</td>
</tr>
<tr>
<td>• Privacy-Compliant Leads</td>
<td>• Updated Monthly</td>
<td>• Filter by Purchase Date</td>
</tr>
<tr>
<td>• Filter by Demographics &amp; Psychographics</td>
<td>• Filter by Business Type (SIC Code)</td>
<td>• Filter by Purchase Amount</td>
</tr>
<tr>
<td>• Option for DNC-Compliant Phone Numbers</td>
<td>• Filter by Employee Size &amp; Sales Volume</td>
<td></td>
</tr>
<tr>
<td>• Available for any U.S. Geographic Area</td>
<td>• Option for Phone Numbers</td>
<td></td>
</tr>
</tbody>
</table>

Get Started | Get Started | Get Started

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Option B: Community-Based Marketing

- Faith-Based Opportunities: Group meeting opportunities through pre-screened faith-based locations. Informational topics of interest (Medicare 101, LIS/MSP, LTCi, Life Insurance/Final Expense, among others) are presented to the congregation supported by church leadership.
Option B: Community-Based Marketing  Complementary

- Provider Marketing: Depending upon the product being marketed - referrals and lead collection from contracted network providers, or medical professionals positively affected by the proposed insurance offering.
Option C: Carrier Generated Leads

Complementary

- The Brokerage Inc. will at times have carrier generated prospects and/or recycled prospects. These prospects have responded to carrier solicitation or have been otherwise contacted, and have agreed to allow an agent contact them and discuss certain products.

This may not necessarily be a preset appointment. This may simply be a prospect that is expecting your call. These leads may be seasonal and subject to availability.
Option D: Direct Mail Programs
Cost Based on Extent of Use

The Brokerage Inc. has a direct mail program available for all product lines. Simply choose a mailer from our marketing portfolio and let the professionals handle the rest. Different packages of mailers with discounts for Medicare Supplements; Final Expense; “ObamaCare”; Dental, Hearing, Vision; Mortgage Life Insurance; Disability Income Insurance; Turning 65; and Medicare programs are detailed on www.thebrokerageinc.com.

Our featured partner is America’s Recommended Mailers (ARM).
Attention Medicare Recipients
in <<Name_County>>

RE: POLICY REVIEW

<<FirstName>> <<LastName>>

Many people in <<Name_County>> purchased a Medicare Supplement plan to pay medical costs not fully covered by Medicare. What most people don't realize is that the cost of their plan and services available can change, plan new carriers become available over time. The plan you may have may have been a good fit at the time, but it may not be the best plan for you today.

As an independent insurance agent, I represent many Medicare Supplement companies, not just one, and can help you find the coverage that may be best for you. Please phone me or email me at <<Email>> and your case changes after completion of any time, plus additional options are available to save you money NOW?

Take advantage of this FREE Computerized Review today to find out which plan best suits your situation and how much you can save. Simply complete and return this entire form in the enclosed, postage paid envelope, or call me at <<Telephone>>.

There is no cost or obligation for this information.

☐ Please see that I receive this important information

Signature

Spouse Name

Your Age Spouse's Age

Telephone (_____) <<Telephone>>

Medicare Recipients
Recommended Demographics
Age: 66-080 Income: $30,000+
Dwelling: Single Family, Condos, Apartments, Trailers
Option D: Direct Mail Programs
Cost Based on Extent of Use

Our partnerships with different carriers also enable us to offer discounted direct mail programs targeting specific niche markets, including Medicare Supplements, Final Expense, and Ancillary products.

Carriers include:
- Standard Life and Accident
- Legacy Safeguard/Monumental Life
- Washington National
Option E: Internet Generated Lead Programs

- The Brokerage Inc. contracts with multiple Internet Lead Generator Companies, with lead availability varying depending upon market and product selected.

Our featured partner is HealthPlanOne.

Connecting Buyers and sellers through the Internet
Option F: “Brokerage Bucks”
Production-funded

- Write an agreed upon number of applications through The Brokerage Inc, within a thirty (30) day period, using these programs, and receive a complimentary 1,000 piece mailing through America’s Recommended Mailers (ARM):
  - Medicare Advantage
  - Medicare Supplement
  - Final Expense
  - Life Insurance
  - Critical Illness
  - Disability Income
  - Annuities

*Certain limitations apply*
After the Sale...
Reach Out to your Customers
What do I do after the sale?

Call your new client! “touch” them with a telephone call. Conduct annual reviews. Reach clients on holidays and birthdays.
What do I Say?

Welcome them to their new plan. You may want to call in a day or two after you submitted their enrollment. Also check to see if they have any questions and ASK FOR REFERRALS.
Make the calls Part of Your Routine Follow up Process

It is a good practice to make sure all of your clients reach out to you for their insurance needs.

It is a perfect time to cross sell with other products such as Final Expense, Long Term Care, Annuities, Dental Hearing and Vision, Cancer Policies and other Life Insurance Products.
Find out Your Client Needs

Use a fact finder to uncover your clients needs.

In many cases, people are so busy with their lives, that by forcing them to sit, stop, and think about their life's goals, you're actually helping them discover things about themselves that they didn't even know before.

When this happens, you've made a client and a friend for life.
Why Cross Sell?

The more knowledge, education and product you have to offer, the greater your likelihood of building strong client relationships—and a financially sound business.
Who is The Brokerage Inc.?

• National Marketing Organization, since 1976
• Based in Lewisville, TX
• Specializing in insurance marketing services, through independent agents
• Offering contracts at the highest possible commission levels, including recruiting contracts
• Regular contact with agents relaying carrier and industry information
Who is The Brokerage Inc.?
We offer a full Medicare product portfolio:

- United Healthcare
- Aetna/Coventry
- Cigna/HealthSpring
- Care’N’Care
- Mutual of Omaha
- Sentinel Life
- Gerber Life
- Forethought
- Woodman
- Blue Cross/Blue Shield
- Medico
- Assured Life
- Standard Life
- + others...
- Senior’s Choice
What The Brokerage Inc. Offers

We offer a full insurance portfolio:

- Life Insurance & Annuities
- Final Expense life insurance
- Long Term Care
- Disability income
- Personal (Individual) Major Medical (ACA!)
- Group Major Medical
- Ancillary Benefits (Dental, STD, LTD, Life, Vision, CI)
- Group Accident
- International Major Medical
- Short Term Major Medical
### The full insurance portfolio:

#### Personal Major Medical & Short Term
- Assurant
- Blue Cross Blue Shield of Texas
- Health Plan Administrator
- IAC—Standard Security Life
- IMG—International Major Medical

#### Employee Benefits Ancillary
**Dental, STD & LTD, Life, Vision, CI**
- American General
- Medico—Dental, Vision & Hearing
- Reliance Standard
- Securian Dental
- UnitedHealthcare (CBG)
- Washington National

#### Group Major Medical
- Allied National
- Blue Cross Blue Shield
- IAC—Standard Security Life

#### Ancillary- Individual
**Dental, Cancer, Critical Illness, Hospital plans**
- Assurity
- Health Plan Administrators
- Medico
- Mutual of Omaha
- Standard Life and Accident
- Washington National

#### Disability Income
- Assurity Life,
- Illinois Mutual,
- Mutual of Omaha,
- Union Central

#### Final Expense Life Insurance
- Assurity
- Forethought
- Monumental Life (Legacy Safeguard)
- Kemper
- Sentinel Life
- Standard Life and Accident
- United of Omaha (Mutual of Omaha)

#### Life Insurance and Annuities
- American General
- AVIVA
- Banner Life
- Genworth Life and Annuity
- Kemper
- MetLife
- North American
- Protective Life
- Transamerica
- United of Omaha

#### Long Term Care Insurance
- Assurity Life
- Genworth
- John Hancock
- Life Secure
- MedAmerica
- Mutual of Omaha
- Transamerica

#### Medicare
- Medicare Supplements
- Medicare Advantage Plans
- Group Retiree Medical
- Prescription Drug Plans

#### Occupational Accident
- BCS Insurance (GAPP I & II)
- Fidelity Security
- Pan-American
What The Brokerage Inc. Offers

- We offer vested contracts through our contracted carriers
  - You own your business
  - You are the Agent of Record (AOR)
- Recruiting level contracts are available for many carriers
  
  https://surelc.surancebay.com/sbweb/agency/223
- We pass the carrier generated support on to you
What The Brokerage Inc. Offers

- We offer E & O to qualified agents
  - Must be appointed with the carrier through The Brokerage to qualify for the E&O coverage. Information about the coverage is sent to the carrier on your behalf.
  - No expense – this is available without any cost to you.

You just ask!
What The Brokerage Inc. Offers

- Access to multiple Medicare Quote Engines
  - Features most major carriers nationwide. View Medicare Supplements quotes, *PLUS* Final Expense and Life insurance quotes, Individual Major Medical and Long Term Care quotes
  - This service is FREE to you

- A full menu of lead programs
What The Brokerage Inc. Offers

• You fish through:
  ◦ Grassroots marketing efforts
  ◦ Faith based initiatives
  ◦ Provider based initiatives
  ◦ Regulation opportunities
  ◦ Retail marketing opportunities
  ◦ Regularly scheduled trainings & symposiums

We offer discounted Continuing Education credit online – www.StateCE.com/tbi
What The Brokerage Inc. Offers

- Detailed presentations addressing a multitude of questions:
  - Medicare 101/Medicare Made Clear
  - Medicare Advantage Explained
  - Medigap (Medicare Supplement Insurance)
  - Understanding Medicare Part D
  - LIS/MSP (Financial Assistance for Rx & Medicare Costs) Explained
What we hope to accomplish...

• Offer you an opportunity so you can profit from what we all learn and know.

• Offer us an opportunity to work with you, as we want your business.
To become involved...

- Determine what is valuable for you to add to your personal marketing plan
- Agree to move forward
- Contract, Certify, Study
- Commit to actively market, and follow through
- Don’t procrastinate!
Thank you!
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