Product Training Guide

Your Complete Resource for Selling Success

Medicare | Health Insurance | Multi-Line Products

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Section 1: Welcome to **MP Insurance**!

Congratulations on completing your contracting! You are now part of the MP Insurance family and ready to begin building a rewarding career in insurance sales.
We look forward to the positive contributions you will make, and are here to provide guidance to help ensure your success.

This guide will describe the products you will be selling and offer helpful insight as to what you can expect. This is not a comprehensive guide, but instead focuses on must-know information. Refer back to this as needed to make sure you are well-informed and can properly help out your clients.

Your Quick Start Checklist

Item	Details
State License(s)	Active in every state you plan to sell
Broker Link	Confirm login access
Errors & Omission Insurance	Current policy on file
Carrier Certifications & Contracting	Each MAPD/PDP carrier requires its own annual product certification to contract
AHIP/FWA Certification	Required annually before selling Medicare products
Simply Enroll Access	Confirm login and run test quotes to get familiarized with the workflow
Business cards	Professional contact information ready to be shared with prospects

Section 2: Medicare

Before you can help a Medicare client, you need to understand the parts of Medicare. With there being an abundance of resources as well as misinformation out there regarding Medicare, prospects and clients will have lots of questions. Your confidence comes from having a clear mental map of how the system works.

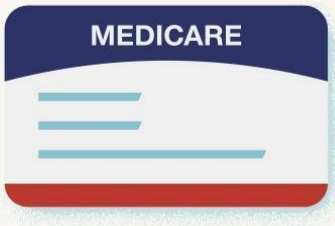
Getting started with Medicare

Step 1: Enroll in Original Medicare

Original Medicare is health insurance provided by the federal government. It has 2 parts:

Part A
Helps pay for hospital stays and inpatient care.

Part B
Helps pay for doctor and provider visits as well as outpatient care.



Most people enroll in Medicare for the first time when they turn 65. Original Medicare (Part A and Part B) does not include prescription drug, routine dental, vision or hearing coverage.

Step 2: Choose additional coverage

Once you enroll in Original Medicare, you can purchase additional coverage from a Medicare-approved private insurance company. These plans cover additional medical expenses or benefits not covered by Original Medicare. **You have 2 options for this additional coverage:**

Option 1 Add one or both of the following:	**Option 2** Add a Medicare Advantage (Part C) plan:
Medicare Supplement insurance plan Helps pay some out-of-pocket costs not paid by Original Medicare	**Medicare Part C** Combines Part A (hospital insurance) and Part B (medical insurance) in one plan. Usually includes Part D (prescription drug coverage).
Medicare Prescription Drug (Part D) plan Helps pay for prescription drugs	**Additional benefits** Usually includes benefits not provided by Original Medicare, such as routine dental, vision and hearing coverage

What each part covers

Part A Hospital Insurance	• Inpatient hospital stays • Skilled Nursing Facility (SNF) care after a 3-day hospital stay • Hospice care • Some home health care • $0 premium for most beneficiaries (40+ quarters worked)
Part B Medical Insurance	• Doctor visits and outpatient care • Preventive services (vaccines, cancer screenings, physicals, etc) • Durable medical equipment (wheelchairs, walkers, CPAP) • Mental health services • Standard Part B premium applies (check annual rate)
Part C Medicare Advantage	• CMS-approved plans through a private insurance carrier that replaces Original Medicare • Bundles Part A + Part B, and usually Part D • May offer extra benefits such as dental, vision, hearing, etc. • HMO, PPO, PFFS, SNP • Annual plan changes — always review at AEP
Part D Prescription Drug Coverage	• Standalone PDP (pairs with Original Medicare + Medigap) • Formularies vary by plan • As of 2026: no coverage gap; $2,100 out-of-pocket maximum • IRMAA surcharge applies for higher-income beneficiaries

Click here for a great resource from Medicare.gov that has a breakdown of this essential information!

Important Notes about Penalties

If you are eligible for Medicare, you must enroll in order to avoid penalties. Exceptions can be made if you have creditable coverage.

Part A Hospital Insurance	***Penalty:*** *Monthly premium may go up 10%, and beneficiary will have to pay the penalty for twice the number of years* Most beneficiaries are entitled to premium-free Part A as long as they (or a qualifying person, such as a spouse) worked and paid taxes for at least 10 years. However, if someone is eligible but NOT for premium-free Part A, the penalty applies
Part B Medical Insurance	***Penalty:*** *10% of the premium amount for each full 12-month period enrollment is delayed. The penalty is charged every month for as long as you have Part B.* This penalty will not apply if someone has creditable coverage, such as medical insurance through their or their spouse's employer (must have 20+ employees)
Part C Medicare Advantage	If someone enrolls for Medicare Advantage but did not have Part A/B/D coverage for a period of time, they will still have to pay a penalty. These penalties will be included in their monthly premium.
Part D Prescription Drug Coverage	**Penalty:** *An extra 1% for each month not enrolled in Part D when eligible (after 63 days). The penalty is added to the monthly premium for as long as they have Part D coverage (even if they change plans).* If you have creditable drug coverage or if you qualify for Extra Help, you won't have to pay a penalty.

The 2 common paths

Path 1 - Original Medicare + Medigap + Prescription Drug Plan

Client keeps Parts A & B, adds a Supplemental (Medigap) plan to cover cost-sharing gaps, and adds a standalone Part D (PDP) for drug coverage. No network restrictions — any doctor that accepts Medicare nationwide.

With this path, the client has 3 monthly premiums:

- Part B premium
- Medigap premium
- PDP premium

Additional Notes

- Does not include extra coverage such as dental, vision, or hearing
- Deductibles must be met before coverage can begin
- Coinsurance is typically an 80/20 split for Part B
- There is no maximum out-of-pocket

Path 2 - Medicare Advantage

Client enrolls in a Part C plan that bundles A, B, and usually D into one private plan. Typically no additional premium, but subject to network, copays, and preauthorization.

Additional Notes

- There is typically no deductible for parts A & B, so coverage begins immediately
- There is an out-of pocket maximum
- Many MAPD plans have no additional premiums, so only Part B premium is paid

KEY POINT	Your job is to present both paths clearly and provide guidance to the client. The plan that suits them is based on what their needs are. There is no universally 'better' path, only the right fit for each individual.

Eligibility

Who Qualifies

- **Age 65 (most common):** U.S. citizen or permanent resident with 5+ years residency
- **Under 65 with disability:** eligible after 24 months of receiving Social Security Disability Insurance (SSDI)
  - ➢ Additional information here
- **Any age** with End-Stage Renal Disease (ESRD) or ALS: eligible immediately

Costs

Part A is premium-free for those who worked 40+ quarters (typically 10 years); fewer quarters = a monthly premium

Part B always has a monthly premium. Standard rate changes annually.

https://www.medicare.gov/basics/costs/medicare-costs

Medicare Enrollment Periods

Period	Details
Initial Enrollment Period	7 month window to enroll: 3 months prior to 65th birthday, birthday month, and 3 months after.
Annual Enrollment Period	October 15-December 7. Effective date of January 1.
Open Enrollment Period	January 1-March 31. Existing MAPD members can switch to another MAPD (one-time only change) or return to Original Medicare.
Special Enrollment Period	Triggered by qualifying life events such as losing coverage, relocating, natural disaster, etc. Click here for additional examples and information
General Enrollment Period	January 1-March 31 for Part B late enrollment. Late penalties may apply.

Enrollments Over 65

For people over the age of 65 who were still working and had not yet retired, and were not on Medicare due to employer healthcare coverage, there will be a few extra steps they'll need to complete before they enroll.

★ If the client already has Medicare Part A then they will apply by filling out two forms:

1) The Employer Form will need to be filled out by the person's HR or benefits person and then returned to the client. This Credible Coverage form is important as it will ensure no late enrollment penalties will be applied as it proves that they did have coverage since the age of 65.
2) Part B Application Form.

Once both forms are complete the client can submit them online here: https://www.ssa.gov/medicare/sign-up/part-b-only

★ If the member does not have Part A or B then they will still need to get the above Credible Coverage form filled out and returned, but they will apply for Medicare A & B through this link: https://www.ssa.gov/medicare/sign-up

a. They will login with their "My Social Security" account username and password. From there they can fill out the application for Medicare.
b. They can then upload the Credible Coverage form on their account so Social Security can see it.

Note: Social Security does a 2 year look-back at the clients MAGI (modified adjusted gross income) to determine the Part B premium. The income brackets are listed Medicare.gov that show who is impacted.

- If the individual made more than average, then an IRMAA penalty will be applied to their Parts B and D premium. This can be adjusted if the future income is going to be much less due to a life event such as retiring.
    - If they would like to have it adjusted, the IRMAA Form needs to be filled out & submitted online via the client's "My Social Security" account.
    - Afterwards, they'll fill out the Part B Application Form to enroll in Medicare Part B.

Things to note:

➔ Someone applying for Medicare after the age of 65 should know that it can take 60-90 days for Social Security to process those applications.

➔ A new to Medicare member application takes 4 weeks, at most

Medicare Compliance - CMS Rules

Scope of Appointment (SOA)

• A Scope of Appointment form must be completed before any Medicare sales appointment (in person or by phone)

• The SOA must be signed or verbally documented at least 48 hours before the appointment. Exceptions apply for walk-ins and near-enrollment-end situations

• You may only discuss plan types the beneficiary agreed to discuss listed on the SOA

Marketing Rules

• You may not call a Medicare beneficiary unless they requested contact or provided written permission.

• You may not conduct sales presentations in healthcare settings where patients receive care, such as exam rooms.

• You may not use the Medicare name, CMS logo, or government agency imagery in personal marketing without approval.

• All marketing materials must be filed with carriers for CMS review before use. Approved materials can be found in the Broker Link

• At retail events: generate interest and collect contact information only. You may not discuss specific plan details without an SOA

Section 3: Extra Help & SNPs

Extra Help

Also known as "Low Income Subsidy" (LIS) is a program from the Social Security Administration that assists in lowering the costs of Medicare Part D covered medications.

The Extra Help program can help pay these Medicare drug costs:

- Premium
- Deductible
- Coinsurance

Eligibility

- People who are on Medicaid will automatically qualify
    - Must make less than 150% of Federal Poverty Level
- People who do not qualify for Medicaid can still apply for Extra Help/LIS. See steps below

How to Apply

Option 1: Online (Fastest)

- Social Security Administration website

Option 2: By Phone

- Call SSA: 1-800-772-1213

Option 3: In Person

- Local Social Security office

Application response can take 2-4 weeks. Click here to see what information the client will need to have for the application.

Medicare Savings Program

- Help provided by the *state* to offset Part A and/or B costs and has 4 levels:

Program	Coverage Help & Details
Qualified Medicare Beneficiary (QMB)	Part A premiums (if don't already have premium-free Part A) Part B premiums, deductibles, coinsurance, and copayments (for services & items Medicare covers).
Specified Low-Income Medicare Beneficiary (SLMB)	Part B premiums (Must have both Part A & B to qualify.)
Qualifying Individual (QI)	Part B premiums (Must have both Part A & B to qualify.)
Qualified Disabled & Working Individual (QDWI)	Part A premiums only

If a client qualifies for one of the first three programs (QMB, SLMB, or QI), they automatically qualify to get Extra Help.

The income limits will change annually, but typically from top to bottom the income level increases, with QMB being the lowest income bracket. Click here for more information and requirements on the Medicare Savings Program.

How to Apply

For Texas:

Online - Go on this website and fill out the required information

Mail - Fill out this form and send it back with required documents.

In person - At a benefits office; call 211 to find one nearby.

Other States:

Use this link to find your state, click “Enrollment,” then follow the steps.

Special Needs Plans

These are Medicare Advantage plans are for people who qualify for both Medicaid & Medicare, or for people with severe and/or chronic diseases or with special health care needs. There are 3 types of Special Needs Plans:

Plan	Details
Dual SNP (D-SNPs)	For people who qualify for both Medicare & Medicaid
Chronic SNP (C-SNP)	For people with certain chronic conditions/diseases
Institutional SNP (I-SNP)	For people who live within a community and need long-term care (SNFs, nursing facilities, rehabilitation, etc)

More information here and through CMS.

Section 4: ACA & Multi-line Products

Beyond Medicare, if your product portfolio includes ACA/Marketplace Health Insurance and a range of ancillary & life products, this allows you to serve clients at every stage and maximize revenue per household.

ACA/Marketplace Health Insurance

The Affordable Care Act (ACA) created federally and state-run marketplaces where individuals and families purchase health coverage. Premium tax credits often make these plans very affordable, or even free, for eligible clients.

Tier	Details
Bronze	Lowest premium, highest out-of-pocket costs. Good for healthy clients who rarely use care.
Silver	Mid-range. Clients with income 100-250% FPL can get Cost Sharing Reductions (CSRs) — must enroll in Silver to access.
Gold	Higher premium, lower cost-sharing. Good for clients who use their benefits regularly.
Platinum	Highest premium, lowest out-of-pocket. Best for clients with significant ongoing medical needs.

Key ACA Concepts

- **Advanced Premium Tax Credit (APTC)**
  Subsidy applied monthly to lower the premium. Always run a subsidy check before quoting
- **Cost Sharing Reduction (CSR)**
  Reduces deductibles and copays for Silver plan enrollees at 100-250% FPL
- **Special Enrollment Period (SEP)**
  Triggered by qualifying life events such as loss of coverage, marriage, move, etc
- **Open Enrollment Period (OEP)**
  Typically November 1 through January 15 (federal exchange)
- **Medicaid/CHIP**
  If the client's income falls below threshold, they may qualify for Medicaid

PRO TIP	Always run a subsidy check before quoting premiums. A plan that looks expensive at full price may cost the client very little after their APTC is applied.

Key Notes

Period	Details
Open Enrollment Period	November 1-January 15 (federal exchange). Some state-based exchanges differ. Coverage effective Feb 1 if enrolled after Dec 15.
Special Enrollment Period	Qualifying events such as loss of essential coverage, marriage, divorce, birth/adoption, relocation to new service area, income change, etc. Click here for additional examples and information.
First Premium Due	Must be paid before coverage is active.
APTC Reconciliation	Clients file Form 8962 at tax time to reconcile actual versus estimated income

ACA/Marketplace Compliance

- You must hold an active state license to assist with Marketplace enrollments
- Never enroll clients without discussing their subsidy eligibility and confirming their estimated income
- Never encourage clients to under-report income to maximize subsidies. This is fraud and carries serious consequences
- Always document the client's consent to enroll as well as the plan they chose

ACA Alternatives

In addition to marketplace health insurance, there are other options for coverage to suit special circumstances and needs. These do NOT qualify as major medical coverage.

Presidio

PPO Health Insurance

Preferred Provider Organization (PPO) health insurance plan that is ideal for healthy individuals.

Coverage Details:

- No deductibles
- 50% co-insurance up to annual maximum out-of-pocket, then 100% coverage
- 50% of annual MOOP balance rolls over to following year
- Wellness Benefits available as an option add-on for preventive services
- Pre-existing conditions not covered for first year
- Pregnancy and maternity care carries a separate $5,000 deductible in the first twelve months.
- Will not cover anything related to: contraception (with the exception of birth control prescribed for medical treatment), sex change, or abortion

Eligibility Details:

- Ideal for people who are healthy
- Options for individuals and for families
- Ages 18-64
    - If someone applies prior to age 65, they can remain on plan even after they turn 65. But anyone 65+ cannot apply for new coverage
- Certain conditions will disqualify applicants

Manhattan Life

Affordable Choice Enhanced - Indemnity Plan

These plans provide a set amount of money to spend on specific health services.

Coverage Details:

- No deductibles or coinsurance
- No network restrictions
- Set of daily benefits for covered services
- Pre-existing conditions not covered for first year

Eligibility Details:

- Good for independent workers
- Good as a supplement to health insurance plan
- Ages 18-64
- Subject to medical underwriting

UnitedHealth One

Short Term Health Insurance

These plans are temporary and can be up to 4 months of coverage.

Coverage Details:

- Coverage can begin immediately, as soon as next day
- 1-4 month coverage
- Deductible must be met
- Coinsurance & copays
- In-network providers only
- Pre-existing conditions not covered
    - Even if someone decides to renew their plan, any condition diagnosed during the previous term counts as a pre-existing condition

Eligibility Details:

- Good for people who need temporary coverage before other insurance kicks in
- Ages 19-64
- Options for individuals and for families
- Subject to medical underwriting

Multi-line & Ancillary Products

Many clients need more than one type of coverage. Offering complementary products increases your value and revenue per household.

Life Insurance

Often a natural add-on after a Medicare or ACA sale

Dental, Vision & Hearing (standalone)

Fills gaps not covered by Medicare, MAPD, or group health

Hospital Indemnity

Provides cash benefits for hospital stays — pairs well with high-deductible MAPD (?) plans

Cancer/Critical Illness

Lump-sum benefit on diagnosis; popular with clients concerned about out-of-pocket gaps

Short-Term Medical

Bridge coverage for clients in waiting periods (note: not ACA-compliant)

Section 5: Additional Notes

Best Practices

- Never make statements you cannot support with carrier or CMS documentation.
- Disclose your role as a licensed agent and that you are compensated by carriers.
- Never switch a client's plan without their informed consent, even at renewal.
- Maintain your E&O coverage at all times. You may check the Broker Link for discounted options
- Complete all carrier certifications and state CE requirements before their deadlines
- You have a legal obligation to report any potential fraud or abuse you observe
- Protect client Personally Identifiable Information (PII) at all times
- Never share client data with third parties without written consent
- Use strong passwords and two-factor authentication on all platforms
- Do not store client SSNs, Medicare IDs, or bank information in unencrypted documents
- Know your agency's data breach notification policy and report any suspected breach immediately

Resources

Resource	Details
Broker Link	Contracting, production, marketing https://my.thebrokerageinc.com/
Simply Enroll	Enrollment platform where you can look through plans and save clients as contacts. Can also be accessed through the Broker Link http://www.sunfirematrix.com/api/partner/sso/tbr
Medicare Plan Finder	Can look and compare plans on Simply Enroll (above) or medicare.gov/plan-compare
ACA Marketplace	https://www.healthcare.gov/
CMS Agent & Broker Resources	cms.gov/medicare/health-drug-plans/agent-broker-resources
AHIP Certification	https://www.ahipmedicaretraining.com/page/login

Glossary

Term	Details
APTC	Applied Premium Tax Credits: Federal subsidy applied monthly to ACA premiums
AEP	Annual Enrollment Period: Timeframe for plan changes and enrollments into new plans
CSR	Cost Sharing Reduction: reduces deductibles/copays for eligible Silver plan ACA enrollees
E&O	Errors & Omissions: required professional liability coverage for agents (discounts via Broker Link)
MAPD	Medicare Advantage Drug Plan: bundles Part C and Part D in one private plan
MOOP	Maximum Out-of-Pocket: annual cap on what a member pays in cost-sharing
OEP	Open Enrollment Period: for Medicare (Jan 1-Mar 31) or ACA (Nov 1-Jan 15)
PDP	Prescription Drug Plan: standalone Medicare Part D coverage
SEP	Special Enrollment Period: allows plan changes outside standard enrollment windows
SOA	Scope of Appointment: required CMS form completed before Medicare sales appointments
T65	Turning 65: Educational event hosted by agents for people turning 65 or retiring