
3
MEDICARE
OPEN ENROLLMENT
MYTHS
Everybody Needs
To Dispel!
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MEET YOUR PRESENTER:

Melinda A. Caughill, CSA

- Co-Founder of HeyMOE® and the i65® Medicare Software
- Professional Medicare educator
- Almost two decades of helping business and consumers make sense of Medicare
- Featured in national news media
- Speaker at national events for Charles Schwab, Raymond James, LPL, and more
- Melinda does NOT sell Medicare insurance

CR Consumer Reports · THE WALL STREET JOURNAL · MORNINGSTAR · U.S.News & WORLD REPORT · Forbes · The Washington Post

Some basic information first.

Changes for 2026

Part D Maximum Deductible	Part D OOP Spending Limit	Standard Part B Premium*	Standard Part B Deductible*
$615	**$2,100**	**$206.50**	**$288**
4% Increase	***5% Increase***	**Projected* ***10.4% Increase***	**Projected* ***10.7% Increase***

2025 Inflation (so far) is **2.7%**

Open Enrollment Period: **Basics**

Annual Medicare Open Enrollment Period (OEP)

- October 15 - December 7
  - New plans take effect January 1
- Also called the Annual Enrollment Period (AEP)

Medicare Advantage Open Enrollment Period (MA OEP)

- January 1 - March 31
  - New plans take effect the first day of the next month

Open Enrollment is for changing plans.

It's NOT for getting enrolled in Medicare.

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Myth: **Once you're enrolled in Medicare, you're done.**

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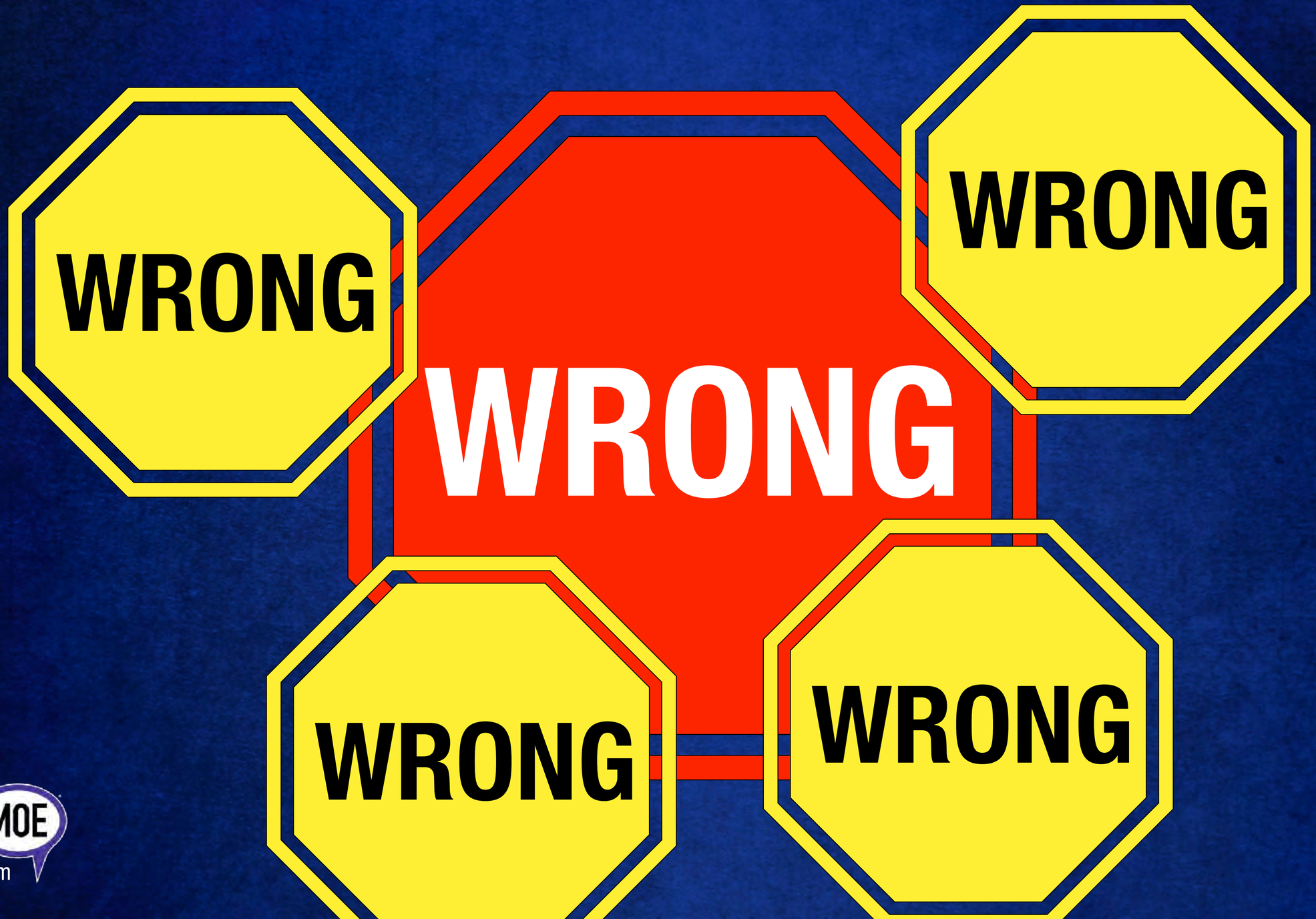
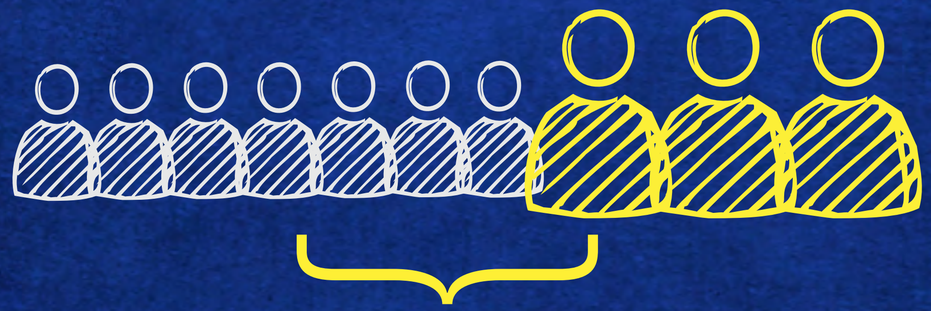


29%

The percentage of people enrolled in Medicare who review their coverage during Open Enrollment (Oct. 15 - Dec. 7).

KFF, Nov, 2022



That's just 3 out of 10 people!

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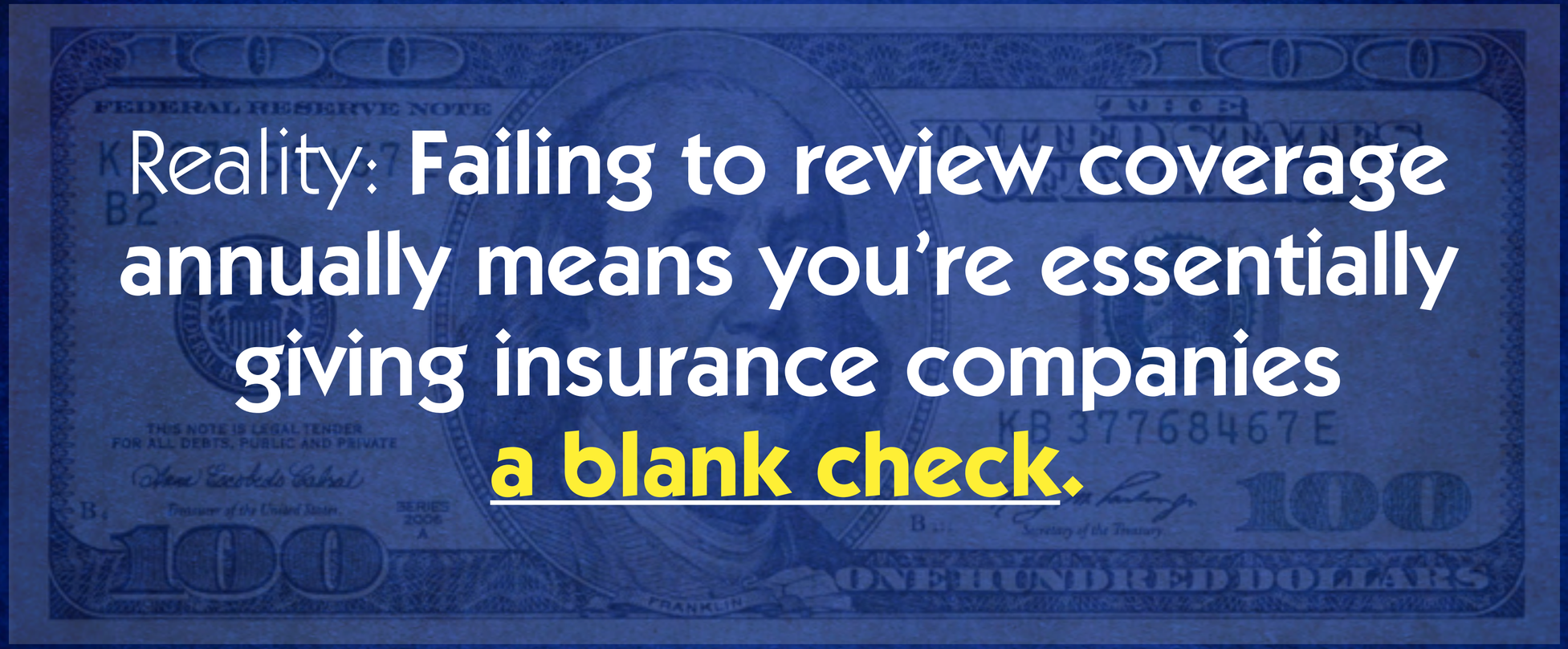

Reality: **Failing to review coverage annually means you're essentially giving insurance companies a blank check.**

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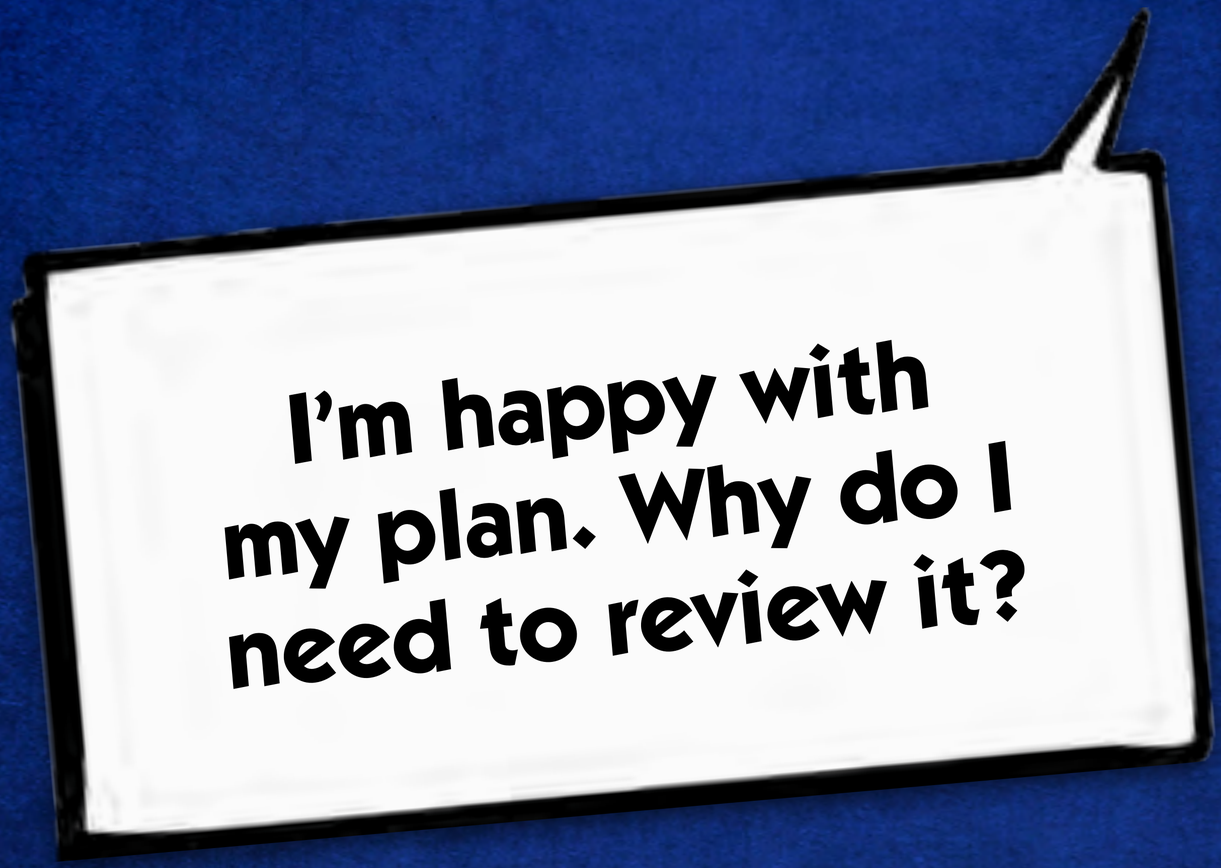

Those awful drug companies keep gouging seniors!

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It's much more likely she didn't review the coming changes to her Medicare coverage.

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Part D & MA plan change every year.

- Premiums
- Deductibles
- Out-of-pocket copays
- Medications covered
- Spending limits
- Pharmacy networks
- Provider networks
- Restrictions (prior authorization, step therapy)

… All while keeping the same plan name!

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Our company's record…

$235,000 SAVED

2025 is the MOST IMPORTANT Open Enrollment Period in Medicare's history.

We thought it would've been 2024, but, because of last minute changes in October 2024, it is now 2025.

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INFLATION REDUCTION ACT

The Inflation Reduction Act requires that Medicare Part D *(through a stand-alone Part D plan or through Medicare Advantage)* implemented **a $2,000 out-of-pocket spending limit** as of 2025 ($2,100 in 2026).

WARNING!

THIS IS NOT GOOD FOR SOME MEDICARE BENEFICIARIES.

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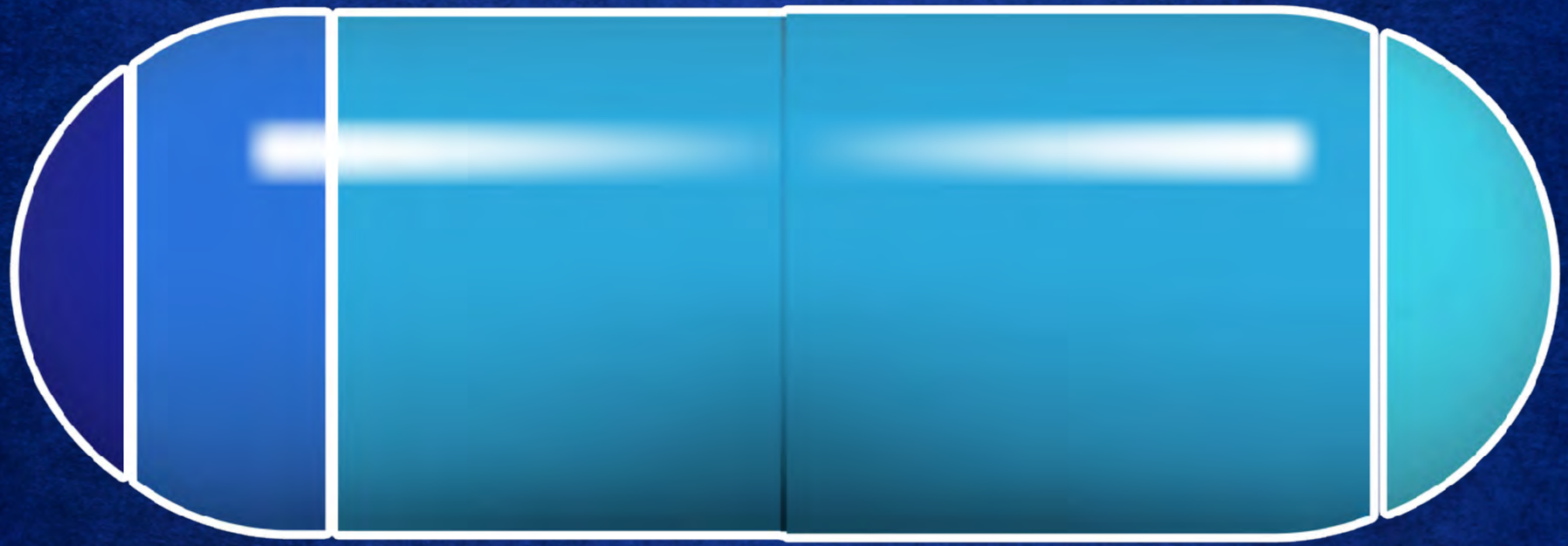
In 2023, Medicare Part D had **four payment stages**.

Stage 1:
Deductible

Stage 2:
Initial Coverage

Stage 3:
Coverage Gap

Stage 4:
Catastrophic Coverage



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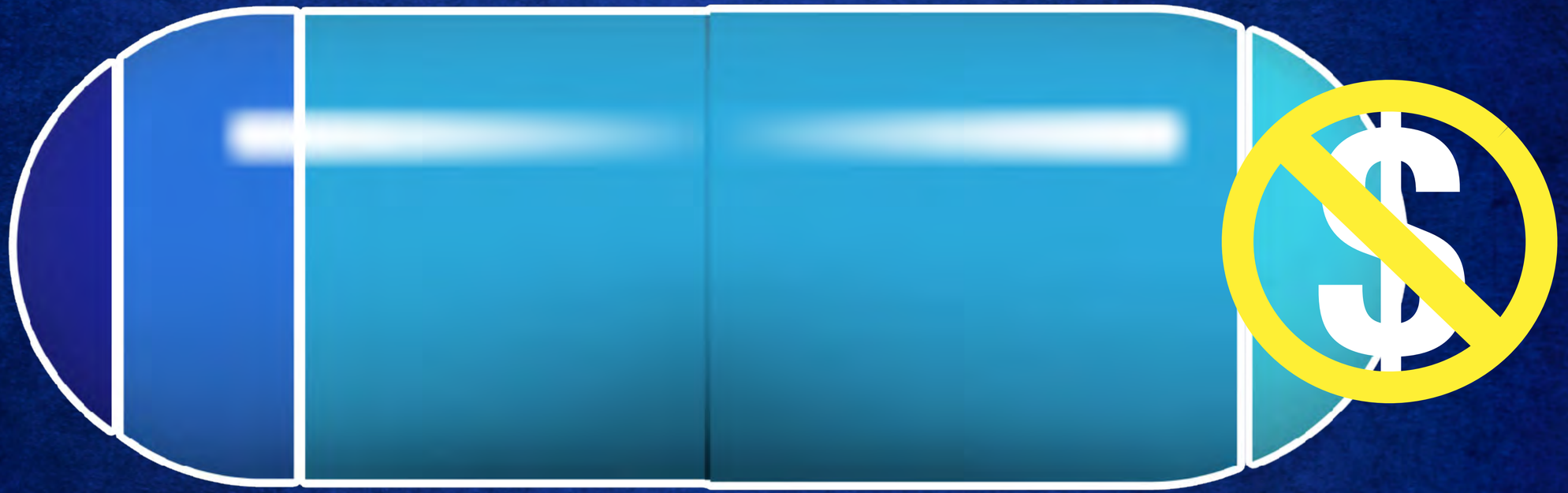
In 2024, **the consumer's 5% share of costs in the Catastrophic Coverage phase was eliminated.**

Stage 1:
Deductible

Stage 2:
Initial Coverage

Stage 3:
Coverage Gap

Stage 4:
Catastrophic Coverage
No Cost to Consumer



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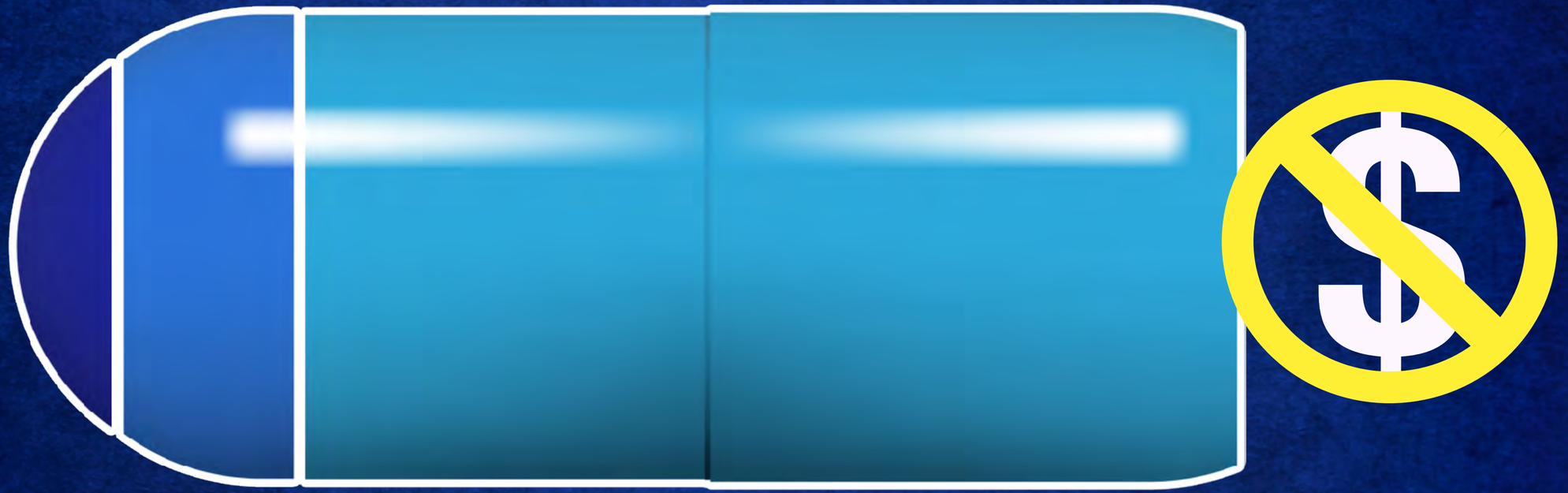
In 2025, **the Coverage Gap went away.**

Stage 1:
Deductible

Stage 2:
Initial Coverage

Stage 3:
Coverage Gap
No Cost to Consumer



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Now, Part D plans essentially have **two payment stages.**

Stage 1:
Deductible

Stage 2:
Initial Coverage

This essentially caps Part D costs at $2,000 per year… saving consumers about **$7.4 Billion**.

But that doesn't magically make these expenses disappear.

Who picks up these costs?

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https://www.cms.gov/newsroom/fact-sheets/cms-releases-2025-medicare-part-d-bid-information-and-announces-premium-stabilization-demonstration

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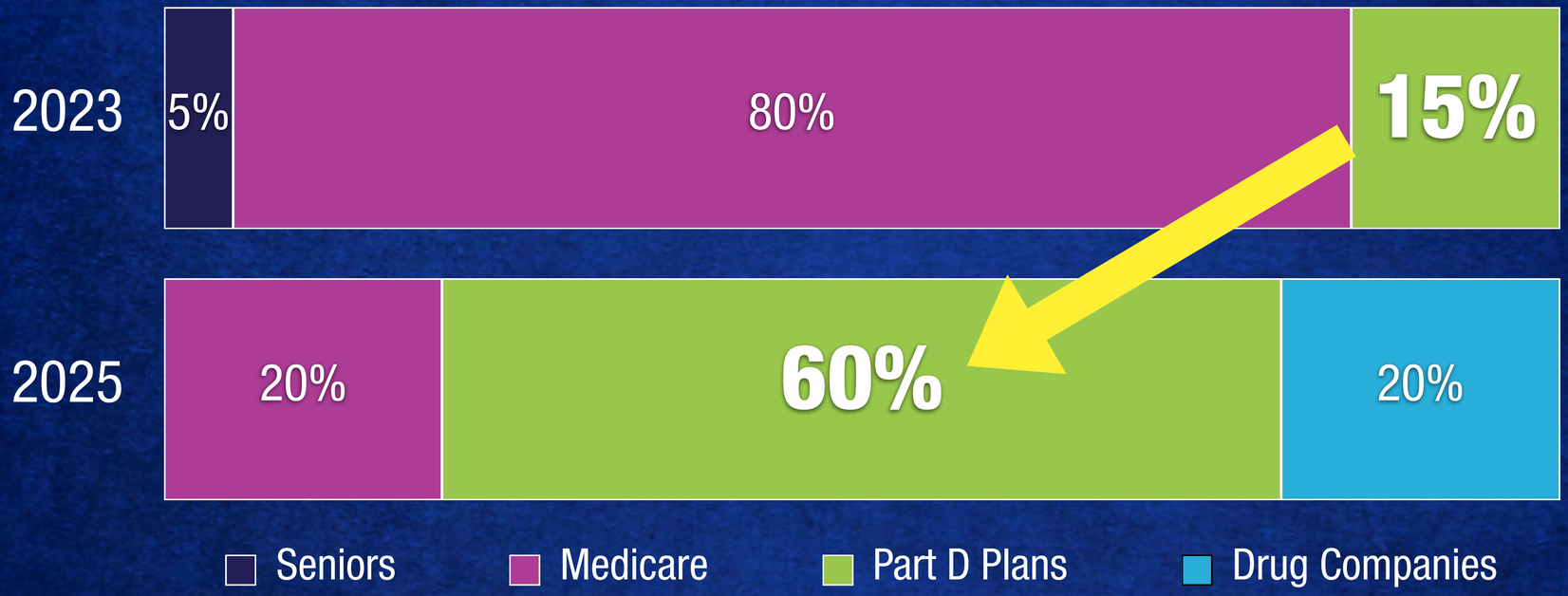
Who pays for drugs after consumers hit the out-of-pocket spending?



https://www.kff.org/medicare/issue-brief/changes-to-medicare-part-d-in-2024-and-2025-under-the-inflation-reduction-act-and-how-enrollees-will-benefit/

Will insurance companies happily take a

MUTLI-BILLION dollar hit?

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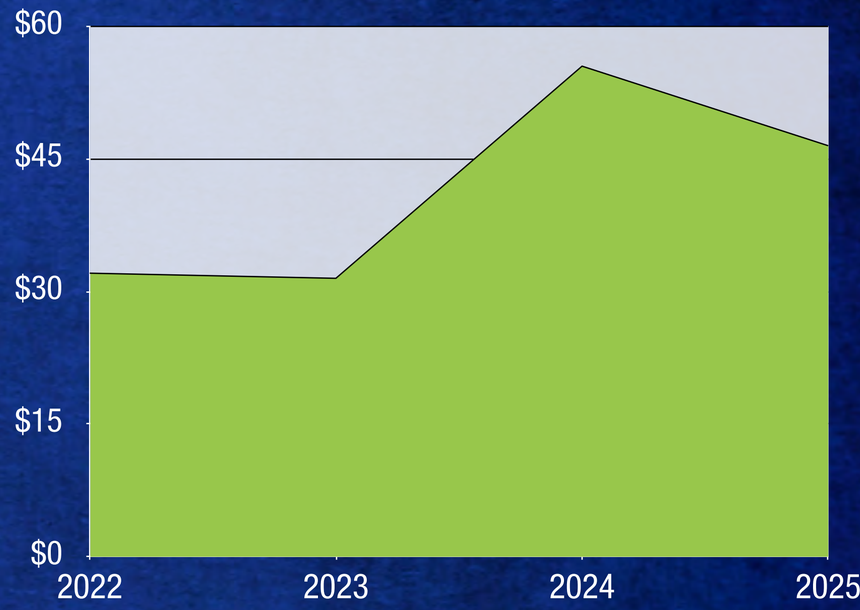
How Part D insurance companies pass on these costs:

- **Plan premiums can increase overall**
  - From 2023 to 2024, average premiums increased about 75%
  - We expected this to continue or increase in 2025.
  - *This did not happen due to the the emergency implementation of the "**Part D premium stabilization demonstration**" required that stand-alone Part D plans increase premiums by no more than $15 per month for 2025*
  - **Plans could increase premiums by up to $50 per month in 2026**

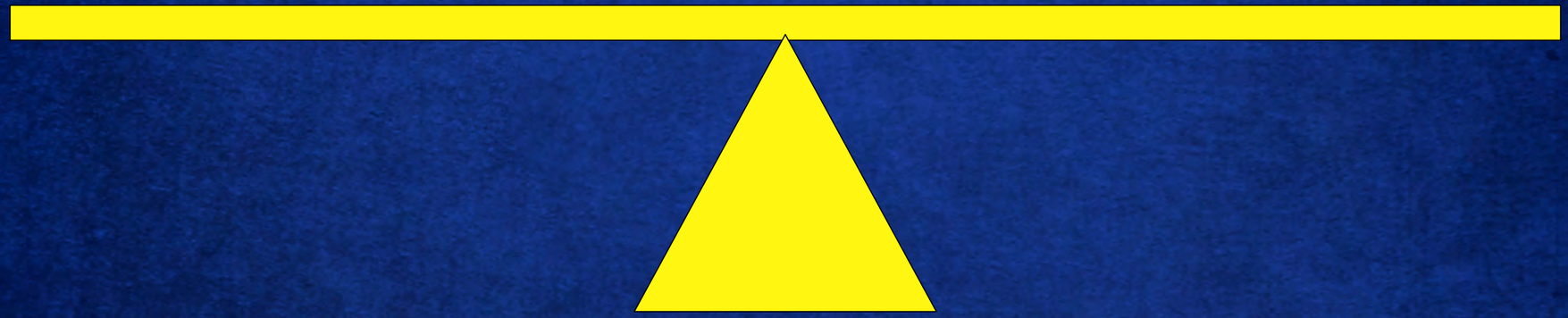


Part D premium “Teeter Totter”

About 2-4 $0 premium plans per zip, and 5 total plans <$30 per month

Very few plans “in the middle”

About 5 plans >$100 per month



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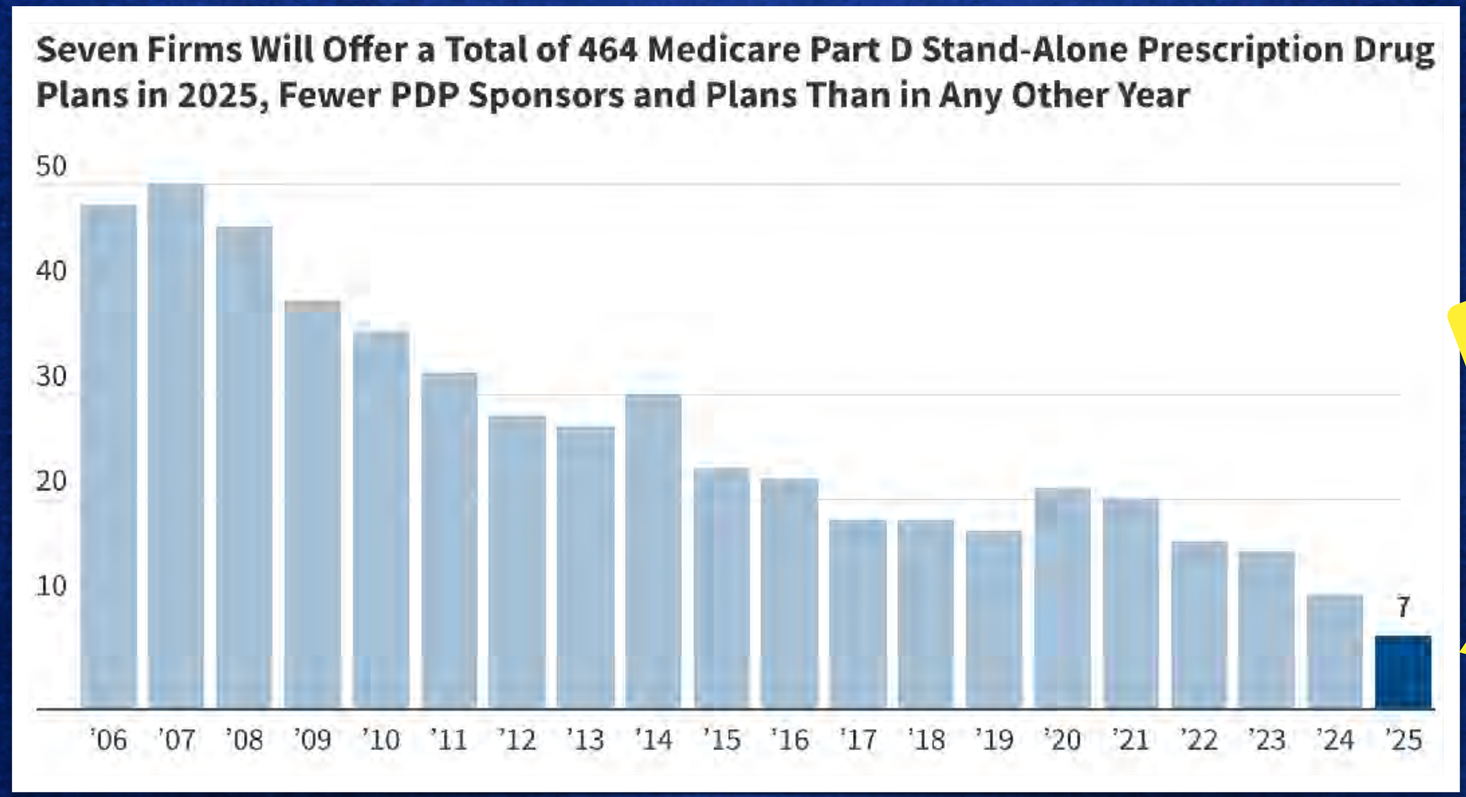
How Part D insurance companies pass on these costs:

- **Plans being discontinued**
  - About 25% of Part D plans done in 2025, down to 14-15 plans
  - Another 4 disappeared in 2026, down to 10-11 plans.



Now down to just 6 carriers

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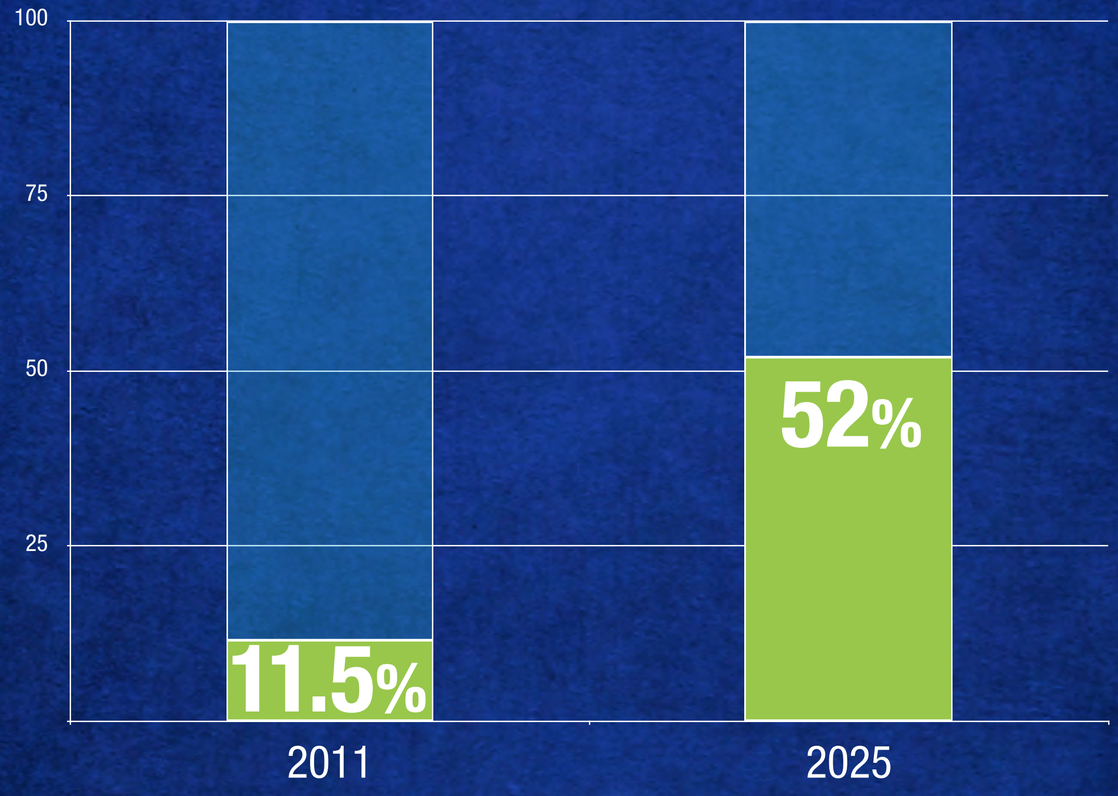
How Part D insurance companies pass on these costs:

- **Increased utilization management**
  - **Step Therapy** — Patients must try a less expensive, preferred medication before insurance companies will cover a more expensive one
  - **Quantity Limits** — A restriction or cap placed on the amount of a particular item that can be obtained or dispensed within a specified timeframe
  - **Prior Authorization** (prior approval or pre-authorization) — A process where health insurers require healthcare providers to get their approval before covering certain medical services or medications for patients

Percentage of covered drugs subject to Prior Authorization by Part D plans



https://advisory.avalerehealth.com/insights/2025-part-d-formularies-shift-to-more-coinsurance-and-um

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How Part D insurance companies pass on these costs:

- **Increased cost sharing for all**
  - Higher co-pays overall ($0 to $3, $5 to $10, etc.)
  - Co-pays change to coinsurances
    - Flat amounts change to a percentage of total cost
    - **Example:** Eliquis, Tier 3 (Retail price: $606)
      - ➡ With a Copay: $47 refill cost
      - ➡ With a Coinsurance of 25%: $151.50 refill cost
  - Patients with coinsurances spend about **six times more** than those with just copays ($432 vs. $51)

And most importantly…

https://cdn.aglty.io/phrma/global/resources/import/pdfs/IQVIA%20Report%20High%20OOP%20for%20Brand%20Medicines_November%202022_v2.pdf

How Part D insurance companies pass on these costs:

- Medications dropped from the formulary

People pay **FULL RETAIL PRICE** for medications not covered by their Part D drug plans.

The $2,100 limit ONLY applies when medications are covered by the plan.

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“Part D plan formularies include at least 2 drugs in the most commonly prescribed categories and classes.”

medicare.gov – www.medicare.gov/drug-coverage-part-d/what-medicare-part-d-drug-plans-cover

"Part D plan formularies include at least 2 drugs in the most commonly prescribed categories and classes."

medicare.gov – www.medicare.gov/drug-coverage-part-d/what-medicare-part-d-drug-plans-cover

16.7%

of all generic drugs with a price of $100 or less were excluded by Part D plans.

59.5%

with a price of $1,000 or more were excluded by Part D plans.

https://www.healthaffairs.org/doi/10.1377/hlthaff.2023.00999

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15.8%

of all brand drugs with a price of $100 or less were excluded by Part D plans.

83.7%

with a price of $1,000 or more were excluded by Part D plans.

https://www.healthaffairs.org/doi/10.1377/hlthaff.2023.00999

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Formulary Exceptions

- ***<u>In the middle of a plan year</u>***, if a **<u>new</u>** medication is needed that the drug plan does not cover, physician can request Formulary Exceptions
- With a Formulary Exception:
  - Obtain a Part D drug not included on a plan sponsor's formulary, *OR*
  - Obtain a formulary drug that is subject to a utilization management restriction (e.g., step therapy, prior authorization, quantity limit)
- Formulary exceptions are not for covering meds in general—***Must participate in Medicare Open Enrollment***

Open Enrollment Period:
Annual Notice of Changes (ANOC)

- Plans must set ANOC to all members by October 1:
  - ANOCs must use a template created by the government
- **Changes in Part D drug coverage:**
  - Formulary, drug tiers, pharmacies, coverage rules
  - Costs (premium, deductible, cost-sharing)
- **Changes in Medicare Advantage plan:**
  - Drug changes
  - Network physicians, coverage rules
  - Costs (premium, cost-sharing, maximum limit)

The government's template

[MA-PD PPO (and ISNPs and CSNPs) models] [2024 ANOC model]

[Insert 2024 plan name] ([insert plan type]) offered by [insert MAO name] [insert DBA names in parentheses, as applicable, after listing required MAO names]

Annual Notice of Changes for 2024

*[**Optional:** insert member name] [**Optional:** insert member address]*

You are currently enrolled as a member of *[insert 2023 plan name]*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at *[insert URL]*. [*Insert as applicable*: You can also review the attached OR enclosed OR separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.] You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- *[Insert if offering Part D]* Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take

An insurance company's version

Cigna True Choice Medicare (PPO) offered by Cigna Healthcare

ANNUAL NOTICE OF CHANGES FOR 2024

You are currently enrolled as a member of Cigna True Choice Medicare (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***
This document tells about the changes to your plan. To get more information about costs, benefits or rules please review the *Evidence of Coverage*, located on our website at www.cignamedicare.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

Open Enrollment Period:
Annual Notice of Changes (ANOC)

- ANOCs do NOT list the full formularies
- ANOCs do NOT list the full pharmacy directory
- ANOCs do NOT list the full provider network

Be prepared to visit insurer websites.

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Where to get help:

- ✓ Medicare.gov Plan Finder tool
  - You need to remember when Open Enrollment is and know how to compare plans
- ✓ Medicare insurance agents
  - No cost to clients, but will often only compare plans they sell
  - **UPDATE: Only ONE CARRIER out of six still pays Part D commissions to agents!**
  - **Agents are no longer comparing Part D plans!**
- ✓ State Health Insurance Programs (SHIPs)
  - Services provided by volunteers
  - Skills and services available vary greatly by location
- ✓ Local Pharmacies
  - No cost, but will only show drug costs using their pharmacy
- ✓ Fee-for-service Advisors
  - Fiduciary, but you must pay a fee/be a client

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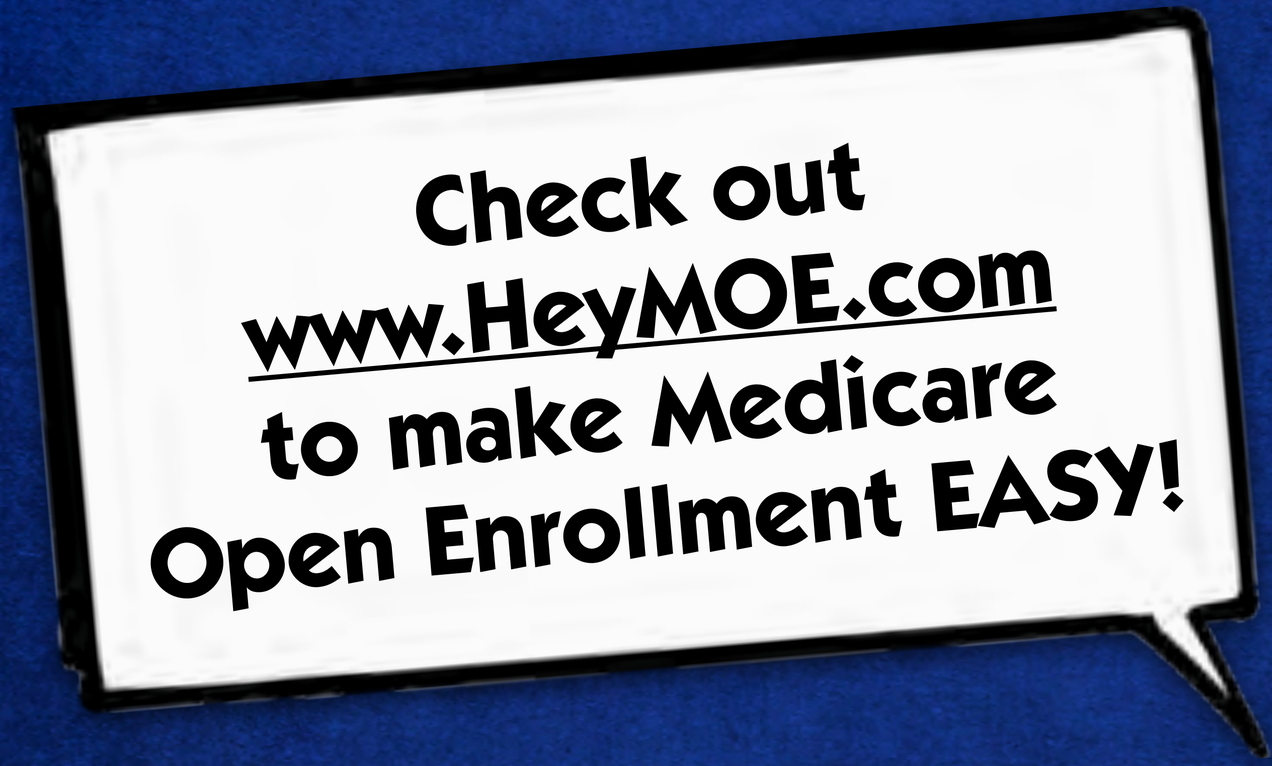
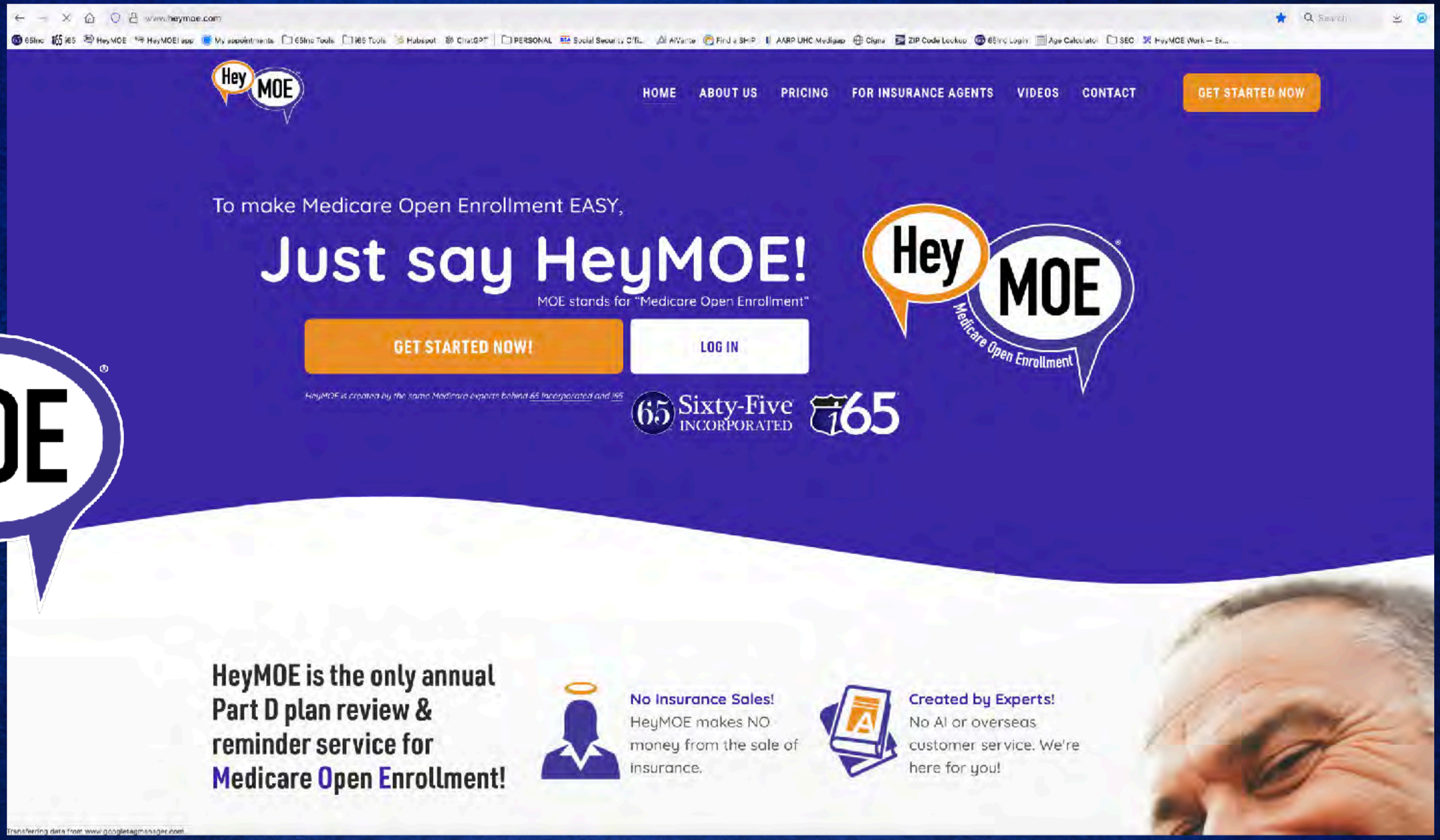

Check out
www.HeyMOE.com
to make Medicare
Open Enrollment EASY!



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- **Automatic Reminders!** Get emails or texts reminding you to review your results.
- **No Insurance Sales!** HeyMOE makes NO money from the sale of insurance.
- **Easy-to-understand Results!** You'll know exactly how much you'll save by making changes.
- **Created by Experts!** No AI or overseas customer service. We're here for you.
- **$30 per year, per person.** Cancel anytime.

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Myth: **You can always change the type of coverage you have.**

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Reality: People can change plans each year…

But, changing Medicare paths can be a permanent decision.

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The two main paths of Medicare are NOT the same.

Your costs and coverage are vastly different depending on your path.

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Myth: **You can change Medigap policies during Medicare Open Enrollment.**

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The **two paths** of Medicare

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- Administered by the U.S. Government
- Also known as Traditional Medicare or Fee-for-service Medicare
- See any provider who accepts Medicare
  - **99% of physicians accept Medicare**
  - Including Mayo Clinic, Cleveland Clinic, etc.
  - Your doctors are in charge; Prior Authorization is rare

Physician Compare www.medicare.gov/care-compare
https://www.kff.org/medicare/issue-brief/most-office-based-physicians-accept-new-patients-including-patients-with-medicare-and-private-insurance/

- Starts with Part A , Part B
  - Part A: $1,676 hospitalization deductible
  - Part B: 20% coinsurance on healthcare services
  - **No out-of-pocket limit**
- For comprehensive coverage, add:
  - Medigap policy
  - Part D prescription drug plan

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What is a Medigap policy?

- Also called a Medicare Supplement
- It is NOT health insurance—**It is COST INSURANCE**
  - It covers the payment "gaps" of Medicare
- Federally-standardized Plans A through N
  - Every standardized plan must provide **the same basic coverage** **regardless of carrier or price**
- MA, MN, WI use unique standardizations
- **IMPORTANT** — A **Guaranteed Issue Right** ensures that you can get a Medigap policy

Guaranteed Issue Right (GIR)

- Ensures that you can get a Medigap policy ***without medical underwriting***
  - Insurance companies cannot deny coverage or raise premiums based upon your medical history
- This GIR begins when you are 65 or older AND enrolled in Medicare Part B
  - It lasts for six months or, depending on if you qualify, after 12 months after first enrolling in a Medicare Advantage plan
- **Without a GIR, you may NOT be able to get OR change a Medigap policy, depending on the state**
  - You go through medical underwriting to get a policy

Guaranteed Issue Right (GIR)

- Some states offer additional opportunities to make changes:
  - **"Birthday rules" (BR)** in CA, ID, IL, IN, KY, LA, MD, NV, OK, OR, UT, VA, WY give the ability to change policies in a specific period of time around your day of birth
  - **"Anniversary rules"** in MO allow you to change policies in a time period around the date you purchased your policy
  - **"Continuous open enrollment rules" (COE)** in ME, WA allow you to change policies any time during the year
  - ***You must have an existing policy to change policies.***
    - ➡ Additional rules dictate which Medigap policies you may switch to without underwriting.

Guaranteed Issue Right (GIR)

- States with Continuous Guaranteed Issue (CGI):
  - **In NY, CT, get/change Medigap policies *<u>at any time:</u>***
    - ➡ If you have a Medicare Advantage plan, you must be able to disenroll from that plan before getting a Medigap policy
    - ➡ Proposed in MN for 2026 start
  - **In MA:**
    - ➡ Policies can offer CGI with new coverage beginning the first day of the next month after the change, OR
    - ➡ If not CGI, all carriers must participate in Medigap Open Enrollment Feb. 1-March 31 with the new coverage beginning June 1
  - **In ME, CGI for Plan A only:**
    - ➡ If you have a Medicare Advantage plan, you must be able to disenroll from that plan before getting a Medigap policy

TREND ALERT:
Birthday Rules are popping up everywhere.

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More freedom to consumers means more restrictions placed upon insurers.

More restrictions means fewer ways to control costs.

Fewer ways to control costs means lower profits for insurers and higher premiums for consumers.

Higher premiums means fewer consumers in Medigap policies and insurers leaving the market.

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New birthday rules immediately result in:

- **Increased premiums**
- **Carriers leaving the market**

Recent birthday rules in ID, LA, MD and NV resulted in:

- Premium increases going from 9.9% in 2024 to 13.0% so far in 2025
- Carriers leaving the market
  - In Nevada,
    - ➡ 34 carriers in 2024
    - ➡ 25 in the beginning of 2025
    - ➡ 21 carriers today

38% decrease!

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The "New York Effect"

Restrictions on Medigap Policy Carriers in New York:
Community-rated Plans Only and Continuous Open Enrollment

Percentage of Medicare Recipients Enrolled in a Medigap Policy	USA **23%**	NY **13%**	*45% Lower!*
Average monthly premiums for a Plan G Medigap policy	USA **$164**	NY **$264**	*61% Higher!*
Total number of carriers selling plans (Using TX, a state with no restrictions, as the comparison)	TX **50**	NY **7**	*714% Lower!*

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- Pay a monthly premium for Part B, Medigap and the Part D drug plan
- Then have little to no out-of-pocket costs for healthcare services
- **A predictable approach to receiving healthcare services and budgeting expenses**

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Parts A & B Costs are Identical on Either Path	
Part A	$0 As long as you qualify
Part B	$185.00
Medigap Policy	$164
Part B Annual Deductible	$257 ($21.50 per month)
Part D Plan	$36
Out-of-Pocket Healthcare Costs	Basically $0

Original Medicare
TOTAL: About $400

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Now let’s look at the other path.

- Medicare administered by a private insurance company:
  - Insurance companies are in charge
  - Identified by an insurance card

THE IMPORTANT "STUFF"

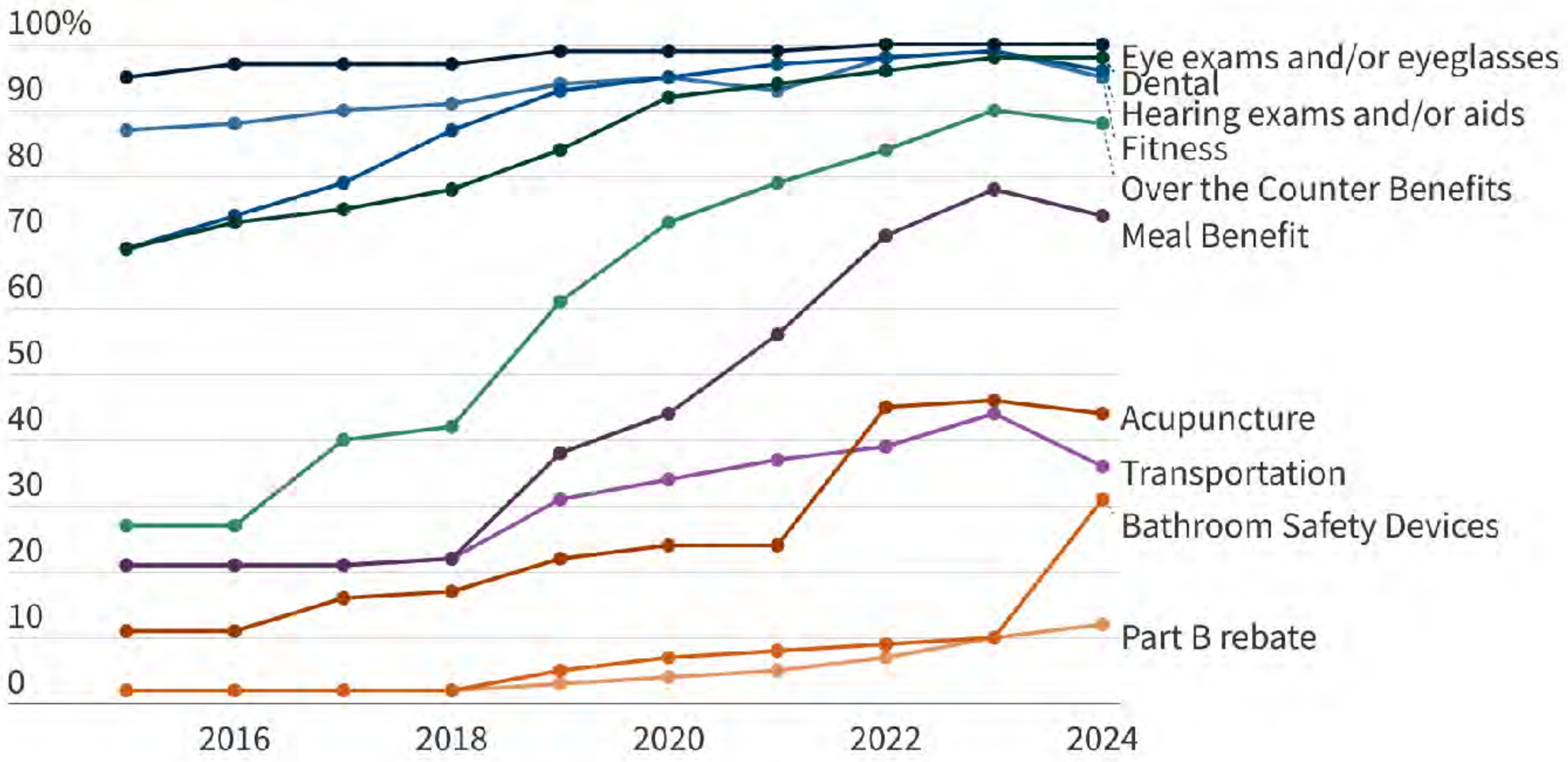
You do NOT have the government's Medicare when you choose Medicare Advantage.

You give that up.

Instead, you have Medicare provided by a private insurance company.

- Medicare Advantage policies:
  - Must provide Part A and Part B services
  - Can include Part D coverage
  - Very low or no premiums
  - Can add vision, hearing, dental coverage

2024 was the first year when the number of plans offering extra benefits *decreased*.



IMPORTANT:
Get to know “Plan Limits”

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Figure 4

More than half (59%) of Medicare Advantage enrollees are in plan with a maximum dental benefit of $1,000 or less (among those in plans with an annual limit)

Maximum Medicare Advantage Dental Plan Benefit, 2021

Average Dental Plan Limit:
$1,300
58% of plans are ≤$1,000

NOTE: Numbers may not sum due to rounding. About 11.2 million Medicare Advantage Enrollees in individual plans have maximum plan limits dental plans pay toward covered services. Group and SNP enrollees are excluded.
SOURCE: KFF analysis of CMS Medicare Advantage Enrollment and Benefit Files, 2021. · PNG

KFF

Figure 7

Virtually all Medicare Advantage plans that offer vision have an annual dollar limit on the benefit; nearly half of enrollees in these plans have a limit of $100 or less in 2021

Maximum Medicare Advantage Vision Plan Benefit, 2021

Average Vision Plan Limit: $160

NOTE: Numbers may not sum due to rounding. About 16.1 million Medicare Advantage Enrollees in individual plans have maximum plan limits vision plans pay toward covered services. Group and SNP enrollees are excluded.
SOURCE: KFF analysis of CMS Medicare Advantage Enrollment and Benefit Files, 2021. · PNG

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THE IMPORTANT "STUFF"

"Don't take your eye off the ball."

Remember why any of us have health insurance. It's for the big things, like cancer, strokes, heart attacks, etc.

<u>Not</u> for a free gym membership.

- Medicare Advantage policies:
  - Must provide hospital and medical services
  - Can include drug coverage
  - Very low or no premiums
  - Can add vision, hearing, dental coverage
- Labeled Part C
- You must follow the rules to use the plan

RULE #1

- Networks matter:
  - Networks can change at any time
  - Having out-of-network coverage does NOT necessarily mean you can see out-of-network providers…

BECKER'S
Hospital CFO Report
Updated Oct. 25, 2024

Financial Management

30 health systems dropping Medicare Advantage plans I 2024

Jakob Emerson - Updated 6 hours ago

Updated to 45 systems across 25 states

July 2025

Medicare Advantage p lts, but some hospitals and he administrative challeng

Among the most comm nd slow payments from insurer

In 2023, *Becker's* began reporting on hospitals and health systems nationwide that dropped some or all of their Medicare Advantage contracts.

Data on this topic is limited. In January, the Healthcare Financial Management Association released a survey of 135 health system CFOs, which found that 16% of systems are planning to stop accepting one or more MA plans in the next two years. Another 45% said they are considering the same but have not made a final decision. The report also found that 62% of CFOs believe collecting from MA is "significantly more difficult" than it was two years ago.

RULE #2

- Subject to prior authorization (PA) rules:
  - You must get PA from the insurance company before using services, especially costly ones like surgery, hospitalization, and skilled nursing stays
  - PA delays critical care
  - No PA means NO COVERAGE and NO SPENDING LIMIT applies

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RULE #2

- Subject
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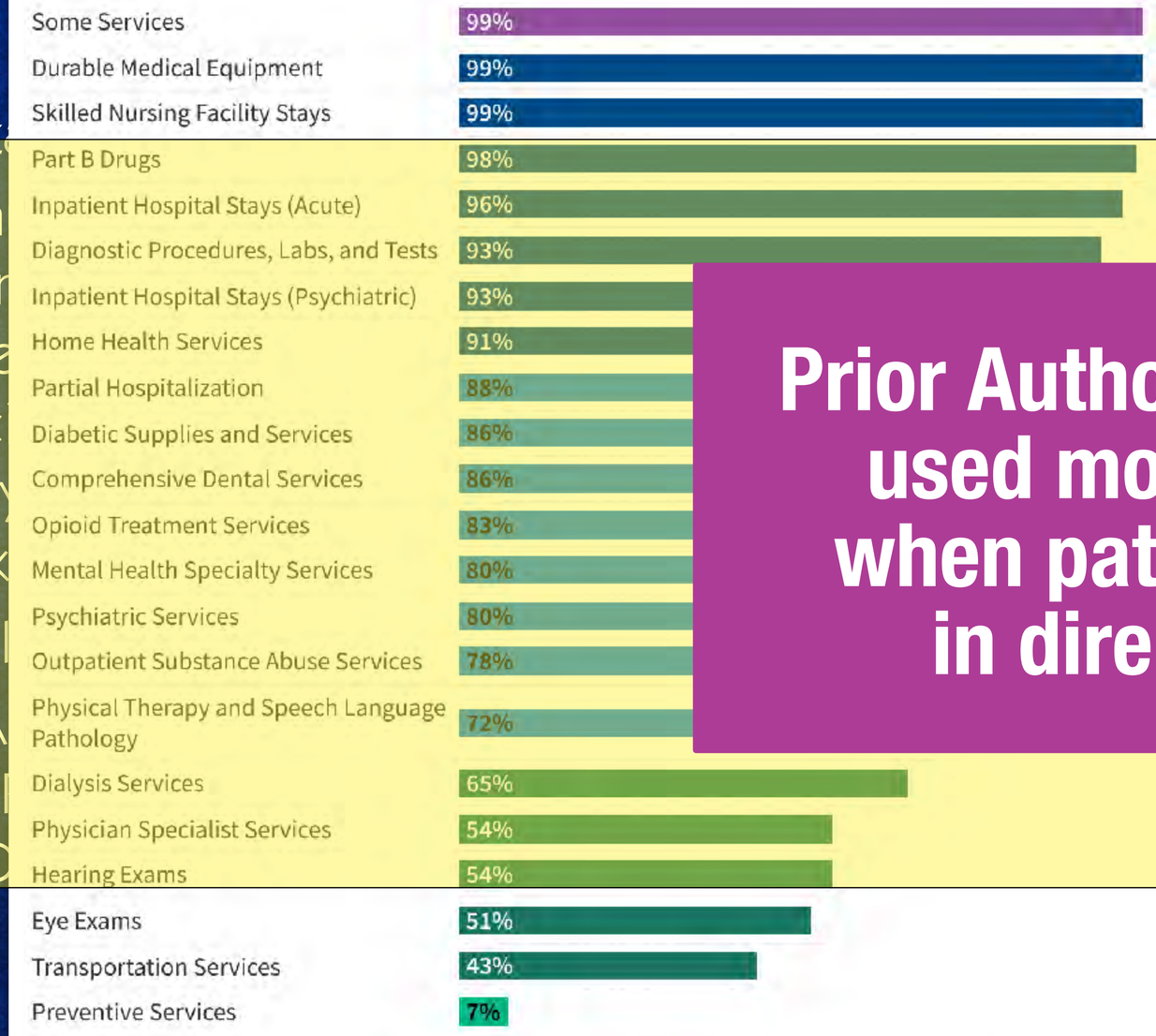
    and sk
  - PA del
  - No PA
    COVE
    SPEND

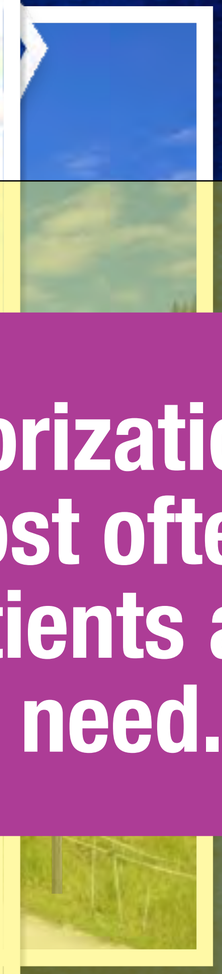
Figure 9

Share of Medicare Advantage Enrollees Required to Receive Prior Authorization, by Service, 2025



Note: Excludes employer group health plans and special needs plans. Preventive services are Medicare-covered zero-dollar cost-sharing preventive services. For supplemental benefits, including dental, hearing, vision, and transportation, the share of enrollees required to receive prior authorization are based on the enrollees in plans that offer those benefits.

Prior Authorization is used most often when patients are in dire need.



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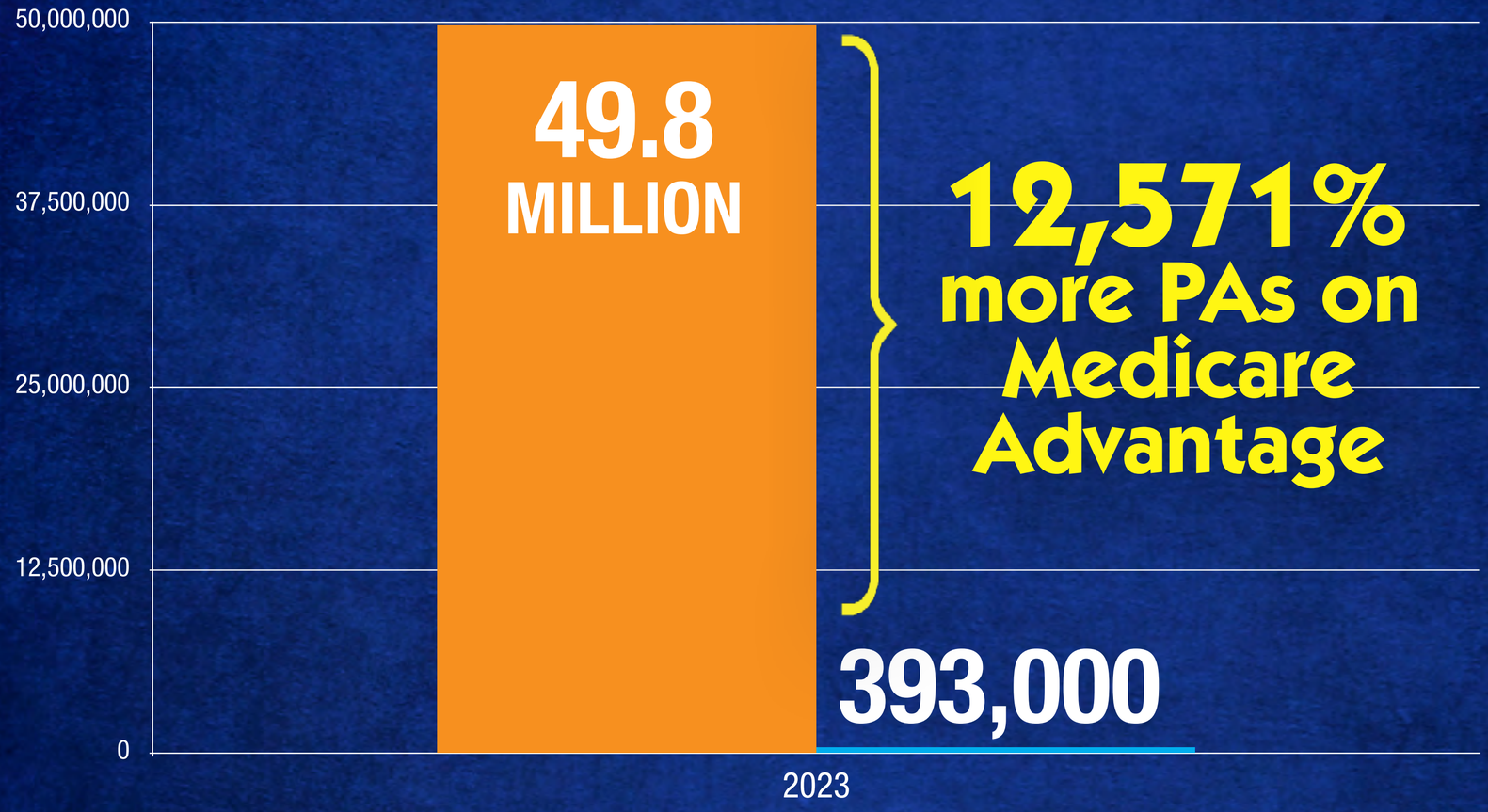
Prior Authorizations By Type of Medicare Coverage



https://www.kff.org/medicare/issue-brief/nearly-50-million-prior-authorization-requests-were-sent-to-medicare-advantage-insurers-in-2023/

RULE #3

- Must pay deductibles, co-pays and coinsurances up to an out-of-pocket limit
  - 2025 max:
    - $9,350 in-network
    - $14,000 in- and out-of network
  - Beware that these are not small limits

THE IMPORTANT "STUFF"

Beware of clients with lower income on Medicare Advantage plans. They may pay with their *health* rather than *money*.

"I can't afford the copay so I'll skip that service."

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- **Pay no monthly premiums but then pay every time you use healthcare services up to plan's spending limit**
  - But, if you don't follow the rules, you will pay the full cost of the health care service
  - **The spending limit only applies when you follow the rules of the plan**

Parts A & B Costs are Identical on Either Path	
Part A	$0 As long as you qualify
Part B	$185.00
MA-PD plan	$0 – $100+
Out-of-Pocket Healthcare Costs	??? You pay every time you use healthcare services up to the plan limit

Medicare Advantage

TOTAL: $185.00 – ??

Cost depends on total healthcare needs

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In 47 states:

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Reality: In most states, **you must go through medical underwriting** to change Medigap policies.

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Making Open Enrollment matters worse…

The business of Medicare insurance sales is **NOT** designed with the consumers' best interest in mind.

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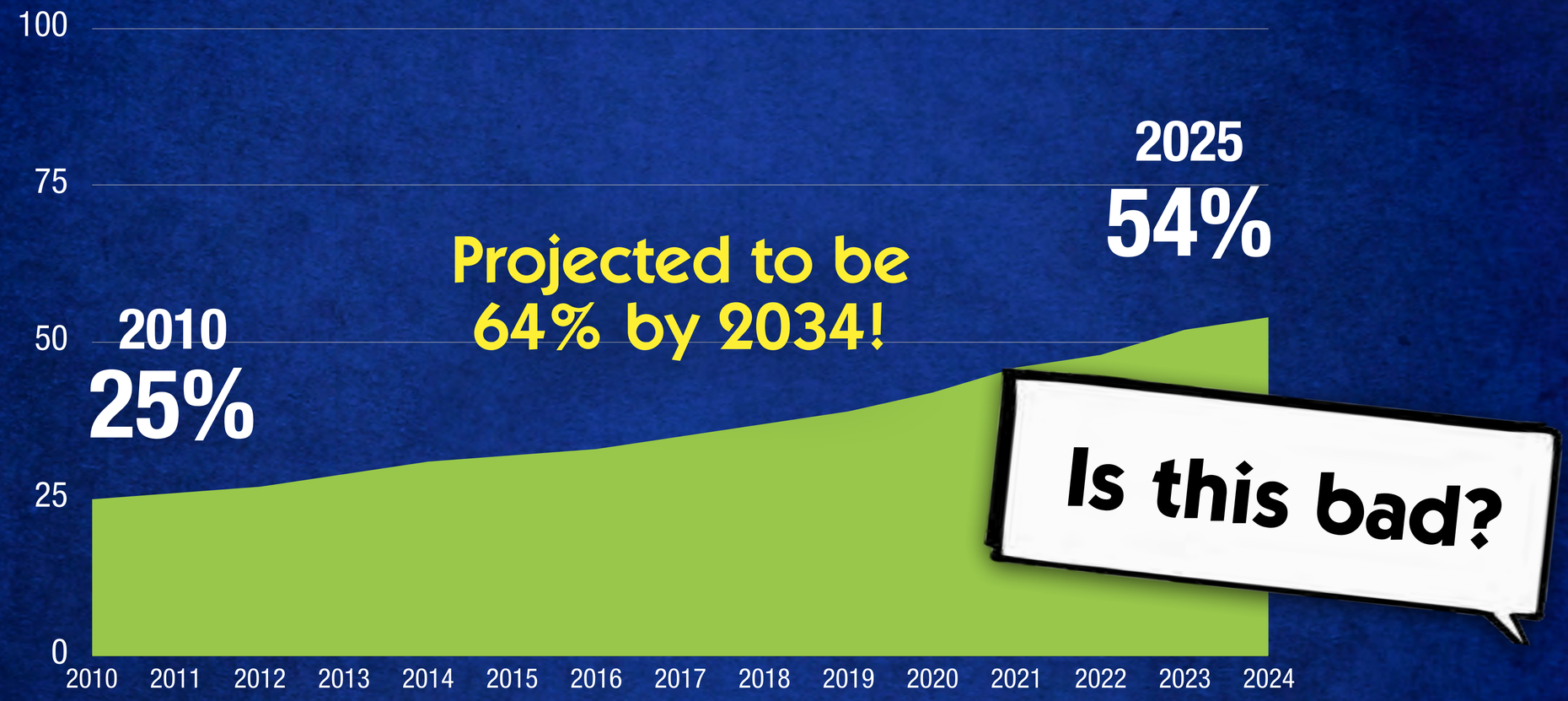
Percentage of Medicare Beneficiaries Choosing Medicare Advantage



https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2022-enrollment-update-and-key-trends/

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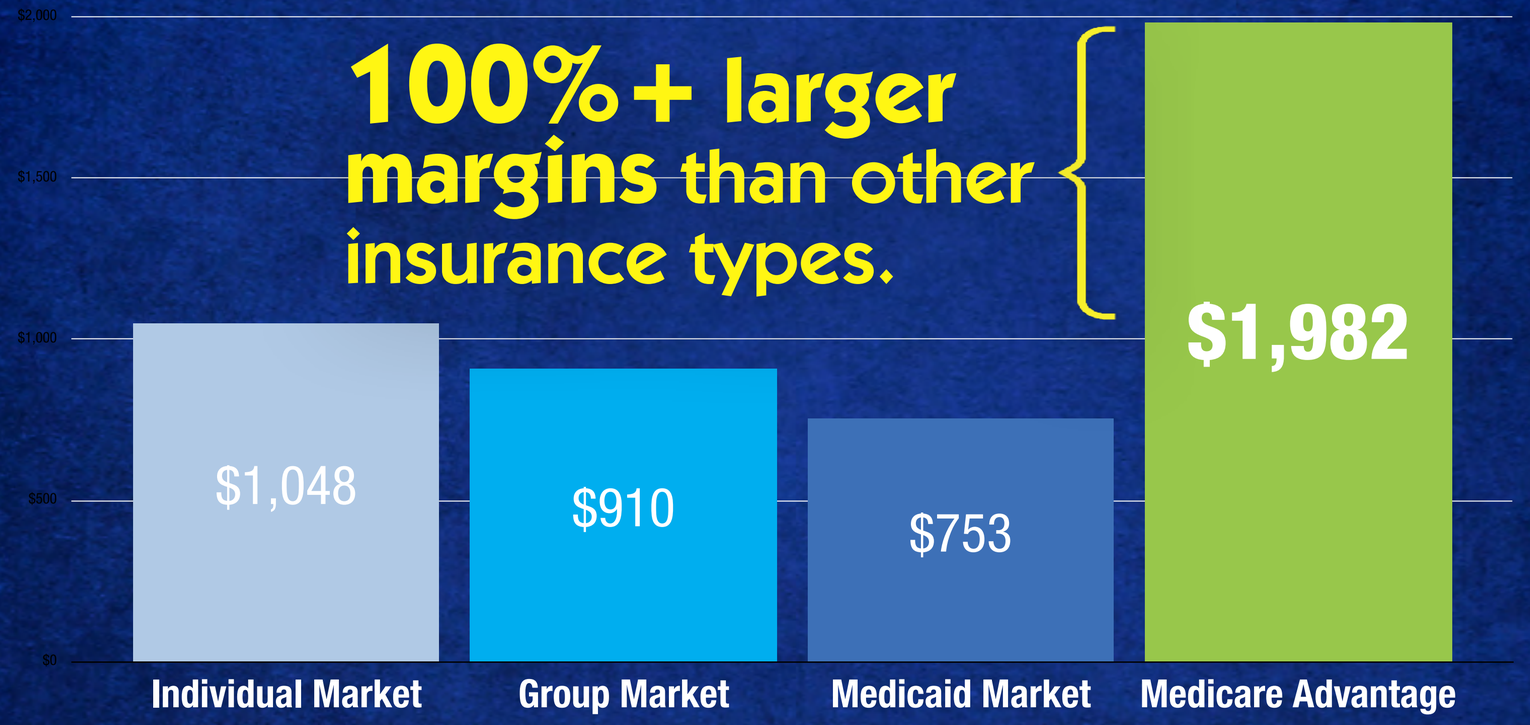
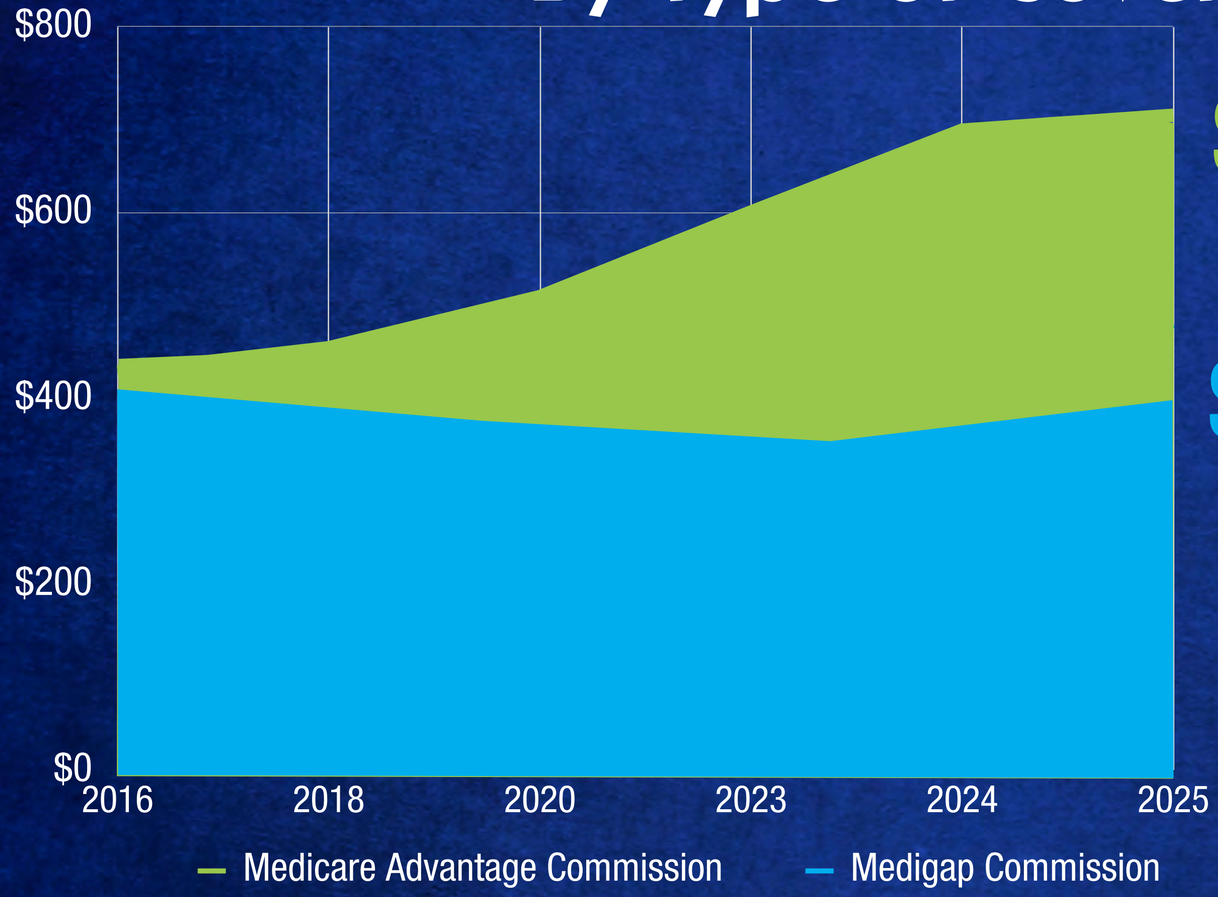
Gross Margins Per Enrollee, By Type of Insurance



www.kff.org/medicare/issue-brief/health-insurer-financial-performance/

Insurance Agent Commissions By Type of Coverage



$705

$483

Agents make 40% more selling Medicare Advantage

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www.ritterim.com/blog/2023-maximum-broker-commissions-for-medicare-advantage-medicare-part-d/
https://s3.documentcloud.org/documents/23131242/mac-22-level-6-street.pdf

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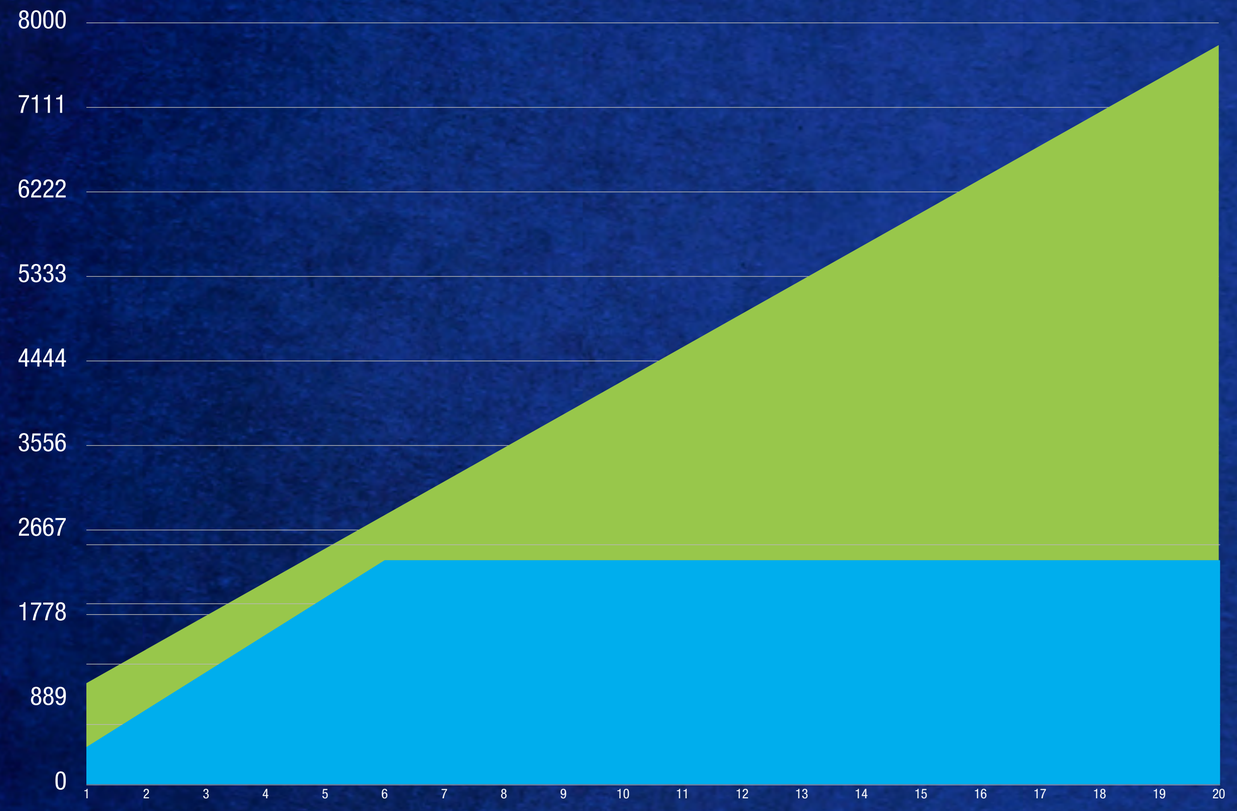
Insurance Agent Commissions By Type of Coverage Over 20 Years



$7,765

$3,381

After 6 years, agents stop receiving commissions on Medigap policies.

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www.ritterim.com/blog/2023-maximum-broker-commissions-for-medicare-advantage-medicare-part-d/
https://s3.documentcloud.org/documents/23131242/mac-22-level-6-street.pdf

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This does not mean Medicare Advantage plans or insurance agents are "bad"…

It means that the business of Medicare insurance sales incentivizes agents to promote one type of product over another, **regardless of what may actually be in the consumer's best interest.**

Medicare Insurance & Commissions:

Part D carriers still paying commissions:

Just 1

Carriers that have **stopped** paying commissions for some **PPO** Medicare Advantage plans:

6 Major Carriers

=

Skewed Recommendations

Tips to Qualify an Insurance Agent:

1. Do you sell Medicare Advantage, Part D and Medigap policies?
2. What is your sales ratio of Medicare Advantage v. Medigap policies?
3. How many companies are you allowed to sell?
4. Pay attention during the sales conversation.
   - **Does the agent prioritize discussions about low monthly premiums and extra free benefits? (Not good.)**
   - **Does the agent talk about today only, stating that you can always change your coverage later on? (Not good.)**
   - **Does the agent talk about provider networks, medication formularies, prior authorization, and Guaranteed Issue Right? (Good!)**

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An Open Enrollment Triage

People who can answer yes to ANY of these questions have a **critical need** for reviewing their coverage.

- ✓ Has it been more than 2 years since you last reviewed your Medicare Part D or Advantage plan?
- ✓ Has your health changed since you last reviewed Medicare plans?
- ✓ Do you take any brand name medications or do you take 5 or more medications?
- ✓ Do you and your spouse have the same Part D coverage "because it's easier?"

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Thank you!

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