

MEDICARE & MARKETPLACE UPDATES PY2025

*PRESENTED BY GRABER & ASSOCIATES
SEPTEMBER 19TH, 2024*

*AGENT USE ONLY
INFORMATION SUBJECT TO CHANGE*



AGENDA

- MARKETPLACE
 - CARRIER UPDATES
 - COMPLIANCE
 - HEALTHSHERPA
- MEDICARE
 - CARRIER UPDATES
 - COMPLIANCE
 - G&A RESOURCES
- QUESTIONS

MARKETPLACE CARRIERS (S.D.)

Avera MyPlan

✔ Includes Exchange Plan

<u>REQUESTED RATE CHANGE</u>	<u>FINAL RATE CHANGE</u>
-3.59%	N/A

Avera MyPlan Preferred

✔ Includes Exchange Plan

<u>REQUESTED RATE CHANGE</u>	<u>FINAL RATE CHANGE</u>
-7.75%	N/A

Wellmark of South Dakota

✔ Includes Exchange Plan

<u>REQUESTED RATE CHANGE</u>	<u>FINAL RATE CHANGE</u>
5.29%	N/A

SANFORD

Exchange HMO-Individual

✔ Includes Exchange Plan

<u>REQUESTED RATE CHANGE</u>	<u>FINAL RATE CHANGE</u>
5.94%	N/A

Exchange PPO-Individual

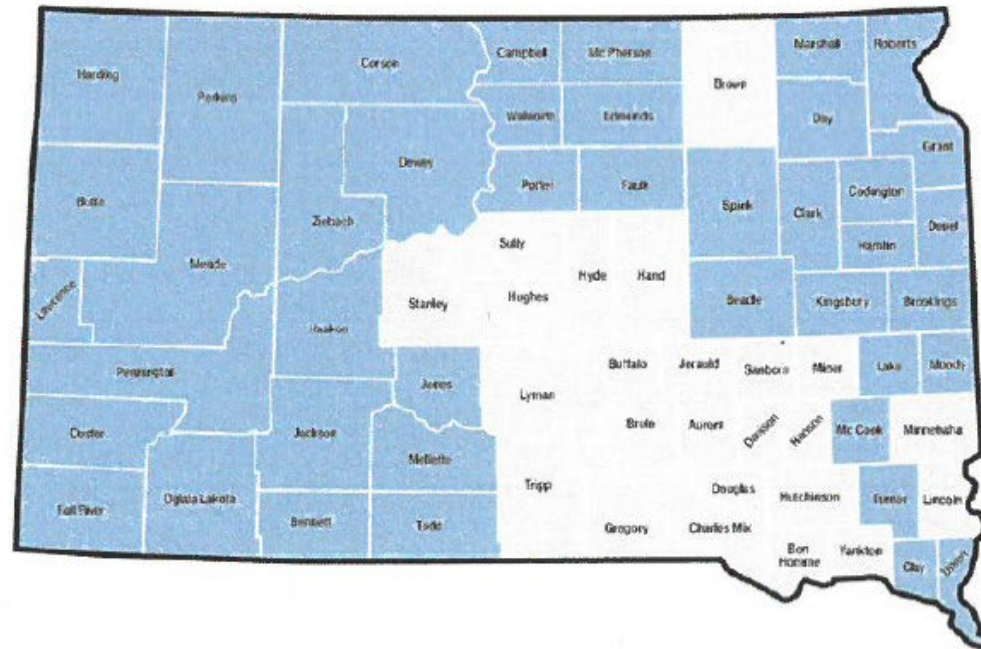
✔ Includes Exchange Plan

<u>REQUESTED RATE CHANGE</u>	<u>FINAL RATE CHANGE</u>
6.30%	N/A

MARKETPLACE CARRIERS (S.D.)

Wellmark expansion into region 3

- ✓ Harding
- ✓ Perkins
- ✓ Ziebach
- ✓ Butte
- ✓ Lawrence
- ✓ Meade
- ✓ Pennington
- ✓ Haakon
- ✓ Jackson
- ✓ Oglala Lakota
- ✓ Custer
- ✓ Fall River
- ✓ Jones
- ✓ Mellette
- ✓ Todd
- ✓ Bennett
- ✓ Clay
- ✓ Lake
- ✓ McCook
- ✓ Moody
- ✓ Turner
- ✓ Union
- ✓ Spink
- ✓ Beadle
- ✓ Clark
- ✓ Day
- ✓ Corson
- ✓ Marshall
- ✓ Roberts
- ✓ Campbell
- ✓ Walworth
- ✓ Potter
- ✓ McPherson
- ✓ Edmunds
- ✓ Faulk
- ✓ Grant
- ✓ Codington
- ✓ Hamlin
- ✓ Kingsbury
- ✓ Brookings
- ✓ Deuel
- ✓ Dewey



MARKETPLACE CARRIERS (N.D.)

Blue Cross Blue Shield of North Dakota ⓘ	01/01/2025	16.58%	N/A	15.50% to 18.52%	Submission Filed	View 3 product(s)
Medica Health Plans ⓘ	01/01/2025	4.60%	N/A	0.00% to 8.13%	Submission Filed	View 3 product(s)
Sanford Health Plan ⓘ	01/01/2025	18.22%	N/A	14.34% to 22.01%	Submission Filed	View 2 product(s)

- North Dakota Mandated GLP1 coverage
- Significant increase in rates
- Pertains to ACA-compliant individual and small employer plans

MARKETPLACE COMPLIANCE

- Agents and brokers must not maintain access to a client's HealthCare.gov account or associated email account.
- Agents and brokers may never create a HealthCare.gov account for a consumer or log into a consumer's HealthCare.gov account—whether in the U.S. or outside of the country.

MARKETPLACE CONSENT AND REVIEW DOCUMENTATION

- CONSENT DOCUMENTATION: [CLICK HERE](#) FOR G&A'S FORM
 - *Consent documentation needs to be obtained prior to assisting a client with their Marketplace application. This pertains to new and current Marketplace clients, but only needs to be documented once for the life of the client relationship.*
- REVIEW DOCUMENTATION: [CLICK HERE](#) FOR G&A'S FORM
 - *Review documentation needs to be obtained prior to final submission of a Marketplace application and includes changes to an existing Marketplace application. This needs to be obtained every time an application is completed or when an application is edited to report a life change.*
- MUST KEEP ON FILE FOR MINIMUM OF 10 YEARS

MARKETPLACE CONSENT DOCUMENTATION CONTINUED....

- CMS does not prescribe the manner in which agents and brokers must document consent
- Different formats acceptable:
 - Recorded phone call
 - Text message
 - Email
 - Electronic document with digital signatures
 - Physical document with wet signatures
- Can have agency consent
- Can last indefinitely

MARKETPLACE CONSENT AND REVIEW DOCUMENTATION

Consent For Broker Assistance

I, _____, give my permission to _____ to serve as the health insurance agent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize _____ to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching for an existing Marketplace applicaiaon;
2. Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that _____ will not use or share my personally identifiable information (PII) for any purposes other than those listed above. _____ will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above. I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information about myself or my health with _____ beyond what is required on the application for eligibility and enrollment purposes.

I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by notifying _____ in writing.

AGENT NAME: _____

AGENT NPN: _____

AGENCY NAME: _____

AGENCY NPN: _____

NAME OF PRIMARY HOUSEHOLD CONTACT (AND/OR AUTHORIZED REPRESENTATIVE): _____

SIGNATURE: _____

DATE OF CONSENT: _____

Marketplace Application Review

AGREEMENTS

1. To make it easier to determine my eligibility for help paying for coverage in future years, I agree to allow the Marketplace to use my income data, including information from tax returns, for the next five years. The Marketplace will send me a notice, let me make changes, and I can opt out at any time.
2. I understand that I'm not eligible for a premium tax credit if I'm found eligible for other qualifying health coverage like Medicaid, Children's Health Insurance Program(CHIP), or a job-based health plan. I also understand that if I become eligible for other qualifying health coverage, I must contact the marketplace to end my Marketplace coverage and premium tax credit. If I don't, the person who files taxes in my household may need to pay back my premium tax credit.
3. I understand that because the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/or my dependents:
 - I must file a federal income tax return for the 2024 tax year.
 - If I'm married at the end of 2024, I must file a joint income tax return with my spouse.I also expect that:
 - No one else will be able to claim me as a dependant on their tax return.
 - I'll claim a personal exemption deduction on my federal tax return for any individual listed on this application as my dependent who is enrolled in coverage through this Marketplace, and whose premium for coverage is paid in whole or in part by advance payments of the premium tax credit.If any of the above changes:
 - I understand that it may impact my ability to get the premium tax credit.
 - I also understand that when I file my federal income tax return, the Internal Revenue Service (IRS) will compare the income on my tax return with the income on my application. I understand that if the income on my tax return is lower than the income on my application, I may be eligible to get additional premium tax credit amount. On the other hand, if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.
4. If anyone on this application enrolls in Medicaid, I'm giving the Medicaid agency our rights to pursue and get money from other health insurance, legal settlements or other third parties. I'm also giving the Medicaid agency rights to pursue and get medical support from a spouse or parent.
5. I know that I must tell the program I'll be enrolled in if the information I listed on my application changes. I know I can make changes in my Marketplace account or by calling the Marketplace Call Center at 1-800-318-2596. I know a change in my information could affect eligibility for members of my household.

6. If anyone on your application is enrolled in Marketplace coverage and is also found to have Medicare coverage, the Marketplace will automatically end their Marketplace plan coverage. They will get a notice before the Marketplace terminates their coverage in case they need to keep it or make changes. During all months of overlapping coverage, they're responsible for paying the full cost for the Marketplace plan premium and covered services.

7. I have reviewed my application and confirm it to be accurate in compliance with §155.227. This includes but is not limited to, information related to my contact profile (email, phone number, and address) as well as my income reported to the exchange.

I am signing this application under penalty of perjury, which means I have provided true answers to all the questions on this application to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false information.

I have reviewed my Marketplace Eligibility Notice and I have authorized my representative to electronically sign my online Marketplace application on my behalf that we completed together.

AGENT NAME: _____

AGENT NPN: _____

AGENCY NAME: _____

AGENCY NPN: _____

NAME OF PRIMARY HOUSEHOLD CONTACT (AND/OR AUTHORIZED REPRESENTATIVE): _____

SIGNATURE: _____

DATE OF CONSENT: _____



VARIOUS MARKETPLACE CONSENT AND REVIEW DOCUMENTATION METHODS

- VERBAL CONSENT (RECORDED)
- TEXT MESSAGE
- EMAIL

AGENT DIRECTIONS: ITEMS IN BOLD ARE FOR AGENT/AGENCY TO FILL IN WITH THEIR AGENT/AGENCY INFORMATION BEFORE SENDING TO BENEFICIARY OR AUTHORIZED REPRESENTATIVE. (YOU CAN REMOVE THESE DIRECTIONS BEFORE SENDING TO BENEFICIARY/AUTHORIZED REPRESENTATIVE).

PLEASE RESPOND TO THIS EMAIL BY FILLING IN THE **HIGHLIGHTED** SPACES AND SENDING BACK TO ME. PER CMS GUIDELINES **I/WE** MUST DOCUMENT AND SAVE THIS CONSENT PRIOR TO ASSISTING YOU WITH YOUR MARKETPLACE APPLICATION:

I, **[insert name of primary household contact]**, give my permission to **AGENT/AGENCY NAME** to serve as the health insurance agent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize **AGENT/AGENCY NAME** to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching for an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that **AGENT/AGENCY NAME** will not use or share my personally identifiable information (PII) for any purposes other than those listed above. **AGENT/AGENCY NAME** will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above. I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information about myself or my health with **AGENT/AGENCY NAME** beyond what is required on the application for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by notifying **AGENT/AGENCY NAME** in writing.

Name of Primary Writing Agent:

Agent National Producer Number:

Agency National Producer Number (if applicable):

Owner of Agency (if applicable):

Name of Primary Household Contact and/or Authorized Representative: **[insert name of primary household contact]**

Date of Consent: **[insert date of consent]**

MARKETPLACE SYSTEM CHANGE (JULY 19TH, 2024)

- An agent or broker who is not already associated with a consumer's enrollment must now take additional steps to update a consumer's Marketplace enrollment, even with their consent. Unassociated or "new" agents and brokers will be required to conduct a three-way call with the consumer and the [Marketplace Call Center](#) or to direct the consumer to submit the change themselves through [HealthCare.gov](#) or via an approved [Classic Direct Enrollment](#) or [Enhanced Direct Enrollment](#) partner website with a consumer pathway.
 - 1-855-788-6275
- Optional workaround for [HealthSherpa](#) users
 - Consumer creating Healthcare.gov account
 - More efficient during busy season
- *Subject to change*

HEALTHSHERPA UNASSOCIATED AGENT MESSAGE

You can't update this consumer's policy right now.



CMS can't update the consumer's policy right now. Call the Marketplace Call Center at 1-855-788-6275 with the consumer on the line for a 3-way call and ask a representative to update the consumer's coverage. TTY users can call 1-855-889-4325.
Error ID: InvalidAction

[Back to Dashboard](#)

MEDICARE

- NATIONAL CARRIER NETWORK RESTRICTIONS
 - HUMANA
 - UHC
- PDP CHANGES
- MEDICARE SUPPLEMENT RATES
- COST PLAN TRANSITION (CPT)
- CONNECTURE/RETIREFLO
- D-SNP'S/M3P*

STANDALONE PDP CHANGES

- INFLATION REDUCTION ACT
- HOW ROBUST WILL THE FORMULARY BE?
- NON-COMMISSIONABLE PLANS
 - POSSIBLE RECOMMENDATIONS
- CIGNA SAVER WILL HAVE A REDUCED COMMISSION
- [G&A PY2025 MEDICARE RATE SHEET](#)

2024 MEDICARE PDP PREMIUMS

SAME RATE FOR SD AND SURROUNDING

HUMANA	
WALMART VALUE RX	\$38.00
BASIC RX*	\$44.50
PREMIER RX	\$95.20

WELLMARK	
BLUE RX SELECT	\$20.20
BLUE RX STANDARD	\$76.40
BLUE RX PREMIER	\$123.50

SILVERSCRIPT	
CHOICE	\$41.00
PLUS	\$92.60
SMARTSAVER*	\$5.30

MUTUAL OF OMAHA	
RX ESSENTIAL	\$22.90
RX PREMIER	\$70.30
RX PLUS	\$40.90

WELLCARE	
VALUE SCRIPT	\$0.50
CLASSIC	\$39.40
MEDICARE RX VALUE PLUS	\$79.00

UNITED HEALTHCARE	
RX WALGREENS	\$62.00
RX BASIC	\$38.50
RX PREFERRED	\$103.80

CIGNA	
SAVER PDP	\$20.30
SECURE PDP	\$59.20
EXTRA PDP	\$80.70

*NON-COMMISSIONABLE PLAN

2025 MEDICARE PDP PREMIUMS

SAME RATE FOR SD AND SURROUNDING STATES

HUMANA	
WALMART VALUE RX	\$41.20
BASIC RX*	\$69.00
PREMIER RX	\$117.40

WELLMARK	
BLUE RX STANDARD	\$51.00
BLUE RX PREMIER	\$116.90

SILVERSCRIPT	
CHOICE*	\$40.30

MUTUAL OF OMAHA	
RX ESSENTIAL	DISCONTINUED
RX PREMIER	DISCONTINUED
RX PLUS	DISCONTINUED

WELLCARE	
VALUE SCRIPT*	\$0.00
CLASSIC*	\$22.30
MEDICARE RX VALUE PLUS*	\$107.30

UNITED HEALTHCARE	
RX SAVER	\$36.20
RX PREFERRED	\$97.00

CIGNA	
SAVER PDP	\$16.50
ASSURANCE PDP*	\$75.90
EXTRA PDP	\$102.90

*NON-COMMISSIONABLE PLAN

SOUTH DAKOTA MEDICARE SUPPLEMENT RATES (PLAN G)

ALL RATES ARE PREFERRED NON-TOBACCO

FOR AGENT USE ONLY
RATES SUBJECT TO CHANGE
UPDATED 1/1/2025

2025 MEDICARE PDP PREMIUMS

SAME RATE FOR SD AND SURROUNDING STATES

WELLMARK				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$317.20	\$280.40	\$285.50	\$252.40
65	\$214.60	\$189.90	\$193.10	\$170.90
66	\$214.60	\$189.90	\$193.10	\$170.90
67	\$231.00	\$204.30	\$207.90	\$183.90
68	\$247.60	\$219.00	\$222.80	\$197.10
69	\$247.60	\$219.00	\$222.80	\$197.10
70	\$267.90	\$236.80	\$241.10	\$213.10
71	\$287.80	\$254.40	\$259.00	\$229.00
72	\$293.90	\$260.00	\$264.50	\$234.00
73	\$301.00	\$266.30	\$270.90	\$239.70
74	\$307.10	\$271.50	\$276.40	\$244.40
75	\$317.20	\$280.40	\$285.50	\$252.40
76	\$323.90	\$286.40	\$291.50	\$257.80
77	\$330.30	\$292.10	\$297.30	\$262.90
78	\$337.00	\$298.10	\$303.30	\$268.30
79	\$343.60	\$303.80	\$309.20	\$273.40
80	\$350.20	\$309.70	\$315.20	\$278.70
81	\$356.70	\$315.30	\$321.00	\$283.80
82	\$363.70	\$321.60	\$327.30	\$289.40
83	\$369.90	\$327.00	\$332.90	\$294.30
84	\$376.80	\$333.10	\$339.10	\$299.80
85+	\$380.20	\$336.10	\$342.20	\$302.50

MUTUAL OF OMAHA				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$200.22	\$174.10	\$176.19	\$153.21
65	\$160.18	\$139.29	\$140.95	\$122.57
66	\$160.18	\$139.29	\$140.95	\$122.57
67	\$160.18	\$139.29	\$140.95	\$122.57
68	\$164.02	\$142.63	\$144.33	\$125.51
69	\$167.86	\$145.97	\$147.72	\$128.45
70	\$171.71	\$149.31	\$151.10	\$131.40
71	\$175.55	\$152.66	\$154.48	\$134.34
72	\$179.40	\$156.00	\$157.87	\$137.28
73	\$186.57	\$162.23	\$164.18	\$142.77
74	\$193.74	\$168.48	\$170.49	\$148.26
75	\$200.93	\$174.72	\$176.81	\$153.75
76	\$208.10	\$180.96	\$183.13	\$159.24
77	\$215.28	\$187.19	\$189.44	\$164.73
78	\$221.73	\$192.81	\$195.12	\$169.68
79	\$228.19	\$198.43	\$200.80	\$174.62
80	\$234.65	\$204.04	\$206.49	\$179.56
81	\$241.11	\$209.66	\$212.17	\$184.50
82	\$247.57	\$215.28	\$217.86	\$189.44
83	\$256.48	\$223.03	\$225.70	\$196.26
84	\$265.39	\$230.78	\$233.54	\$203.08
85	\$274.30	\$238.52	\$241.39	\$209.90
86	\$283.21	\$246.27	\$249.23	\$216.72
87	\$292.13	\$254.02	\$257.07	\$223.54
88	\$297.97	\$259.10	\$262.21	\$228.01
89	\$303.93	\$264.29	\$267.46	\$232.57
90	\$310.00	\$269.57	\$272.80	\$237.22
91	\$316.20	\$274.96	\$278.26	\$241.96
92	\$322.53	\$280.46	\$283.83	\$246.80
93	\$328.98	\$286.07	\$289.50	\$251.74
94	\$335.56	\$291.79	\$295.29	\$256.77
95	\$342.27	\$297.63	\$301.20	\$261.91
96	\$349.12	\$303.58	\$307.23	\$267.15
97	\$356.10	\$309.65	\$313.37	\$272.49
98	\$363.22	\$315.84	\$319.63	\$277.94
99+	\$370.48	\$322.16	\$326.03	\$283.50

MEDICA				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$218.31	\$189.84	\$192.11	\$167.06
65	\$170.47	\$148.23	\$150.01	\$130.44
66	\$170.47	\$148.23	\$150.01	\$130.44
67	\$170.47	\$148.23	\$150.01	\$130.44
68	\$170.47	\$148.23	\$150.01	\$130.44
69	\$174.28	\$151.55	\$153.37	\$133.36
70	\$181.05	\$157.43	\$159.32	\$138.54
71	\$187.47	\$163.02	\$164.97	\$143.46
72	\$193.89	\$168.60	\$170.62	\$148.37
73	\$201.92	\$175.58	\$177.69	\$154.51
74	\$210.06	\$182.66	\$184.85	\$160.74
75	\$218.31	\$189.84	\$192.11	\$167.06
76	\$226.21	\$196.71	\$199.05	\$173.10
77	\$234.30	\$203.74	\$206.18	\$179.29
78	\$242.58	\$210.94	\$213.47	\$185.63
79	\$251.05	\$218.31	\$220.92	\$192.11
80	\$259.73	\$225.85	\$228.56	\$198.75
81	\$268.47	\$233.46	\$236.25	\$205.44
82	\$277.43	\$241.24	\$244.14	\$212.29
83	\$286.59	\$249.21	\$252.20	\$219.30
84	\$295.96	\$257.36	\$260.44	\$226.48
85	\$305.55	\$265.70	\$268.88	\$233.82
86	\$313.90	\$272.95	\$276.23	\$240.20
87	\$322.43	\$280.37	\$283.74	\$246.73
88	\$331.14	\$287.95	\$291.40	\$253.40
89	\$340.04	\$295.69	\$299.24	\$260.21
90	\$349.13	\$303.60	\$307.23	\$267.17
91	\$354.73	\$308.46	\$312.16	\$271.44
92	\$360.38	\$313.37	\$317.13	\$275.77
93	\$366.09	\$318.34	\$322.16	\$280.14
94	\$371.67	\$323.37	\$327.25	\$284.57
95	\$377.71	\$328.44	\$332.38	\$289.03
96	\$377.71	\$328.44	\$332.38	\$289.03
97	\$377.71	\$328.44	\$332.38	\$289.03
98	\$377.71	\$328.44	\$332.38	\$289.03
99+	\$377.71	\$328.44	\$332.38	\$289.03

AETNA		
AGE	HOUSEHOLD DISCOUNT UNAVAILABLE	
	MALE	FEMALE
Thru 64	\$212.33	\$184.76
65	\$160.44	\$139.69
66	\$160.44	\$139.69
67	\$160.44	\$139.69
68	\$167.18	\$145.44
69	\$174.85	\$152.11
70	\$181.59	\$158.10
71	\$188.67	\$164.02
72	\$195.09	\$169.60
73	\$201.34	\$175.10
74	\$207.25	\$180.09
75	\$212.33	\$184.76
76	\$217.41	\$188.92
77	\$221.91	\$193.01
78	\$226.16	\$196.75
79	\$230.07	\$200.17
80	\$233.91	\$203.42
81	\$237.24	\$206.25
82	\$240.49	\$209.08
83	\$243.57	\$211.75
84	\$246.65	\$214.50
85	\$249.48	\$216.91
86	\$252.07	\$219.41
87	\$254.90	\$221.58
88	\$257.40	\$223.74
89	\$259.81	\$225.99
90	\$262.15	\$228.08
91	\$264.23	\$229.99
92	\$266.48	\$231.74
93	\$268.23	\$233.24
94	\$270.06	\$234.82
95	\$271.64	\$236.07
96	\$273.31	\$237.49
97	\$274.56	\$238.90
98	\$276.22	\$240.40
99+	\$277.89	\$241.74

HUMANA	
WALMART VALUE RX	\$41.20
BASIC RX*	\$69.00
PREMIER RX	\$117.40

WELLMARK	
BLUE RX STANDARD	\$51.00
BLUE RX PREMIER	\$116.90

SILVERSCRIPT	
CHOICE*	\$40.30

MUTUAL OF OMAHA	
RX ESSENTIAL	DISCONTINUED
RX PREMIER	DISCONTINUED
RX PLUS	DISCONTINUED

WELLCARE	
VALUE SCRIPT*	\$0.00
CLASSIC*	\$22.30
MEDICARE RX VALUE PLUS*	\$107.30

UNITED HEALTHCARE	
RX SAVER	\$36.20
RX PREFERRED	\$97.00

CIGNA	
SAVER PDP	\$16.50
ASSURANCE PDP*	\$75.90
EXTRA PDP	\$102.90

*NON-COMMISSIONABLE PLAN

GRABER & ASSOCIATES

(800) 669-3959

(605) 331-2100

graberassoc.com

MEDICARE SUPPLEMENT CHANGES

SOUTH DAKOTA MEDICARE SUPPLEMENT RATES (PLAN G)

ALL RATES ARE PREFERRED NON-TOBACCO

FOR AGENT USE ONLY
RATES SUBJECT TO CHANGE
UPDATED 1/1/2025

- SICK POOLS
- LIMITED STANDALONE PDP OPTIONS
- COMPREHENSIVE COST/ADVANTAGE ALTERNATIVES
- TRIAL RIGHT
- DISCUSSIONS WITH CLIENTS THIS AEP

WELLMARK				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$317.20	\$280.40	\$285.50	\$252.40
65	\$214.60	\$189.90	\$193.10	\$170.90
66	\$214.60	\$189.90	\$193.10	\$170.90
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72	\$293.90	\$260.00	\$264.50	\$234.00
73	\$301.00	\$266.30	\$270.90	\$239.70
74	\$307.10	\$271.50	\$276.40	\$244.40
75	\$317.20	\$280.40	\$285.50	\$252.40
76	\$323.90	\$286.40	\$291.50	\$257.80
77	\$330.30	\$292.10	\$297.30	\$262.90
78	\$337.00	\$298.10	\$303.30	\$268.30
79	\$343.60	\$303.80	\$309.20	\$273.40
80	\$350.20	\$309.70	\$315.20	\$278.70
81	\$356.70	\$315.30	\$321.00	\$283.80
82	\$363.70	\$321.60	\$327.30	\$289.40
83	\$369.90	\$327.00	\$332.90	\$294.30
84	\$376.80	\$333.10	\$339.10	\$299.80
85+	\$380.20	\$336.10	\$342.20	\$302.50

MUTUAL OF OMAHA				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$200.22	\$174.10	\$176.19	\$153.21
65	\$160.18	\$139.29	\$140.95	\$122.57
66	\$160.18	\$139.29	\$140.95	\$122.57
67	\$160.18	\$139.29	\$140.95	\$122.57
68	\$164.02	\$142.63	\$144.33	\$125.51
69	\$167.86	\$145.97	\$147.72	\$128.45
70	\$171.71	\$149.31	\$151.10	\$131.40
71	\$175.55	\$152.66	\$154.48	\$134.34
72	\$179.40	\$156.00	\$157.87	\$137.28
73	\$186.57	\$162.23	\$164.18	\$142.77
74	\$193.74	\$168.48	\$170.49	\$148.26
75	\$200.93	\$174.72	\$176.81	\$153.75
76	\$208.10	\$180.96	\$183.13	\$159.24
77	\$215.28	\$187.19	\$189.44	\$164.73
78	\$221.73	\$192.81	\$195.12	\$169.68
79	\$228.19	\$198.43	\$200.80	\$174.62
80	\$234.65	\$204.04	\$206.49	\$179.56
81	\$241.11	\$209.66	\$212.17	\$184.50
82	\$247.57	\$215.28	\$217.86	\$189.44
83	\$256.48	\$223.03	\$225.70	\$196.26
84	\$265.39	\$230.78	\$233.54	\$203.08
85	\$274.30	\$238.52	\$241.39	\$209.90
86	\$283.21	\$246.27	\$249.23	\$216.72
87	\$292.13	\$254.02	\$257.07	\$223.54
88	\$297.97	\$259.10	\$262.21	\$228.01
89	\$303.93	\$264.29	\$267.46	\$232.57
90	\$310.00	\$269.57	\$272.80	\$237.22
91	\$316.20	\$274.96	\$278.26	\$241.96
92	\$322.53	\$280.46	\$283.83	\$246.80
93	\$328.98	\$286.07	\$289.50	\$251.74
94	\$335.56	\$291.79	\$295.29	\$256.77
95	\$342.27	\$297.63	\$301.20	\$261.91
96	\$349.12	\$303.58	\$307.23	\$267.15
97	\$356.10	\$309.65	\$313.37	\$272.49
98	\$363.22	\$315.84	\$319.63	\$277.94
99+	\$370.48	\$322.16	\$326.03	\$283.50

MEDICA				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$218.31	\$189.84	\$192.11	\$167.06
65	\$170.47	\$148.23	\$150.01	\$130.44
66	\$170.47	\$148.23	\$150.01	\$130.44
67	\$170.47	\$148.23	\$150.01	\$130.44
68	\$170.47	\$148.23	\$150.01	\$130.44
69	\$174.28	\$151.55	\$153.37	\$133.36
70	\$181.05	\$157.43	\$159.32	\$138.54
71	\$187.47	\$163.02	\$164.97	\$143.46
72	\$193.89	\$168.60	\$170.62	\$148.37
73	\$201.92	\$175.58	\$177.69	\$154.51
74	\$210.06	\$182.66	\$184.85	\$160.74
75	\$218.31	\$189.84	\$192.11	\$167.06
76	\$226.21	\$196.71	\$199.05	\$173.10
77	\$234.30	\$203.74	\$206.18	\$179.29
78	\$242.58	\$210.94	\$213.47	\$185.63
79	\$251.05	\$218.31	\$220.92	\$192.11
80	\$259.73	\$225.85	\$228.56	\$198.75
81	\$268.47	\$233.46	\$236.25	\$205.44
82	\$277.43	\$241.24	\$244.14	\$212.29
83	\$286.59	\$249.21	\$252.20	\$219.30
84	\$295.96	\$257.36	\$260.44	\$226.48
85	\$305.55	\$265.70	\$268.88	\$233.82
86	\$313.90	\$272.95	\$276.23	\$240.20
87	\$322.43	\$280.37	\$283.74	\$246.73
88	\$331.14	\$287.95	\$291.40	\$253.40
89	\$340.04	\$295.69	\$299.24	\$260.21
90	\$349.13	\$303.60	\$307.23	\$267.17
91	\$354.73	\$308.46	\$312.16	\$271.44
92	\$360.38	\$313.37	\$317.13	\$275.77
93	\$366.09	\$318.34	\$322.16	\$280.14
94	\$371.67	\$323.37	\$327.25	\$284.57
95	\$377.71	\$328.44	\$332.38	\$289.03
96	\$377.71	\$328.44	\$332.38	\$289.03
97	\$377.71	\$328.44	\$332.38	\$289.03
98	\$377.71	\$328.44	\$332.38	\$289.03
99+	\$377.71	\$328.44	\$332.38	\$289.03

AETNA		
AGE	HOUSEHOLD DISCOUNT UNAVAILABLE	
	MALE	FEMALE
Thru 64	\$212.33	\$184.76
65	\$160.44	\$139.69
66	\$160.44	\$139.69
67	\$160.44	\$139.69
68	\$167.18	\$145.44
69	\$174.85	\$152.11
70	\$181.59	\$158.10
71	\$188.67	\$164.02
72	\$195.09	\$169.60
73	\$201.34	\$175.10
74	\$207.25	\$180.09
75	\$212.33	\$184.76
76	\$217.41	\$188.92
77	\$221.91	\$193.01
78	\$226.16	\$196.75
79	\$230.07	\$200.17
80	\$233.91	\$203.42
81	\$237.24	\$206.25
82	\$240.49	\$209.08
83	\$243.57	\$211.75
84	\$246.65	\$214.50
85	\$249.48	\$216.91
86	\$252.07	\$219.41
87	\$254.90	\$221.58
88	\$257.40	\$223.74
89	\$259.81	\$225.99
90	\$262.15	\$228.08
91	\$264.23	\$229.99
92	\$266.48	\$231.74
93	\$268.23	\$233.24
94	\$270.06	\$234.82
95	\$271.64	\$236.07
96	\$273.31	\$237.49
97	\$274.56	\$238.90
98	\$276.22	\$240.40
99+	\$277.89	\$241.74

GRABER ASSOCIATES

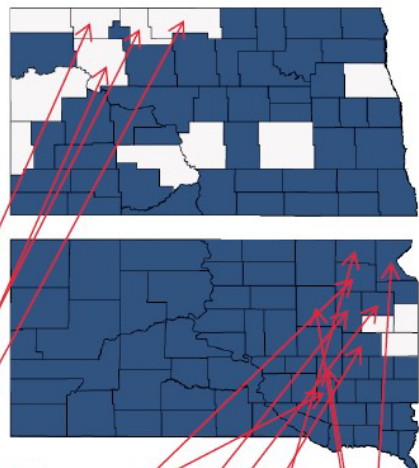
(800) 669-3959
(605) 331-2100
graberasoc.com

MEDICARE COST PLAN TRANSITION REMINDERS

PY2025 County Changes Key

YELLOW: ADDED IN 2025

ORANGE: REMOVED IN 2025



North Dakota

- Adams
- Barnes
- Benson
- Billings
- Bowman
- Cass
- Cavalier
- Dickey
- Dunn
- Eddy
- Emmons
- Foster
- Grant
- Griggs
- Hettinger
- Kidder
- LaMoure
- Logan
- McHenry
- McIntosh
- McLean
- Mercer
- Nelson
- Oliver
- Pembina
- Pierce
- Ramsey
- Ransom
- Richland
- Rolette
- Sheridan
- Sioux
- Slope
- Stark
- Steele
- Towner
- Traill
- Walsh
- Ward
- Wells
- Williams
- Burk
- Renville
- Bottineau
- Mountrail

South Dakota

- Aurora
- Beadle
- Bennett
- Bon
- Homme
- Brown
- Brule
- Buffalo
- Butte
- Campbell
- Charles
- Mix
- Clark
- Clay
- Codrington
- Corson
- Custer
- Davison
- Day
- Dewey
- Douglas
- Edmunds
- Fall River
- Faulk
- Grant
- Gregory
- Haakon
- Hand
- Hanson
- Harding
- Hughes
- Hutchinson
- Hyde
- Jackson
- Jerauld
- Jones
- Kingsbury
- Lake
- Lawrence
- Lincoln
- Lyman
- Marshall
- McCook
- McPherson
- Meade
- Mellette
- Miner
- Minnehaha
- Moody
- Oglala
- Lakota
- Pennington
- Perkins
- Potter
- Roberts
- Sanborn
- Spink
- Stanley
- Sully
- Todd
- Tripp
- Turner
- Union
- Walworth
- Yankton
- Ziebach

- CLOSED AOR
- GUARANTEED ISSUE RIGHTS
- MED SUPP REMINDER.....

Member Scenario	GI for a Medica Medicare Supplement plan	SEP for MAPD	SEP for Standalone PDP	Medicare Advantage OEP – Move to Different MAPD
Reverted to Original Medicare with no Part D plan prior to 12/7/23	Yes* One time through 2/29/24	Yes One time through 2/29/24 Will incur LEP for months bare	Yes One time through 2/29/24 Will incur LEP for months bare	N/A Applies only to leaving MA
Reverted to Original Medicare and auto-renewed a PDP plan	Yes* One time through 2/29/24	Yes One time through 2/29/24	Yes One time through 2/29/24	N/A Applies only to leaving MA
Reverted to Original Medicare and purchased a new PDP after 12/7/23	Yes* One time through 2/29/24	No Already used SEP	No Already used SEP	N/A Applies only to leaving MA
Enrolled in a Medica MAPD prior to 12/7/23	No GI Scenario Used Normal business rules apply	Yes One time through 2/29/24	Yes One time through 2/29/24	Yes One time through 3/31/24
Enrolled in a competitor's MAPD plan prior to 12/7/23	No GI Scenario Used Normal business rules apply	Yes One time through 2/29/24	Yes One time through 2/29/24	Yes One time through 3/31/24
Enrolled in a Medica MAPD plan after 12/7/23	No GI Scenario Used Normal business rules apply	No Already used SEP	No Already used SEP	Yes One time through 3/31/24
Enrolled In a competitor's MAPD plan after 12/7/23	No GI Scenario Used Normal business rules apply	No Already used SEP	No Already used SEP	Yes One time through 3/31/24
Purchased a Medica Medicare Supplement plan after notification	No GI Scenario Used Normal business rules apply	Yes One time through 2/29/24	Yes One time through 2/29/24	N/A Applies only to leaving MA
Purchased a competitor's Medicare Supplement plan after notification	No GI Scenario Used Normal business rules apply	Yes One time through 2/29/24	Yes One time through 2/29/24	N/A Applies only to leaving MA

MEDICARE COST PLAN TRANSITION REMINDERS

- **Medica Medicare Supplement**
 - Eligible for Plan G Guaranteed Issue if Medicare eligibility was after 01/01/2020
 - Eligible for Plan F Guaranteed Issue if Medicare eligibility was before 01/01/2020
 - Will NOT require a copy of the letter notifying the client they are losing the Cost Plan
- **Wellmark Medicare Supplement**
 - All South Dakota beneficiaries in an Exit County are eligible for Plan G Guaranteed Issue
 - Eligible for Plan F Guaranteed Issue if Medicare eligibility was before 01/01/2020
 - Will NOT require a copy of the letter notifying the client they are losing the Cost Plan
- **Mutual Of Omaha Medicare Supplement**
 - Eligible for Plan G Guaranteed Issue if Medicare eligibility was after 01/01/2020
 - Eligible for Plan F Guaranteed Issue if Medicare eligibility was before 01/01/2020
 - Will require a copy of the letter notifying the client they are losing the Cost Plan
- **Aetna Medicare Supplement**
 - Eligible for Plan G Guaranteed Issue if Medicare eligibility was after 01/01/2020
 - Eligible for Plan F Guaranteed Issue if Medicare eligibility was before 01/01/2020
 - Will require a copy of the letter notifying the client they are losing the Cost Plan
- **United Healthcare Medicare Supplement**
 - Eligible for Plan G Guaranteed Issue if Medicare eligibility was after 01/01/2020
 - Eligible for Plan F Guaranteed Issue if Medicare eligibility was before 01/01/2020
 - Will require a copy of the letter notifying the client they are losing the Cost Plan



PO Box 9310
Minneapolis, MN 55440-9310

IMPORTANT NOTICE: Your Medicare plan won't be offered in 2024.

December 5, 2023

IMPORTANT MEDICA INFORMATION
JOHNNY APPLESEED
123 MAIN STREET
WATERTOWN, SD 57201

Keep this letter. It's proof that you have a special right to buy a Medigap policy or join a Medicare plan.

Dear Johnny Appleseed,

Medica Prime Solution® Standard (Cost) won't offer your Medicare plan in 2024. This means your coverage through Medica Prime Solution® Standard (Cost) will end December 31, 2023. You need to make some decisions about your Medicare coverage.

What happens if you don't join another Medicare plan?

If you don't take action before December 31, 2023, you will only be covered by Original Medicare starting January 1, 2024.

Even if Medicare places you in Original Medicare, you still have other opportunities to join a Medicare Health plan. Because your plan will no longer be available to you, and to provide you additional time to evaluate your options, you have a special opportunity to join a new plan any time until February 29, 2024.

If you are already enrolled in a separate prescription drug plan, your prescription drug coverage will not be affected by this change.

If you join a new Medicare plan AFTER December 31, your coverage in the new plan won't start until the month after you join.

Keep this letter. It's proof that you have a special right to buy a Medigap policy or join a Medicare plan.

MEDICARE COMPLIANCE: CALL RECORDINGS/WEB BASED TECH

- CALL RECORDING RULE
 - ONLY SALES, MARKETING, AND ENROLLMENT CALLS NEED TO BE RECORDED
 - CALLS TO SCHEDULE AN APPOINTMENT DO NOT NEED TO BE RECORDED
 - ONLY THE AUDIO PORTION
 - INCLUDES TELEPHONIC AND WEB-BASED CALLS (*SKYPE, GOTO, ETC...*)
- TELEPHONIC/WEB BASED PRE-ENROLLMENT CHECKLIST REQUIREMENT
 - THE PRE-ENROLLMENT CHECKLIST (PECL) IS REQUIRED FOR ALL TELEPHONIC/VIRTUAL MARKETING MEETINGS
 - EFFECT ON CURRENT COVERAGE ADDED TO PECL
- RULES FOR SPOUSES

Agent Call Recording

Partnering with Graber & Associates provides you access to EXCLUSIVE technological options helping you meet Medicare & Marketplace compliance.

Phone.com

Phone.com is a cloud-based communication and virtual phone system platform. It enables users to manage their communications efficiently through a web interface or mobile app, facilitating better connectivity with customers.

- **Convenient calling over data and Wi-Fi** - make calls anywhere using your 4G/5G data or Wi-Fi.
- **Better visual voicemail** - get all your voicemails in one place and access them within the app or your email.
- **Personal conference bridge** - making it easy to connect employees and clients wherever they work.
- **Text using any Phone.com number** - send and receive SMS messages using any of your business phone numbers.

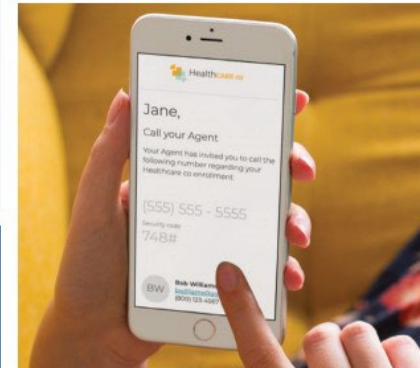
Graber & Associates' Phone.com Partner Discount

Contact Alexandra Diaz at
adiaz@phone.com or (858) 299-2045
with promo code **GAAPDC2023**

Connecture

Connecture's call recording functionality is a standard feature built into your G&A Medicare Enrollment Platform.

- By partnering with Graber & Associates, this is at **NO COST** to you.
- Agent Call Recording for SOA, shopping and enrollment.



PRE-ENROLLMENT CHECKLIST EXAMPLES

Pre-Enrollment Checklist



Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at (888) 278-6485 (TTY: (888) 279-1549).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit align.sanfordhealthplan.com or call (888) 278-6485 (TTY: (888) 279-1549) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Align powered by Sanford Health Plan is a PPO with a Medicare contract. Enrollment in Align powered by Sanford Health Plan depends on contract renewal. Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or any other classification protected under the law. This information is not a complete list of benefits. Call (888) 605-9277 (TTY: 711) for more information. If you need language services or information given in a different format please call (888) 278-6485 (TTY: (888) 279-1549). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 278-6485 (TTY: (888) 279-1549). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (888) 278-6485 (TTY: (888) 279-1549).

H8866_158-919-747-P12024-ND-SD-IA_MH0166_158-919-747-P12024-MNLJM 158-919-747 10/23

Medica Prime Solution® (Cost) Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1 (800) 234-8755 (TTY: 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit Medica.com/GetMyDocs or call toll-free at 1 (800) 234-8755 (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered. (Plans with Part D coverage).

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on Jan. 1, 2024.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).



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WELLMARK LIST OF REQUIRED ELEMENTS

- REQUIRED FOR ALL WELLMARK (IA/SD) PDP & MA/MAPD ENROLLMENTS
- BENEFICIARY DOES NOT NEED TO SIGN
- KEEP IN YOUR RECORDS



List of required elements prior to enrollment

Consistent with applicable regulations, all agents and brokers (employed, captive, and independent) must discuss the following CMS required list of items during the marketing and sale of a Medicare Advantage (MA) or Medicare Part D plan.

INSTRUCTIONS: Check the boxes as you discuss the list of items below with the beneficiary. Each item must be discussed with the beneficiary prior to the beginning of the enrollment process.

Plan type discussed during the call:

MA PDP

Discussion with the Beneficiary occurred (check one):

over the phone in person

- Discuss the type of health plan in which the beneficiary wishes to enroll (such as low premium with higher copay, or vice versa).
- Check the plan's provider directory to see if the beneficiary's primary care physician (PCP) and specialists are in-network. If not, explain that they will need to choose a new PCP/specialist or pay out-of-pocket.
- Check the plan's formulary to see if the beneficiary's prescriptions are on the formulary.
- Check the plan's pharmacy directory to see if the beneficiary's pharmacy is in-network. If not, explain that they will need to choose a new pharmacy or may have to pay the full price of the prescription.
- Discuss if the beneficiary requires hearing, dental, and/or vision coverage.
- Discuss if the beneficiary has any other health care needs, such as needing durable medical equipment or physical therapy.
- Check the plan's directory to see if the beneficiary's preferred hospital is in-network. If it is not, explain that they will need to pick a new preferred hospital.
- Discuss if the beneficiary has other preferred facilities that need to be in-network.
- Discuss if the beneficiary has any other specific health care needs.

- Explain to the beneficiary their right to cancel this enrollment as well as the specific date through which cancellation may occur.
- Review the premiums if the premium is greater than zero, including Part B premium, (per month/quarter/year).
- Review the current premium vs. another plan premium, if applicable.
- Review beneficiary cost-sharing such as deductibles, copays, and coinsurances. Go over deductible cost, PCP copay, specialist copay, inpatient hospital copay, and any other copays for services/items the beneficiary needs.
- Discuss the costs/limitations on dental, vision, and hearing.
- Review coverage for out-of-network providers and services (e.g., except in emergency or urgent situations, plan does not cover services by out-of-network providers (i.e., doctors who are not listed in the provider directory)).
- Review coverage outside the United States.
- Explain the potential effect that enrolling in this plan will have on other, current coverage, which may in some cases mean that the individual is disenrolled from the beneficiary's current health coverage (e.g., another MA plan, Medigap).
- Explain that this is not a hearing/dental/vision "rider" but a full plan.
- Explain that the plan operates on a calendar year basis, so benefits may change on January 1 of the following year.
- Explain that Evidence of Coverage (EOC) provides all of the costs, benefits, and rules for the plan.
- Review how to file a complaint.
- Review PPO out-of-network coverage.

I, the undersigned agent, attest that all the above items were discussed with the named beneficiary on the date below. I also understand that this completed list must be retained by me for a period of 11 years and must be produced upon request in the event of any monitoring or audit activities.

Beneficiary Name _____

Agent Printed Name _____

Agent Signature _____ Date _____

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Blue Cross and Blue Shield of South Dakota and Wellmark Advantage Health Plan, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

For Agent Use Only.

#22221 10/23

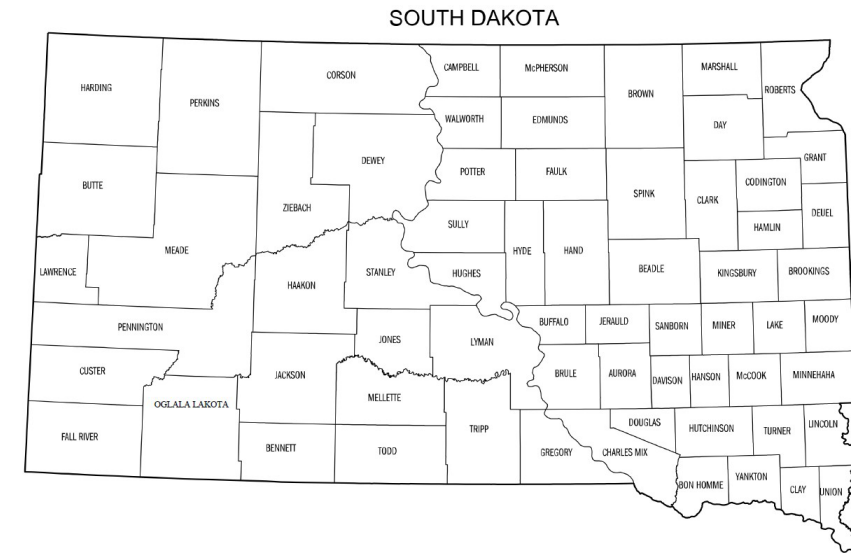
MEDICARE DISCLAIMER

- FOR AGENTS NOT APPOINTED WITH ALL AVAILABLE CARRIERS/PLANS
 - “WE DO NOT OFFER EVERY PLAN AVAILABLE IN YOUR AREA. CURRENTLY WE REPRESENT [INSERT NUMBER OF ORGANIZATIONS] ORGANIZATIONS WHICH OFFER [INSERT NUMBER OF PLANS] PRODUCTS IN YOUR AREA. PLEASE CONTACT MEDICARE.GOV, 1-800-MEDICARE, OR YOUR LOCAL STATE HEALTH INSURANCE PROGRAM (SHIP) TO GET INFORMATION ON ALL OF YOUR OPTIONS.”

- FOR AGENTS APPOINTED WITH ALL AVAILABLE CARRIERS/PLANS
 - “Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact *Medicare.gov*, 1-800-MEDICARE, or your local State Health Insurance Program for help with plan choices.”

MEDICARE DISCLAIMER

- CONVEYED WITHIN FIRST 60 SECONDS OF ALL TELEPHONIC/WEB-BASED SALES CALLS
- ELECTRONICALLY CONVEYED WHEN COMMUNICATING VIA EMAIL
- PROMINENTLY DISPLAYED ON AGENT/AGENCY WEBSITE
- PROMINENTLY DISPLAYED ON ALL MARKETING MATERIALS
- [G&A MEDICARE ENROLLMENT PLATFORM](#)
- [ORGANIZATIONS/PLANS OFFERED TOOL](#)



WE DO NOT OFFER EVERY PLAN AVAILABLE IN YOUR AREA. CURRENTLY WE REPRESENT [REDACTED] ORGANIZATIONS WHICH OFFER [REDACTED] PRODUCTS IN YOUR AREA. PLEASE CONTACT MEDICARE.GOV, 1-800-MEDICARE, OR YOUR LOCAL STATE HEALTH INSURANCE PROGRAM (SHIP) TO GET INFORMATION ON ALL OF YOUR OPTIONS.

5X5 MEDICARE DISCLAIMER CLING

We do not offer every plan available in your area.

Currently we represent _____ organizations which offer _____ products in your area.



Please contact **MEDICARE.GOV**, **1-800-MEDICARE**, or your local **STATE HEALTH INSURANCE PROGRAM** to get information on all of your options.

Currently we represent _____ organizations which offer _____ products in your area.



You can always contact **MEDICARE.GOV**, **1-800-MEDICARE**, or your local **STATE HEALTH INSURANCE PROGRAM** for help with plan choices.

AEP/OEP CLIENT NOTIFICATIONS

- SEND CLIENT NOTIFICATIONS (RETENTION)
 - CHECK YOUR SEPTEMBER 6TH NOTIFICATION FROM G&A

Medicare Notification Example With SOA Recommendation

<FLName>
<Address>

Dear <Greeting>,

Another year has passed and the Annual Enrollment Period (AEP) for Prescription Drug Plans, Cost Plans, and Medicare Advantage Plans is here. This year AEP is October 15th, 2023 through December 7th, 2023 and we can begin discussing your options as soon as October 1st. During AEP you can keep your current plan or switch to something different. Any changes you make will go into effect January 1st, 2024.

Each year, insurance companies are able to make changes to their plan's premium, deductible, cost sharing, and covered prescription drugs. For this reason, you are encouraged to watch for your current plan's Annual Notice of Change (ANOC) mailing which will outline plan changes for 2024.

We recommend comparing your current prescription drug list with all 2024 plan options to ensure you are enrolled in the most cost-effective plan available for your situation. We would be happy to review your updated prescription drug list and make a recommendation for a plan change, if needed.

To schedule an analysis of available 2024 plans please complete the steps below:

1. Complete/sign the enclosed SCOPE OF APPOINTMENT (SOA) FORM and return to <Agent/Agency Name> in the enclosed prepaid envelope. If the enclosed SOA is not received at least 48 hours prior to your scheduled appointment we may have to ask you to reschedule, due to new federal guidelines.
2. Call our office at <phone number> or <phone number> to schedule an appointment.

Any drug lists received after December 1st are not guaranteed to be reviewed prior to the December 7th deadline. Thank you for your continued business!

Sincerely,
<Agent/Agency Name>

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Medicare Notification Without SOA Recommendation

<FLName>
<Address>

Dear <Greeting>,

Another year has passed and the Annual Enrollment Period (AEP) for Prescription Drug Plans, Cost Plans, and Medicare Advantage Plans is here. This year AEP is October 15th, 2023 through December 7th, 2023 and we can begin discussing your options as soon as October 1st. During AEP you can keep your current plan or switch to something different. Any changes you make will go into effect January 1st, 2024.

Each year, insurance companies are able to make changes to their plan's premium, deductible, cost sharing, and covered prescription drugs. For this reason, you are encouraged to watch for your current plan's Annual Notice of Change (ANOC) mailing which will outline plan changes for 2024.

We recommend comparing your current prescription drug list with all 2024 plan options to ensure you are enrolled in the most cost-effective plan available for your situation. We would be happy to review your updated prescription drug list and make a recommendation for a plan change, if needed.

Our team is prepared to service you virtually or in-person, depending on your specific needs.

To schedule an analysis of available 2024 plans during this limited timeframe, please call our office at <phone number> or <phone number>. Any drug lists received after December 1st are not guaranteed to be reviewed prior to the December 7th deadline.

Thank you for your continued business!

Sincerely,
<Agent/Agency Name>

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Medicare Notification Example With SOA & Medicare.gov Recommendation

<FLName>
<Address>

Dear <Greeting>,

Another year has passed and the Annual Enrollment Period (AEP) for Prescription Drug Plans, Cost Plans, and Medicare Advantage Plans is here. This year AEP is October 15th, 2023 through December 7th, 2023 and we can begin discussing your options as soon as October 1st. During AEP you can keep your current plan or switch to something different. Any changes you make will go into effect January 1st, 2024.

Each year, insurance companies are able to make changes to their plan's premium, deductible, cost sharing, and covered prescription drugs. For this reason, you are encouraged to watch for your current plan's Annual Notice of Change (ANOC) mailing which will outline plan changes for 2024.

We recommend comparing your current prescription drug list with all 2024 plan options to ensure you are enrolled in the most cost-effective plan available for your situation. We would be happy to review your updated prescription drug list and make a recommendation for a plan change, if needed.

To schedule an analysis of available 2024 plans please complete the steps below:

1. Complete/sign the enclosed SCOPE OF APPOINTMENT (SOA) FORM and return to <Agent/Agency Name> in the enclosed prepaid envelope. If the enclosed SOA is not received at least 48 hours prior to your scheduled appointment we may have to ask you to reschedule, due to new federal guidelines.
2. Call our office at <phone number> or <phone number> to schedule an appointment.
3. Optional: To facilitate an accurate review of your prescription drug list, it will help to create a Medicare.gov account if you do not have one already. Please complete the enclosed Medicare.gov Consent Slip and include it in the prepaid envelope.

Any drug lists received after December 1st are not guaranteed to be reviewed prior to the December 7th deadline. Thank you for your business!

Sincerely,
<Agent/Agency Name>

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Medicare Notification Example With SOA & Medicare.gov Recommendation

MEDICARE.GOV ACCOUNT CONSENT FORM

To facilitate an accurate review of your prescription drug list, it will help to create a Medicare.gov account. Please check the box below that meets your preference and return in the enclosed prepaid envelope.

- I give <Agent/Agency Name> permission to retrieve my medication list from Medicare.gov and, if needed, create/update an account for me. We will then review my medication list from Medicare.gov during my scheduled appointment.
- I plan to schedule an appointment and will provide my medication list at that time.

Printed Name: _____ Phone: _____

Signature: _____ Date: _____

<FLName>
<Address>

Dear <Greeting>,

<Agent/Agency Name> would like to take this opportunity to provide you with information on the health insurance Open Enrollment Period (OEP). This year's Open Enrollment Period spans November 1, 2023-January 15, 2024. **Outside of this enrollment period you will need a qualifying event (ex: marriage, birth, involuntary loss of credible coverage) to obtain coverage or make a plan change.** Contact our office and we can help you determine if a life event allows you to acquire coverage or make a change outside of the OEP.

Additionally, there have been recent changes in the individual health insurance market that may affect you. New subsidy eligibility guidelines may positively impact how much you pay for health insurance through the Marketplace at Healthcare.gov. As of now, current legislation enforcing these increased subsidy amounts applies through tax year 2025.

- If you currently have a plan OFF the Marketplace, you can stay on your current plan but you may want to consider a Marketplace plan. You may have increased savings available to you by enrolling through Healthcare.gov. Plans on Healthcare.gov have increased tax credits which lower your monthly premium and create possible cost-share reductions. These tax credits now apply to higher income earners that previously may not have qualified for premium subsidies.
- If you currently have a plan ON the Marketplace, you may want to review your plan options to see if another Marketplace plan provides lower out-of-pocket costs or better suites your needs in 2024. Additionally, you may now qualify for cost-share reductions and need to consider switching into a cost-share reduction eligible plan.

Each person's situation is unique, so we encourage you to reach out to our office to review how these changes may affect you and your health insurance costs. We are here to help you understand your health insurance options and implement updates if needed.

Thank you for your continued business!

Sincerely,

<Agent/Agency Name>

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

48 HOUR SCOPE OF APPOINTMENT

- REQUIREMENT TO OBTAIN COMPLETED SOA AT LEAST 48 HOURS PRIOR TO PERSONAL MARKETING APPOINTMENT
- TWO EXCEPTIONS:
 - WALK-IN'S INITIATED BY BENEFICIARY
 - WITHIN 4 DAYS OF THE END OF A VALID ENROLLMENT PERIOD
 - EX: AEP, IEP, OEP, SEP, ETC
- SOA VALID FOR 12 MONTHS
- CAN USE THE SAME SOA FOR MULTIPLE APPOINTMENTS
- Referrals*

SCOPE OF APPOINTMENT CONTINUED....

Applicable	Not Applicable
<ul style="list-style-type: none">• <u>Scheduled</u> sales events (formal presentations) when the appointment is initiated by the agent/broker	<ul style="list-style-type: none">• Unscheduled in person meetings (walk-ins) initiated by the beneficiary (office, etc.), including walk-ups during informal events and scheduled 1:1 appointments, and walk-ups after a formal sales event
<ul style="list-style-type: none">• <u>Scheduled</u> outbound phone calls	<ul style="list-style-type: none">• All inbound phone calls• Outbound phone calls that are unscheduled (leads provided by the Plan)• Outbound phone calls that are unscheduled and initiated by the beneficiary (call backs for web forms, BRC, C2C, etc.)
<ul style="list-style-type: none">• <u>Scheduled</u> in person/virtual/telephonic meetings	<ul style="list-style-type: none">• During the last four days of a valid election period for the beneficiary

SCOPE OF APPOINTMENT CONTINUED....

- [MEDICARE ENROLLMENT PLATFORM](#) SOA COLLECTION
 - IN PERSON
 - TEXT
 - EMAIL
 - VOICE SIGNATURE
 - PRACTICE ON YOURSELF
- RETIREFLO
 - USE IN COLLABORATION WITH MEDICARE ENROLLMENT PLATFORM
 - COLLECT UPDATED MEDICATION LISTS & SCOPE OF APPOINTMENT FORM ALL AT ONCE!
 - G&A CO-OP AVAILABLE
- CHECK YOUR SEPTEMBER 6TH NOTIFICATION FROM G&A

Scope of Appointment

A Scope of Appointment is required for all sales appointments. Submit the SOA once you have received it from the beneficiary.

SOAs **1**

You have no SOAs for this profile

[Complete SOA form \(In-person or phone\)](#) **2** | [Print consumer form](#) **3** | [Upload](#)

Email address **4**

Phone number **5**

[← Previous](#)

FINAL THOUGHTS.....

- IN-PERSON MEETINGS WITH MEDICARE BENEFICIARIES WHEN POSSIBLE
- USE YOUR G&A RESOURCES
- SAVE MEDICARE CLIENT MEDICATION LISTS
- CLIENT NOTIFICATION TEMPLATES
- MARKETING
 - CARRIER MADE
 - GENERIC
 - NON-PRODUCT LINE SPECIFIC (MEDICARE)