



LeClair

ANOC Workshop

September 15, 2026

LeClairGroup.com



Our mission

To ensure that every person in every community across the United States has a well-trained, well-supported health and life insurance agent to guide their needs.

Our vision

We strive to be the partner you choose, not just the contract you sign. We define our success by yours, giving you the weight of a big team while protecting the personal touch that built your business.

▀ *Agenda*

ANOC Workshop 2026

- ✓ LeClair Introduction
- ✓ ANOC Introduction
- ✓ UHC Presentation
- ✓ BCBS MN Presentation
- ✓ HealthPartners Presentation
- ✓ Allina Health | Aetna Presentation
- ✓ Medica Presentation
- ✓ AEP Survival + Execution Playbook
- ✓ Questions



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ANOC Introduction

▀ *What is an ANOC?*

Annual Notice of Change

Explains how a Medicare plan will change for the upcoming plan year, including changes to:

- Premiums and cost sharing
- Medical and prescription benefits
- Provider/pharmacy networks
- Supplemental benefits
- Other plan rules or coverage

Historically, ANOC season has been about retention.

▼ *But 2027 is different...*

For many clients, the biggest change isn't in their ANOC. It's that their current plan may not exist next year.

This year we're dealing with significantly more:

- Service Area Reductions (SARs)
- Plan terminations/non-renewals
- Plans closing/members being cross-walked
- Plans closing/members required to re-enroll
- Changes in carrier footprints and product availability

Some clients won't receive an ANOC at all.



Market Contraction and Disruption

Large insurers are reducing plan offerings or exiting markets due to rising costs and reimbursement pressures

- 2026: 10% of market forced to find new plans
- 2027: even more plan terminations & shopping expected



Strategic Tightening of Medicare Advantage Plans

- Fewer redundant plans
- Selective County Exits
- Carriers being more disciplined about where and how they compete
- Focusing on profitability over growth



Benefit Degradation as a Major Storyline

- Even where plans remain available, less robust benefits than accustomed to
- Not always one dramatic cut, but several smaller ways that may slip under client's radar



2027 Outlook: Carrier Exits, Plan Changes & Market Consolidation

Client Appreciation / Educational Meetings

- Bring existing clients together
- Explain what's happening in Medicare
- Answer general questions
- Remind them that you're there to help



Sales Meetings

Where appropriate and compliant, use carrier-approved sales meetings to discuss available 2027 options with groups rather than dozens of individual conversations



Targeted 1:1 Reviews

Reserve your individual appointment capacity for clients whose plan, providers, prescriptions, or personal circumstances actually require a deeper review



Rethink the ANOC Meeting

Don't Reinvent the Wheel

Your carriers have already built tools to help you do this.

USE THEM.

- Pre-approved sales presentations
- ANOC/member presentations
- Plan highlights and comparison materials
- Pre-AEP postcards and invitations
- Book-of-business/SAR reports
- Renewal-status reports
- Client-facing videos
- Personalized enrollment links
- Event filing resources
- Agent playbooks and retention tools

Your 2027 ANOC Strategy

1. SEGMENT

Who is renewing? Who is being cross-walked? Who is losing coverage? Who truly needs individual attention?

2. COMMUNICATE

Don't wait for every client to call you confused. Set expectations about what's happening and how you'll help.

3. EDUCATE AT SCALE

Use client meetings, educational events, sales meetings and virtual options where appropriate.

4. USE THE TOOLS

Carrier reports. Approved presentations. Digital documents. Enrollment links. CRM. Online scheduling.

5. SAVE YOUR 1:1 TIME FOR WHERE IT MATTERS MOST

Your highest-touch service should go to the clients with the highest need.

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United Healthcare

PY 2027 ANOC Workshop



Pre-AEP Member Communications

All members will receive either an Annual Notice of Change (ANOC) or a non-renewal notice.

What you should know:

- Your Jarvis Book of Business will identify which of your members are impacted by a SAR
- Non-renewal notices will be sent on or around Oct 1st outlining other available Medicare Advantage plan options and Medicare Supplement Guarantee Issue rights
- Members will be able to access their documents electronically on their member portal
- UHC has some recent changes to commissions and plan availability with GI enrollments
- Members impacted by SAR will be prompted to explore other UHC Medicare Advantage plans on their member portal. If they enroll themselves or call UHC directly, the original writing agent retains AOR.



Prepare for hosting events

Start with the basics

- Complete the *Event Basics* module within 2027 certifications

Plan your event strategy

- Determine when and where you will be hosting your event
- Download Events Form from Jarvis

Drive attendance

- Leverage Agent Toolkit for outreach materials

Prepare and plan your follow-up

- Download Medicare Advantage **Clarity** Presentation or video from Agent Toolkit
- Order “**Plan Highlights**” from Sales Materials Portal to distribute at meeting
- Order Shopping Sheets (optional)
- Download & print Enrollment Forms (optional)
- Send Completed **Events Form** to UHC Market Growth Manager at least 7 days before event



How to Get Your Meeting materials

**Available
Now!**

Plan Highlights

Jarvis > Sales Tools > Sales Materials Portal

States
Select States ▼

Plan Year
Select Plan Year ▼

Plan Type
Select Plan Type ▼

Language
Select Language ▼

Doc Type
Select Doc Type ▼
ANOC ✕

Plan Code
Select Plan Code ▼

Contract Codes
Select Contract Codes ▼

Three sample 'Annual Notice of Change 2026' documents are displayed in a grid, each with a heart icon to its right.

AEP Pre-Warm Postcard & Flyer

Jarvis > Sales Tools > UHC Agent Toolkit > prewarm



Get ready for Medicare Annual Enrollment

Medicare plans – and your health needs – can change from year to year. Now is a good time to review your coverage and make sure your plan still fits your needs, lifestyle and budget.

Starting October 1, you can schedule time with me to review your coverage and make sure you have the right plan for the upcoming year.

As a UnitedHealthcare licensed sales agent, I can help you compare plans and answer your questions before annual enrollment begins.





3017 Lyndale Ave S
Minneapolis, MN 55409

Get 1-on-1 help. Call today to learn more.



Melanie Brunner
Licensed Sales Agent
952-406-1813, TTY 711
melanie_brunner@uhc.com

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Y0066_2793504446_C P3524446

Meeting materials

Available
Now!

Jarvis > Sales Tools > UHC Agent Toolkit > prewarm

That same pre-warm postcard/flyer can include your upcoming meetings!



Get ready for Medicare Annual Enrollment

Medicare can feel complicated – but you don’t have to figure it out alone.

As a UnitedHealthcare licensed sales agent, I can help you understand your options, answer your questions and prepare for Medicare Annual Enrollment.





3917 Lyndale Ave S
Minneapolis, MN 55409

Attend a free informational meeting to learn more. RSVP today.

Minneapolis	Bloomington	Richfield
10/20/2026 10:00 AM - 11:00 AM Linden Hills Library 2900 W 43rd St	10/21/2026 10:00 AM - 11:00 AM Oxboro Library 8801 Portland Ave S	10/22/2026 10:00 AM - 11:00 AM Augsburg Park Library 7100 Nicollet Ave



Melanie Brunner
Licensed Sales Agent
952-406-1813, TTY 711
melanie_brunner@uhc.com



For accommodations of persons with special needs at meetings call 952-406-1813 TTY 711.
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Meeting materials

Jarvis > Sales Tools > UHC Agent Toolkit > Clarity

Required: Clarity Guides and Clarity Presentation or Video



Coming
Soon

Jarvis > Sales Tools > UHC Agent Toolkit > Shopping

Optional Shopping Sheets

	UHC Best Complete AL- D005 (HMO-PDS D-SNP) H0432-009-000	UHC Best Complete AL- D402 (PPO D-SNP) H0505-009-000	UHC Best Complete AL- V002 (HMO-PDS D-SNP) H0800-044-000	UHC Best Complete AL- H0 (HMO-PDS D-SNP) H0000-064-000
	Designed for a Qualified Medicare Beneficiary (QMB) who doesn't have full Medicaid benefits but gets all their Medicare-covered services provided at \$0. AL, FIDE, Q1, QMB, QMB PLUS, SLMB, SLMB PLUS	Designed for a Qualified Medicare Beneficiary (QMB) who doesn't have full Medicaid benefits but gets all their Medicare-covered services provided at \$0. AL, FIDE, Q1, QMB, QMB PLUS, SLMB, SLMB PLUS	Designed for those who don't have full Medicaid benefits but get help paying their Medicare Part B premiums and pay some of their own Medicare-covered costs. AL, FIDE, Q1, QMB, QMB PLUS, SLMB, SLMB PLUS	Must have full Medicaid benefits. AL, FIDE, QMB PLUS, SLMB PLUS
Extra Benefits and Features				
OTC, food and utility	\$75 credit every month for OTC, plus healthy food and utilities for qualifying members	\$75 credit every month for OTC, plus healthy food and utilities for qualifying members	\$25 credit every month for OTC, plus healthy food and utilities for qualifying members	\$25 credit every month for OTC, plus healthy food and utilities for qualifying members
Dental benefits	\$1,000 dental allowance for covered services like cleanings, fillings, x-rays and crowns	\$1,500 dental allowance for covered services like cleanings, fillings, x-rays and crowns	\$1,000 dental allowance for covered services like cleanings, fillings, x-rays and crowns	\$1,000 dental allowance for covered services like cleanings, fillings, x-rays and crowns
Prescription transportation	\$0 copay for 24 one-way trips to or from doctor visits and the pharmacy	\$0 copay for 24 one-way trips to or from doctor visits and the pharmacy	\$0 copay for 24 one-way trips to or from doctor visits and the pharmacy	\$0 copay for 30 one-way trips to or from doctor visits and the pharmacy
Prescription vision benefits	\$150 allowance for eyewear every year, plus \$0 copay for a medical eye exam and lenses	\$150 allowance for eyewear every year, plus \$0 copay for a medical eye exam and lenses	\$100 allowance for eyewear every year, plus \$0 copay for a medical eye exam and lenses	\$250 allowance for eyewear every year, plus \$0 copay for a medical eye exam and lenses
Prescription hearing benefits	\$2,000 allowance for a brand selection of OTC and brand-name hearing aids	\$2,000 allowance for a brand selection of OTC and brand-name hearing aids	Copays from \$20 to \$1,249 for a brand selection of hearing aids	\$2,000 allowance for a brand selection of OTC and brand-name hearing aids
Fitness benefit	Free gym membership at care locations	Free gym membership at care locations	Free gym membership at care locations	Free gym membership at care locations
UnitedHealthcare® at Home	Get preventive care, screenings and expert advice right from home	Get preventive care, screenings and expert advice right from home	Get preventive care, screenings and expert advice right from home	Get preventive care, screenings and expert advice right from home
Prescription foot care	4 foot care visits for nail trims and other covered preventive care	0 foot care visits for nail trims and other covered preventive care	0 foot care visits for nail trims and other covered preventive care	4 foot care visits for nail trims and other covered preventive care
Prescription Drugs				
All-covered drugs	80 copay for tier 1, up to \$0.20 for covered generic drugs in tiers 2-5. Up to \$0.40 for covered brand drugs in tiers 2-5.	80 copay for tier 1, up to \$0.20 for covered generic drugs in tiers 2-5. Up to \$0.40 for covered brand drugs in tiers 2-5.	80 copay for tier 1, up to \$0.20 for covered generic drugs in tiers 2-5. Up to \$0.40 for covered brand drugs in tiers 2-5.	80 copay for tier 1, up to \$0.20 for covered generic drugs in tiers 2-5. Up to \$0.40 for covered brand drugs in tiers 2-5.

Next steps



Visit the Medicare Product Portal to review 2027 plans and benefits and order Plan Highlights



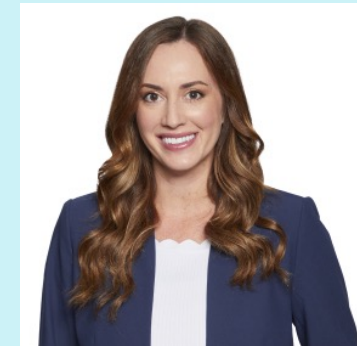
Decide if you will be hosting meetings and connect with your UHC rep to file the event



Contact your members who will be impacted by a SAR, invite to meeting or schedule 1x1 appt



Attend 2027 Product Overview on Sep 18th @ 9AM or Sep 29th @ 11AM



Melanie (Brunner) Ormiston
UnitedHealthcare Medicare Plans
Market Growth Manager: MN, ND, SD,
MT, WY
Direct: 952-406-1813



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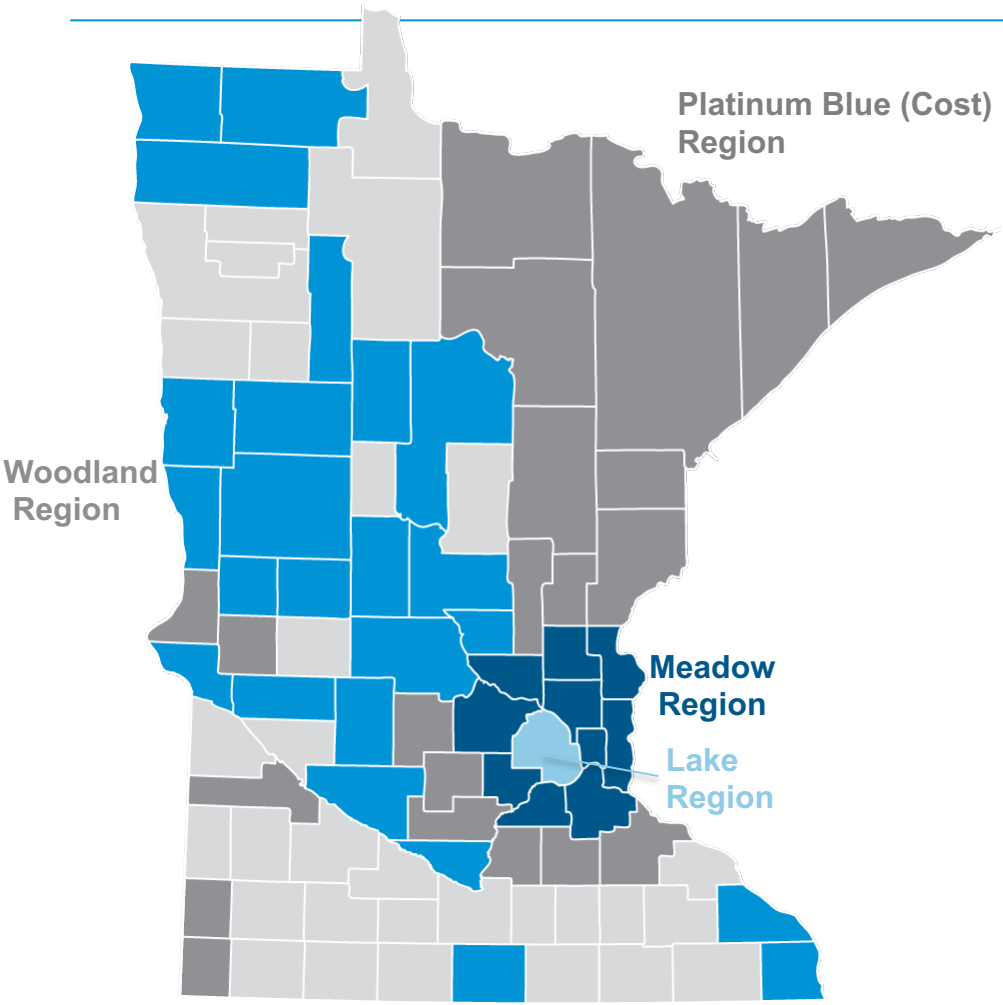
BCBS Minnesota

BLUE CROSS AND BLUE SHIELD OF MINNESOTA PRESENTS:

BLUE CROSS MEDICARE UPDATES

September 2026

2027 MEDICARE PRODUCT PORTFOLIO REGIONS



Lake Region 1 county	Meadow Region 10 counties	Woodland Region 24 counties	Cost Region 21 counties
Essential Freedom Blue	Essential Select Premier Freedom Blue	Essential Select Freedom Blue	PB Core PB Choice PB Complete

Medicare Supplement and Standalone PDP plans are available in all 87 Minnesota counties

NON-RENEWING PLANS SPECIAL ENROLLMENT PERIOD (SEP)



MAPD plans – NOT renewing

- Non-renewal letter dated October 2, 2026
- No automatic cross-walk – new enrollment is required
- Members choose a new Blue Cross or other carrier MAPD plan, or a Medicare Supplement and/or standalone PDP

Freedom BlueSM (MA only) – Renewing

- All Freedom Blue members in the 35 counties will renew
- These members do not receive the SEP

Special Enrollment Period (SEP)

For individuals whose plan or contract is non-renewed effective January 1 (termination or service area reduction). The SEP begins December 8 and ends the last day of the following February.

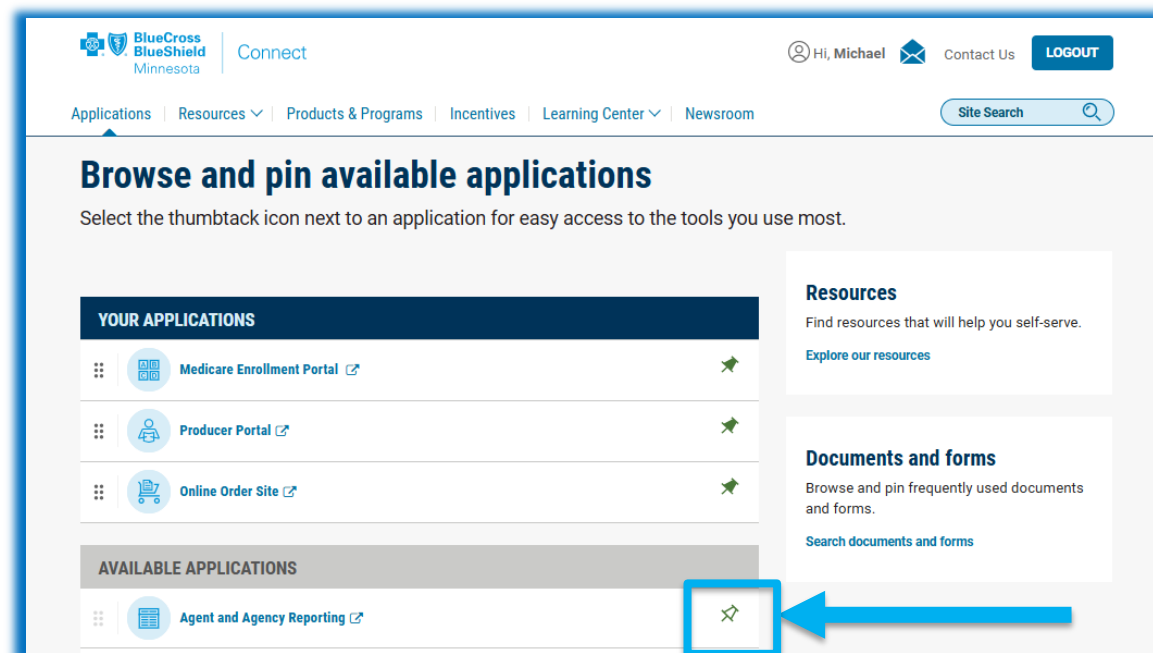
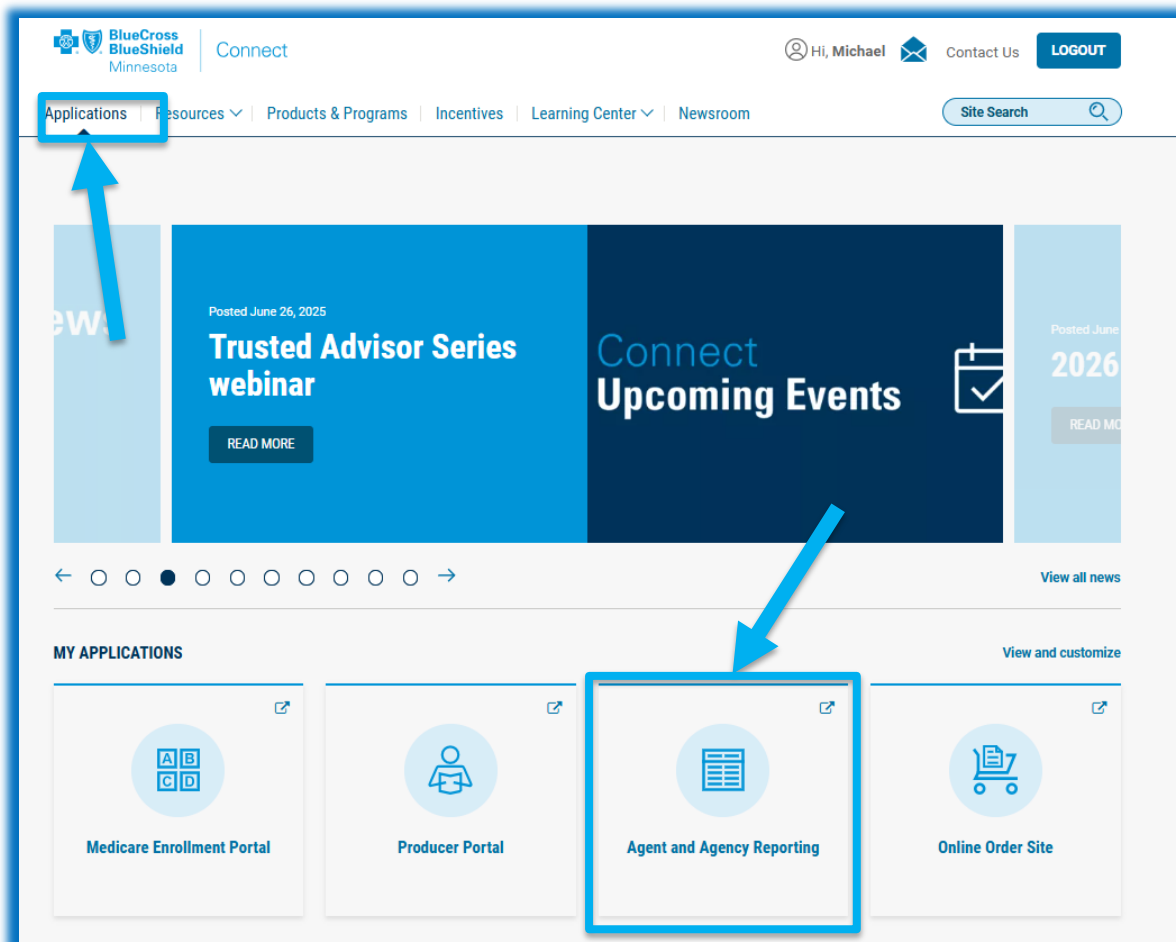
Enroll Dec 8 – Dec 31
Effective Jan 1

Enroll in January
Effective Feb 1

Enroll in February
Effective Mar 1

AGENCY REPORTING AND RESOURCES

AGENT AND AGENCY REPORTING



Accessing the report

Access Agent and Agency Reporting by clicking the tile from your Blue Cross Connect Homepage.

To add the tile to your Homepage, first click Applications then click the green pin icon next to Agent and Agency Reporting.

AGENT AND AGENCY REPORTING

Available to all agents and agency administrators

Active Report

Includes all active members enrolled in Individual U65 and Medicare, including PDP.

NOTE: Once an enrollment is processed, the policy will appear on this report even if their plan effective date is in the future.

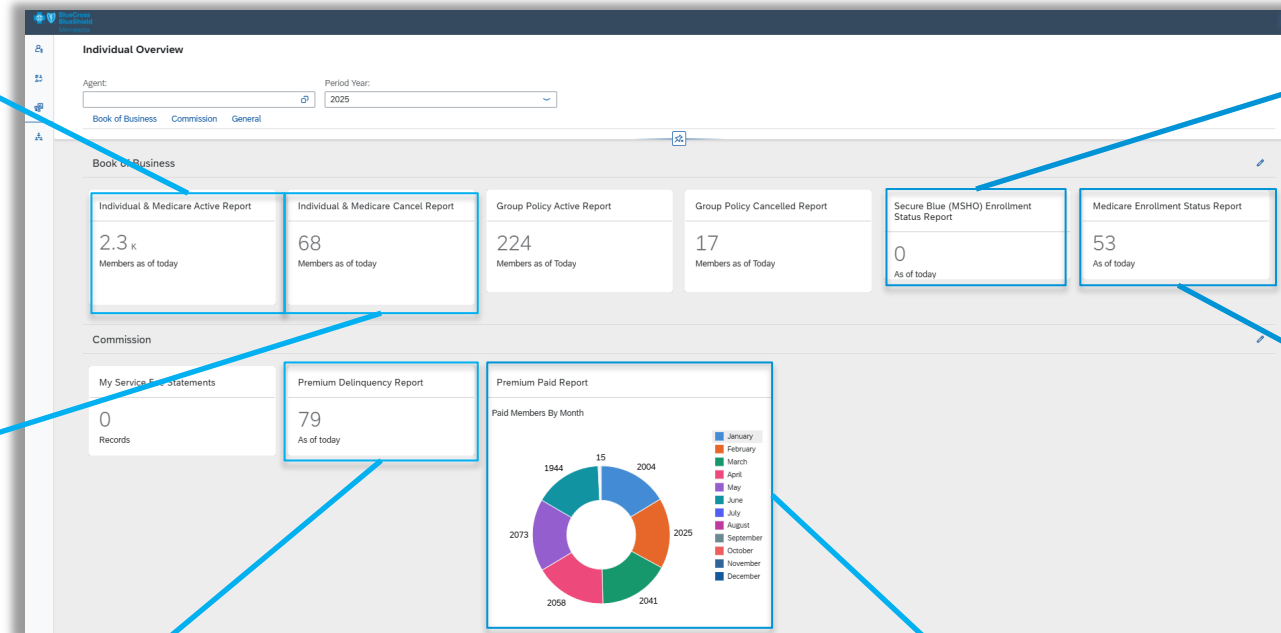
Cancel Report

Includes all previously enrolled members in Individual U65 and Medicare plans.

Premium Delinquency Report

Includes policies that are showing as unpaid at the time the report is run.

NOTE: This report is only updated once per month around the 12th of the month.



NEW! SecureBlue Enrollment Status Report

This report allows agents and agency administrators to see the status of Secure Blue enrollment applications.

NEW! Medicare Enrollment Status Report

Provides the status of Medicare enrollment applications.

Premium Paid Report

Includes member premium payment information. Blue Cross is providing this information to our agents and agency partners to ensure member information is readily available at any time.

AGENT AND AGENCY REPORTING

BlueCross BlueShield Minnesota

Medicare Enrollment Status Report Search for [redacted]

Standard

First Name: [input]

Last Name: [input]

HICN/MBI: [input]

Status: [dropdown]

Reason Code: [dropdown]

Agent Name: [input]

OK

Reset

Adapt Filters

Medicare Enrollment Status Report (41)

Search [input]

⌵ ⌶ ⚙ ⬇

Status	Reason Code	Application ID	Agent Name	First Name	Last Name	Subscriber ID	Plan ID	Plan Name	Policy Eff
Enrollment in Progress	Enrollment Approved pending Member ID	CNT-955[redacted]	[redacted]	[redacted]	[redacted]	141 [redacted]	H5959-009-000	Medicare Advantage Choice	2025-07-01
Enrollment in Review	Requesting Additional Information	CNT-669[redacted]	[redacted]	[redacted]	[redacted]	126 [redacted]	H5959-014-001	Medicare Advantage Choice	2025-07-01
Enrollment Completed		M360-10[redacted]	[redacted]	[redacted]	[redacted]	140 [redacted]	H5959-015-000	Medicare Advantage Comfort	2025-06-01
Enrollment Completed		M360-10[redacted]	[redacted]	[redacted]	[redacted]	124 [redacted]	H5959-010-001	Medicare Advantage Complete	2025-06-01
Enrollment Completed		M360-10[redacted]	[redacted]	[redacted]	[redacted]	140 [redacted]	H5959-010-001	Medicare Advantage Complete	2025-05-01

Report Filters

Filter the report using the filters at the top of the page. Add or remove filters by clicking the “Adapt filters” on the right. When you have set the filters to your needs, click “Ok” to re-generate the report following the filter criteria.

Change Report Data and Column Order

Click the gear icon to see all available data for the report. Add and remove columns by clicking the checkbox next to the data field. Change the order of column headers by clicking and dragging the data field to the order desired.

Download Report

Click the download icon to see the format options available to download. Click the desired format to download the displayed report in that format.

FILTERING MEMBERS

Connect: two new “renewing status” columns in the report

“2027 Renewal” column

Filter values

Renewing

Not renewing

“2027 Region” column

Filter values

Lake

Meadow

Woodland

Platinum Blue (Cost)

Medicare Supplement only

DOCUMENT AND FORMS

Documents and Forms

Use the search field below to find documents and forms. Then, select relevant filters to narrow your results. Bookmark documents and forms in the results list by selecting the "pin" icon. Bookmarks will show up on your personalized Connect homepage for easy access in the future.

MARKET SEGMENT

☐ Individual U65
☐ Large Group
☐ Medical Assistance (Medicaid)
☐ Medicare
☐ Small Group

PLAN YEAR

☐ 2027
☐ 2026
☐ 2025

PRODUCT CATEGORY ▾
LANGUAGE ▾
BLUE PARTNER ▾
USER TYPE ▾
MATERIAL TYPE ▾

Search for documents and forms

Enter a search term in the search bar above to find a document.

Access all documents and forms in one place. Pin your favorite for quick and easy access. Search for key words like SBC, use filters to refine results.

- ✓ Search, sort, filter, and pin your most used documents
- ✓ Use the search field and/or select relevant filters to narrow your results.
- ✓ **NEW:** Results transparency shows why each document matches your search
- ✓ **NEW:** Sorting controls let you order results by relevance, most recent

MARKET SEGMENT

☐ Individual U65
☐ Large Group
☐ Medical Assistance (Medicaid)
☒ Medicare
☐ Small Group

MEDICARE SUB-MARKET ▾

PLAN YEAR

☒ 2026

Search for documents and forms

1-10 of 178

Medicare X 2026 X

RESET FILTERS

Relevance ▾
 Relevance
 Most Recent
 A-Z
 Z-A

ENGLISH

2026 MEDICARE INDIVIDUAL ALL PLANS SALES MATERIALS ZIP FILE M09726

Release Date: 10/07/2025 Updated Date: 01/14/2026

MEDICARE PLAN HIGHLIGHT EXAMPLE

ACCESS: DIGITAL PDF FILES ON CONNECT

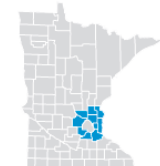


2027 MEDICARE ADVANTAGE (PPO) – MEADOW REGION Essential, Select and Premier plans



Access to a broad network of doctors in Minnesota.

Blue Cross and Blue Shield of Minnesota Medicare Advantage plans combine medical, prescription drugs, dental, vision and hearing coverage into one plan. Plus, get nationwide travel coverage. Benefits vary by plan.



Available in these counties:
Anoka, Carver, Chisago, Dakota, Isanti, Ramsey, Scott, Sherburne, Washington, Wright

Eligibility requirements:
Have Medicare Part A and Part B (and continue to pay your Part B premium) • Live in the plan availability area

A DIGITAL FRONT DOOR TO YOUR HEALTH

Once enrolled in a plan, you can connect to everything you need to manage your healthcare with Blue Care AdvisorSM. Get personalized preventive care guidance, find in-network care, and view your benefit details all in one place.



*2026 Brand Strength Measure Survey, Blue Cross Blue Shield Association. Blue Care AdvisorSM is an offering of Blue Cross[®] and Blue Shield[®] of Minnesota and Blue Plus[®]. Blue Cross Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in Blue Cross Medicare Advantage depends on contract renewal.

Y0138_mmddyy_xxx_X

DISCOVER THE VALUE OF BLUESM

-  Most trusted health plan in Minnesota*
-  Service and support you can count on
-  Serving Minnesota as a nonprofit for nearly a century

SHOP AND COMPARE PLANS

- Compare cost and coverage.
- Check if doctors, dentists and pharmacies are in network.
- See if prescription drugs are covered.

Visit bluecrossmn.com or contact your agent or Blue Cross Medicare Advisor to get started.

“Contact your agent”

MEDICAL BENEFITS	ESSENTIAL	SELECT	PREMIER
Monthly plan premium	\$0	\$<109>	\$<179>
Annual medical deductible	\$350	N/A	N/A
Annual out-of-pocket maximum In network/Comb. in and out of network	\$7,150/\$10,750	\$5,900/\$8,000	\$4,900/\$6,700
Office visits (in-person or telehealth) • Primary care • Specialist	\$15 copay \$75 copay	\$0 \$65 copay	\$0 \$35 copay
Emergency care U.S. and worldwide	\$130 copay	\$130 copay	\$130 copay
Urgent care	\$50 copay	\$50 copay	\$50 copay
Outpatient surgery/observation stay	\$600 copay	\$550 copay	\$300 copay
Inpatient hospital care	\$500 copay per day for days 1 – 5	\$450 copay per day for days 1 – 5	\$400 per admit
Ambulance (air and ground, one way)	\$360 copay	\$470 copay	\$325 copay
Medicare Part B covered drugs	Up to 20% coinsurance	Up to 20% coinsurance	Up to 20% coinsurance
PRESCRIPTION BENEFITS			
Annual prescription deductible	\$0 Tiers 1 and 2; \$700 Tiers 3 – 5	\$0 Tiers 1 and 2; \$700 Tiers 3 – 5	\$0 Tiers 1 and 2; \$500 Tiers 3 – 5
Initial coverage (31-day supply) ¹ Tier 1: Preferred generic drugs Tier 2: Generic drugs Tier 3: Preferred brand drugs Tier 4: Non-preferred drugs Tier 5: Specialty drugs	In network \$0 \$0 16% coinsurance 25% coinsurance 25% coinsurance	In network \$0 \$0 23% coinsurance 28% coinsurance 25% coinsurance	In network \$0 \$0 25% coinsurance 29% coinsurance 28% coinsurance
Catastrophic coverage	\$0 for covered drugs once your annual out-of-pocket drug costs reach \$2,400 ²		
DENTAL BENEFITS³			
Preventive	\$0 deductible; \$0 for: oral exams (2), cleanings (2), X-rays (1), periodontal cleanings (2)		
SUPPLEMENTAL BENEFITS			
Eyewear allowance	Not covered	Not covered	\$250 per year
Hearing aids through TruHearing [®]	\$699/\$999 copay per aid	\$599/\$899 copay per aid	\$499/\$799 copay per aid
Fitness benefit	Not covered	Access thousands of fitness locations nationwide	

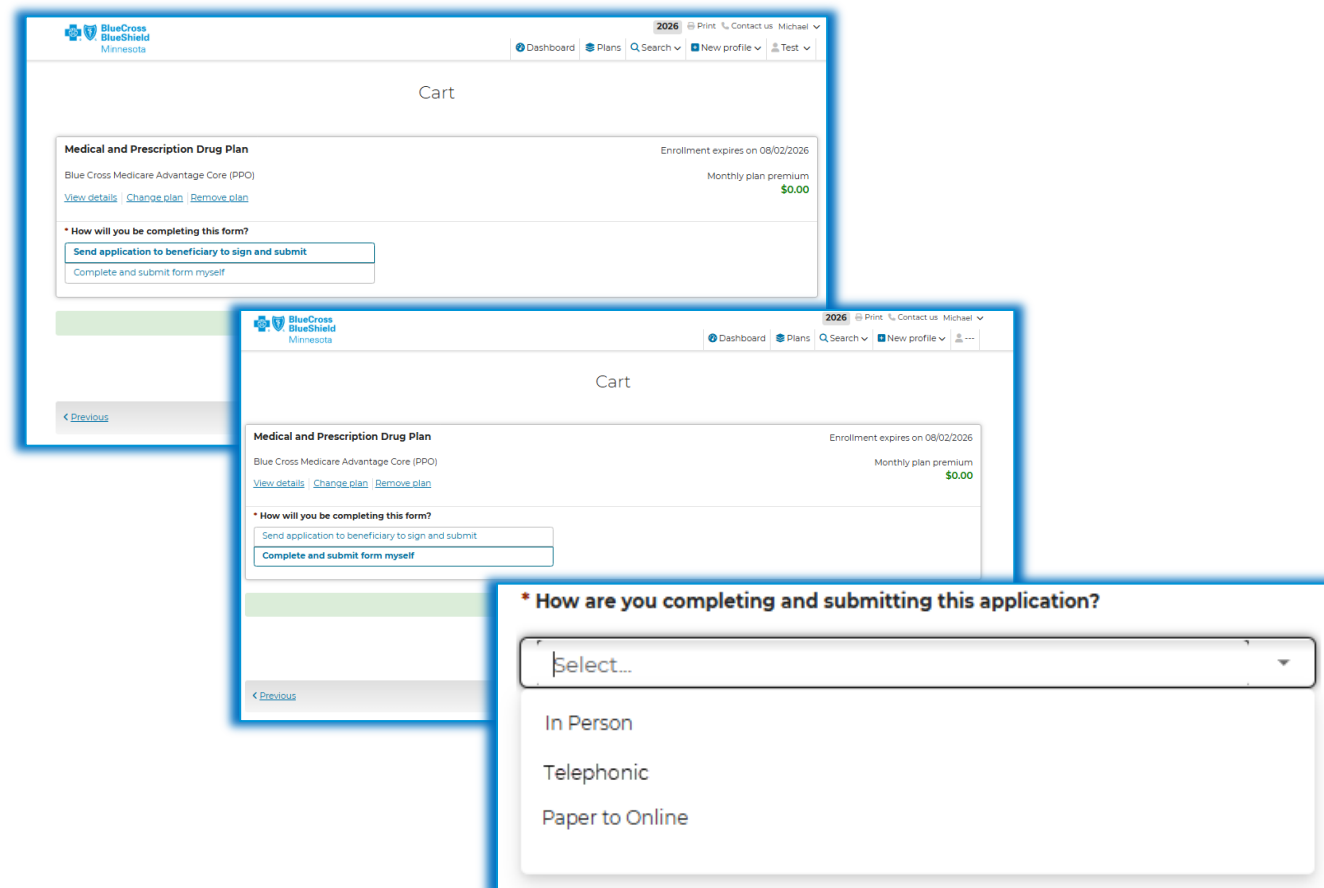
¹Cost-sharing amounts are based on a 31-day supply at a network retail pharmacy. See the Summary of Benefits for details. ²This amount is based on the Part D drug benefit and does not include plan-paid costs or your premiums. ³Out-of-network dental services may result in additional costs, even for services listed as \$0 copay. Reimbursement rates may vary by provider and service. Amounts shown reflect in-network costs. This is not a complete description of benefits. Limitations, copayments and restrictions may apply. Refer to the Evidence of Coverage or contact the plan for details. Each provider and pharmacy is an independent contractor and is not our agent. Members should confirm provider participation in their network before receiving services. TruHearing[®] is a registered trademark of TruHearing, Inc., an independent company that works with health plans to offer low out-of-pocket costs on hearing aids. Blue Cross[®] and Blue Shield[®] of Minnesota and Blue Plus[®] are nonprofit independent licensees of the Blue Cross and Blue Shield Association. M1-49660 (9/26)

MEDICARE ENROLLMENT PORTAL

MEDICARE ENROLLMENT PORTAL

Electronic Enrollment Forms

1. Prefill and send enrollment applications by **text** and **email** beneficiaries to review, sign and submit.
2. Conduct in-person appointments and complete the electronic enrollment form **in-person**.
3. Conduct telephonic enrollments and use the Portal to enter and submit the enrollment form.
4. Use the Medicare Enrollment Portal to key in and submit enrollments you have completed on a paper enrollment form.



BlueCross BlueShield Minnesota

2026 | Print | Contact us | Michael

Dashboard | Plans | Search | New profile | Test

Cart

Medical and Prescription Drug Plan

Enrollment expires on 08/02/2026

Blue Cross Medicare Advantage Core (PPO)

Monthly plan premium **\$0.00**

[View details](#) | [Change plan](#) | [Remove plan](#)

*** How will you be completing this form?**

Send application to beneficiary to sign and submit

Complete and submit form myself

[< Previous](#)

BlueCross BlueShield Minnesota

2026 | Print | Contact us | Michael

Dashboard | Plans | Search | New profile | Test

Cart

Medical and Prescription Drug Plan

Enrollment expires on 08/02/2026

Blue Cross Medicare Advantage Core (PPO)

Monthly plan premium **\$0.00**

[View details](#) | [Change plan](#) | [Remove plan](#)

*** How will you be completing this form?**

Send application to beneficiary to sign and submit

Complete and submit form myself

[< Previous](#)

*** How are you completing and submitting this application?**

Select...

In Person

Telephonic

Paper to Online

MEDICARE ENROLLMENT PORTAL

Personalized URL (PURL)

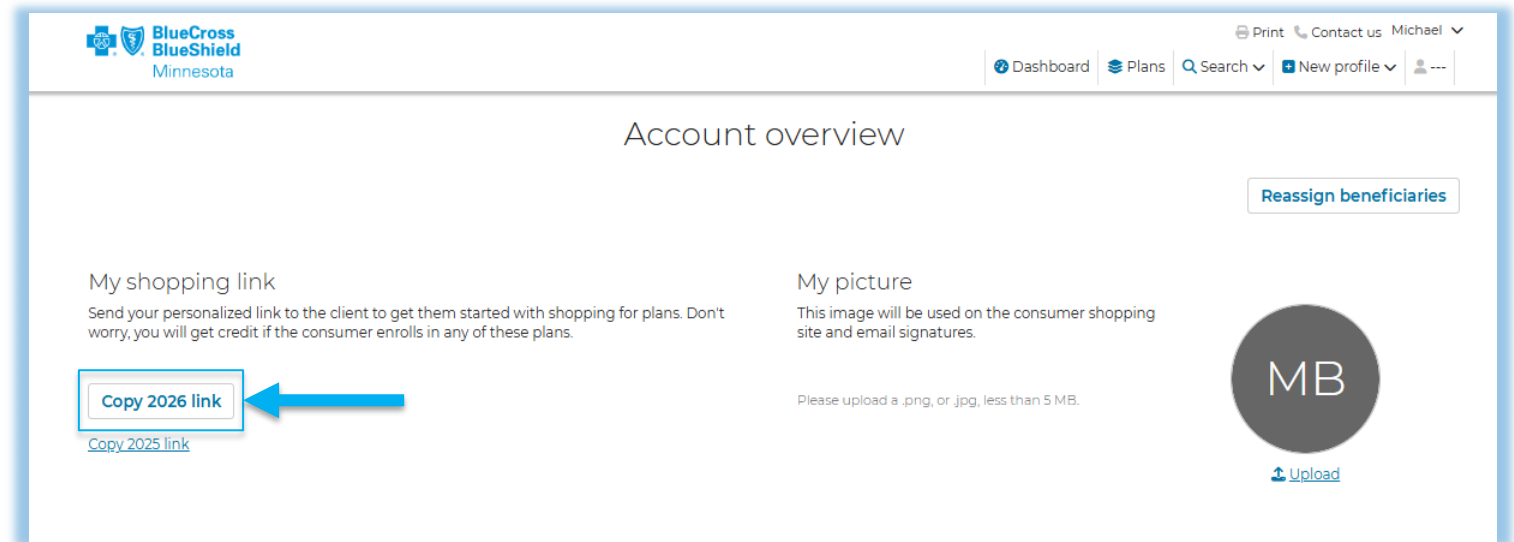
To access your PURL:

Click on your name in the upper right-hand corner

Click on Account Overview

Click the “Copy 2026 Link”

*A new button for PY2027 will display during AEP.



Paste this link into your **email signature line, website or other marketing material**. This will **direct your clients** to the **Blue Cross Medicare Enrollment Portal** where they can **shop, compare, and enroll**. You will be credited for these enrollments.

Remember: Marketing materials **must be filed** with **Government Programs Sales Oversight** before distribution.



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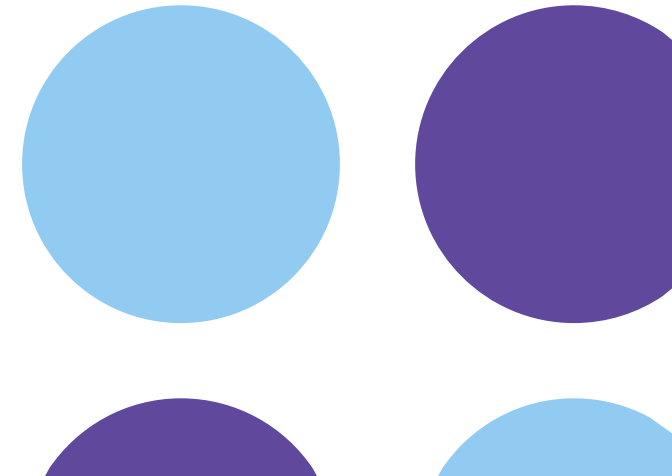
HealthPartners





Medicare made for you

HealthPartners® Journey (PPO) plans
Annual Notification of Change



2027 HealthPartners Medicare Advantage Strategy

HealthPartners is deliberately resizing the Medicare Advantage business to create a sustainable foundation for the future

Our refined footprint will **continue to serve 15 counties**, supported by integrated care, coverage, and strong provider partnerships

- We will be exiting two counties that are within our HealthPartners clinics and hospital footprint

HealthPartners will no longer offer the Stride and Steady plans

- HealthPartners is offering two plans (Smart & Pace) while we focus on our reset

Our **Medicare Supplement** plans are available in **all Minnesota counties**.

Any **Journey Member** with a plan exit will have a **Guaranteed Issue** right to purchase **ANY** HealthPartners Medicare Supplement plan.

We appreciate your partnership and support in helping members understand their options and navigate this transition.

What does this mean?

Your support is valuable to helping these members find new coverage

Stride, Steady, and termed county members

- Members will need to enroll in a new Medicare Plan with HealthPartners or a new carrier
- **ALL** HealthPartners Medicare Supplement plans will be available to Journey termed members through March 4th
- **ANOCs** for Smart & Pace could be delivered any day now...

Letters for **non-renewing plans** should be in home by **October 2nd**

Retention Module available for terming members

- Easy to use online personalized enrollment link- members will receive instructions to re-enroll
- Protects the Agent of Record

HealthPartners is evaluating the MAPD commission and will send an email prior to 10/1/26 with details.

Renewal MAPD commission will be paid at FMV

Commission will be paid for Journey termed members to join any of HealthPartners Medicare Supplement plans.

HealthPartners Medicare Supplement Premiums

Available to Medicare
applicants

Available to Medicare
Applicants
BEFORE 1/1/20

	Standard	Tobacco	Standard	Tobacco
BASIC PLAN (Base premium)	\$297.00	\$341.60	\$297.00	\$341.60
Rider 1: Part A inpatient hospital deductible	+ \$65.50	+ \$75.30	+ \$65.50	+ \$75.30
Rider 2: Part B deductible	NA	NA	+ \$23.00	+ \$23.00
Rider 3: Part B excess charges	+ \$1.30	+ \$1.50	+ \$1.30	+ \$1.50
Rider 4: Preventive care	+ \$5.50	+ \$6.30	+ \$5.50	+ \$6.30
BASIC PLAN (Total with all riders)	\$369.30	\$424.70	\$392.30	\$447.70

	Standard	Tobacco	Standard	Tobacco
EXTENDED BASIC PLAN	\$428.80	\$495.30	\$451.80	\$518.30

	Standard	Tobacco	Standard	Tobacco
PLAN WITH \$20 AND \$50 COPAYMENTS (Plan N)	\$209.70	\$241.20	\$209.70	\$241.20

HealthPartners Medicare Supplement Commissions

GI for Medicare Advantage plan exits is commissionable
GI for MN new 65-70 enrollments is NOT commissionable

Commission for **underwritten or guaranteed issue** supplements

**Years 1-5 –
full commission**

Up to \$25 per month / \$300 annually*

**Years 6+ –
reduced commission**

Up to \$10 per month / \$120 annually*

*commissions may vary by contract





Questions?

Thank you!



LeClair

Allina Health | Aetna



Hope Schumacher

Medicare Broker Manager

507-571-9480

SchumacherH@AllinaHealthAetna.us.com

Plan Terminations and Service Area Reductions (SARs)

Be sure you're talking to your clients before AEP kicks-off, so they know who to contact if they experience any plan changes for 2027.

Plan Terminations: Plan ends 12/31 and will not be offered in 2027

Plan SARs: Plan remains, but no longer available in certain counties

Member Impact:

- Impacted members will receive notification from Allina Health | Aetna Medicare and CMS that their plan will not be offered in 2027
- If no action is taken, impacted members will default to Original Medicare
- Members have AEP and a Special Election Period (12/8 – 2/28) to enroll into a new plan

Broker action: Proactively outreach to ensure members transition to appropriate coverage and avoid gaps

2027 Allina Health | Aetna Medicare Plan Terminations

2026 PBP	2026 Plan Name	2026 County Footprint
H3219-012	Allina Health Aetna Medicare Signature (PPO)	Brown, Nicollet
H3219-014	Allina Health Aetna Medicare Enhanced (PPO)	Brown, Nicollet

2027 Allina Health | Aetna Medicare Service Area Reductions (SARs)

2027 PBP	2027 Plan Name	2027 County Footprint	2027 Exited Counties
H3219-001	Allina Health Aetna Medicare Signature (PPO)	Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, Ramsey, Scott, Steele, Waseca, Washington, Wright	Mille Lacs, Renville, Sibley
H3219-002	Allina Health Aetna Medicare Enhanced (PPO)	Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, Ramsey, Scott, Steele, Waseca, Washington, Wright	Mille Lacs, Renville, Sibley
H3219-003	Allina Health Aetna Medicare Premier (PPO)	Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, Ramsey, Scott, Steele, Waseca, Washington, Wright	Mille Lacs, Renville, Sibley
H3219-004	Allina Health Aetna Medicare Premier Extra (PPO)	Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, Ramsey, Scott, Steele, Waseca, Washington, Wright	Mille Lacs, Renville, Sibley
H3219-005	Allina Health Aetna Medicare Eagle (PPO)	Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, Ramsey, Scott, Steele, Waseca, Washington, Wright	Brown, Mille Lacs, Nicollet, Renville, Sibley

CY2027 Final Rule: Impacts to SSBCI Eligibility



How You Can Help

- Complete the **Health Risk Assessments (HRA)**
- Encourage members to see their **PCP**
- Educate clients on **Healthy Home Visits** available through Signify Health
- SNP members may be contacted by a **Care Manager** who can provide support and help coordinate their care.
 - Encourage members to answer calls from their health plan so they don't miss important healthcare information, services, and support.



Member Notification

Current Allina Health | Aetna Members will receive SSBCI eligibility letters in October notifying them of their 2027 status.

Look for more information on notification of your member's 2027 SSBCI status.

Health Risk Assessment (HRA)

An HRA is a quick post-enrollment survey that collects key health information from new C-SNP members so we can connect them with appropriate care and support programs early in their plan year.

How does it work?

- You enroll your client in a C-SNP through Think Agent or another applicable electronic enrollment tool.
- After submitting the enrollment and before you close the application, you can initiate the HRA.
- Next, invite your client to participate in the HRA. They can consent or decline.
- The HRA takes less than 10 minutes, and you'll submit their answers.
- The survey must be completed in full to receive the administration payment.



Administrative fee

You can earn an administrative fee of **\$50** each time you help one of these clients complete the HRA.



When is the deadline?

You can submit completed HRAs the same day you enroll your client or the next day (i.e., the day your client enrolls into a plan, plus one additional day).

Critical for SSBCI Eligibility in 2027: The HRA is one of the key data sources Aetna uses to verify SSBCI eligibility, including for the Extra Supports Wallet. It is important to make sure it is filled out **completely, accurately, and timely**.

PCP Selection Requirement

Primary Care Physician (PCP) selection is required on Allina Health | Aetna C-SNP plans. Help ensure your clients are connected to the right PCP.

If no PCP is selected on C-SNP and GE plans during enrollment, a PCP will be auto-assigned based on availability and proximity.

What brokers should do:

- ✓ Enter complete PCP details during enrollment:
 - PCP name
 - **Provider ID & Primary Care ID** (required)
- ✓ Confirm the provider is a **valid PCP**, not a specialist
- ✓ Populate the **“current patient”** indicator when applicable

Selecting the correct PCP at enrollment helps ensure a smooth onboarding experience and connects members to their preferred provider day one.



Why PCP Assignment Matters

- Helps members stay with their preferred provider
- Supports care coordination and better health outcomes
- If incorrect, member may need ID card reissued
- Incorrect PCPs can lead to complaints, grievances, or disenrollment



Services Fee for Brokers

EARN \$15

Submit an enrollment **with an in-network PCP selected on a PCP required plan** – if the member stays enrolled for 90 days, **brokers earn \$15.**

Auto-assigned PCPs do not qualify brokers for this services fee.

Welcome Guide for New Members

What to use when enrolling digitally

When enrolling through digital tools like **Think Agent**, full paper kits are not required.

Share the required documents electronically and provide a simplified **Welcome Guide with key highlights and QR codes**.

Key features

- Plan-specific version for every plan
- QR codes link to plan landing pages
- Essential phone numbers and websites
- Space for your contact info/business card
- Lightweight and portable

Ordering is simple

- Order from the same site as enrollment kits
- Available in English and Spanish

Paper enrollments still require full paper kits

Inside each guide, you'll find helpful pages like these:



Learn more about your plan

Allina Health | Aetna Medicare Signature (PPO)
H3219-001

Just scan this secure code OR use the web address below to get:

- Summary of Benefits
- Formulary (drug list)
- In-network providers and pharmacies
- Evidence of Coverage

 **Find out more about your plan online:**
ah.aetna.com/h3219-001-lben
← Or just scan the QR code

How to scan a QR code
It's easy as 1-2-3

1. Open the camera app on your smartphone.
2. Point your camera at the QR code. Your camera will automatically scan the code and show a link.
3. Tap the link. You'll be taken to your plan info.

 **ah.aetna/link**

You can also get your plan info with the Aetna Health™ app. Just turn the page for details.



Manage your plan online

Your secure member website and Aetna Health™ app help you understand and manage your benefits.

They're personalized to help you make the most of your plan. After receiving your plan confirmation and acceptance letter, you can:

- **See what's covered**, including medications on our formulary (drug list)
- **View important plan documents and info**, including Summary of Benefits and Evidence of Coverage
- **Connect to care** — in-network primary care doctors, specialists and other providers
- **Access your digital member ID card**
- **And more**

Visit **ah.aetna.com/LBAllinaMemberlogin** and use your member ID card to sign up for your member website.

 **Manage your plan anytime, on the go**

Just visit **ah.aetna.com/lbmobileapp** to get our app. It has the same great features as your secure member website. Scan this secure code for more details. Or visit **AllinaHealthAetnaMedicare.com** to learn more.



What happens next

Now that you've enrolled, you'll receive your:

-  **Plan confirmation and acceptance letter.** After you're approved, we'll mail you helpful info about your plan's features.
-  **Welcome kit.** This includes tips, tools and resources to help you get the most out of your plan. It will arrive by mail.
-  **Member ID card.** Use this, and your Medicaid card if you have one, when you visit a provider, hospital or pharmacy (if you have prescription drug coverage). This is different from your Medicare card from the federal government.

With your ID card, you can register for your secure member website at **ah.aetna.com/LBAllinaMemberlogin**. Then you can access plan documents anytime — and so much more.

BRIDGE Program

Broker Retention Initiative Driving Growth & Engagement



Why participate?

- ✓ **Strengthen member relationships** through meaningful education and outreach
- ✓ **Increase member engagement** with important plan resources and benefits
- ✓ **Identify opportunities to discuss** additional products and services
- ✓ **Earn \$210 per qualifying member meeting** (up to two opportunities per quarter)
- ✓ **Grow your business** while helping members get more value from their plan



Turnkey approach

Ready-to-use program resources

Participating brokers receive an engagement toolkit that includes educational presentations, member-facing content and proven resources designed to support successful member outreach and education.

Member outreach support

Communication templates, invitation resources and outreach materials simplify promotional efforts and helps drive member participation.

Simplified participation

By providing the tools, content and support upfront, BRIDGE reduces administrative burden and allows brokers to focus on engaging members and building stronger relationships.



2026 pilot program topics

This pilot runs from **September through December 2026** to align with AEP and OEP activities.

Key topics to discuss with members include:

- **Allina Health | Aetna member website portal** – Show members how to access plan information, resources and support tools.
- **Annual wellness visits** – Encourage preventive care and routine health screenings.
- **C-SNP opportunities** – Identify members who may qualify for specialized chronic condition plans.
- **Dental, vision and hearing benefits** – Increase awareness of valuable supplemental benefits and services.

You'll also complete a self-guided training on **navigating SSBCI changes**.



Your toolkit

To make participation simple, we'll provide:

- **Broker educational flyer** – An overview of the BRIDGE program and its benefits
- **2026 pilot program topic flyer** – A one-page guide highlighting this quarter's focus areas
- **Broker playbook** – Program guidance and participation requirements
- **Member presentation deck** – A ready-to-use presentation for your virtual conference

Ways Allina Health | Aetna helps you succeed

Broker tools and resources



[Producer World®](#)

Your go-to hub for tools, training and updates



[Enrollment kits](#)

Materials to support your sales conversations



[Allina Health | Aetna Medicare website for producers](#)

Plan info and sales support



[ThinkAgent™](#)

Digital tools to streamline the enrollment



[Aetna Marketing Portal \(AMP\)](#)

Order and customize marketing materials



[Provider search tool](#)

Help members find care that fits their needs



[Producer Guide](#)

Everything you need to know, all in one place



[BenefitsCheckUp®](#)

Help clients discover benefits they may qualify for



[Allina Health | Aetna Medicare website](#)

Plan details, resources and support for members



[IVL Medicare certification](#)

Get certified for the upcoming plan year

How we support you: Local market contacts

Your first point of contact — they can provide help with questions on many topics, including certification, contracting and commission payment

Broker Manager

Denise DeKoter | 612-802-1902
DeKoterD@AllinaHealthAetna.us.com

Broker Manager

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Hope Schumacher | 507-571-9480
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Executive Director, Medicare Sales

Dana Paulson | 952-451-1625
PaulsonD@AllinaHealthAetna.us.com



Aetna Medicare Broker Services department

Find detailed information in the **Producer Guide** and **Producer World**.

Contact:

Aetna Medicare Broker Services
1-866-714-9301
Monday to Friday, 8 AM to 8 PM ET
Saturday, 9 AM to 2 PM
BrokerSupport@Aetna.com

2027 Commission

Plan and Premium	Commissionable?
Signature \$0	YES
Enhanced \$61	YES
Premier \$97 <i>Grand in 2026</i>	YES
Premier Extra \$169 <i>Grand Extra in 2026</i>	NO
Signature Fit \$0	YES
Eagle \$0	YES
CSNP Value	NO

LeClair

Medica

2026

Planning your 2027 AEP

ANOC workshop



To better your life with care in the moments that matter

Personal. Connected. Cared For.



STRATEGIC NARRATIVE

Our goal is simple

Healthcare has changed dramatically over the past several years. Rising healthcare costs, changing Medicare reimbursement, evolving utilization patterns, pharmacy cost inflation, and increased market competition require health plans to make difficult decisions.

Medica has chosen to act proactively by making targeted business adjustments that protect our ability to serve members, providers, and brokers for the long term.

These are thoughtful decisions made from a position of responsibility – not reaction.

Protect the stability of Medica for the long term while continuing to deliver affordable, high-quality coverage and an exceptional member experience.

Your Medica Team

Medicare Sales



Jerry Melgar

Sr. Director of Field Sales

Jerry.Melgar@medica.com

651-253-4626



Becky Taylor

Regional Sales Manager

Becky.Taylor@medica.com

763-464-1704



Maggie Chow

Sales Relationship Manager

Lan.Chow@medica.com

651-321-8288



Lauren Streit

Sales Relationship Manager

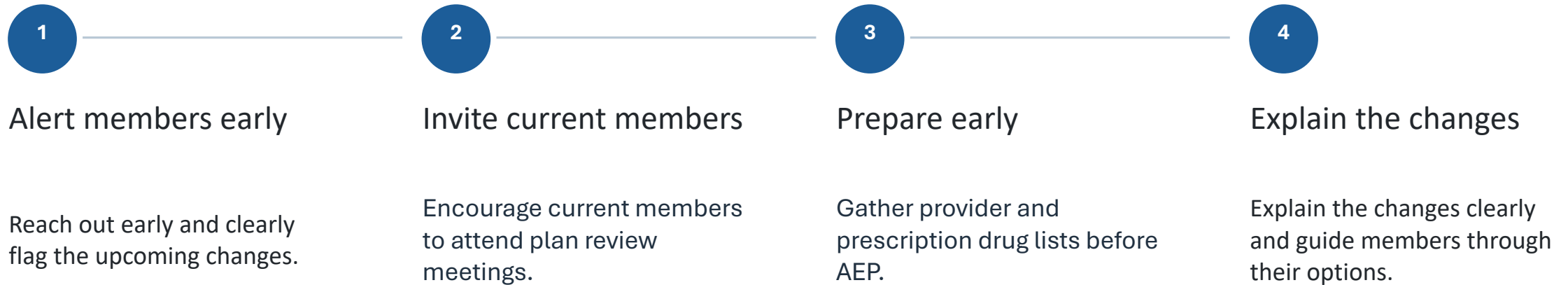
Lauren.Streit@medica.com

612-562-6788

Why ANOC planning matters

2027 is shaping up to be a disruptive year in recent Medicare history, with significant plan changes, plan exits and shifting benefits.

Start outreach early so current members have time to understand how changes may affect them.



Be prepared to discuss the broader industry factors driving these changes.

Keep the meeting compliant and focused

WHAT THE MEETING IS FOR

Review carrier changes only. Set this expectation in advance so members know what to expect.

WHAT IT IS NOT FOR

Enrollment activity. Enrollment cannot begin until October 15.

ONE-ON-ONE FOLLOW-UP

Members who want individual assistance may schedule appointments after October 1.

DOCUMENT + TRAIN

File all ANOC meetings with Medica, even current-member meetings that are not publicly advertised, and complete **Sales Event Compliance Training** before presenting.

Know the plan changes you need to explain

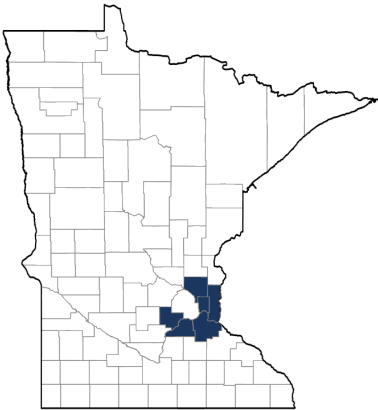
NETWORK / FOOTPRINT

- **MA Service Area Reduction (SAR):**
 - 15 counties in Minnesota Greater North
 - Clearwater, Crow Wing, Grant, Hubbard, Kittson, Lake of Woods, Mahnomon, Marshall, Morrison, Polk, Red Lake, Renville, Roseau, Todd, Wadena
- **MA-to-Cost County Transition (SAR):**
 - 7 Minnesota counties
 - Becker, Chippewa, Clay, Norman, Otter Tail, Swift, Wilkin
- **Cost plan Service Area Reduction (SAR)**
 - WI- Buffalo, Chippewa, Eau Claire, Jackson, Rusk

PLAN DESIGN CHANGES

- **Closing existing plans and introducing new plans**
 - Some members will be cross-walked; others will need to re-enroll.
- **Supplemental benefit changes**
 - Dental network
 - One pass benefit
- **Segmentation**
 - Tailor benefits, premiums, and cost sharing by geography to better reflect market conditions, provider costs, and competitive dynamics.
 - Supports more precise pricing and margin management while reducing the need to over- or under-subsidize benefits across broad service areas.

Minnesota Metro Medicare Advantage Updates



Existing metro plans will be discontinued. Members will be mapped to one of the following plans:

Discontinued Plan	New Plan Crosswalk	
Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties	Anoka, Carver, Dakota, Ramsey, Scott, and Washington counties	Hennepin County <u>001 & 003 Wright County Must Reenroll</u>
Medica Advantage® H8889-005	➡ Medica Advantage® Metro Value H8889-019-001	Medica Advantage® Hennepin/Wright Value H8889-019-002
Medica Advantage® H8889-001	➡ Medica Advantage® Metro Select H8889-020-001	Medica Advantage® Hennepin/Wright Select H8889-020-002
Medica Advantage® H8889-003	➡ Medica Advantage® Metro Preferred H8889-021-001	Medica Advantage® Hennepin/Wright Preferred H8889-021-002

Minnesota Hennepin/Wright Plan Updates

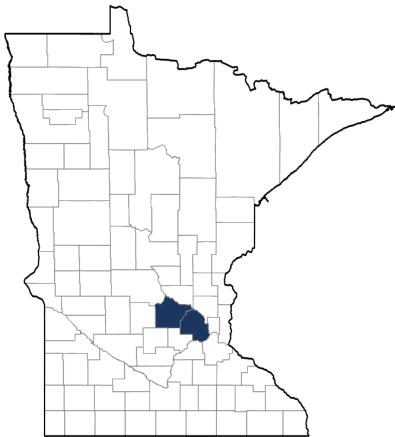
We’re offering new plan options in Hennepin and Wright counties. Existing plans are closing, and members will be mapped to a new plan. Exception: Wright County members enrolled in 001 and 003 must re-enroll.

Hennepin County

Discontinued Plan	New 2027 Plan
Medica Advantage® H8889-005	Medica Advantage® Hennepin/Wright Value H8889-019-002
Medica Advantage® H8889-001	Medica Advantage® Hennepin/Wright Select H8889-020-002
Medica Advantage® H8889-003	Medica Advantage® Hennepin/Wright Preferred H8889-021-002

Wright County

Discontinued Plan	New 2027 Plan
Medica Advantage® H8889-005	Medica Advantage® Hennepin/Wright Value H8889-019-002



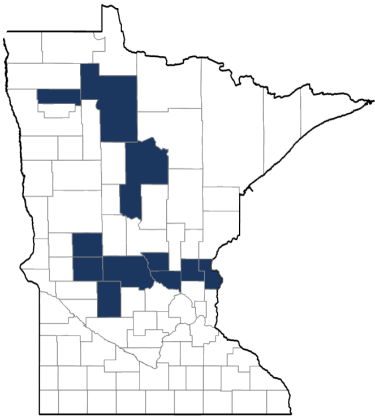
Minnesota North Medicare Advantage Updates

We’re offering new plan options in 11 MA North counties. The existing 005 plan (\$0 premium) will close, and members will need to re-enroll. The 002 plan will remain available as Select, while the 009 plan will remain available as Salute.

Current 2026 Plan	New 2027 Plan
Medica Advantage® H8889-002	Remain and renamed Select
Medica Advantage® H8889-009	Remain and renamed Salute

Discontinued Plan	2027 Plan
Medica Advantage® H8889-005	Medica Advantage® H8889-022 Essential

Members
will need
to re-enroll



Minnesota South Plan Updates

Closing existing plans

- Medica Advantage®
H8889-008
- Medica Advantage®
H8889-004



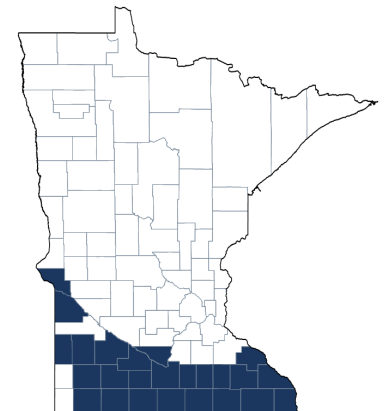
Introducing new plans

- Medica Advantage®
Essential H8889-023-000
- Medica Advantage® Select
H8889-024-000



Member action

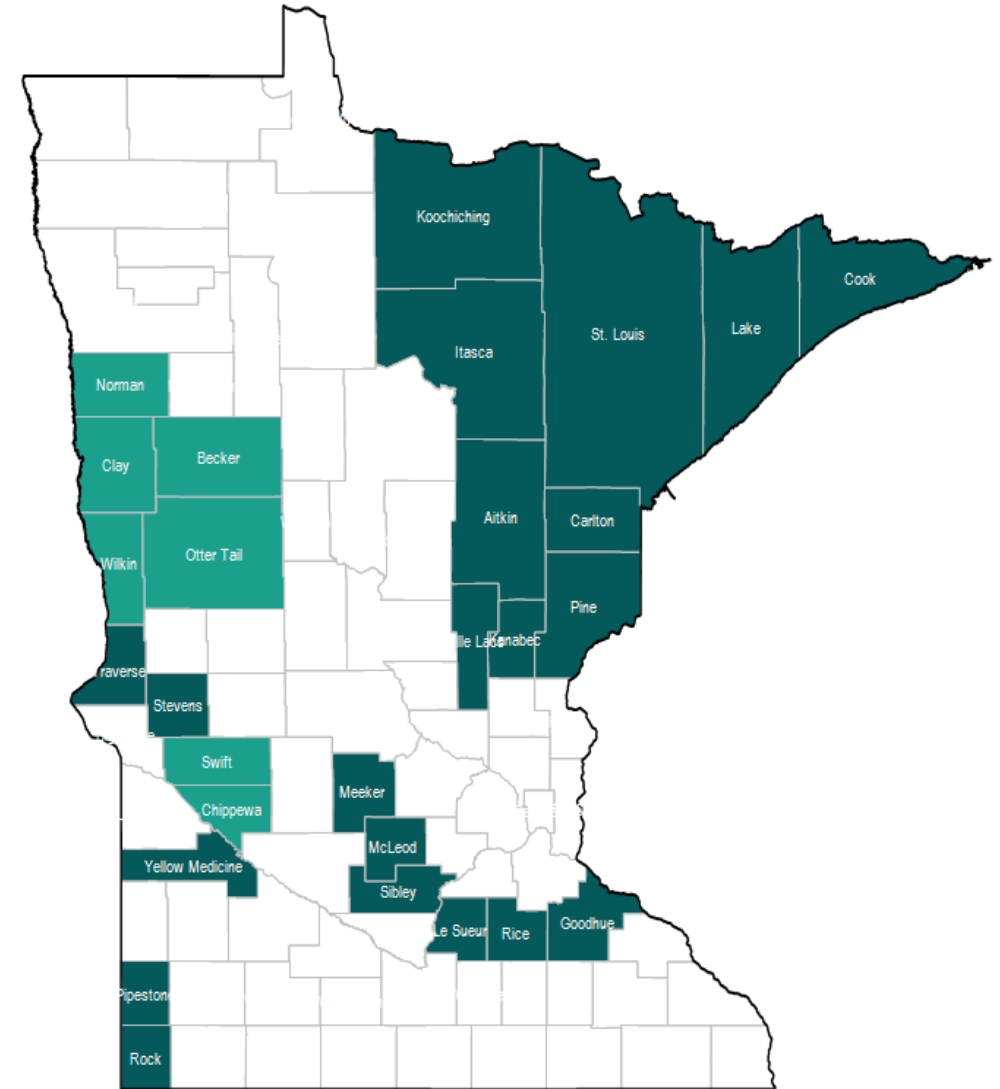
**Active enrollment into
a new plan is required**



Medica Prime Solution (Cost) – Minnesota Plan Availability

- Aitkin
- Becker*
- Carlton
- Chippewa*
- Clay*
- Cook
- Goodhue
- Itasca
- Kanabec
- Koochiching
- Lake
- Le Sueur
- McLeod
- Meeker
- Mille Lacs
- Norman*
- Otter Tail*
- Pine
- Pipestone
- Rice
- Rock
- Sibley
- St. Louis
- Stevens
- Swift*
- Traverse
- Wilkin*
- Yellow Medicine

*** Medical only plans
available**



Non-renewal of Cost Rx plans in MN, ND, SD

Options for Members in the Enhanced Rx (002) (MN), Core Rx (035) (ND/SD) and Premier Rx (037) (ND/SD) plans

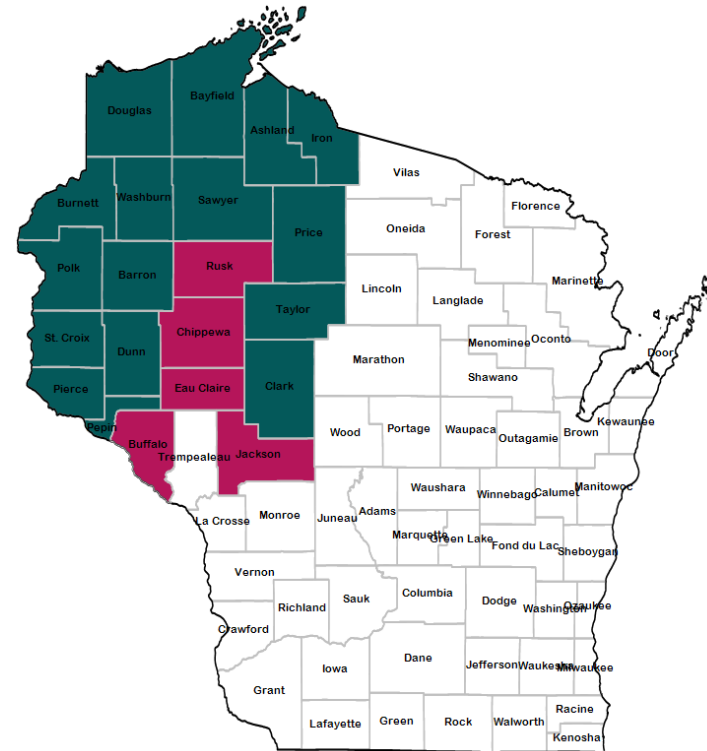
Non-Renewal	Options
MN: Enhanced Rx members must select a new plan	Option 1: Enroll in the Medica Enhanced medical-only plan along with a stand-alone PDP (<i>Preferred</i>) Option 2: Select a different Medica Med+Rx plan (i.e., Standard Rx, Basic Rx, Thrift Rx) Option 3: Transition to another carrier
ND/SD: Core Rx and Premier Rx members must select a new plan	Option 1: Enroll in the Medica Core or Premier medical-only plan along with a stand-alone PDP (<i>Preferred</i>) Option 2: Select a different Medica Med+Rx plan (i.e., Standard Rx, Thrift Rx) Option 3: Transition to another carrier

Many stand-alone PDP options are available

Wisconsin Cost Plan Service Area Reduction

We have been notified by the Centers for Medicare & Medicaid Services (CMS) that we must exit the following counties for 2027:

- Buffalo
- Chippewa
- Eau Claire
- Jackson
- Rusk



WI Cost Exit Messaging

Strategic communication considerations for effective Cost Plan exit planning

WE'LL BE
RIGHT BACK

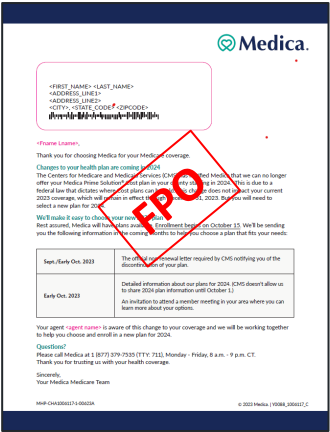
Message Category	Key Point	Takeaway
Market Presence	Medica has no broad MA plan option in WI outside of Dean	No plans to standup an MA due to market conditions
Regulatory Reality	CMS two-plan test already not met in 2026 due to market disruptions	Strongly considering Cost re-entry for 2028

Long-term commitment to Wisconsin remains

Member journey | plan re-enrollment

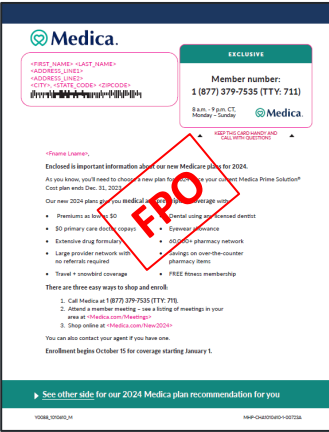
Audience: Current members who are impacted by plan changes and can re-enroll in a new Medicare plan

Pre-nonrenewal outreach (Sept 15th)



Inform members that a change is coming and reinforce that Medica remains a trusted partner for care and support.

Non-renewal notice (Oct 1st)



Encourage members to enroll in a new Medica plan and direct them to the landing page, inside sales, or their broker for details.

Plan info landing page (Oct 1st)

NEW

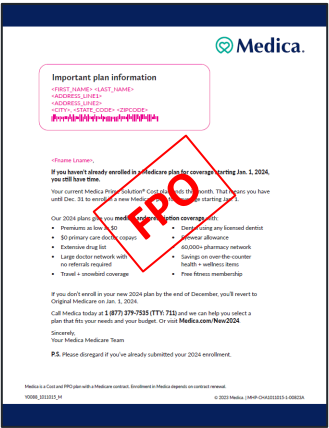
Compare your current and recommended plans

The chart below compares your current Medica Prime Solution (Cost) plan to our recommended 2026 Medica Advantage* (PPO) plan. See the enclosed brochure for more information on this and all our other 2026 Medicare plans.

	CURRENT 2025 PLAN Medica Prime Solution (Cost) Standard H450-044	RECOMMENDED 2026 PLAN Medica Advantage Solution* PPO H489-009
Premium	\$0	\$0 (with \$100 per month Part B Premium Buy-Down)
Medical Deductible	\$0	\$0
Medical + Rx Benefits	N/A	Copays
Tier 1 Drugs (30-day retail)	N/A	N/C
Primary Care Visit	\$15	\$0
Specialist Visit	\$60	\$50
Urgent Care	\$25- \$55	\$0- \$45
Inpatient Hospital	\$325/day for days 1-4	\$405/day for days 1-6
Extra Benefits	Allowance Amounts	
Dental Allowance	\$400 annually	\$800 annually
Eyewear Allowance	\$150 annually	\$100 annually
OTC Allowance	\$25 semi-annually	\$50 semi-annually

Educate members on plan options and direct them to shop online, contact inside sales, or contact a broker.

Reminder Notice (Nov 30)



Remind members to take action by Dec. 31 and encourage continued engagement with Medica.

Use the tools already available

BROKER CLIENT VIEW

Access your book of business to view member information to see who are impacted by plan exits and need to re-enroll
Develop your outreach strategy based on the numbers and location of the impact members

TRAINING AND EVENT

Review product offerings and access tip sheets and the sales presentation to support plan conversations.

MARKETING MATERIALS

Leverage the marketing brochures and branded materials for outreach and education.

FORMAL SALES PRESENTATION

A formal sales presentation will be available for download on the Training and Events site under Resources.

Use the ANOC to anchor every conversation in documented plan differences and member needs.



AEP Survival + Execution Playbook

Triage Your Book

Not Every Client Needs the Same Amount of Time

RED — Must Act

Plan termination, SAR, no crosswalk, significant network issue, or another situation requiring enrollment.

YELLOW — Must Review

Plan is continuing, but meaningful benefits, premium, formulary, provider network or cost-sharing changes warrant attention.

GREEN — Likely Stay Put

Plan is renewing and still appears appropriate. Communicate that you're available, but don't automatically schedule an hour-long meeting.

NEW BUSINESS — Growth

Prospects, referrals, T65s and displaced members who don't currently have an agent.

Create a “One → Many” Strategy

Stop solving the same problem 75 times.

If 30 clients are receiving the same carrier termination letter, don't necessarily have 30 separate introductory conversations explaining what the letter means.

Instead:

One → Many: email, video, webinar, client meeting

Email: “You may have received an important letter from your Medicare plan. Here's what it means and what we're doing next.”

- Invite them to an educational/client meeting.
- Explain the market change once.
- Schedule individual appointments for clients who need plan-specific assistance.

Collect Information Before the Appt

Don't spend the first 20 minutes of an AEP appointment collecting information you could have collected beforehand.

Before the meeting, request:

- Current plan
- Current providers
- Preferred hospitals/health systems
- Prescription drugs
- Preferred pharmacy
- Any major health coverage needs/preferences
- What matters most to them in their coverage
- Changes since the last review

Turn Client Appreciation into AEP Prep

Rather than another traditional ANOC meeting, try:

“2027 Medicare Update + Client Appreciation”

Thank clients. Feed them. Explain what's happening broadly. Tell them what communications to watch for. Explain your process for AEP.

Then give them a simple CTA:

- “If you receive a termination/non-renewal notice, send it to us.”
- “Complete this short form if you'd like us to review your coverage.”

Create AEP Communication Calendar

September:

Segment book → prepare tools → communicate what clients should expect → schedule meetings/events.

October 1–14:

Review released plan information, handle incoming notices, collect client information, educate and schedule.

October 15:

Enrollment begins.

October–December:

Work highest-priority cases first, maintain follow-up queue, document outcomes.

December 1:

Start aggressively working the “I haven't heard back from you” list.

December 7:

AEP ends—but follow-up on applicable SEPs and unresolved issues continues.

Your 2027 “Stop Doing” List

Stop: manually reviewing every client identically.

Stop: rebuilding carrier materials that already exist.

Stop: waiting for clients to contact you.

Stop: looking up the same information repeatedly.

Stop: scheduling unnecessary one-hour meetings.

Stop: entering information during appointments that could be gathered beforehand.

Stop: keeping your AEP workflow entirely in your head.

Start: segmenting, batching, templating, automating and prioritizing.

Build an AEP Backup Plan

What happens when you're booked solid and something goes wrong?

Before AEP:

- Know your LeClair escalation contacts.
- Know carrier escalation channels.
- Establish who covers your clients if you're unavailable.
- Have a process for urgent vs. non-urgent requests.
- Back up client records.
- Test logins/passwords/MFA.
- Confirm certifications and Ready-to-Sell status.
- Test quoting and enrollment platforms.
- Have a backup internet/device plan.

October 15 is a terrible day to discover your carrier login doesn't work.

Turn Disruption Into Growth

A market with SARs and terminations creates a tremendous amount of confusion, but also **a tremendous need for good agents.**

Encourage agents to:

- Ask existing clients for referrals.
- Hold educational/community meetings.
- Make events accessible to prospects where compliant.
- Connect with financial advisors, P&C agents, and other referral partners.
- Reach out to people losing plans who don't have agent support.
- Make sure their website/Google presence/contact information is current.
- Tell their community that they are **accepting new Medicare clients.**

The opportunity isn't simply to retain the book.

Be the person your community calls when Medicare gets confusing.

Your AEP Readiness Checklist

- 
- ☐ Export every carrier book of business
 - ☐ Identify SAR/non-renewing clients
 - ☐ Segment clients by priority
 - ☐ Contact your highest-priority clients
 - ☐ Decide your meeting/event strategy
 - ☐ Create your pre-appointment intake process
 - ☐ Build email/text templates
 - ☐ Bookmark carrier + LeClair resources
 - ☐ Test quoting/enrollment systems + logins
 - ☐ Block and protect your AEP calendar



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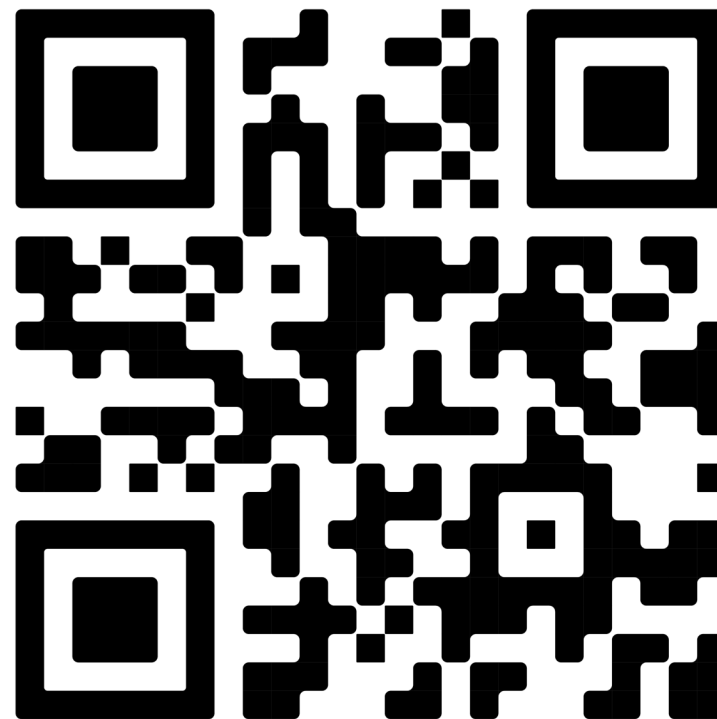
Questions?



Livestream begins at 9 AM
Wednesday, September 23

Register Now

Earn up to 3 Free CE Credits





*Thank
You*

LeClair