



Harvesting Sales

Clay's "Secret Intel"

Clay Peek

PEEK PERFORMANCE INSURANCE

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I'm going to punch your assumptions about ACA *in the face*, repeatedly, for the next several minutes...

... In Christian love, of course...

Until you realize *what you're missing* in this market.

You'll *forgive* me when I'm done.

And you'll thank me.

You're walking on dollars!

What you don't understand about this market is *costing you **money***.

There is opportunity all around you.

It's under your feet right now.

Reach down and pick it up!

You're not seeing the market!

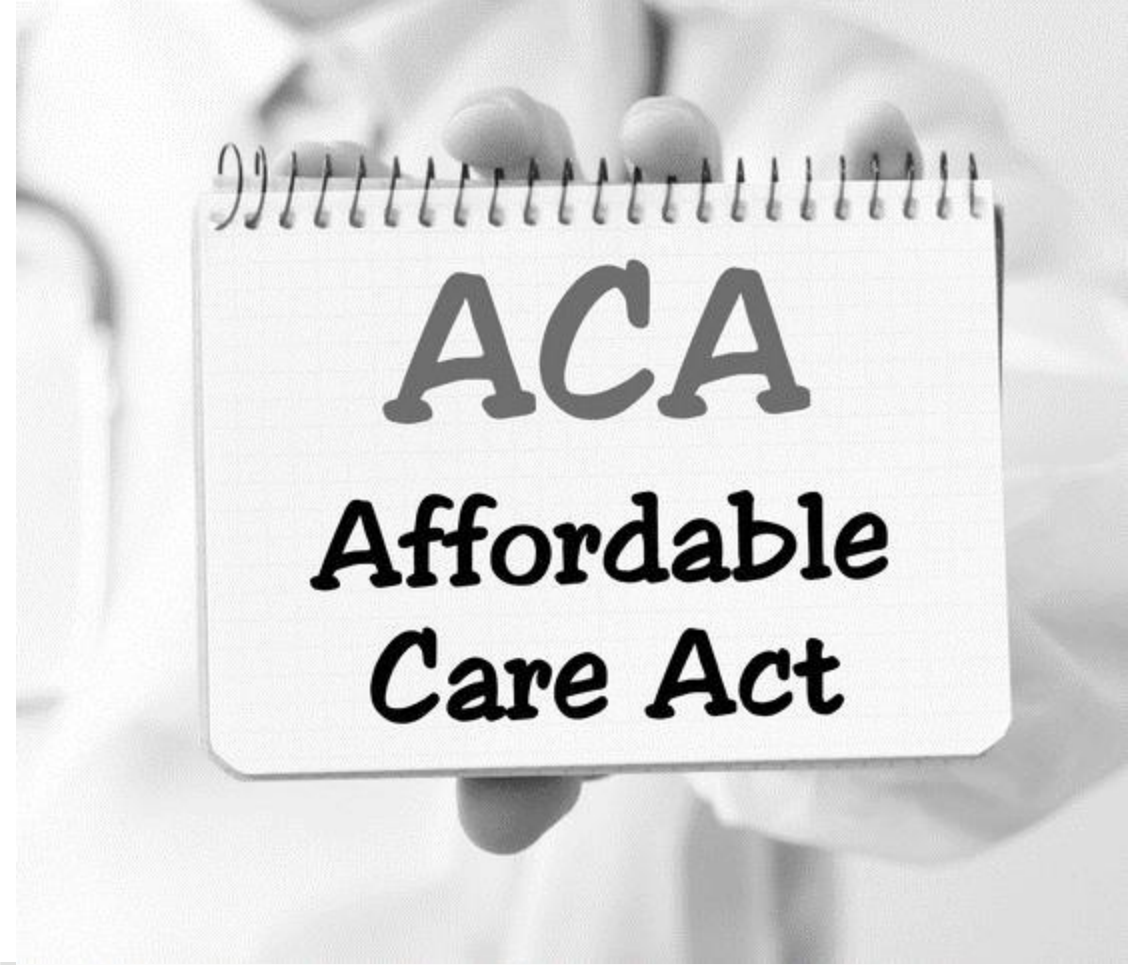
There are **14.2 Million ACA policyholders** and up to **50 Million prospects** in this space, and *you're not seeing them.*

(There are **26 Million** in the MA market.)

Bottom Line ...

- Selling ACA is **easier, faster and less complicated** than you think.
- ACA is **a bigger market** than you think.
- ACA is **more profitable** than you think.
- ACA is **a more secure market** than you think.
- Peek Performance has **proprietary tools and marketing** that you don't know about.

**25 reasons *you*
should be in the
*ACA Market***



#1: FAST & EASY: ACA is an 18 second quote and an 8 min enrollment.

- Agents can complete the sale themselves, on the phone, 100% online with **no** signature or voice recording.
- (DEMO)
- How long is the average MA sales presentation and enrollment?



#2: Almost 50% of ACA enrollees did **not** use an agent.

- A wide-open market to help **14.2 Million** policyholders **reenroll** each year with the best plan (**Note 1*)
- Why do they need **you**?
 - **20%** or more people who self enroll **lapse** their policy
 - Your services are **free** – and your platform allows you to make sure they don't miss any required docs
 - They may not have chosen the
 - Best Plan/**Benefits**
 - Needed **Provider**
 - Required **Formulary**
 - They could have a **MASSIVE Claim** that is **NOT PAID**

#3: Unlike Medicare, most ACA prospects are NOT married to their physician and RX formulary.

Most simply prefer the best value/price and are less brand conscious.



#4: No excessive “MA CMS Marketing Guidelines.”

- Just be appointed, tell the truth and don't call a DNC person.
- Door knocking is strongly encouraged and *profitable*.



#5: A significant market share is still *unaware* or *disbelieving* of the magnitude/existence of the subsidies. (Notes 2 and 2a)

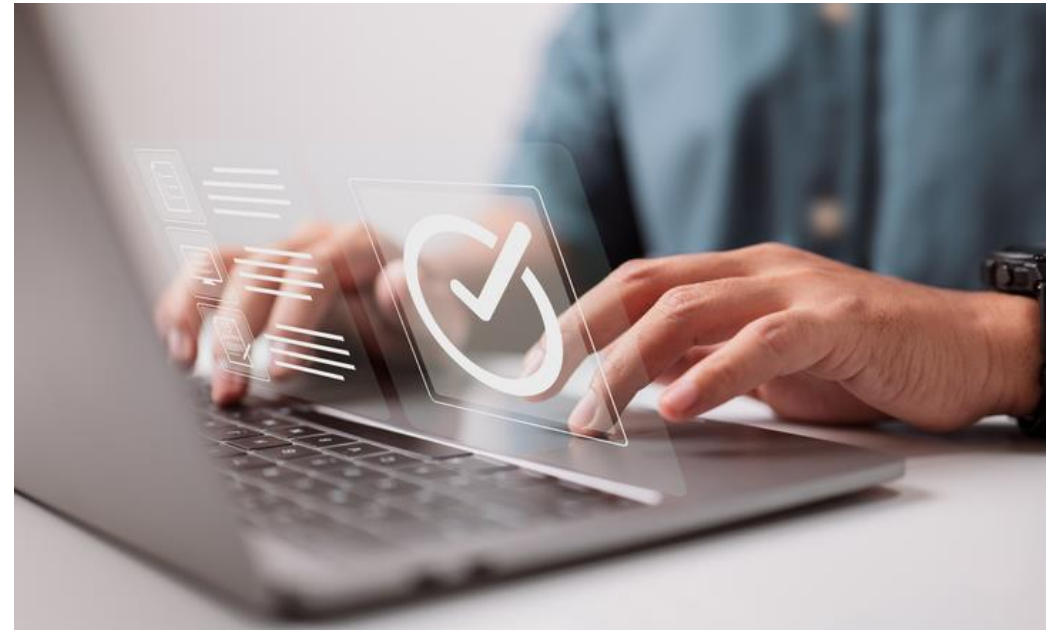
- People are still shocked when told a Family of 4 (2 Parents aged 45 and 2 kids) making **\$75,000** can get an ACA plan with a doctor copay for **\$0** a month!
- Or a couple aged 60 making **\$60,000** can also get an ACA plan with a Doctor Copay for **\$0** per month.

A large purple circle containing the text "\$0 a month!" in white, bold, sans-serif font. The text is centered within the circle.

**\$0
a
month!**

#6: No annual, per carrier certification

- Just an annual, Free CMS certification
- Returning agents take less than 45 min to certify each year.



#7: ACA income is an *Increasing Income Annuity*.

- Sell Medicare, Life or Ancillary plans for ***cash flow***.
- **\$20 PMPM (\$240 a year)** is the average ACA “street” commission.
(Some higher/some lower)
- Sell **5 a week** for a year = **\$5000 a month**, \$60,000 year
- Note: If the average sale is **1.7 lives** = **\$34 PMPM** x 12 months = **\$408 per sale** for the agent.

#8: Plans auto-renew each year unless actively changed, and you're still paid.

- And, while it's a good idea to talk with clients each year, most don't require a long annual review process that many Medicare clients expect.
- The very brief "ACA annual review" takes about **10 minutes** and can garner a good agent **2-4 referrals** from your client.

#9: More than 50% of our sales are \$0 premium.

80% of quotes last year on www.healthcare.gov were under \$10 / mo. *(Note 3)*

#10: Children/Extended Family/Friends of your Medicare/Life clients need this.

YES, you **can** get referrals into this market from MA clients.

More referrals than you get from your Life clients



#11: There is “12 Mo Selling” in this market.

- A. 100 - 150% FPL and other SEP's (especially in “non-Medicaid Expansion states”) are significant
- B. A notable SEP - Collapsing Small Employer Groups *(under 50 EE's) is a "12-Month Health Sale" opportunity
(* Hyperlink requires “PPI Advance Access” to view)



#12: Re Selling or Collapsing Small Groups

- More than **50+ million people work in groups under 50 employees.** (13,526,468 businesses, *Note 4*)
- The **ER** will often pay **100%** for **2-4 additional plans** for **all** employees using premium savings.
(i.e., Dental, Life, Accident, Gap, etc.)



#13:

We can help
you penetrate
the “Small
Business”
market

- Ever made a presentation to a **Chamber of Commerce**? A BNI group, A Business Roundtable, a group of *Realtors* or other affinity group?
- Fish with a NET
- I have **Power Point** presentation and training that I’m willing to share with Fully Appointed PPI agents. *Want to access these tools?*
- **Step 5** “Marketing Tools” on our training site

#14: The “*Family Glitch Fix*” adds an immediate **5.1 million** eligible enrollees. *(Notes: 5-5g and Note 6)*

- Now we can help the **millions** of dependents of employees who are covered by an expensive employer group health plan.
- Starts 11.1.22 - 12.15.22 for a **1.1.23 Effective date**
- 12.16.22 – 1.15.23 for a **2.1.23 Effective date**



#15: Family Glitch Part 2 –

Once the “market” discovers these savings, **more ER’s** will *add* benefits to employees and may *diminish* benefits to dependents - creating another sizable **increase in Family Glitch enrollments** for years to come. Millions.

Family Glitch opens the door to marketing to employer groups of **ANY** size.

(A quick “aside” for group agencies)

- Sell all the “group” you can, as appropriate and affordable!
- Help **employers** who **can’t afford** true group plans get “Individual/Group” (ACA) coverage
- *Collapse* groups who are getting slaughtered with rates.
- Use Family Glitch to make *dependents* cost affordable in your current groups.





#16: PPI uses a proprietary, IRS compliant process that ensures a *98% persistency* for employees in both the *small* and *large* employer group market.

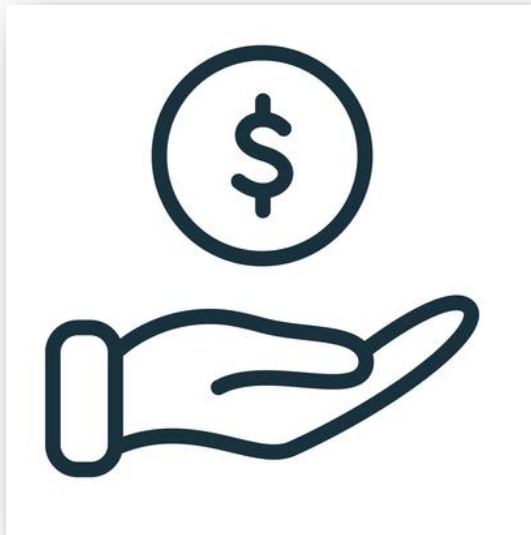
***BOLT Down* the Premiums!**



#17: The **APRA**
increased subsidies
are being extended
for 3 more years.

(Note 6a)

#18: (Re ARPA/ACA) It's hard to remove an "entitlement."



During the 2018 Mid-Term elections
"Republicans are taking away your health insurance" was the #1 message that flipped the House of Representatives. (Note 7)

#19: PPI's "***Non-Profit***" sales initiative training and tools introduced Fall 2022

www.nonprofithealthexchange.com

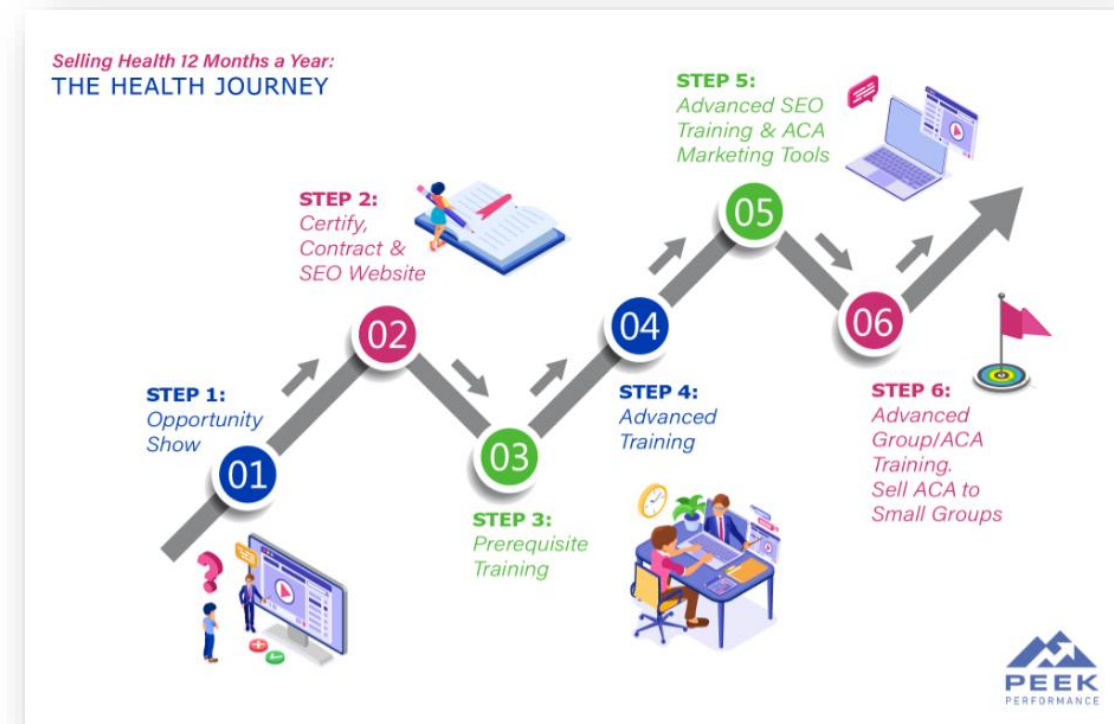


*Churches, Ministries,
Christian/Private/Parochial
Schools, NGO's*

#20: PPI's Training Platform

From **“ACA Opportunity Show”** (for rookies) to **“Sell 1000 a Year,”** all of it is on one page of **our website**
www.peaktraining.com

There are more than 50 hours of training on just the **“12 Mo Health Sales”** tab of our site:
<https://www.peaktraining.com/health-journey/>



#20: You're only seeing the "Above Water" part of the iceberg!



- There is so much more to know about these marketing opportunities!
- We provide this additional, proprietary training to our **Partners**, *not our Competition*.
- We'd love to partner with YOU!

#21: We'll help you build an agency!

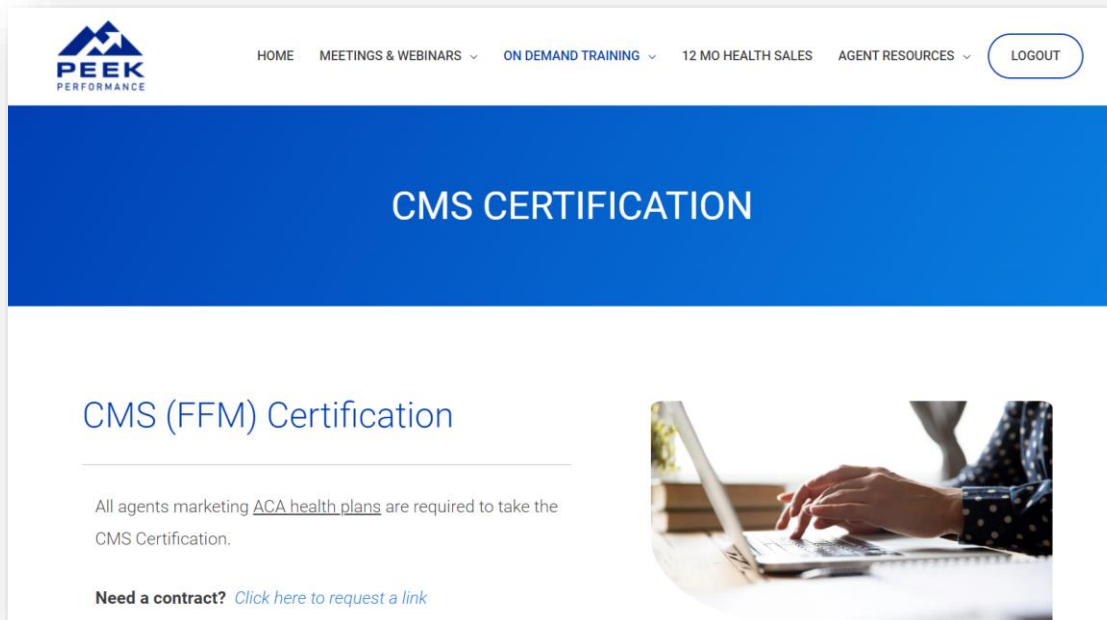
- Let's do a live **"Why ACA?" webinar** just for your agents that is branded and recorded for you to distribute. If they engage, we'll help take it from there. You're engaging to spread the message.
- Our **Fall & Spring Live Agent Training events** www.harvestyoursales.com and www.1000ayear.com are designed to help you build your team.
- Our **100 live training webinars** each Year ... same!
- I have over **30,000** agent data for **all** agents who have **completed their CMS cert** and I'll share it with you.

#21a: We'll be your Agency Car Jack!



- Let Peek Performance perform functions that you can't (or don't want to) do – so that you can build an amazing agency without having to create your own “Back Office” and technology.
- **You focus on Selling and Recruiting,** not doing “back office” work!

#22: Our partners don't have to explain how to do the *free CMS cert* and/or how to set up their free *Health Sherpa* enrollment site to each their agents every time they recruit one! ***We'll do that.***



We do that for you on www.peaktraining.com

<https://www.peaktraining.com/certifications/cms-certification/>

<https://peaktraining.com/wp-content/uploads/2021/11/HEALTH-SHERPA-SIGN-UP-INSTRUCTIONS-111021.pdf>

... and a whole lot more!

#23: PPI's contracting ACR/Agent Contract Request form links & tracking which will be **tied to your agency**, and our **commission** processing and reporting save you time, money, and effort.

*We provide a third-party online **APL Commissions** reporting and payments for each agent, each carrier, each month.*



#24: *We assign agents and agencies one of our internal “Agency / Agent Care Team” members to assist you / them in their ACA pursuits.*

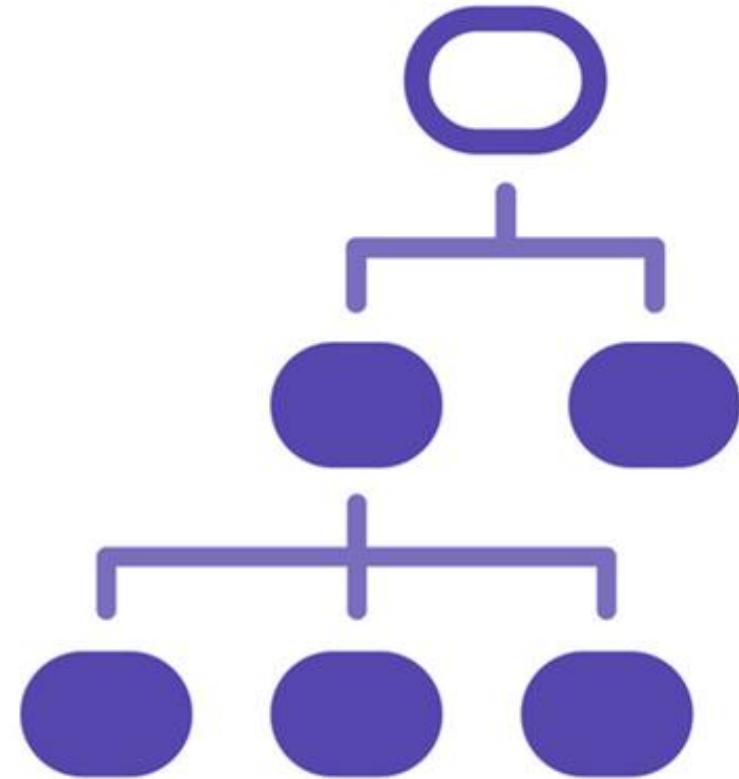
We’ve got your back.

I’m paying my team to bring **your** team value.



#25: *Multiple downline commission levels to accommodate Rookie agents through FMO downline agencies*

Of course, you may also assign commissions to your agency for internal or CC agents.





BONUS:

The Open Enrollment period is now extended!

November 1-Dec 15 for a
1.1.23 Effective date

Dec 16 – Jan 15 for a
2.1.23 Effective date

Notes

Note 1: Marketplace Enrollment Hits Record 14.2 Million As Deadline Looms

<https://www.healthaffairs.org/doi/10.1377/forefront.20220114.493076>

Note 2: <https://apnews.com/article/joe-biden-health-ap-fact-check-7ff503510d664067a872e546c68e7f61>

According to figures from CMS, four out of five consumers have access to a plan for less than \$10 a month after financial assistance. These consumers can find a plan for less than \$10 if they want to. But it doesn't mean they've picked one. Or even that they're aware such low-priced plans are available.

NOTES:

Note 2: 10 reasons to pay attention to the OEP this year

<https://www.kff.org/policy-watch/10-reasons-to-pay-attention-to-aca-open-enrollment-this-year/>

Heading into 2021, continued widespread economic dislocation during this COVID-19 emergency could mean millions of people may need Medicaid or private health insurance through the Marketplace who haven't needed that before

Note 2a: Consumer awareness of ACA coverage options is limited. Although the vast majority of people at risk of losing coverage may be eligible for help, KFF polling finds that public awareness about ACA coverage options [has fallen somewhat](#) since the law passed a decade ago. For example, 59% of the public knows the ACA offers subsidies for marketplace health plans, compared to 75% ten years ago. Among [uninsured consumers today](#), understanding of ACA options and enrollment rules is more limited. Less than half (43%) know Open Enrollment is the time to sign up for Marketplace plans

NOTES:

Note 3: <https://apnews.com/article/joe-biden-health-ap-fact-check-7ff503510d664067a872e546c68e7f61>

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NOTES:

<u>TOTAL EMPLOYEES</u>	<u>NUMBER OF BUSINESSES</u>
1 - 4 employees	12,422,484
5 - 9 employees	1,861,248
10 - 19 employees	806,310
20 - 49 employees	409,046

Note 4:

<https://www.naics.com/business-lists/counts-by-company-size/>

NOTES:

Note 5: Dept of Treasury/IRS Proposed Ruling on FG <https://public-inspection.federalregister.gov/2022-07158.pdf>

This document contains proposed regulations under section 36B of the Internal Revenue Code (the “Code”) that would amend the existing regulations regarding eligibility for the premium tax credit (“PTC”) to provide that affordability of employer-sponsored minimum essential coverage (employer coverage) for family members of an employee is determined based on the employee’s share of the cost of covering the employee and those family members, not the cost of covering only the employee.

Pursuant to EO 14009, the Treasury Department and the IRS have reexamined the current interpretation of section 36B(c)(2)(C)(i) in §1.36B-2(c)(3)(v)(A)(2). The Treasury Department and the IRS have preliminarily determined that section 36B(c)(2)(C)(i) does not compel the result that if self-only employer coverage is affordable for an employee, then the coverage also is affordable for a spouse and any dependents. To the contrary, the Treasury Department and the IRS believe that the statute is better read to require a separate affordability determination for employees and for family members. Further, the Treasury Department and the IRS are now of the view that the interpretation in the current regulations unduly weakens the ACA by basing affordability solely on the premium cost for the employee’s self-only coverage and, therefore, the interpretation in the current regulations is contrary to the policy of the ACA to expand access to affordable health care coverage.

CP NOTE: Once FG is repaired, what % of employers (especially smaller employers or those w modest ee income) will reduce contribution to the cost of dependent coverage and increase benefit for ee health benefit? It will increase. There is a strong financial incentive for both ER and EE for this to happen. Lesser cost for both. Increased coverage for dependents.

NOTES:

Note 5a: ACA Family Glitch and Affordability of ER Coverage

https://www.kff.org/health-reform/issue-brief/the-aca-family-glitch-and-affordability-of-employer-coverage/?utm_campaign=KFF-2021-Health-Reform&utm_medium=email&_hsmi=2&_hsenc=p2ANqtz--p6leM5R6KmZnbgPWq4CnPg1dzN3RmN_IS_SrjWer3uHHrreOQC7BFB1R3PzMY-spj04P9Nk_vPk4YAOXbG9MUuFWgw&utm_content=2&utm_source=hs_email

In total, we find more than 5.1 million people fall in the ACA family glitch. The vast majority of those who fall in the glitch, 4.4 million people (85%), are currently enrolled through employer-sponsored health insurance. These families are likely spending far more for health insurance coverage than individuals with similar incomes eligible for financial assistance on the ACA Marketplaces and could spend less on premiums if they could enroll in Marketplace plans and qualify for subsidies.

Our analysis finds 5.1 million people fall into the ACA's family glitch. Most Americans who fall in the family glitch are currently enrolled in employer-based coverage, but some could pay lower premiums if they are allowed to buy subsidized Marketplace coverage.

NOTES:

Note 5b: Analysis Estimates 5.1 Million fall into ACA Family Glitch

<https://www.kff.org/health-reform/press-release/analysis-estimates-5-1-million-people-fall-into-the-affordable-care-acts-family-glitch/>

A [new KFF analysis](#) estimates 5.1 million people nationally fall into the Affordable Care Act's "family glitch" that occurs when a worker receives an offer of affordable employer coverage for themselves but not for their dependents, making them ineligible for financial assistance for marketplace coverage.

- The vast majority (85%) are currently enrolled in employer-sponsored coverage and likely spending far more for their health insurance than people with similar incomes with subsidized coverage through the marketplace. Nearly a half million are uninsured.

NOTES:

Note 5c: The ACA Family Glitch and Affordability of Employer Coverage

<https://www.kff.org/health-reform/issue-brief/the-aca-family-glitch-and-affordability-of-employer-coverage/>

While the Obama administration interpreted the ACA as excluding these dependents from subsidy eligibility, some have suggested that the IRS interpretation was narrow and that the family glitch can be addressed through administrative action. President Biden's health care executive order called for federal agencies to review whether administrative policies could improve the affordability of dependent coverage, hinting at a potential administrative fix to the family glitch.

(The EO order Agencies to review. The Dept Treasury/IRS ruling finalized the decision to expand the Family Glitch)

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However, even if the family glitch is addressed, unless Congress extends the ARPA subsidies beyond 2022, the roughly 1.1 million people who fall into the family glitch and have incomes above 400% of poverty would no longer be eligible for subsidies starting in 2023.

NOTES:

Note 5d: Contrarian view

<https://www.healthaffairs.org/doi/10.1377/forefront.20220622.23491/>

Note 5e: NTY: a “Glitch in Federal Health Insurance may soon be fixed”

<https://www.nytimes.com/2022/05/20/your-money/federal-health-insurance-glitch.html>

But legal experts like Mr. Jost have argued that the administrative fix is proper. “Because the glitch was created by regulation, it can be fixed by regulation; new legislation is not necessary,” he wrote [about the fix](#).

NOTES:

Note 5f: AHIP supports FG

<https://www.fiercehealthcare.com/payers/ahip-calls-federal-agencies-issue-extensive-guidance-implement-aca-family-glitch-rule>

Note 5g: NAHU Supports fixing FG

<http://nahu.org/media/7305/nahu-family-glitch-final.pdf>

NOTES:

Note 6: CBO: Extending enhanced ACA subsidies permanently may net 4.8M Increase in sign ups each year

<https://www.fiercehealthcare.com/payers/cbo-extending-enhanced-aca-subsidies-permanently-may-net-48m-increase-year-signups>

... would lead to 4.8 million new sign-ups a year and slight declines in non-group coverage, a key congressional scorekeeper found.

The agency also believes there will be declines in other sources of insurance. For example, it projects a 2.3 million decrease in enrollment for employer-sponsored insurance and a 500,000 decrease for non-group coverage purchased outside of the ACA exchanges.

The CBO estimates that, if the rule is made final, the number of people who get non-group coverage would increase by 900,000 each year from 2023 through 2032. The estimate comes from 600,000 people no longer getting employer-sponsored insurance and 400,000 people that were previously uninsured as well as an increase of 100,000 people getting Medicaid and CHIP coverage.

NOTES:

Note 6a: Senate Reaches deal to extend enhanced ACA premiums for 3 years

<https://www.fiercehealthcare.com/payers/senate-reaches-deal-extend-enhanced-aca-premiums-three-years-and-drug-price-reform>

NOTES:

Note 6b: 5 Things to know about the possible renewal of extra ACA subsidies

<https://www.kff.org/policy-watch/five-things-to-know-about-possible-renewal-of-extra-affordable-care-act-subsidies/>

The Congressional Budget Office (CBO) expects the enhanced subsidies to cost about [\\$248 billion](#) over the course of ten years if extended permanently. A large part of the estimated cost is due to the CBO's expectation that 4.8 million more people would enroll in the ACA Marketplaces than would if the enhanced subsidies are not extended.

NOTES:

Note 7: Republicans should be terrified of health care in the 2018 midterm elections.

(2018 is shaping up to be the inverse of 2010.)

<https://www.vox.com/policy-and-politics/2018/3/22/17143298/2018-midterm-elections-health-care-obamacare-repeal>

In a remarkable twist of karma, health care could defeat Republicans at the polls this November. ... From special elections over the past year, we know health care has been a powerful motivator for Democratic voters. In his razor-thin win in Pennsylvania's 18th Congressional District, [Democrat Conor Lamb](#) decisively won the health care vote.

Questions?

