

# Training

---

**Statewide Health Insurance Benefits Advisors (SHIBA)**

# Medicare marketplace

**November 2016 Training**



# Table of contents

---

CCR notes .....	2
OEP scenarios .....	4
OEP test your knowledge.....	8

## **Handouts:**

Medicare fall OEP handout.....	12
Choosing a Medicare prescription drug plan.....	14
Marketing rules for Medicare plans .....	16
Medicare marketplace FAQs.....	18

## **Evaluation:**

Evaluation form .....	22
-----------------------	----

---



## Short items:

---

### CCR notes:

The “Note” section on a CCR is **not** required, but we **highly recommended** you use it when counseling. Notes allow your fellow SHIBA volunteers and staff to get a sense of what you discussed during a counseling session, and helps you to remember what you told your client. It’s important to get the facts and details to help make the process as smooth as possible. For example, the Medicare number, Plan Finder password and password date, date-of-birth, etc., is key information. When documented, it can be very helpful if the client calls back or comes in during the next Open Enrollment.

Discuss as a group and make a plan with your VC as to how you want information gathered at the local level.



## OEP scenarios:

---

1. You are working with a client who wants to compare his drug plan choices for 2017. He is 69 and you think he has Extra Help for his drug costs, but you are not completely sure. What is the easiest way for you to find out if he has Extra Help, and also how to get the most accurate drug plan pricing for the new year?

---

---

---

2. Justine calls you for help. She has Medicare and she heard about the low-cost health plans she can get on the Washington Healthplanfinder. She saw an ad that says she has from November 1, 2016 through January 31, 2017 to choose a plan. What do you tell her?

---

---

---

3. Carline's sister has a United Healthcare/AARP Medicare Advantage prescription drug plan (MAPD). Carline currently has a Humana/Walmart Medicare prescription drug plan. Carline would like to switch to her sister's United Healthcare/AARP Medicare Advantage plan during Medicare's Open Enrollment Period, since her sister said she's had great experiences with that particular plan this past year. What is it that you want to tell Carline to know or consider before she makes this change?

---

---

---

4. Luis is 68, and has been in a Medicare Advantage plan since he started Medicare at age 65. He comes to you during Open Enrollment and says he's noticing his out-of-pocket costs for health care rise each year. His friend told him she has a plan that covers all of her out-of-pocket costs and Luis wonders if he can get one of these. What kind of plan do you think Luis's friend has? Can Luis get one during Open Enrollment? What information should he know before making any changes?

---

---

---

5. You help your client Susannah by running the Plan Finder for her. She has Original Medicare, a Medicare Supplement and a stand-alone Part D plan, and wants to compare her coverage for 2017. She takes 17 medications and every plan you look at for her has some kind of restrictions on at least some of her drugs, such as Prior Authorization, Step Therapy or Quantity Limits. What information do you want her to consider when choosing her plan for 2017?

---

---

---

6. **(Note: This scenario is only for counties that are experiencing MA plans leaving in 2017)** In early October, Betty got a letter from her Medicare Advantage plan telling her they won't provide coverage after December 31, 2016. She is age 70 and angry about the change. What can you tell her about her options at this point? How long does she have to make her decisions?

---

---

---



7. **(Note: This scenario is only for counties that are experiencing MA plans leaving in 2017)** In early October, Sam got a letter from his Medicare Advantage plan telling him they won't provide coverage after December 31, 2016. He is age 57 and angry about the change. What can you tell him about his options at this point? How long does he have to make his decisions?

---

---

---



## **OEP test your knowledge:**

---

1. **Medicare's Open Enrollment Period (OEP), also known as the Annual Coordinated Election Period, is the time of year when people with Medicare can make changes to their Medicare coverage.**
  - a) True
  - b) False
  
2. **When does Medicare Open Enrollment occur?**
  - a. Open Enrollment occurs every other year from October 15 to December 15.
  - b. Open Enrollment occurs each year from October 1 to December 31.
  - c. Open Enrollment occurs anytime during the fall season and ceases when the winter season begins.
  - d. Open Enrollment occurs each year from October 15 to December 7.
  
3. **What are some changes Medicare clients can make during Open Enrollment?**
  - a. Sign up for a Medicare prescription drug plan (Part D plan) if they have Medicare Part A or Part B.
  - b. Switch from a Medicare Advantage plan to another Medicare Advantage plan.
  - c. Switch from Original Medicare to a Medicare Advantage plan.
  - d. All of the above.

4. **Mr. Hawthorne has a Medicare Advantage plan. He wants to switch to Original Medicare and a stand-alone Part D plan. He also wants to purchase a Medigap plan to supplement his Original Medicare coverage. Mr. Hawthorne has the right to purchase a Medigap plan during Open Enrollment, no matter where he lives.**
  - a) True
  - b) False
  
5. **Mr. Yogi has had a Blue Cross Blue Shield Medicare Advantage plan for the past two years. He has been very happy with this plan's coverage and has never had an issue with plan costs. Mr. Yogi doesn't have to worry about Open Enrollment, since his plan benefits will definitely not change during the upcoming year.**
  - a. True
  - b. False
  
6. **What is it your clients may not want to consider when comparing Medicare prescription drug plans (Part D plans)?**
  - a. The list of drugs (formulary) covered under different Part D plans.
  - b. The various in-network, preferred pharmacies that work with different Part D plans.
  - c. The praises and thoughts your friends share with you about different Part D plans.
  - d. The costs (i.e. premium, deductible, coinsurance/copay) you would have to pay for drug coverage under different Part D plans.

7. **Your clients are looking to get help in comparing different Medicare Advantage plans in their area. They should NOT use the following to assist them with their search:**
- a. State Health Insurance Assistance Program (SHIP)
  - b. 800-MEDICARE (Medicare)
  - c. Social Security Administration (SSA)
  - d. [www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan) (Medicare Plan Finder)
8. **Your clients currently receive his or her benefits through Original Medicare and a stand-alone Part D plan. Medicare should automatically send them a *Medicare & You* handbook for the upcoming year. Their Part D plan will not send them any information about its plan benefits for the upcoming year, unless they ask for that information.**
- a) True
  - b) False
9. **What is an Annual Notice of Change?**
- a. A notice sent by the client's Medicare Advantage or Part D plan that informs him or her of any plan benefits or changes for the upcoming year.
  - b. A notice sent by Medicare periodically throughout the year. This notice informs clients of changes to the Medicare program due to health reform.
  - c. A notice sent to the client by his or her Medicare Advantage plan that informs them that their plan will no longer be available in the upcoming year.
  - d. A notice that confirms the client's membership in his or her current Medicare Advantage or Part D plan. The client will need to sign this notice to confirm that there are no changes in address, personal information, etc.





Getting Medicare right

# Medicare Fall Open Enrollment

If you have Medicare, Fall Open Enrollment is an important time of the year for you. During this time (October 15th-December 7th), you may make changes to your health and drug coverage. Take a look at your current Medicare coverage before making any changes. Keep in mind that plans may change their benefits and costs for the upcoming year. If you're unsatisfied with the changes or your current coverage, you have the right to make changes during this time.

## Assess your own health care needs

If you want to change your Medicare coverage, first ask yourself some questions:

- What are your current health and drug costs?
- How often do you see your doctors, including specialists?
- What types of insurances do your doctors accept?
- What are the prescription drugs you take?
- Which pharmacies do you go to when picking up your medications?
- Do you travel a lot?

Use these questions to think about which type of coverage matches your needs.

## Medicare Choices

### Original Medicare

- Parts A and B
- Typically 20% coinsurance owed for most outpatient care
- Don't need physician referral
- Can see any doctor in U.S. as long as he/she accepts Medicare
- Doesn't cover vision, dental, hearing care
- Can buy a Medigap plan

### Part D

- Costs/rules vary by plan
- List of covered drugs vary
- See in-network, preferred pharmacies for lowest costs
- Rules and restrictions vary by plan

### Medicare Advantage

- Typically includes Parts A, B, D
- Costs/rules vary by plan
- May need primary care referral
- Typically restricted to seeing in-network providers
- May cover vision, dental, hearing care
- Cannot buy a Medigap plan

Note: Star ratings are quality ratings for Medicare Advantage (MA) and Part D plans. Since 2010, plans are rated on a one to five star scale, with five stars representing the highest performance. These ratings are based on a variety of measures. Looking at a plan's star rating may be helpful when choosing a plan. Call 800-Medicare or check the online Medicare Plan Finder tool at [www.medicare.gov](http://www.medicare.gov) for star ratings.



# Terms to Know

**Premium:** The monthly amount you pay to have health insurance.

**Deductible:** The amount you must spend on health care or drugs before your insurance begins to pay.

**Coinsurance / Copayment:** The amount you must pay for each service or item.

- A **coinsurance** is a percentage of the total cost.
- A **copayment** or **copay** is a fixed amount.

**Original Medicare:** The fee-for-service health insurance program run by the federal government. Original Medicare consists of the following parts:

- **Part A** covers inpatient services and is also called hospital insurance.
- **Part B** covers outpatient services and is also called medical insurance.

**Part D:** The part of Medicare that covers prescription drugs and is only offered through private insurance companies. It's best to get your medications at a **preferred, in-network pharmacy** that works with your Part D plan.

- **Prior Authorization:** A requirement to get prior approval before the plan will cover a prescription drug.
- **Step Therapy:** A requirement for you to try other drugs that treat your condition before the plan will cover more expensive medications.
- **Quantity Limits:** A restriction limiting drug coverage to a specific amount of drugs over a certain period of time.

**Medicare Advantage plans:** Private plans that provide Medicare health benefits and usually drug benefits. Typically, you must see an **in-network provider** that works with the plan, in order for your plan to cover health care services you receive.

- **Prior Authorization:** A requirement to get prior approval before getting certain services, items or drugs.
- **Referral:** A requirement to get a formal recommendation from your primary care doctor before getting services from another doctor/specialist.

**Star Ratings:** Quality ratings for Medicare Advantage and Part D plans that provide an overall measure of a plan's performance. Medicare scores how well plans did in several categories, including quality of care and customer service. Ratings range from 1 to 5 stars, with five being the highest and one being the lowest score. Star ratings offer a way to compare performance among plans.



# Choosing a Medicare Prescription Drug Plan

## Medicare Prescription Drug Plans:

- Also known as Part D.
- Available to anyone with Medicare.
- **Only** available through private companies.
- Can get combined with health benefits in a Medicare Advantage plan with drug coverage (MA-PD) or separate in a stand-alone prescription drug plan (PDP).

## Do I need Part D?

- Whether you should sign up depends on if you have other drug coverage and your drug costs.

## Part D Enrollment

- Enrollment is optional. You can usually only enroll during certain times of the year.
- If you don't have creditable coverage you should enroll in Part D as soon as you become eligible. Creditable drug coverage is coverage that is as good as or better than Medicare's drug coverage.
- You can enroll during your Initial Enrollment Period which includes the three months before your month of eligibility, the month of eligibility, and the three months after your month of eligibility.
- If you lose creditable drug coverage, you can enroll in Part D during a Special Enrollment Period.
- Enroll by calling Medicare at 800-633-4227.
- Enroll early in an enrollment period to make sure your new coverage starts when it should.

## Switching Plans

- If you're switching plans, enroll in your new plan without disenrolling from your old plan. It is best to do this by calling Medicare at 800-633-4227.
- You'll be automatically disenrolled from your old Medicare Part D plan when your new coverage begins.

## Changing Part D Plans

- You can usually change your Medicare drug coverage only once a year during **Fall Open Enrollment**: October 15 – December 7.
- If you enroll during Fall Open Enrollment, your coverage begins January 1.
- If you switch from a Medicare Advantage plan to Original Medicare during the Medicare Advantage Disenrollment Period (MADP) you can pick up a drug plan at the same time. The MADP is from January 1 to February 14.
- You may be able to change your plan during a Special Enrollment Period (SEP) if you qualify for one.

## Next Steps

- Compare plans using Plan Finder on [www.medicare.gov](http://www.medicare.gov) or call Medicare at 800-633-4227.
- Double check all information with the plan directly.
- **Use the questions on the other side of this sheet of paper to help you pick a Part D plan.**

See other side ➔

## What to know before signing up for a Part D plan:

Plan name: \_\_\_\_\_

Plan phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- Are my prescription drugs on my plan's formulary (list of covered drugs)?

Name of drug	On my plan's formulary?	
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Restrictions

- Do I have to get prior approval before my prescriptions will be covered? This is called prior authorization.  
☐ Yes ☐ No
- Does the plan limit the amount of drugs I can get? These are called quantity limits.  
☐ Yes ☐ No
- Do I have to try a cheaper drug before my plan will cover a more expensive one? This is called step therapy.  
☐ Yes ☐ No

### Coordination of Benefits

- Will Part D work with my current drug coverage? ☐ Yes ☐ No ☐ Not Applicable
- Could I lose my retiree health coverage if I join a Part D plan?  
☐ Yes ☐ No ☐ Not Applicable

### Costs

- Do I have to pay a deductible before the plan will cover my drugs? A deductible is how much you must pay out of pocket before the plan starts paying. ☐ Yes ☐ No  
If **yes**, how much is the deductible? \$ \_\_\_\_\_
- How much is the premium? This is what you pay each month for the plan. \$ \_\_\_\_\_
- How much will I pay for brand-name drugs? \$ \_\_\_\_\_
- How much will I pay for generic drugs? \$ \_\_\_\_\_

### Pharmacies

- Is my pharmacy in the plan's network? ☐ Yes ☐ No
- Can I use a mail-order pharmacy? ☐ Yes ☐ No
- Can I fill my prescriptions if I travel away from the plan's service area?  
☐ Yes ☐ No





Getting Medicare right

# Marketing Rules for Medicare Plans

Sometimes, Medicare private plans give false or misleading information to get people to enroll. This is called **marketing fraud**. **It's against the law.**

Medicare private health and drug plans must follow certain rules when they try to sell you a plan. The rules are meant to keep companies from misleading you. They apply whenever companies tell you about a plan's benefits and costs. They apply whether the information is spoken or in writing.

Companies can market their plans by mail, radio, television and print advertisements. Agents can even visit your home if you invite them. However, they must follow the rules.

## What plans can't do:

- **Plans can't call or e-mail you if you don't ask them to.** Cold calling isn't allowed.
- **Plans can't visit you at home or in a nursing home room if you don't invite them.** You can ask the plan to send someone. But they can't knock on your door uninvited.
- **Plans can't ask for financial or personal information if they call you.** Beware if they ask for your Social Security or Medicare number or your bank information.
- **Plans can't give gifts or prizes** worth more than \$15 to get you to enroll.
- **Plans can't ignore the National Do-Not-Call Registry.** This service lets you to tell companies not to call you.
- **Plans can't ignore your requests to not call again.** Plans must follow all federal and state laws for telemarketing.
- **Plans can't compare their plan to another plan** by name in ads.
- **Plans can't say they're "Medicare Endorsed"** or suggest that Medicare prefers their plan. Plans can use "Medicare" in their names as long as it's after the plan name (like the Acme Medicare Plan). But they can't suggest Medicare endorses them.
- **Plans can't sell you other, non-health related types of insurance** at the same appointment.
- **Plans can't market themselves in certain places**, like at health care or educational events, or in places where free meals are served.
- **Plans can't give the impression that Medicare asked them to call you.**

See the other side of this flier for more tips →

## How to know if a plan or broker is misleading you

Sometimes it's hard to tell whether you're being misled. You can avoid it if you know the rules. **Double-check everything the broker tells you.**

Get the plan's benefits in writing. Make sure it covers the doctors, hospitals and drugs you use. If you have another health or drug insurance plan, find out how joining a plan will affect your other benefits.

Brokers might make false claims or leave out important information to get you to enroll in their plan. This is **marketing fraud**.

### Read these facts to avoid some common traps:

- You don't have to sign up for a Medicare private health plan (like an HMO) to get Medicare Part D drug coverage. In fact, you can keep Original Medicare and get a separate drug plan.
- You shouldn't lose Medicaid because you decide not to sign up for a certain Medicare health plan.
- You usually pay the same amount each month for Medicare Part B whether you're in Original Medicare or a Medicare private health plan.
- A plan agent doesn't have to come to your home to give you details about a plan.
- Plans can't lie about which drugs they cover.
- Plans also can't lie about which doctors, hospitals and pharmacies are in their network.
- Some plans cover extra things that Medicare doesn't cover, such as dental and vision care. However, **plans can't say they cover certain services as extra benefits** when those services are actually covered in all Medicare plans.
- Some plan agents might tell you that you can switch back to Original Medicare if you don't like their plan after you sign up. This is true. But keep in mind there are **strict enrollment periods**. Those periods are usually the only time of year you can change your Medicare coverage.

**If you feel an insurance agent is breaking the rules or committing fraud**, save all proof (such as a business card or marketing materials). Then report what happened. You can contact:

- **Office of Inspector General's TIPS hotline:** 800-447-8477
- **For drug plan (Part D) marketing fraud, call the Medicare Drug Integrity Contractors:** 877-772-3379
- **To register for the Do-Not-Call Registry:** 888-382-1222 (TTY 866-290-4236)

**Note:** If you find out **after you enrolled** that your plan misled you, you may be able to get a Special Enrollment Period to switch to another plan.



# Medicare & the Health Insurance Marketplace

The Health Insurance Marketplace, a key part of the Affordable Care Act, is a way for individuals, families, and employees of small businesses to get health coverage.

## If I have Medicare, do I need to do anything?

No. Medicare isn't part of the Marketplace. If you have Medicare, you're covered and don't need to do anything about the Marketplace.

The Marketplace doesn't affect your Medicare choices or benefits. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan (like an HMO or PPO), you don't have to make any changes.

**Note:** The Marketplace doesn't offer Medicare Supplement Insurance (Medigap) policies or Medicare drug plans (Part D).

## Does Medicare coverage meet the Affordable Care Act's requirement that all Americans have health insurance?

If you have Medicare Part A (Hospital Insurance), you're considered covered and won't need a Marketplace plan. Having Medicare Part B (Medical Insurance) alone doesn't meet this requirement.

## Can I get a Marketplace plan in addition to Medicare?

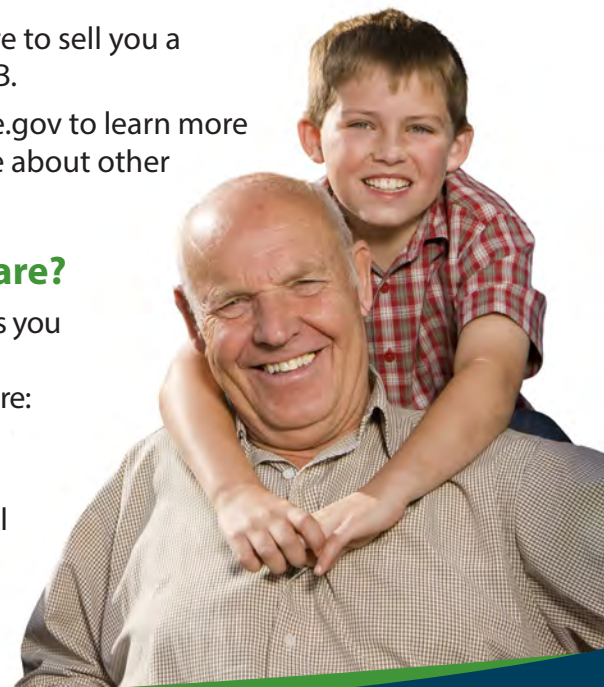
No. It's against the law for someone who knows that you have Medicare to sell you a Marketplace plan. This is true even if you have only Part A or only Part B.

If you want coverage designed to supplement Medicare, visit [Medicare.gov](http://Medicare.gov) to learn more about Medigap policies. You can also visit **Medicare.gov** to learn more about other Medicare options, like Medicare Advantage Plans.

## Can I choose Marketplace coverage instead of Medicare?

Generally, no. As noted above, it's against the law for someone who knows you have Medicare to sell you a Marketplace plan. However, there are some situations where you can choose Marketplace coverage instead of Medicare:

- You can choose Marketplace coverage if you're eligible for Medicare but haven't enrolled in it (because you would have to pay a premium, or because you're not collecting Social Security benefits).
- If you're paying a premium for Part A, you can drop your Part A and Part B coverage and get a Marketplace plan.



**Note:** If you get premium-free Part A, you can't drop Medicare without also dropping your retiree or disability benefits (Social Security or Railroad Retirement Board). You'll also have to pay back all retirement or disability benefits you've received and all costs paid by Medicare for your health care claims.

Before making either of these choices, there are two important points to consider:

- If you enroll in Medicare after your Initial Enrollment Period ends, you may have to pay a late enrollment penalty for as long as you have Medicare.
- Generally, you can enroll in Medicare only during the Medicare General Enrollment Period (from January 1– March 31). Your coverage won't begin until July of that year.

## What if I become eligible for Medicare after I join a Marketplace plan?

You can get a Marketplace plan to cover you before your Medicare begins. You can then cancel the Marketplace plan once your Medicare coverage starts.

Once you're eligible for Medicare, you'll have an Initial Enrollment Period to sign up. For most people, the Initial Enrollment Period for Medicare starts 3 months before their 65th birthday and ends 3 months after their 65th birthday.

In most cases, it's to your advantage to sign up when you're first eligible because:

- Once you're eligible for Medicare, you won't be able to get lower costs for a Marketplace plan based on your income.
- If you enroll in Medicare after your Initial Enrollment Period ends, you may have to pay a late enrollment penalty for as long as you have Medicare.

**Note:** You can keep your Marketplace plan after your Medicare coverage starts. However, once your Part A coverage starts, any tax credits and reduced cost-sharing you get through the Marketplace will stop.

## If I have Medicare, can I get health coverage from an employer through the SHOP Marketplace?

Yes. Coverage from an employer through the SHOP Marketplace is treated the same as coverage from an employer group health plan. If you're getting health coverage from an employer through the SHOP Marketplace based on you or your spouse's current employment, Medicare Secondary Payer rules apply. Visit **Medicare.gov** to learn more about how Medicare works with other insurance.

## If I'm getting health coverage from an employer through the SHOP Marketplace, can I delay enrollment in Part B without a penalty?

Yes. You can delay enrollment if you're getting health coverage from an employer through the SHOP Marketplace based on you or your spouse's current employment. You have a Special Enrollment Period to sign up for Part B without penalty:

- Any time you're still covered by the group health plan based on you or your spouse's current employment.
- During the 8-month period that begins the month after the employment ends or the coverage ends, whichever happens first.

If you don't sign up during this Special Enrollment Period:

- You may have to pay a late enrollment penalty.
- You can only enroll during the General Enrollment Period which occurs each year from January – March with coverage beginning July 1.

## I have End-Stage Renal Disease (ESRD), but I haven't signed up for Medicare. Can I get a Marketplace plan?

Yes. People with ESRD aren't required to sign up for Medicare. If you have ESRD and don't have either Medicare Part A or Part B, you can get a Marketplace plan. You may also be eligible for tax credits and reduced cost-sharing through the Marketplace.

## I have Medicare coverage due to ESRD. Can I drop my Medicare coverage and choose a Marketplace plan?

Generally, no. Once you apply for Medicare, your Medicare coverage will end one year after you stop getting regular dialysis or 36 months after a successful kidney transplant. However, you may withdraw your original Medicare application. You would have to repay all costs covered by Medicare, pay any outstanding balances, and refund any benefits you got from Social Security or the Railroad Retirement Board. Once you've made all of the repayments, the withdrawal will be processed as though you never had Medicare at all.

## Can I get a stand-alone dental plan through the Marketplace?

In most cases, no. If the Marketplace in your state is run by the federal government, you won't be able to buy a stand-alone dental plan. If your state is running its own Marketplace, you may be able to purchase a stand-alone dental plan, if one's available.

## Is prescription drug coverage through the Marketplace considered creditable prescription drug coverage for Medicare Part D?

While prescription drug coverage is an essential health benefit, prescription drug coverage in a Marketplace or SHOP plan isn't required to be at least as good as Medicare Part D coverage (creditable). However, all private insurers offering prescription drug coverage, including Marketplace and SHOP plans, are required to determine if their prescription drug coverage is creditable each year and let you know in writing. Visit **Medicare.gov** for more information about creditable coverage.

## How can I get help paying for my Medicare costs?

- If you need help with your Part A and B costs, you can apply for a Medicare Savings Program. Call your state Medical Assistance (Medicaid) office. To get their phone number, visit **Medicare.gov/contacts**, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you need Extra Help to pay for Medicare prescription drug costs, visit **socialsecurity.gov/i1020**, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

## Where can I get more information?

- To learn more about Medicare enrollment, coverage, and plan choices, visit **Medicare.gov**, or call 1-800-MEDICARE.
- If you have family and friends who don't have health coverage, or if they want to explore health plan options, tell them to visit **HealthCare.gov**.







# Training course evaluation

## Statewide Health Insurance Benefits Advisors (SHIBA)

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
This training was informative and useful.				
The course content held my interest.				
Participation and interaction were encouraged.				
The time allotted for the training was sufficient.				
This training experience will be useful in my work.				
The content was organized and easy to follow.				
Trainer was knowledgeable about the subject matter.				
The trainer was well prepared.				
The training objectives were met.				
The material followed a logical flow.				

4. Please share other comments here:

**Please tear evaluation off and hand it to your trainer.**