

Medicare



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Course 7: Medicare Masters Program One-on-One Mentoring

STEP 1 SIGN UP FOR ORIGINAL MEDICARE



Part A
Federal Government
Inpatient Hospital Care



Part B
Federal Government
Outpatient Care & Doctor Visits

STEP 2 SELECT AN OPTION FOR ADDITIONAL COVERAGE

OPTION 1



MEDICARE SUPPLEMENT
Private Insurance Company
Secondary coverage for
Out-of-Pocket Medicare costs

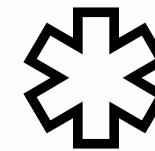


MEDICARE PART D PLAN
Private Insurance Company
Prescription Drug Coverage

OR

OPTION 2

MEDICARE ADVANTAGE
Private Insurance Company



Part C
Combination of Part A
& Part B coverage



Part D
Some plans include
prescription drug coverage



May offer benefits not
covered by Original Medicare

OPTION 1

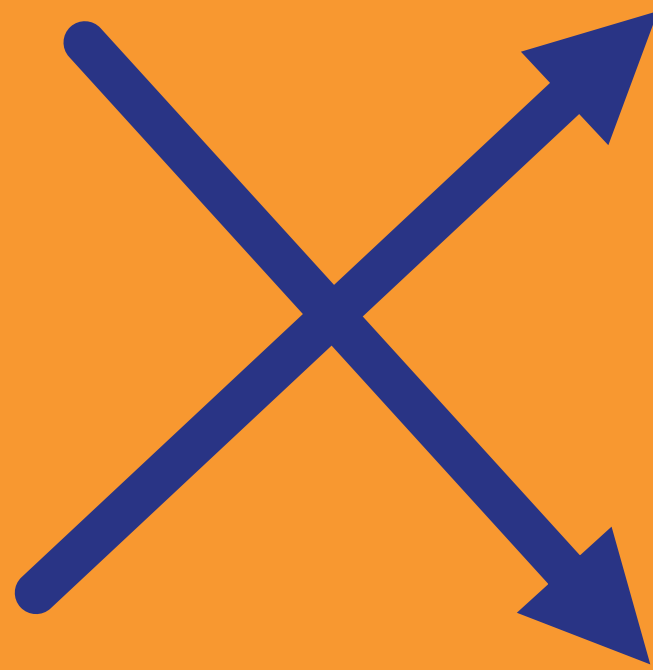
MEDICARE SUPPLEMENT + MEDICARE PART D

Pros:

1. Controls Costs associated with Original Medicare — Predictable Out-of-Pocket Costs
2. No Network
3. Set It and Forget It

Cons:

1. Price
2. No Dental, Vision, Hearing, or Other “Extras” Included
3. Does Not Cover Prescription Drugs



OPTION 2

MEDICARE ADVANTAGE

Pros:

1. Price - \$0 or low premium policies
2. Includes “Extras” like Dental, Vision, Hearing, or other benefits
3. May cover Prescription Drugs (MAPD)

Cons:

1. Unpredictable usage costs – co-pays and deductible expenses; does have maximum annual out-of-pocket expense
2. Must use the Network
3. Annual Program Review



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Questions?



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Which type of prospects should I be aiming for to be ready to approach on October 15th?

Specifically, the “low” hanging fruit to the competitive ones.



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When can we set appointments for after the
October 1st date?



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Do you have a schedule of conversations for us to help guide people? Permission to Contact form? Permission to access pharmacy records?

Rephrased:

Do we have a menu or guideline to follow so the agents hit all the check boxes and remain compliant?



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When do you use the Permission To Contact (PTC) form
vs. the Scope of Appointment (SOA)?

So, if techs make the calls, how do you get permission
for an agent to contact that is documented?



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Can the Scope of Appointment (SOA) be signed digitally?



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Where can we download these forms?



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I want to have my technicians help with phone calls.
What are they allowed to say or more importantly
what should they not say?



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If tech calls, how do we get a documented
Permission to Contact (PTC)?



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Can I give my technicians a bonus for getting a client? Closing a client? Professing a client? Anything?



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What are the payouts for closing clients? Is there a detailed form somewhere for someone working in South Florida?



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Should we pay the tech from the pharmacy or the new business entity (agency)?



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If a tech calls and a patient wants an appointment, may we ask them if we may process their pharmacy records to get their drugs without a form?



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Seth,

From your experience doing this and seeing all your insurance agents performing, what separates the top 1% from everyone else?



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Is it ok to mention that the agent happens to also work at the pharmacy? The goal is to have build in trust instead of a random agent they don't know.



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Once I max out those prospects, which prospects should I prepare for January 1?



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If we have fliers or TV educational pieces, what is the most compliant way to tell people to go to the pharmacy counter and ask to meet with an agent, especially if voice or image on TV is of a pharmacy employee?

- **2025 CMS** Updates
- **Low Income Subsidies (LIS)**
- **LINET** — What is it? How you can effectively use it
- **Extra Support** — Broker Managers
- **Sales Events** — Access insurance carrier marketing funds

CMS Updates

It's all about 2025 



MA and Section 1876 Cost Plans

| Compensation Type | National | CT, PA, District of Columbia | CA, NJ | Puerto Rico, U.S. Virgin Islands |
|-------------------|----------|---------------------------------|--------|-------------------------------------|
| Initial Year | \$626 | \$705 | \$780 | \$428 |
| Renewal Years | \$313 | \$353 | \$390 | \$214 |

PDPs

| Compensation Type | National |
|-------------------|----------|
| Initial Year | \$109 |
| Renewal Years | \$55 |

Referral Fees

| | |
|-----------|-------|
| MA Plans | \$100 |
| PDP Plans | \$25 |

Extra Help

Helps people with Medicare pay for prescription drugs, and lowers the costs of Medicare prescription drug coverage.

Extra Help is a federal program that lowers your Medicare prescription drug coverage (Part D) monthly premium and any deductible, coinsurance, and copayments. You may qualify if you have limited income and assets.

| You have | Your eligibility requirements | Your costs |
|--|---|--|
| Medicare only | Income Limit Individual: \$1,903/month Couple: \$2,575/month Asset limit² Individual: \$17,220 Couple: \$34,360 | \$0 premium ³ and deductible \$4.50 generic copay \$11.20 brand-name copay |
| Medicare and a Medicare Savings Program (MSP) only | You are automatically enrolled in Extra Help only | |
| Medicare and Medicaid with or without an MSP | You are automatically enrolled in Extra Help | \$0 premium ³ and deductible Income above 100% FPL \$4.50 generic copay \$11.20 brand-name copay Income below 100% FPL⁴ \$1.55 generic copay \$4.60 brand-name copay |

¹ Income limits are based on the 2024 Federal Poverty Level (FPL). Limits are higher for each additional relative living with you for whom you are responsible. Income and asset limits on this chart are rounded to the nearest whole dollar. There is a \$20 income disregard (factored into the income limits above) that the Social Security Administration automatically subtracts from your monthly unearned income.

² Asset limits include \$1,500 per person for burial expenses.

³ You pay no premium if you have a basic Part D drug plan with a premium at or below the Extra Help premium limit for your area.

⁴ You pay \$0 copays if you are institutionalized or receive home and community-based services.



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If someone is on a PDP plan and moves to an Advantage plan, is this a “new” or a “switch” rate?



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When we enroll clients this year, when do commissions get paid out?



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If someone gets a client to renew, for \$313, is that compensation paid all at once or is it divided into monthly payments?

Same question for initial year?



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Is there a way to track payments based on client?



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Who do the clients call to see if they are eligible for LIS or to enroll in LIS?



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Thank you!