

AGENT --- HANDBOOK



LET'S STAY CONNECTED!



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GETTING STARTED

How to Become a Licensed Agent

An Overview



1. Pre-licensing Education



2. Proctored Exam and State Exam



3. Finger Prints & Background Check



4. Application for License Through
NIPR/ Sireon



5. Contracting



6. Errors and Omissions Insurance (E&O)
NAPA Direct Web Link

GETTING STARTED



1. Complete Pre-licensing Education

You will need to complete the following courses:

- Life, Health, Accident
- Medicare Supplement/Long Term Care (in some states)

Coursework is available online or in-person through ExamFX, Kaplan or local providers. (NC agents have used John Quick's in-person and virtual classes successfully - insuranceprep.com).



2. Take the Proctored Exam and State Exam

Proctored Exam

- Once you have studied for the exam covering your pre-licensing coursework, you are required to take an exam with a proctor. A proctor can be any person outside the family. You must pass this exam to move on to the state exam.
- Once you pass the proctored exam you will receive a certificate. Bring the certificate to your state exam.

State Exam

- Call Pearson Vue at 800-274-0668 or visit them online to schedule your test.
- Each test will cost approx. Up to \$100 each time you take it. In some states you will be taking 2 tests.
- 2 forms of ID are required. I.E. driver's license and a credit card with a signature on the back.
- Verify that your fingerprints have been processed. Call Pearson Vue for verification.

Each state's exam process is different. Contact your local State Department of Insurance for detailed information about your state.



3. Get Finger-Printed and Submit Background Check

When you schedule your finger prints ask the Department of Insurance what steps (if any) you need to complete for the fingerprinting and background check process. Call your local police station to make an appointment for fingerprinting. You should have received fingerprinting forms from the DOI (Department of Insurance) when you applied for licensure. Fill out the forms and bring them with you to the police station along with 2 forms of ID. The cost for finger printing is approx. \$20 and most locations only accept cash payment.

GETTING STARTED



4. Apply for a License on NIPR (National Insurance Producer Registry)

The license application can begin at the same time as the Pre-licensing education in step 1. Visit [NIPR.com](https://www.nipr.com) to apply for a license.

Steps:

1. Apply for an Initial, Resident, Producer license on NIPR.
2. Choose Accident & Health or Sickness *and* Medicare Supplement/Long Term Care.
3. Pay approximately \$187 (this varies state to state).

Once you submit your application you will receive:

- Acknowledgement that the application was received and a list of further action required to obtain licensure.
- An "Authorization to Test" email from Pearson Vue with your National Producer Number (NPN) and information to take the state exam. You can call Pearson Vue at 800-274-0668 to schedule your exam. You will need to complete your pre-licensing education and earn an Exam Admission Ticket before taking the state exam for each license. In this email there should also be a link to the fingerprinting paperwork that you will take to the local police department.



5. Begin Contracting

Congratulations! You've passed your tests and you're licensed. Contact your upline when you're ready to begin contracting and they will notify Kellogg Insurance. **A Kellogg contracting agent will reach out to further assist you in the process. You will first receive an email to create a Kellogg login followed by a phone call from a Kellogg contracting agent.**



6. Errors and Omissions (E&O) Insurance

You need to purchase Errors and Omissions (E&O) Insurance to complete your licensure. Your E&O insurance will need to be renewed annually. If you have questions about E&O insurance reach out to your Kellogg contracting agent or upline for assistance.

E&O Provider Options: *(compare plans from various companies to choose your insurance)*

NAPA (National Association of Professional Agents): napa-benefits.org

NEXT Insurance: nextinsurance.com

Hiscox: hiscox.com

ESTIMATED COSTS



Estimated Costs to Start Your Business

• Coursework	\$300
• Licensing Fees	\$187
• Exam Fees	\$45/per test
• Fingerprinting	\$20
• Errors and Omissions Coverage (\$1M) - yearly (NAPA)	\$450/annually
• AHIP Certification	\$175
• Marketing/Monthly Lead Orders/Etc.	Varies
• Office Supplies, etc.	Varies

Approximately \$ to start your business selling insurance.

*Marketing expenses vary based on the number of lead orders you purchase, business promotion efforts, sales events, etc. All numbers above are approximate costs and will vary state to state, year to year.

TECHNOLOGY REQUIREMENTS

Agents are required to use an encrypted computer/laptop or tablet with current operating systems.

Agents are expected to know the basics of using a computer in order to navigate various programs for carrier agent portals, electronic enrollments, etc. They should be comfortable with texting, email, word processing, Zoom (or other virtual meeting platforms), etc.



MEDICARE AGENT COMMISSIONS

2025



Average National Commissions

Medicare Advantage Plans (MAPD or MA)

New to Medicare	\$626 - Upfront commission
Replacement Plan	\$313 - Upfront commission
Monthly Renewal	\$22-26 - Monthly after year 1

Medicare Part D Plans (PDP)

New to Medicare	\$100 - Upfront commission
Replacement Plan	\$50 - Upfront Commission
Monthly Renewal	\$3-4 - Monthly after year 1

Medicare Supplement Plan (MS)

New to Medicare	\$264-440 - Upfront
Monthly Renewal	\$22-37 -Monthly after 1 year... goes down after 4 yrs

NOTE: Commissions vary by carrier and are subject to change. Commissions are also based on contract level.

UNDERSTANDING RATES: INITIAL VS. RENEWAL

The chart on the previous page shows three rates: Initial (also called New-to-Medicare), Replacement and Monthly Renewal. The Replacement commission is approximately half of the initial. The Monthly Renewal amount begins on the second calendar year of the plan.

Initial/New-to-Medicare

- You receive the entire Initial Rate when your client is enrolling in a Medicare Advantage plan or Supplement for the first time.

Renewal/Replacement Rate

- You receive a prorated version of the Replacement Rate when you move a client from one Medicare Advantage plan to another.
 - You will receive a proportionate amount based on the number of months that the client will be on their new plan through the rest of the year.
- All Medicare Advantage plans renew in January each year. Most carriers make 2nd-year renewal payments in monthly installments at the monthly renewal rate.

Example 1

When Mrs. Smith enrolls in Part B, you help her enroll in an MA plan. If she has a 4/1/2023 effective date, you will receive \$626 because Mrs. Smith is "new to Medicare." (\$626 was the "new to Medicare" rate in 2025)

Example 2

Mrs. Smith has been on an MA plan for two years. She is eligible for an SEP, and you help her enroll in a new MA plan with an 8/1/2023 effective date. You will receive \$125.42. Mrs. Smith will be on the new MA plan for five months during 2023, and she made a "like plan change" ($5/12 \times \$301$ (the 2023 rate) = \$125.42).

In both examples, Mrs. Smith's policy would renew on 1/1/2024 at the renewal rate.

Carriers can only pay commissions for a plan year during that plan year, so commissions for AEP business (10/15-12/7) with an effective date of January 1 are paid in January.

PARTNERSHIPS



Insurance Partnerships

An external agent must align with an upline agency. You will be aligned with Brady Insurance, under Kellogg Insurance Marketing, located in Utah.



As an independent broker, we encourage agents to sell for multiple carries. Each agent will determine which carriers they want to contract through based on geography and plans available.

- **An external agent must be contracted, licensed, appointed and certified with each insurance carrier to sell their products.**
- State licenses can be viewed and purchased through NIPR (National Insurance Producer Registry). NIPR.com or SIRCON.com
- To become appointed with a carrier, contact the Kellogg contracting department.

NATIONAL UPLINE



National Contracting House



- Register with Contracting House.
- You will receive an email from your Agent Support Representative asking you to register on the Kellogg Agent Portal and begin the contracting process (please make sure you have your E&O Insurance and Direct Deposit information available).
- After you request the carrier contracts, you will receive follow-up emails from the carriers with further instructions to complete contracting and certifications.

Note:

How do you want to do business? Based on your individual or business entity selection, the carrier will set up an account.

If you select a business entity, your company needs to be licensed in the state where you conduct business. Your 1099 will have the agent's name or company name, depending on how you want to do business. Your commissions will go to whatever business account you provide.

Every carrier's contracting process is different – be prepared to learn each carrier's contracting process and certifications.

AGENT ON-BOARDING

Medicare Advantage, Part D & Medicare Supplement

Key Medicare Carriers:

- UnitedHealthcare
- Medico (Wellabe)
- Humana
- Aetna and AllinaHealth Aetna
- BCBS
- Health Partners
- UCare
- Centene-WellCare
- SilverScript HAP
- Priority Health
- Lasso
- Molina
- GTL – Guarantee Trust Life
- Devoted Health
- Cigna
- And Many More Carriers

*Based on your geographic market, you will not get contracted with all Medicare carriers. Your agent manager will counsel with you to determine which carriers are most important to have. We recommend that new agents start contracting with 1-2 carriers at a time. To request contracts, go through your Kellogg agent portal or reach out to the Kellogg contracting specialist.



CERTIFICATIONS

Carrier Certifications

- Every carrier has its own certifications that focus on product, FWA (Fraud, Waste & Abuse), compliance, and some basic Medicare information. The amount of time to take a carrier's certifications will vary but plan on 2 or more hours.
- United Healthcare **does not** require the AHIP (America's Health Insurance Plans) exam to be contracted and appointed with their agency. Other insurance carriers such as Humana and Aetna do require this exam. Some new agents begin their business by selling only UHC and then later take the AHIP and add additional insurance carriers to their portfolio of offerings.
- Agents must complete carrier certifications annually. If an agent contracts mid-year, they will need to retake the certifications from July through September for the following selling year.
- It is the responsibility of every agent to be contracted, appointed and certified ("ready to sell") with the carrier whose products they are going to sell. If an agent is not "ready to sell," they cannot sell products from that carrier. It would be considered a compliance infraction to sell a carrier's products if the agent is not fully appointed and certified, and they would not get paid.
- The same applies to the state in which an agent is selling. The agent must be licensed, contracted, appointed and certified ("ready to sell") in the state they want to sell Medicare plans. Agents must provide a copy of their state licenses to either Kellogg or the carrier. Once again, if the agent is not appointed and certified in a particular state, they cannot sell products there. It would be considered a compliance infraction to sell a carrier's products in a state in which they are not licensed, and the agent would not get paid.



ADDITIONAL TRAINING & CERTIFICATIONS



A.H.I.P.

AMERICA'S HEALTH INSURANCE PLANS



AHIP America's Health Insurance Plans (AHIP) is the national association whose members provide coverage for health care and related services. Agents need to take the online AHIP (America's Health Insurance Plans) Medicare and the Fraud, Waste and Abuse (FWA) training and certification every year. The cost is \$175. For an additional \$30, the agent can earn 6 CE credits. AHIP is available all year. Some carrier discounts are available if taken from the carrier portal. Every year an updated version will be available in late June or early July for the next year's certifications.

AHIP certification is an industry- recognized method of proving that you have completed the required Medicare training courses and you understand how to sell Medicare in a way that is compliant with the Centers for Medicare & Medicaid Services (CMS).

Most carriers require brokers to have an up-to-date America's Health Insurance Plans (AHIP) certification to sell Medicare Advantage plans. AHIP certification is necessary because the government administers these plans. The exception is UnitedHealthcare. If an agent does not take AHIP, he/she can only sell UnitedHealthcare.

How many attempts at the AHIP test do I get? Three. To pass the AHIP test, you must score at least 90%. If you fail three times, you can re-enroll and purchase another set of three attempts; however, many carriers will not accept three failures in a given year and will prohibit you from selling their product during that plan year.

[HTTPS://WWW.AHIPMEDICARETRAINING.COM](https://www.ahipmedicaretraining.com)

CONTINUING EDUCATION

Continuing Education

To maintain your insurance license, you'll need to complete a certain number of approved Continuing Education (CE) credit hours, typically every two years. Many states require 24 CE credit hours, with at least three being ethics training. We highly recommend taking continuing education courses regularly and not waiting until the 2-year deadline. Many companies offer CE courses, some of which are [Kaplan](#), [WebCE](#) and [ExamFX](#).



CONTRACTED AND READY TO SELL

Congratulations!

You Are Contracted and Ready to Sell!

Don't stumble on these stones:

- Don't feel like you need to know everything. Expect a lot of on-the-job learning.
- Learn/ask how to generate business.
- Get hands-on practice by completing your first few appointments with a mentor.
- Don't over complicate the sales process.
- Learn/observe the step-by-step process for an appointment.
- Don't fall into phone call reluctance.
- Attend training through Kellogg, Brady Insurance, and the carrier portals.
- Learn Weekly!

Steps for new agents:

1. Order business cards.
2. Order sales enrollment guides (sales kits), and sales brochures (educational and sales) **from the carrier websites.**
3. Set your goals and develop your business plan.
4. Order direct mail campaigns or order leads.
5. Go on ride-a-longs with other agents
6. Attend other agents' sales and educational events
7. Book your own appointments
8. Find strategic partners for renewable lead sources.



If you have any questions, reach out to your upline manager.

CARRIER PORTAL RESOURCES

Carrier Portals

Carrier portals contain a wealth of information and resources for licensed agents. Agents login to the portal to:

- order sales materials
- print commission reports and view their book of business
- access marketing resources and materials
- look up prescriptions and doctors
- verify Medicare and Medicaid eligibility
- sign up for educational courses
- AND much more!

Ordering Sales Materials from the Carriers

Every agent needs to order enrollment guides (sales kits) from each carrier's agent portal. Your agent manager can help you identify the top-performing plans in your market, so you know which sales kits to order. Start with an initial order of 3-10 kits per plan, per carrier.

Each carrier portal will also have educational brochures available for order featuring ancillary benefits such as Over-the-Counter credits, Vision, Dental, etc. You can use these materials at sales/educational events or hand them out at appointments.

Marketing Resources

Each carrier has a marketing library of flyers, ads, ancillary information, etc. Agents can typically customize the marketing items with their names and contact information. Agents may download a pdf version or have the marketing materials printed for a small cost using the carrier's vendors. These marketing materials have already been approved by CMS.

MARKETING



Turning 65 and Other Marketing

Your opportunity to sell year-round is based on marketing to people turning 65 (T65) and low income individuals (LIS and DSNP). General marketing throughout the year will also build your pipeline for AEP (10/15-12/7). Work with your agent manager on your specific marketing strategies.

Marketing guidelines and resources:

- All direct mail materials must be approved. You can use approved materials from carrier portals, vendor sites, or custom materials that Kellogg's compliance officer has approved.
- T65 Campaigns. LeadCenter has created T65 campaigns for you to use for either your book of business or the general public.
- Frequency – send a monthly or every other month T65, LIS or dental/vision/hearing mailing to generate leads for your pipeline. Contact your agent manager for information on purchasing T65 leads.
- Allow plenty of time for processing your direct mail campaigns. Plan on 3-4 weeks for vendor processing and an additional two weeks for delivery of the direct mail pieces.
- If Brady Insurance is provided co-op money from carriers, we will let you know so you can participate in their incentive program.

Options for marketing include:

- Direct mail postcards
- Letters and flyers
- Car magnets and yard signs
- Website and Social Media advertising (refer to UHC guidelines)
- Email (must have an opt-out function)
- Newspaper ads, community newsletter ads, newsletters from senior living communities, etc
- Video
- In-store or outside-of-store kiosk
- Booth at a community event
- AND many more possibilities
- Referral Partner

MARKETING THROUGH STRATEGIC PARTNERS

Strategic partnerships are essential for a renewable lead source.

Agents should develop relationships with people in their communities and sphere of influence who can help them grow their business through a mutually beneficial partnership. Getting out in the community to develop strategic partners is critical. Listed below are a few example of suggested partnerships:

- Professional Guardians
- Case Workers
- Dental Offices
- Food Banks
- Elder Law Attorneys
- Salvation Army and Low-income Facilities
- Homeless Shelters (become a volunteer first)
- Financial Planners & Banks
- Caregivers
- Funeral Directors
- Doctors, Nurses & HR Directors
- Senior Community Centers
- Senior Living Developments
- Senior Organizations
- Local VFW (Veteran's of Foreign Wars)

Examples of how to use a strategic partner:

Financial Advisors

Financial advisors are a great source of T65 leads. As your strategic partner, you work with the financial advisors to provide Medicare 101 education to the advisors and their clients. The financial advisors will refer their clients to you, and you can reciprocate by referring your clients to the financial advisor.

Senior Living Developments

The directors of senior living communities can post your information on-site, as well as provide your information to new residents. They may have a newsletter that you can advertise in. You may offer Medicare 101 events to the residents. The directors offer you a place to market and you reciprocate by offering a service to their residents..

TIP: Utilize the local agent managers from each of the carriers

The local agent managers from each carrier are here to support you. Be sure you meet with them so they know who you are. Establish a strong relationship with them. They can provide you with expert advice and support.

LEADS

You have a lead... now what?!

Steps to Follow

Step 1: Contact the Lead



If you have a phone number, call the prospect to introduce yourself. Be pleasant, patient and speak clearly. **Starting October 1st, 2022, agents must record all enrollment calls with beneficiaries. This refers to phone calls and virtual appointments, not in-person appointments.** Beneficiaries must be informed that they are being recorded. In addition, the recordings must be stored for a minimum of 10 years. Resources are available for making and storing recordings. **For questions regarding call recordings contact the Kellogg Compliance Officer, Heidi Oren at heidi@kelloggins.com**

You'll need to provide a new disclaimer during all sales calls, emails or online chats, on your website, and on all marketing materials. According to CMS, the following disclaimer must be verbally provided within the first minute of any call:

"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."

Your objective is to set an appointment to meet with the individual. Get as much information as you can such as when they will be turning 65, retiring, ready to change insurance, etc. Determine the timing for your first appointment. Set your appointment. **Send the prospect a Scope of Appointment (SOA) via text or email. The SOA must be completed 48 hours in advance of the enrollment. Exceptions to this rule include when a beneficiary is approaching the end of a valid enrollment period and unscheduled in-person meetings initiated by the beneficiary.**

If you send the prospect any information, send them your business card, and maybe a small Getting Started with Medicare booklet or other relevant carrier information/brochures. You do not want to send too much information because they may think they have all of the information they need without your help.

Permission to Call:

- When a consumer responds to a business reply card, you have 365 days for Permission to Call. You need to allow for processing time with the vendor, so estimate 75 days from the date of receipt of the lead for Permission to Call. If you talk with the consumer and they give you permission to continue calling them, Get a new permission to call for another 365 days.
- If the consumer calls you, get a new permission to call for 365.

If the prospect has not provided a phone number, send the prospect a Getting Started with Medicare booklet, personalized letter and your business card. Ask for the "media rate" or the cheapest rate at the post office. You will have to wait for the prospect to call you.

LEADS

Step 2: Appointment #1

- Meet with the prospect; in person, via Zoom, or via phone. **Begin your meeting with a Scope of Appointment form (if not already completed) and CMS disclaimer.**
- Present Medicare 101 – provide education and answer questions. Use the Medicare 101 presentation, the Kellogg electronic flip chart or the UHC Getting Started with Medicare booklet.
- Start a needs analysis to get a sense of prospect needs; you may need to research prescriptions and doctors. Find out what additional benefits (such as dental or OTC products) hold high value to them.
- Identify when the prospect will be able to enroll in a Medicare plan – determine the election period.
- Discuss plan options in general – what is the prospect interested in; Medicare Supplement or Medicare Advantage?
- If needed, provide support to help the prospect enroll in Part A and/or Part B, Extra Help or Medicare Savings Program.
- Next, you can either process the enrollment (see Step 4) OR Schedule your next visit with the prospect based on estimated Part A and Part B dates to review plans in detail and sign them up for a plan.
- Let the prospect know you are privileged to be their agent and that your services are offered at no expense to your customers. They can count on you as a resource when they have questions about new products, mailings they receive, or information they hear on TV.

Step 3: Follow-up

- Since it may be a while before the prospect turns 65, it's important to stay in contact with them by mail, phone, text or email.
- Stay in contact with the prospect to ensure they are getting through the process of getting their Part A and Part B, getting forms completed from their employer if they are over 65, getting Part B setup if they already have Part A, etc.
- Follow up with the prospect on any items you were researching for them; prescriptions, doctors, hospital, etc.



LEADS



Step 4: Appointment #2

- When the prospect is enrolled in Part A and Part B of Medicare or is otherwise ready, enroll them in a plan.
- Meet with the prospect; in person, via Zoom, or via phone. If enrolling via phone or zoom, don't forget to use a recorded line.
- Make sure the prospect has signed a scope of appointment 48 hours prior to the enrollment meeting.
- Review plan option information based on needs analysis.
- Review cost of prescriptions, doctors, and essential items specific to the prospect.
- Enroll the prospect using an electronic or paper application.
- Review the next steps of becoming a member for the plan they selected.
- Remind new clients that you are their agent. They may call you if they have any questions or concerns.
- Thank new clients; give them a supply of business cards and ask them to refer you to friends and family.

Step 5: Post Enrollment - Stay in Touch

- Send a thank you card.
- Check on new clients to be sure they received their insurance card.
- Send a birthday card, flyers about product updates, newsletters, upcoming events, etc.
- Assist new clients as needed with over-the-counter product (OTC) orders, looking up doctors, etc.

Materials/Resources to use:

- UHC "Getting Started with Medicare" booklet – order from the UHC Toolkit
- Medicare 101 presentation
- "Medicare Explained" Electronic Flip Chart – available on Kellogg's website
- Generic paper Scope of Appointment – through the carrier portals
- Business cards, agent flyers/leaflets – through the carrier portals
- Carrier tools; Rx calculators, PCP look-up, electronic enrollment platforms
- List of enrollment periods for reference. You may also contact the producer help desk for help with Election Period codes.

SALES PROCESS

8 Steps to Success

These are essential topics to discuss with prospective clients. Every agent is a trusted advisor to help consumers understand the Medicare basics and help them select a healthcare plan that meets their individual needs.

1. Approach and Warm-up - Make a distinctive first impression

- Be prepared, organized and on time for your appointment.
- Speak clearly and not too fast.
- Introduce yourself; hand them your business card, mention your qualifications, what you do, and why you are there.
- Build a relationship with the consumer; be sincere, maybe find something in common. Help them feel relaxed and comfortable with you.
- Explain some of the Medicare Basics to the consumer.

2. Transition - Ask for permission

- Get permission from the consumer...Ask the consumer; before I can determine whether I can be of service or help to you, there are some questions I need to ask you. Would that be all right with you?

3. Fact-Finding - Uncover needs - Effective listening

- Let consumers talk about themselves as you ask fact-finding questions.
- Listen for questions about consumers' needs; do they talk about not being able to afford their prescription drugs and food, have they paid money for a hospital stay, etc.?
- If you are meeting with a husband/wife, be sure to include them both in the discussion as they may each have different needs.
- Speak with the consumer about their clinic, doctors, prescription drugs. How are they using their current plan?



SALES PROCESS

Here are some examples of Fact-Finding Questions:

- Are you on Medicare or planning to enroll in Medicare soon?
- Do you have Part A and Part B?
- Are you on kidney dialysis or do you have ALS?
- Does anyone help you make decisions about your insurance coverage?
- Could you get your Medicare card?
- Do you currently have medical insurance coverage?
- Do you know what plan you have and with which company?
- Do you have a copy of your insurance card?
- What do you like about your plan?
- What would make your plan better?
- Do you travel part of the year to live in another state?
- Have you used your insurance plan?
- Did you have to pay anything?
- Have you used your plan for hospital or doctor bills?
- How do you pay your premiums?
- How much are your premiums?
 - Do you have a plan that covers the copays if you go into the hospital or assisted living?
- Do you have dental, vision or hearing benefits?
- Who is your doctor? What network are you using?
- Is it important to you to keep your doctor (Primary Care Provider - PCP)?
- Are you ok with changing your doctor?
- What prescription drugs do you take?
- Do you have a list of them with your dosage amounts?

Election Period

- Identify the election period for the consumer (you may have already done this before an in-home appointment). Reach out to the Producer Help Desk if you have questions. [Link to SEP election codes](#)
- Explain the election period selected to the consumer.

Provider Search

- Ensure the consumer's Primary Care Physician (PCP) is in-network by looking up the provider in the carrier's online provider search directory.
- If the consumer doesn't have a PCP, agents may assist the consumer in selecting one (but do not refer).
- If PCP is not entered on the application, auto-assignment could occur, and the member may get a call from the carrier to help select a PCP.
- Provider/network-related complaints are common; looking up the PCP and putting it on the application is important for most plans.

SALES PROCESS

Prescription Drug Search

- Use the carrier's online Drug Search or Drug Cost Estimator Tool for the most up-to-date drug information (or use the comprehensive paper formulary if available).
- You can also use Medicare.gov to look up prescription drugs.
- Discuss the different tier levels for prescription drugs.
- Go over the drug cost estimates in each drug stage with the consumer, so they understand their out-of-pocket expenses.
- Go over pharmacy options to compare prices and select a pharmacy.
- Review any coding and refer to the legend to explain what the terms and codes mean; NC - Not Covered, ST – Step Therapy, QL - Quantity Limits, LA - Limited Access, PA - Prior Authorization, ADC - Additional Drug Coverage.

4. Presenting Your Solution

- Using a quoting tool, compare the current plan with other plans side by side to compare benefits and features.
- Agents can also reference Medicare.gov for different plans available.
- Talk with the consumer about the benefits, premiums, copays and coinsurance of the different plans.
- Determine what plan the consumer is comfortable with based on the network, drug coverage, out of pocket expenses and their current health situation.
- **Ask client, "Which plan will best suit your needs?" Make a decision and close the deal.**

5. Closing

- Go through the application with the new enrollee (paper or electronic options).
- New enrollee and agent will sign and date the application.
- Be sure to complete the application correctly to avoid any processing delays.
- Follow the carrier's process for submitting the applications and for instructions on what to give the new enrollee.

6. Plan Recap

- Thank the new enrollee.
- Give a summary review of the key components of the plan to ensure the new enrollee understands the plan and when their plan is effective.
- Let the new enrollee know you are their trusted advisor and will help them as needed to ensure they get the most from their new plan.

SALES PROCESS

7. Next Steps

- Assure the new enrollee you will be in contact with them.
- Some carriers have a post-enrollment checklist in their sales kits to share with the new enrollee (see UHC checklist).
- New members may receive the following from the carrier; a verification letter, welcome call, welcome letter, ID card, plan details booklet, billing statement, Evidence of Coverage, Summary of Benefits, provider directories, etc.
- Agents should follow up with new members within 2-4 weeks to ensure the new member is comfortable with their decision, has received their ID cards, etc.

8. Track the Application

- Monitor application status on carrier agent portals within 24 hours.
- Contact carrier agent support if it doesn't appear within three days; the time-frame may be longer during higher volume.
- If agent/enrollee action is required, the agent will receive an email; be aware of any problems before a letter goes to the new enrollee.
- Respond to any needed items regarding the application, such as missing or incorrect information.
- New enrollees must fix any missing fields by calling Member Services of the carrier (but the agent can fix typo/data entry errors, basic ID verification, Election Period, and Medicaid numbers).



SIGNING UP FOR MEDICARE

Signing up for Medicare:

Signing up for Part A and Part B

Helping prospects sign up for Part A and/or Part B solidifies the agent's relationship to the prospect and leads to becoming their agent of record when they are ready to enroll in a Medicare plan. Advise the prospect to call their local social security office to sign up for Medicare Part A and B. This can be done over the phone, in person with an appointment, or online. Visit these websites: ssa.gov/locator or benefitsoffices.com to find contact information for the local office.

Consumers must be enrolled in Medicare Part A and Part B to be eligible to enroll in a Medicare Advantage or Medicare Supplement plan. If a person receives Social Security benefits, they will be automatically enrolled in Medicare Part A and Part B. A person may delay receiving Part B if they are still working or getting healthcare coverage from a credible source such as a spouse's healthcare plan. We recommend that a person enroll in Part A when they turn 65 and still work or have credible coverage.

Aging In (Part A and Part B Dates the Same)

If a person is aging into Medicare and getting Part A and Part B at the same time, they can enroll online at www.ssa.gov.

Delayed Part B Enrollment (Part A and Part B Dates Different)

If a person has Part A and wants to add Part B (e.g., due to loss of employer coverage, out of the country, incarceration, etc.), they are encouraged to work with their local SSA office.



SIGNING UP FOR MEDICARE



Process for Delayed Part B Enrollment

Agents should instruct their clients to:

- Call their LOCAL social security office. Visit these websites: ssa.gov/locator or benefitsoffices.com to find contact information for the local office.
- Do not call the national SSA office. Processing will happen more quickly at the local level.
- Go to [SSA.GOV](https://ssa.gov) and print the documents needed:
 - Application for Enrollment in Medicare Part B – Form 40BIf losing employer coverage, they also need to fill out:
 - Request for Employment Information – Form L564
- Contact their Human Resources department to assist with the employment information.

Social Security representatives will process the applications once all the required forms are submitted. Once processed, clients will be able to view the Part B effective date on their Medicare.gov account. If they do not have a Medicare.gov account, they can register for one on the website. Social Security will mail a confirmation letter stating the Medicare Part B effective date if the application is approved. The Social Security Office will send a Medicare ID card after approval.

Medicare.gov - An Important Tool

Medicare.gov is the government site with all of the Medicare Advantage and Part D plans available in the USA. It is an excellent source for identifying plans in a specific geographic area and comparing their benefits. Agents can enter prescriptions to estimate the cost of a person's prescription per Medicare plan. Providers are not available in the database.

COMPLIANCE

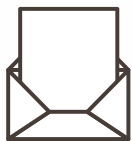
Every year CMS makes changes to compliance requirements. It is imperative for an agent to stay up to date on the current industry compliance standards. If you have any compliance questions, please see your agent manager or contact the Kellogg Compliance Officer. The following section covers information in several areas of compliance. There are many more not covered here.

Flyers & Materials

All agent-created materials must be submitted to the Kellogg Compliance Office for approval before use. There are many options for pre-approved flyers and materials through the carrier agent portals, Kellogg, and AgentCore.

Contact Guidelines

Agent must follow permission to contact guidelines. Here are some basic guidelines. Refer to the UHC Agent Guidebook from Jarvis on the agent portal for more detail.



Agents can:

1. Return an inbound call to a prospect.
2. Contact their clients regardless of which product they have with the agent.
3. Collect permission to contact cards at sales events.
4. Email prospects and clients if it includes opt-out functionality.
5. Text prospects and clients if they have given their permission.
6. Send mail to prospects and clients.
7. Contact a prospect who has responded to a marketing campaign.
8. Contact a prospect or client from the UHC lead system, MIRA.

Agents CANNOT:

1. Cold call a referral name from another source without a lead card.
2. Contact a prospect without permission.
3. Door knock a lead card without an appointment.

COMPLIANCE

Sales and Educational Events

Educational - Formal and Informal

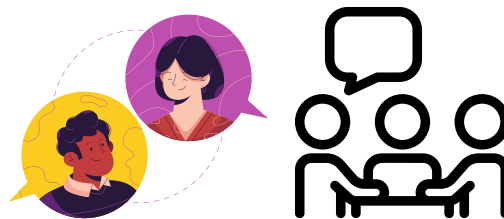
Formal– Medicare 101 presentation with educational materials (flip chart)

Informal– set up a table with educational materials only



Agents must use approved materials for educational events. We have several approved presentations ready to use. You cannot discuss carrier specifics, only general Medicare information as established by the federal government. Medicare 101 events are typically used to help generate T65 leads. No selling is allowed. You may not collect Permission to Contact cards or hand out your business cards unless someone directly asks you for one.

Educational events are not filed with the carriers. Detailed information about the educational events should be provided to your upline or agent manager.



Sales - Formal and Informal

Formal– Approved sales presentation and materials

Informal – set up a table or kiosk with sales and educational materials

Formal and informal sales events must be filed with the carrier you are presenting at least 2-3 weeks in advance

You can collect permission to contact cards or scope of appointments for future appointments. You can hand out your business cards and sales brochures, ask for referrals, and make future appointments. Selling is allowed. Sales events must be filed with the carriers. Detailed information about the sales events should be provided to your upline or agent manager.

**For detailed information on sales and educational events, attend trainings by the carriers. UHC has a comprehensive guide for events, and the compliance guidelines are explained in the event policies. This can be found on Jarvis in the agent portal.*

COMPLIANCE

Scope of Appointment Guidelines

- All Scope of Appointments (SOA) must be retained by the agent ten years from the date of signature, except for BCBS, which requires 11 years (current year plus 10).
- Submit SOA to the carrier within two business days of the appointment. The SOA must be obtained 48 hours before an enrollment.
- What is the Scope of Appointment?
 - a. The Scope of Appointment (SOA) is a written or audio-recorded agreement between the prospect and agent. It lists all the products to be discussed at the sales appointment.
- When is the Scope of Appointment required?
 - a. Required for any individual appointment (face to face or telephonically) with an agent regardless of whether the appointment is in their home, your office, or any other location (i.e., coffee shop).
 - b. One SOA for EACH prospect for small group events, whether invited or uninvited.
 - c. If you set a future appointment at a formal or informal event.
- When do you NOT need a Scope of Appointment (SOA)?
 - a. Sales presentations given at advertised sales events, health fairs, retail sales events, informational events, seminars or educational events.



BUSINESS PLAN



Business Plan

Meet with your Agent Manager to discuss and develop your business plan, set goals and estimate how much you can potentially earn. Your business plan is the differentiator for you to increase sales and grow your business. It helps you think strategically about your opportunities and defines your engagement and commitment. Putting your plan in writing helps you focus on activities to generate sales.

AGENT TOOLS

In addition to AHIP and certifications, agents have many opportunities for additional training through carriers, Kellogg, and Brady Insurance.

Carriers offer trainings covering a variety of topics on their agent portals. Key trainings include the following:

- Electronic Enrollment
- Product Rollouts
- Sales Events
- Election Periods
- Veteran – VA and Tricare

The Kellogg agent portal has many different training options in their Training Vault as well as links to partner resource sites.

Brady Insurance offers virtual weekly training sessions. These meetings are designed to help each agent grow their business. Learn about carriers, advertising opportunities, sales techniques, new technology, changes in Medicare, compliance and many other topics. Brady Insurance often invites industry experts who offer valuable insight based on their experiences. The meetings also provide a forum for asking questions and learning from other team members.

<https://vimeo.com/showcase/11237427> Password: Brady



AGENT TOOLS

Additional Agent Tools

AgentCore CRM (Customer Relationships Management)

AgentCore is the CRM offered by Kellogg to agents for approximately \$30/month. We recommend that each agent set up an AgentCore account. Your database can include; Medicare clients, Medicare prospects, or agent prospects for recruiting. You have access to a library of approved marketing materials in AgentCore to send emails to your clients and prospect leads. The system is designed to have the ability to use drip email campaigns to help agents communicate with their clients on a regular basis.



MedicareCenter

MedicareCenter is a tool linked on the Kellogg portal for agents to use. Agents can find and compare all Medicare Advantage, Supplement or Part D plans available in the USA. Agents can enter prescriptions and doctors to see the prescription costs and if the doctor is in-network with a specific carrier. Medicare Center also provides a platform for call recording. We recommend that agents use MedicareCenter instead of Medicare.gov when researching plans in a geographic area.

Training Video Link:

<https://www.gotostage.com/channel/integrity-webinars>

ABOUT US

After being forced out of construction, in the crash of 2008, Ty Brady started over and began his career specializing in helping individuals with their Medicare needs. He started Brady Insurance Marketing in 2012 and has since expanded into 50 states. Ty assists in recruiting and training over 5000 agents nationwide. He is extremely passionate about his business and is blazing the trail as one of the top FMO in the country. He also is the podcast host of The Ty Brady Way, find it on your favorite podcast listening app. Each week you will hear inspiring stories of successful entrepreneurs.

Ty is devoted to his "Fantastic 4"; family, faith, financial freedom and free time. He has impacted thousands of entrepreneurs, agents and agency owners. He has assisted them to achieve their own personal level of success in life and business.

Ty has been featured on Influential Entrepreneurs show and podcast. He has been a key part in helping agency owners and agents to achieve a 6 or 7 figure residual income. Ty truly believes that this is the greatest business of all time. Follow him on podbean, Instagram, facebook, tiktok, twitter & youtube.



LET'S STAY CONNECTED!



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