Selling Opportunities
Through
Medicare Advantage
Special Needs Plans
Work the Medicare market all year.

Our symposium features:
- A SEP/SNP Overview
  - The Low Income segment of the Medicare market
    - Texas Star+Plus Medicaid information
    - Medicaid, Medicare Savings Programs (MSP) Information
    - Low Income Subsidy (LIS) Information
  - The Chronically Ill segment of the Medicare market
- Lead Programs – How to identify and locate prospects
- DFW Market Information
  - Overview
  - United Healthcare Medicare Solutions' SNP portfolio (Community & State, CIP) information
  - HealthSpring Select SNP product information
- Methods to Maintain Persistency
Find the Land of the SNPs

Working SEPs!
Does the world end for Medicare enrollments December 7th?
No, but...

Incomplete Elections

There are cases where an enrollment election or disenrollment request may not immediately be processed because the plan has not found an available election period based on the information provided in the individual’s election.

According to CMS guidance it is the responsibility of the MA Organization to determine the election period being used for each enrollment election.
Commonly used Enrollment/SEPs

- Folks turning age 65
- Folks working past age 65 who defer enrolling in Part B because of employment
- Change in Residence: permanent move to new service area
- Adding or Dropping Group Coverage
- Dual Eligibles
- LIS (Low Income Subsidy)
- Chronic Care SNP
Special Election Periods

- Special Election Periods are available only to beneficiaries who meet certain criteria that allow them to make an election outside the traditional enrollment periods.

- Note: An individual’s eligibility for an SEP does not convey eligibility to enroll in the plan; in addition to having a valid enrollment period an individual must also meet all applicable MA eligibility criteria.

- It is our responsibility to determine whether or not a beneficiary is eligible for an SEP.

(This is not a complete listing of available SEPs)
Why would that matter?

Continuous* SEP Reason:
Dual Eligible Full & Partial

Continuous* SEP Reason:
LIS (Newly Eligible)

-OR –

SEP Reason:
LIS (Non Medicaid/Maintaining LIS)

SEP Reason:
Special Need Chronic
Your Guide to Medicare Special Needs Plans (SNPs)
A Medicare Special Needs Plan?

Special Needs Plans (SNPs) were created by Congress in the Medicare Modernization Act (MMA) of 2003 as a new type of Medicare managed care plan focused on certain vulnerable groups of Medicare beneficiaries.

Medicare Special Needs Plans (SNPs) are a type of Medicare Advantage Plan (like an HMO or PPO). Medicare SNPs limit membership to people with specific diseases or characteristics, and tailor their benefits, provider choices, and drug formularies (list of covered drugs) to best meet the specific needs of the groups they serve.
Who Can Join a Medicare SNP?

One can join a Medicare SNP if you have Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), live in the plan’s service area, and meet the plan’s eligibility requirements, such as one of the following:

- **Chronic Condition SNP (C-SNP):** You have one or more of the following severe or disabling chronic conditions:
  - Chronic alcohol and other drug dependence
  - Autoimmune disorders
  - Cancer (excluding pre-cancer conditions)
  - Cardiovascular disorders
  - Chronic heart failure
  - Dementia
  - Diabetes mellitus
  - End-stage liver disease
  - End-Stage Renal Disease (ESRD) requiring any mode of dialysis
  - Severe hematologic disorders
  - HIV/AIDS
  - Chronic lung disorders
  - Chronic and disabling mental health conditions
  - Neurologic disorders
  - Stroke

- **Institutional SNP (I-SNP):** You live in an institution (like a nursing home), or you require nursing care at home.

- **Dual Eligible SNP (D-SNP):** You have both Medicare and Medicaid.
Who Can Join a Medicare SNP?

Each Medicare SNP limits its membership to people in one of these groups, or a subset of one of these groups.

- For example, a Medicare SNP may be designed to serve only people diagnosed with congestive heart failure. The plan might include access to a network of providers who specialize in treating congestive heart failure, and it would feature clinical case management programs designed to serve the special needs of people with this condition. The plan’s drug formulary would be designed to cover the drugs usually used to treat congestive heart failure. People who join this plan would get benefits specially tailored to their condition, and have all their care coordinated through the Medicare SNP.
## SNP Enrollments

### 2013 Plan Aggregate Information

http://www.medicare.gov/Pubs/pdf/11302.pdf

<table>
<thead>
<tr>
<th>SNP Type</th>
<th>Number of Contracts</th>
<th>Number of Plans</th>
<th>Sub Total Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic or Disabling Condition</td>
<td>60</td>
<td>214</td>
<td>245,501</td>
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<tr>
<td>Dual-Eligible</td>
<td>222</td>
<td>362</td>
<td>1,311,679</td>
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<tr>
<td>Institutional</td>
<td>47</td>
<td>68</td>
<td>49,178</td>
</tr>
<tr>
<td>Totals</td>
<td>329</td>
<td>644</td>
<td>1,606,358</td>
</tr>
</tbody>
</table>
Dual Eligible Special Needs Plans: Unrealized Potential

While enrollment in dual eligible Special Needs Plans (SNPs) has risen, the distribution of such enrollees is unequal, both geographically and across health plans. Around 2% of Medicare beneficiaries are in SNPs.
Dual Eligible Special Needs Plans: Unrealized Potential

The concentration of dual eligible SNP enrollees into a relatively small number of private insurance companies is consistent with a story of specialization of services to treat the complicated and numerous needs of dual eligibles.
Why Work the Lower Income Market?

Why would anyone want to work with people who cannot afford to buy anything?
Consider this:

- Social Security constituted 90% or more of the income received by 34% of all Social Security beneficiaries
- About 3.4 million elderly persons (9.4%) were below the poverty level in 2008
  - 7.0% of “poor” are Caucasians
  - 22.7% of elderly African-Americans
  - 12.0% of Asians
  - 19.4% of elderly Hispanics
- Another 2.2 million senior citizens are classified as “near poor” with incomes below 135% of the Federal Poverty Level (FPL)

“A Profile of Older Americans: 2007” Administration on Aging U.S. Department of Health and Human Services
More to Consider…

- Higher than average poverty rates were found in older persons living in principal cities (12.7%), outside metropolitan areas (i.e. rural areas and small towns) (11.0%), and in the South (11.7%)

- Older women have a higher poverty rate than older men

- The highest poverty rates are experienced by older minority women who live alone – Hispanic women (40.5%) & African American women (37.5%)

- Seniors spend an average of 12.8% of their income on healthcare, more than twice spent by the general public.

- Seniors average $3,586 in out-of-pocket expenses, an increase of 45% since 1992.
Low Income Seniors’ Financial Challenges

- 35% of the Medicare Beneficiaries live at or below 150% of the Federal Poverty Level (FPL) – 15,000,000+ people
- The average Medicare Beneficiary spends 34% of their income on health care

Example of members without Federal or State assistance:

<table>
<thead>
<tr>
<th></th>
<th>Individual*</th>
<th>Couple*</th>
</tr>
</thead>
<tbody>
<tr>
<td>150% FPL</td>
<td>$1,478.75</td>
<td>$1,966.35</td>
</tr>
<tr>
<td>34% Cost</td>
<td>($502.78)</td>
<td>($668.56)</td>
</tr>
<tr>
<td>Total income</td>
<td>$975.97</td>
<td>$1,297.79</td>
</tr>
</tbody>
</table>
What is Medicaid?

- Medicaid is a state administered program and each state sets its own guidelines regarding eligibility and services.
- Many groups of people are covered by Medicaid. Even within these groups certain requirements must be met.

These may include:

- your age,
- whether you are pregnant, disabled, blind, or aged;
- your income and resources (like bank accounts, real property, or other items that can be sold for cash);
- whether you are a U.S. citizen or a lawfully admitted immigrant.
What is Medicaid?

- Medicaid is available only to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.
- Medicaid does not pay money to the recipient; instead, it sends payments directly to the health care providers.
- Depending on each state's rules, the recipients may also be asked to pay a small part of the cost (co-payment) for some medical services.
What is Medicaid?

- The rules for counting income and resources vary from state to state and from group to group.
- There are special rules for those who live in nursing homes and for disabled children living at home.
What is Star+Plus?

The STAR+PLUS model was created specifically to serve the aged, blind, and disabled population in parts of Texas, providing fully integrated acute and long-term services and supports. STAR+PLUS began operating in Harris County in 1998.

STAR+PLUS is a capitated managed care program, where the HMOs are at risk for the cost of covered services to members, with the exception of in-patient hospital services, which are carved out of the model. Thus the HMOs have an incentive to ensure members receive regular, timely preventive and routine care.
What is Star+Plus?

- Clients have a choice of different health plans in STAR+PLUS, and can change their health plan if they choose to;
- STAR+PLUS health plans offer extra benefits and services to their members at no cost;
- STAR+PLUS health plans authorize and coordinate long-term services and supports directly with members and providers;
- STAR+PLUS health plans pay claims directly to acute care and long-term services and supports providers; STAR+PLUS health plans can negotiate payment rates with the providers in their network.
Where is Star+Plus

STAR+PLUS Service Areas
(effective March 1, 2012)

Lubbock
Amerigroup, Superior

El Paso
Amerigroup, Molina

Tarrant
Amerigroup, HealthSpring

Dallas
Molina, Superior

Jefferson
Amerigroup, Molina, United

Harris
Amerigroup, Molina, United

Travis
Amerigroup, United

Bexar
Amerigroup, Molina, Superior

Nueces
Superior, United

Hidalgo
HealthSpring, Molina, Superior
These health plans provide STAR+PLUS services in the designated areas.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Medical Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bexar Service Area</strong></td>
<td>Amerigroup, Molina Healthcare of Texas, Superior HealthPlan</td>
</tr>
<tr>
<td>Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson counties</td>
<td></td>
</tr>
<tr>
<td><strong>Dallas Service Area</strong></td>
<td>Molina Healthcare of Texas, Superior HealthPlan</td>
</tr>
<tr>
<td>Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties</td>
<td></td>
</tr>
<tr>
<td><strong>El Paso Service Area</strong></td>
<td>Amerigroup, Molina Healthcare of Texas</td>
</tr>
<tr>
<td>El Paso and Hudspeth counties</td>
<td></td>
</tr>
<tr>
<td><strong>Harris Service Area</strong></td>
<td>Amerigroup, Molina Healthcare of Texas, UnitedHealthcare Community Plan</td>
</tr>
<tr>
<td>Austin, Brazoria, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, and Wharton counties</td>
<td></td>
</tr>
<tr>
<td><strong>Hidalgo Service Area</strong></td>
<td>HealthSpring, Molina Healthcare of Texas, Superior HealthPlan</td>
</tr>
<tr>
<td>Cameron, Duval, Hidalgo, Jim Hogg, Maverick, McMullen, Starr, Webb, Willacy, and Zapata counties</td>
<td></td>
</tr>
<tr>
<td><strong>Jefferson Service Area</strong></td>
<td>Amerigroup, Molina Healthcare of Texas, UnitedHealthcare Community Plan</td>
</tr>
<tr>
<td>Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler, and Walker counties</td>
<td></td>
</tr>
<tr>
<td><strong>Lubbock Service Area</strong></td>
<td>Amerigroup, Superior HealthPlan</td>
</tr>
<tr>
<td><strong>Nueces Service Area</strong></td>
<td>Superior HealthPlan, UnitedHealthcare Community Plan</td>
</tr>
<tr>
<td>Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio and Victoria counties</td>
<td></td>
</tr>
<tr>
<td><strong>Tarrant Service Area</strong></td>
<td>Amerigroup, HealthSpring</td>
</tr>
<tr>
<td>Denton, Hood, Johnson, Parker, Tarrant, and Wise counties</td>
<td></td>
</tr>
<tr>
<td><strong>Travis Service Area</strong></td>
<td>Amerigroup, UnitedHealthcare Community Plan</td>
</tr>
<tr>
<td>Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis and Williamson counties</td>
<td></td>
</tr>
</tbody>
</table>
Star+Plus and Medicare

Members of STAR+PLUS who are also covered by Medicare are enrolled in STAR+PLUS only for Medicaid covered community based long term services and supports.

The dual eligible member (eligible for both Medicare and Medicaid) will continue to receive acute care services through their Medicare providers.
With the proliferation of Medicare Advantage plans in Texas, it is possible that a dual eligible member may join a Medicare Advantage plan to obtain their acute care services and be enrolled in a STAR+PLUS HMO to obtain their Medicaid long term services and supports.

This is especially true with the Medicare Advantage Special Needs Plans.
Star+Plus and Medicare

If a dual eligible member of STAR+PLUS elects to receive their services through a Medicare Advantage plan there may be a change in the way Medicare acute care services are delivered, but that is not because of the enrollment in STAR+PLUS.

http://www.hhsc.state.tx.us/starplus/MedicareandSTARPLUS.pdf
Low-Income Subsidy Qualifications

Medicare recipients with income up to 150% of Federal Poverty Level qualify for assistance with costs associated with their qualifying Medicare Part D Prescription Drug Programs.

- In 2014, the income limit for individuals: (monthly) - $1,478.75, with liquid assets limit of $13,440.
- The income limit for couples: (monthly) - $1,986.25, with liquid assets limit of $26,860

The LIS online application can be located at the Social Security Administration (SSA) website:
- http://www.socialsecurity.gov/i1020
### SSA Online Application

**Help With Medicare Prescription Drug Costs**

**SSA Applications**

**SSA Online Application**

**SSA Paper Application**

**Application for Help with Medicare Prescription Drug Costs**

This does not enroll you in the Medicare Prescription Drug Program.

**Social Security Number or Surname**

**Suffix** (Jr., Sr., etc.)

**Address Line 1**

**Address Line 2**

**City, State, Zip**

**SSN in Box**

**Application for Help with Medicare Prescription Drug Costs**

1. **Applicant's Name** (Print each letter in a separate box.)

   **First Name**

   **Middle Initial**

   **Last Name**

   **Social Security Number**

   **Suffix** (Jr., Sr., etc.)

2. **If you are single, divorced, a widower, or your spouse does not live with you, help to complete the rest of this application. If you are married and living with your spouse, please put a check in one of the boxes below to indicate who is answering:**

   - Only you are applying.
   - Both you and your spouse have Medicare and are applying on this application.

   **Even if your spouse is not applying, we need all of the questions answered and signatures for both of you if you live together.**

   **Spouse's Name (if you are married and living together)**

   **First Name**

   **Middle Initial**

   **Last Name**

   **Social Security Number**

   **Suffix** (Jr., Sr., etc.)

3. **If you are single, a widow(er), or your spouse does not live with you, are your savings, investments and real estate (other than your home) worth more than $11,500?** If you are married and living together, are they worth more than $23,000? (These limits will be higher after 2006.) Include the things you own by yourself, with your spouse or with someone else. Do not include your home, vehicles, burial plots or personal possessions.

   - **YES**
   - **NO**
   - **NOT SURE**

   **If you put an **YES** in the **YES** box, you are not eligible for the extra help and you do not need to complete the rest of this application. You may still be eligible through your state Medicaid agency. However, if you want a decision, put an **NO** in the **NOT SURE** box. If you put an **X** in either the **NO** or **NOT SURE** box, complete the rest of this application.**
LIS Award Letter

Social Security Administration
Medicare Prescription Drug Assistance
Notice of Award

Date: November 23, 2005
Social Security Number: 123-45-6789

JOHN Q. PUBLIC
123 MAIN ST
SPRINGFIELD OH 45501

You are eligible for extra help with your Medicare prescription drug plan costs. To take advantage of this benefit, you must enroll in a Medicare-approved prescription drug plan or Medicare Advantage plan with prescription drug coverage if you are not already enrolled in one. If you do not choose a Medicare prescription drug plan, Medicare will choose one for you to be sure you get this benefit. You will receive more information from Medicare.

The rest of this letter explains the extra help with the prescription drug plan costs, the information used to determine your eligibility, how to sign up for a Medicare prescription drug plan, what to do if your situation changes, and your appeal rights.

Information About This Help With Your Prescription Drug Plan Costs

You are eligible for full help to pay your Medicare prescription drug premium, also known as subsidy, because your income is below the limits established by the law. Because your resources are less than or equal to $6000, you are also eligible for lower prescription drug co-payments and annual deductibles. You are eligible for:

100% subsidy to help pay your Medicare prescription drug plan premiums;
$0.00 prescription drug annual deductible; and
Reduced co-payment amounts when you have a prescription filled.

Information Used To Determine Your Eligibility

You have no resources.

You have 1 person in your household. When we determine the size of your household, we count you, your spouse who lives with you, and any relative who lives with you and receives one-half support from you or your spouse.

The Social Security Administration (SSA) will send a notice of approval/denial to the applicant within 10 – 14 business days.
What is a Medicare Savings Program, or “MSP?”
What is a MSP?

- Medicare Savings Programs (MSPs) are programs that will pay for low income individual’s Medicare Part B Premium ($104.90/month or $1,258.80/year in 2014)
- They are available in every state in the nation
- They are federally funded, but administered by each state’s Medicaid agency
Relationship with the Medicare Part D Low-Income Subsidy (LIS)

- Beneficiaries with assets below the established resource limit and with income below 135% of the federal poverty level (FPL) qualify for the full Medicare Part D low-income subsidy (no monthly premium and reduced copayments).

- Because the asset levels are the same for both programs, assessing beneficiaries for eligibility for both LIS and MSPs at the same time is a much simpler process.
Relationship with the Medicare Part D Low-Income Subsidy (LIS)

In addition, MIPPA directs the Social Security Administration (SSA) to coordinate better with states to ensure that people who apply for LIS through SSA are screened for MSP eligibility.

In fact, unless applicants opt-out, each application for Extra Help (LIS) is sent to states to be considered an application for MSP.
Obstacles to enrolling in a MSP

- Lack of basic knowledge about Medicare Savings Programs is the largest enrollment barrier.

- Enrolling in a Medicare Savings Program is difficult for seniors—most of the currently enrolled say the application is complicated and long, with print too small for many to read.

- Transportation problems, making it difficult to go to enrollment locations.

- Misplaced social stigma that recipients are on welfare.
Helping People Qualify for a MSP

What do you do in order to assist someone you feel qualifies for one of the Medicare Savings programs?

• You can send that person to the local Social Security office, hoping the social worker at that location will help;

• You can utilize Social Service Coordinators (if this service is available to you).

• Or, you can be proactive and assist in the process yourself.
MSP Enrollment Requirements

- Enrollment into a Medicare Savings Program is based on an individual’s income & assets.
- The assets test is excluded in AZ, AL, CT, DE, DC, ME, MS, VT, WI.

*(income levels may be higher in some states)*

Examples of Income:
- Wages
- Social Security
- Railroad Retirement
- Pension
- 401(K) Income
- Rental Income

Examples of Assets:
- Savings Account
- Stocks
- Bonds
- Mutual Funds
- Annuities
Excluded Assets
**Qualified Medicare Beneficiary (QMB)**

- Created in 1988 by Congress – 62% of the eligible population is NOT enrolled*
- Individuals who are eligible have income up to 100% of Federal Poverty Level

<table>
<thead>
<tr>
<th>QMB</th>
<th>Individual*</th>
<th>Couple*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>$992.50</td>
<td>$1,330.83</td>
</tr>
<tr>
<td>Assets</td>
<td>$7,080</td>
<td>$10,620</td>
</tr>
</tbody>
</table>

- Benefits include:
  - Part B Premium Waiver ($104.90 per month in 2014)
  - Coverage for some plan co-payments/co-insurance
- Effective date – 1st of month following determination of eligibility
Qualified Medicare Beneficiary (QMB)

- Pays the Medicare Part B premium
- QMB may pay some of the health plan co-payments/coinsurance for services from Medicaid participating providers willing to bill the state’s Medicaid Program, or have a contract with the state.
- If services are received from providers who do not accept Medicaid Assignment, the member will have to pay the co-payment/coinsurance, unless there is agreement between the health plan and the state of residence
- QMB does not cover premiums charged by the health plan
Specified Low-Income Medicare Beneficiary (SLMB)

- Created in 1990 by Congress - nearly 87% of the eligible population is NOT enrolled*
- Individuals who are eligible have income up to 120% of Federal Poverty Level:

<table>
<thead>
<tr>
<th>SLMB</th>
<th>Individual*</th>
<th>Couple*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>$1,197</td>
<td>$1,593</td>
</tr>
<tr>
<td>Assets</td>
<td>$7,080</td>
<td>$10,620</td>
</tr>
</tbody>
</table>

- Benefits include:
  - Part B Premium Waiver only ($104.90 per month in 2014)
- Effective date – Up to 90 days prior to the 1st of the month in which application was made. (For example, if the member’s application is submitted April 15th, their effective date is January 1st.)
Qualified Individual One (QI-1)

Created by Congress under the Balanced Budget Act of 1997. Program must be funded by Congress through a block grant every year.

- Individuals who are eligible have income up to 135% of Federal Poverty Level:

<table>
<thead>
<tr>
<th>QI-1</th>
<th>Individual*</th>
<th>Couple*</th>
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</thead>
<tbody>
<tr>
<td>Income</td>
<td>$1,332.88</td>
<td>$1,869.63</td>
</tr>
<tr>
<td>Assets</td>
<td>$7,080</td>
<td>$10,620</td>
</tr>
</tbody>
</table>

- Benefits include:
  - Part B Premium Waiver only ($104.90 per month in 2013)

- Effective date – Up to 90 days prior to the 1st of the month in which application was made
2013 MSP/LIS Income - Asset Limits

<table>
<thead>
<tr>
<th>Program</th>
<th>Federal Monthly Income Limits</th>
<th>Asset Limits***</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual</td>
<td>Couple</td>
</tr>
<tr>
<td>QMB</td>
<td>$978</td>
<td>$1,313</td>
</tr>
<tr>
<td>SLMB</td>
<td>$1,169</td>
<td>$1,571</td>
</tr>
<tr>
<td>QI-1</td>
<td>$1,313</td>
<td>$1,765</td>
</tr>
<tr>
<td>LIS</td>
<td>$1,436</td>
<td>$1,939</td>
</tr>
</tbody>
</table>

*Income figures are subject to change each year. Some states allow additional income above the federal limits. The local Department of Social Services is the source of confirmation.

***Assets are excluded in AZ, AL, CT, DE, DC, ME, MS, VT, WI
Year Round Opportunities

- Members approved for LIS or MSP have a continuous Special Election Period (SEP)
- Increased word of mouth referrals from those assisted
- Referrals are easier and more plentiful
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
What do I get out of it?

- Commissions
- Great intrinsic rewards (you will feel good!)
- Clients who will refer their family & friends
The Chronic SNP Opportunity

Projected Rise in Cases of Seven of the Most Common Chronic Diseases, 2003–2023

- Cancers: 62
- Mental Disorders: 54
- Diabetes: 53
- Heart Disease: 41
- Hypertension: 39
- Pulmonary Conditions: 31
- Stroke: 29

Source: The Milken Institute
The Number of Opportunities

- **Texas**
  - Dual Special Needs plans: 24
  - Chronic Special Needs plans: 8
  - Institutional Special Needs plans: 3

- **Dallas/Fort Worth**
  - Dual Special Needs plans: (12) Amerigroup (H5817-009); Care Improvement Plus (R6801-011); Wellcare (H1264-007); Cigna-HealthSpring (H2165-019, H4513-010, H4528-002); Humana (H4510-023); FirstCare (H4525-003); Molina (H7678-001); Superior (H5294-001); United Healthcare (H4590-020); Vital Traditions (H8237-002).
  - Chronic Special Needs plans: (5) Care Improvement Plus (H0084-004, R6801-009, R6801-008); Erickson (H5652-004); Cigna-HealthSpring (H4528-014)
UnitedHealthcare’s Selling Opportunities
Sales Opportunity

90% of seniors have at least one chronic disease and 77% have two or more chronic conditions

10,000 Baby Boomers will turn 65 each day for the next 20 years *

Dual eligible beneficiaries represent 20% of the Medicare population nationwide***

* Alliance for Aging Research
*** The Kaiser Commission on Medicaid and the Uninsured: Medicare’s Role for Dual Eligible Beneficiaries
Sizing the Special Needs Plan (SNP) Opportunity

<table>
<thead>
<tr>
<th>Type of SEP</th>
<th>% of Medicare Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic diagnosis – diabetes</td>
<td>28%(^1)</td>
</tr>
<tr>
<td>Chronic diagnosis – heart failure</td>
<td>16%(^1)</td>
</tr>
<tr>
<td>Dual Eligible</td>
<td>20%(^2)</td>
</tr>
</tbody>
</table>

Source:
\(^1\)Chronic Conditions Among Medicare Beneficiaries; CMS 2012 Chartbook
\(^2\)The Kaiser Commission on Medicaid and the Uninsured: Medicare’s Role for Dual Eligible Beneficiaries; Oct. 2012
UnitedHealthcare Dual Complete (Community Plan)

- DSNP for Medicare-eligible consumers receiving state assistance with cost-sharing
  - Consumers must have Full Medicaid and be entitled to Medicare Part A and enrolled in Medicare Part B to enroll in the Dual SNP
- Plan types: HMO, $0 plan deductibles, copayments and premiums
- Benefits in addition to Original Medicare
- Built-in Part D prescription coverage
UnitedHealthcare Dual Complete

- $0 monthly plan premium
- $2000 dental benefit
- 24 one way trips to and from doctor
- Large Network of Physicians to choose from

- Visit www.uhccommunityplan.com and www.logisticare.com for more information
**Additional Benefits, Programs & Services**

- **NurseLine<sup>SM</sup>**
  - Toll-free access to registered nurses, 24 hours a day, 365 days a year
  - Assistance preparing for doctor visits, discussing health care options and decision support

- **Vision**
  - Routine vision exam
  - Additional eyewear benefit
    - Lenses and/or contacts

*availability varies by plan*
Additional Benefits, Programs & Services*

- Dental
  - $2,000 toward Comprehensive Services yearly
  - Exams, cleanings, x-rays - twice a year

- Hearing Aid Benefit through hi HealthInnovations™
  - Hearing aids – $2000 allowance every 2 years
  - Annual routine Hearing test

*availability varies by plan
**Additional Benefits, Programs & Services**

- **Routine Transportation**
  - For medically necessary trips
  - Number of trips varies by plan
  - Up to 50 miles each way
  - [www.logisticare.com](http://www.logisticare.com)

- **Health Product Benefit**
  - Allowance to purchase health products from catalog
    - $540 annually ($135 every 3 months)
  - Products shipped directly to member’s house at no additional cost to member

*availability varies by plan*
Additionally:

<table>
<thead>
<tr>
<th>Variety of MA-PD products across Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Chronic SNPs</td>
</tr>
<tr>
<td>• DSNP</td>
</tr>
<tr>
<td>• MA-PD</td>
</tr>
</tbody>
</table>
Chronic SNPs

- **Silver Rx**
  - Silver Rx – diabetes and/or heart failure
  - Designed for consumers with full Medicaid:
    - $0 monthly plan premium and $0 cost sharing for Medicare-covered benefits

- **Gold Rx**
  - Gold Rx – diabetes and/or heart failure
  - $0 monthly plan premium and low, predictable cost sharing
Dual Advantage (DSNP)

• Dual SNP for consumers who have both Medicare and full Medicaid (Medicare Part A and Part B cost sharing covered by the state).

• $0 monthly plan premium and $0 cost sharing
  • Cost sharing protection – member will not experience any Medicare Part A or B cost sharing for Medicare-covered services
  • If the member loses their Medicaid eligibility, they have 6 months to regain it or be disenrolled.
  • The member will not experience any cost sharing during this six month period.
Additional Care Improvement Plus Benefits

• All Care Improvement Plus plans include:
  • Vision Services
    • Routine eye exam
    • Yearly allowance for materials (lenses and frames)
  • Transportation
    • Number of trips to plan-approved locations varies by plan
  • Preventive dental
    • Office visit (exam, cleaning, x-rays)

• Varies by plan:
  • Hearing aids
  • Dentures (referral required)
  • Monthly health product catalog allowance
  • Routine podiatry
Additional Care Improvement Plus Highlights

- Open Access Provider Network
  - Members may go to any provider that accepts Medicare and payment from the plan
  - No referrals are required for Medicare-covered services
  - Cost sharing is the same in-network or out-of-network
    - Exceptions include: urgently needed care, DME and home health.

- Benefits and Services in Addition to Original Medicare
  - All members in all plans have access to comprehensive care management programs and services such as:
    - HouseCalls
    - Social Service Coordinators
    - PharmAssist
    - 24 Hour Nurse Hotline (not the same as NurseLine)
HouseCalls

• Annual in-home visit with a health care practitioner who performs an assessment to:
  • Gather information to help Care Improvement Plus provide additional health education and care coordination
  • Identify urgent health issues or risks
  • Provide advice on topics to discuss with the member’s regular doctor

• Highlights:
  • More than 306,000 HouseCalls visits to date; more than any other Medicare health plan.
  • An excess of 154,000 referrals to health care providers or care managers because of identified gaps in care.
PharmAssist

• Specialty trained pharmacists are available to:
  • Provide personalized private counseling and support
  • Review medications to:
    • Ensure they are working to full potential
    • Confirm they are taken as prescribed
    • Avoid interactions or side effects
  • Make follow-up calls to check in with members as needed
Social Service Coordinators (SSC)

- Care Improvement Plus partners with SSC to help determine if members may be eligible for programs that can assist with their expenses.
- Members get help paying for prescriptions, energy bills, meal programs and more.
- Highlights:
  - $10 million+ in Medicare Part B premiums saved since 2010
  - 9,400+ members enrolled into Medicare Savings Programs since 2010 – they will no longer pay Medicare Part B premiums
  - 4,600+ members enrolled in Low Income Subsidy (LIS) since 2010, saving ~$18 million in prescription drug costs annually
  - 45,000+ members in community assistance programs - $30 million+ in valuable services annually
Important Reminders About Enrolling Care Improvement Plus Members

- Post enrollment Chronic Condition Verification (CCV)
  - CCV Form submitted with Care Improvement Plus enrollment application
  - Care Improvement Plus sends the form to the provider for attestation of diagnosis.
  - Care Improvement Plus chases the form telephonically after 48 hours.

- Outbound Enrollment and Verification (OEV)
  - Conducted by Care Improvement Plus through procedures consistent with UnitedHealthcare
Important Reminders About Eligibility Rules for Care Improvement Plus SNPs

- **Chronic condition verification (CCV)**
  - 30 day window to confirm with member’s doctor that they have a qualifying condition
  - Without confirmation, member receives a notice providing 30 days to confirm or they will be disenrolled at the end of the period

- **Loss of Medicaid Eligibility**
  - If the member no longer has full Medicaid (Parts A & B no longer covered by the state), they will have 6 months to regain eligibility before membership is potentially ended.
  - The member will not experience any cost sharing during this six month period.
Agent Support

- Certified agents can log into the Care Improvement Plus secure agent portal to order additional enrollment and marketing materials
  - Pre-enrollment kits
  - Marketing collateral
  - Sales tools
- [www.careimprovementplus.com](http://www.careimprovementplus.com)
Agent Support

- Local Training and Support
  - Jake Boegemann
  - Jeff Crumbaugh
  - Daniel Miramontes
  - Mike Nores
  - Jared Pryor

- Producer Help Desk (PHD)
  - 1-888-381-8581
  - Monday – Friday 7am -7pm (CT)

phd@uhc.com (include writing ID in subject line)
Agent Support

The Producers Portal

www.unitedhealthproducers.com

- Track enrollment applications & commissions
- Agent toolkit
- Order pre-enrollment kits
- Compliance corner
- Provider & pharmacy search tools
- Drug look up tool
• Thank you for your continued commitment and support.

• We wish you much success through the remainder of the year.
Disclaimer:
This material is for training purposes only and is not intended to be shared with prospects and therefore cannot be used during a sales presentation.
<table>
<thead>
<tr>
<th>State</th>
<th>2014 Plans</th>
<th>Premium</th>
<th>PCP Co-Pay</th>
<th>Specialist Co-Pay</th>
<th>Inpatient Co-Pay</th>
<th>OOP Max</th>
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<td>State</td>
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<td>$0</td>
<td>$0 per stay</td>
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</tbody>
</table>
Broker Support (HAAL)

- HealthSpring Agent Assistance Line
  1-866-442-7516
- Eligibility Status
  - LIS
  - Medicaid Eligibility
- Pharmacy Lookup
  - Formulary
- Provider Lookup
  - Physician Active/Termed
# Important Contact Sheet

<table>
<thead>
<tr>
<th>HealthSpring Agent Assistance Line (HAAL)</th>
<th>Customer Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-866-442-7516</td>
<td>1-800-688-3813</td>
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<tr>
<td><a href="mailto:HAAL@healthspring.com">HAAL@healthspring.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Elaine Khamir</td>
<td>DentaQuest</td>
</tr>
<tr>
<td>Broker Account Manager</td>
<td>1-866-288-1573</td>
</tr>
<tr>
<td>(214) 883-7354</td>
<td><a href="http://www.dentaquestgov.com">www.dentaquestgov.com</a></td>
</tr>
<tr>
<td><a href="mailto:elaine.khamir@healthspring.com">elaine.khamir@healthspring.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Amy West</td>
<td>Block Vision</td>
</tr>
<tr>
<td>Broker Sales Manager</td>
<td>1-800-428-8789</td>
</tr>
<tr>
<td>(972) 281-1026</td>
<td><a href="http://www.blockvision.com">www.blockvision.com</a></td>
</tr>
<tr>
<td><a href="mailto:amy.west@healthspring.com">amy.west@healthspring.com</a></td>
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<td>Commissions</td>
<td>Silver Sneakers</td>
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<tr>
<td><a href="mailto:commissions@healthspring.com">commissions@healthspring.com</a></td>
<td>1-888-423-4632</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.silversneakers.com">www.silversneakers.com</a></td>
</tr>
<tr>
<td>Scope of Appointment Line</td>
<td>Transportation – Access 2 Care</td>
</tr>
<tr>
<td>1-866-398-6055</td>
<td>1-866-214-5126</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Where do I find them?

Marketing
“Plan Your Work, Work Your Plan”

1. Identify local commissionable service area.
   * See the Summary of Benefits to find counties where the plan is offered.
2. Determine where there are contracted providers.
   * Use the Provider Directory to identify contracted providers, including primary care doctors, specialists, and ancillary providers.
   * Focus on areas of good network coverage
3. Determine any community services or potential source located in the above areas.
4. Be **ACTIVE!** Be the source of truth, and remind people you are there by your presence.

Be ever mindful of CMS and MIPPA regulations. If you do not remain compliant, you are out of business.
Identify and Approach...

As sites are identified, work to *contribute*, not to *receive*.

Plan your approach with the mindset of “How can I support this organization’s efforts? What do I bring to the table? How do I bring value?”

Remember the *wonderful world of MIPPA* – participation is influenced by whether or not food is served to the attendees, and collection of leads is influenced by how the event is advertised (sales event versus educational event).
Identify and Approach...

Plan your approach to the organizations in a manner that is compliant with both CMS regulations, and the MIPPA regulations.

- **MIPPA Alert** - If an event is registered as educational event, you cannot collect leads.

- Establishing your reputation is not without value – you are planting seeds.
Identify and Approach...

During Lock-In, concentrating on locations / organizations / prospects that qualify for a Special Election Period (SEP) pay the immediate dividends, but, relationships will pay off year-round.

Look for organizations who deal with people who may be eligible for a SEP, including those eligible for Special Needs Plans (SNPs) - dual-eligible Medicare recipients in support of and those with chronic illnesses:
Identifying Prospects

Senior centers – A very active target audience, senior centers are more likely to host activities aimed at drawing in larger segments of the community as a whole.

Seniors who regularly attend activities at senior centers are typically receptive to receiving information about their healthcare choices.

- Be Different
- Offer Value
- Approach on an educational basis

* MIPPA Alert – be extra careful if food is being served at the event, or if it is publicized as an “Educational Event”.*
Identify Potential Customers

Non-profit organizations – The American Heart Association, American Stroke Association, American Diabetes Association, American Society of Hypertension, and others can be resources for locating those afflicted with those conditions, and their caregivers, and support groups.

- Approach organizations important to you
- Volunteer!
- Donate!

*MIPPA Alert – If you are there to volunteer, you are not there to sell. You are looking to create an image and differentiate yourself from every other agent looking for business.
Identify Potential Customers

Faith-based organizations (FBOs) – Offering a trusted environment for their members, many FBOs have senior groups, caregiver support groups, and other opportunities for comfortable, one-on-one interaction with the target audience.

• Share a program you believe in with those who share your beliefs
• Work with other faiths to help others
• Check FBO Training Module for more details

* MIPPA Alert – Remember the differences between “Educational” and “Sales” events.
Identify Potential Customers

Health fairs – Reach out to large numbers of seniors who are looking specifically for information on healthcare, prescription medications, etc. These events can assist in raising agent visibility, and build connections with other senior service organizations in the market.

- Be proactive and approachable. Don’t sit behind the table with your arms crossed, or talking on your cell phone. Greet all in attendance.
- Visit with the other vendors at the event. You are generally looking to reach the same people, and can help each other. They can be another source of referrals, both for prospects, and for additional events.
Identify Potential Customers

- Concentrate on prospect generation. Selling at events where services are offered is a CMS violation, and your immediate purpose at the event is generating prospects, not an immediate sale. Concentrating too long on just one individual may cost you a number of other prospects that come by during that time.

* MIPPA Alert - Be careful in planning participation, as MIPPA regulations dictate what you can do depending upon who else is participating, and how the event is advertised.
Identify Potential Customers

Food pantries and nutrition assistance programs – Typically serve low-income seniors and are seen as trusted sources of information for answering questions related to general health care and well-being.

Food pantries (http://www.foodpantries.org/st/texas) offer perhaps the most focused opportunity to interact with the dual-eligible population. Nutrition sites offer similar opportunities.

- Volunteer!
- Donate!

* MIPPA Alert – Create an image and differentiate yourself from every other agent looking for business.
Identify Potential Customers

Public housing authorities and facilities, including HUD housing sites. Public housing facilities often include a large proportion of senior residents, making them an effective venue for communications targeted towards dual-eligibles.

Other senior-oriented housing developments offer opportunities as well, as many will have partial subsidized accommodations.

Much like working with Senior Centers:
- Be Different
- Offer Value
- Approach on an educational basis

* MIPPA Alert – If you conduct a presentation on an educational basis, you cannot collect lead information.
Identify Potential Customers

Community and neighborhood associations – Seniors who are active in their communities typically are involved with community and neighborhood associations, which often host speakers to talk about issues of common concern for their members, including healthcare.

Much like attendees of health fairs, while not everyone you address at these associations may be an immediate prospect, they know someone who is.

These groups are also good sources for those about to be a prospect. Watch for the “Tweeners” – prospects in the near future.

* MIPPA Alert – If you conduct a presentation on an educational basis, you cannot collect lead information.
Identify Potential Customers

Caregiver organizations – Caregivers are an important audience to target because they are typically the decision-makers regarding healthcare choices for the seniors they care for.

- Many of these organizations affiliate with non-profit organizations. Work with one of these groups may well lead to involvement with the other.

- Hospitals commonly host these organizations, and frequently look for guest speakers at their meetings. Become the subject matter expert capable of addressing these groups.

* MIPPA Alert – If these opportunities to address a group are not publicized as a sales event, collection of prospect information is not allowed.
Identify Potential Customers

Social service organizations – By targeting groups of social workers and senior service organizations, one can “influence the influencer”, or those who make frequent referrals for service to seniors and their caregivers.

These centers of influence are often in need of base education of what all is available for those they assist. Being able to competently and confidently address these organizations can be a great source of referrals.

- Network with agents specializing in other areas of value to your prospects, like Long Term Care, to offer additional value and increase your visibility and potential for referrals to these organizations. Staging events offering Continuing Education Credit can draw groups together to educate and network.

* MIPPA Alert – Others agents can not set the appointment for you.
Identify Potential Customers

Other Insurance Professionals – Many agents working other areas reaching the Medicare market may not offer healthcare programs to their clients, for a variety of reasons. Consider organizing a network of agents to share prospects and opportunities. Networking can be very beneficial to yourself and other agents.

Look to work with agents that concentrate on:
- Group Insurance
- Long-Term Care
- Property and Casualty
- Life Insurance

“Bake a bigger pie”.
Identify Potential Customers

- Adult day care facilities – A good opportunity to reach out to a consumer audience, adult day care facilities typically serve low-income seniors. These venues present opportunities to not only reach a captive audience, but their caregivers as well.

- Provider partners who share your interest in your prospective clients, and who offer complimentary programs.

- Other locations – cultural centers, state agencies, Park and Recreation departments, other government programs.
Identify Potential Customers
Go Non-Traditional!

- Put three business cards in each envelope when you pay your bills
- Check from Home Cleaning services
- Get a business card stand up at your Dry Cleaners
- Put up flyer stands at restaurants that are “Blue Hair Havens”
- Hairdressers
Identify Potential Customers

- Ask for referrals! People tend to “nest”. “Who else can I help?” Folks will refer organizations in addition to individuals. Ask for help during your individual appointments and group meetings, and while meeting with community contacts.

- Keep an open eye (and ear) for other community opportunities that may present themselves. The “grapevine” and senior publications can lead you to many opportunities you may otherwise miss.

Remember to always follow CMS Guidelines for marketing activities, and notify your carrier and contracting hierarchy of your calendar of events!
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](http://www.thebrokerageinc.com), under the “TOOLS” tab, “LEAD PROGRAM MENU”.
Option A: Contact List

Custom List  Volume-Based Pricing

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.

- Consumer Lists
  - Guaranteed 94% Deliverable
  - Privacy-Compliant Leads
  - Filter by Demographics & Psychographics
  - Option for DNC-Compliant Phone Numbers
  - Available for any U.S. Geographic Area

- Business Lists
  - Guaranteed 90% Deliverable
  - Updated Monthly
  - Filter by Business Type (SIC Code)
  - Filter by Employee Size & Sales Volume
  - Option for Phone Numbers

- New Homeowner Lists
  - Over 100,000 new leads added weekly
  - Filter by Purchase Date
  - Filter by Purchase Amount

Get Started  Get Started  Get Started

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Option B: Community-Based Marketing  Complementary

Community-Based marketing programs create leads organically, and renew themselves, based upon agent performance. These programs include:

- Retail Marketing (may be seasonal): Through various contracted Medicare Advantage carriers, and other one-off opportunities, agents have the opportunity to take advantage of natural and driven store traffic to carrier-supported and self-augmented store-based marketing locations.

Some locations will allow only AEP opportunities.
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. *It is as easy as 1,2,3.* 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; Dental, Hearing, Vision; Mortgage Life Insurance; Disability Income Insurance; Turning 65; and Medicare Programs are detailed on [www.thebrokerageinc.com](http://www.thebrokerageinc.com).

Our featured partner is [America’s Recommended Mailers (ARM)](http://www.thebrokerageinc.com).
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 Medicare Advantage plans.

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*
To tie it together...

- Approach those locations with a value proposition, such as:
  - *I can help* educate on the basics of Medicare, through a Medicare Made Clear presentation and material.
  - *I can help* with the costs of their medications, through Low Income Subsidy presentations, material, and advocacy.
  - *I can help* with the medical costs and other expenses associated through the Medicare programs with Medicare Savings Plans (MSPs), through presentations, material, and advocacy.
  - *I can* meet at their convenience to help with these areas of concern, either at your location, at their home, or at a mutually convenient location.
After the Sale...

Reach Out to your Customers
What do I do after the sale?

Your dual eligible (Medicare/Medicaid) customers are able to change plans monthly. You do not want your client changing plans without reaching out to you, their agent. One way to insure this is to “touch” them 3 or more times with a telephone call.
What do I Say?

The first “touch” call could be to ask them if they received their welcome call, welcoming them to the new health plan or the outbound verification call. 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.

**MIPPA ALERT:** Remember – the referrals need to call you, as you cannot reach out to them and stay compliant!
The Second Touch Phone Call

When you call the second time you may want to ask if they have received their ID card from the Health Plan. You will probably want to make this call close to the first of the month of their effective date.

Check again to see if they have any questions and ASK FOR REFERRALS. Let them know that you would be happy to help their friends and neighbors too.

What is the first thing people usually do when they want to buy something?

They ask a friend.
Reach out and “Touch” number 3

The third time you call you may want to see if they have had an opportunity to see their doctor on the new plan. This should be made when you think they have used the plan, possibly the second month on the new plan. This is especially important if this is a new doctor for them. Ask again for REFERRALS and if they have additional questions.
Another Reason to Reach Out

Most of the Health Plans offer yearly physical exams. Remind your client that they have an annual exam benefit, and they should take advantage of that benefit.
Let your Customer know you care

Once you have reached out to your customer three times or more they are much more likely to reach out to you for their insurance needs and see you as their personal agent. Expand your offerings and become your clients' most trusted advisor.

Focusing on your customers' long term needs and their lifetime value to your business helps you compete and remain profitable.
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.
The Brokerage Inc.

www.thebrokerageinc.com
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:

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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

- 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
  - You can easily download everything you need to enroll a person compliantly.
  - 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!
The Brokerage Inc.
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Lewisville, Texas 75057
Call: 1-800-442-4915
Fax: 1-800-616-4900

www.thebrokerageinc.com
www.MedicareIsSimple.com