

# Product Training

2023 Medicare Advantage

**SANFORD**<sup>®</sup>  
HEALTH PLAN

# Agenda

- Understanding the Basics of Medicare
- Enrollment and Disenrollment
- Communication and Marketing Requirements
- 2023 Medicare Advantage Plans
- 2023 Product Certification Exam

# What is Medicare?

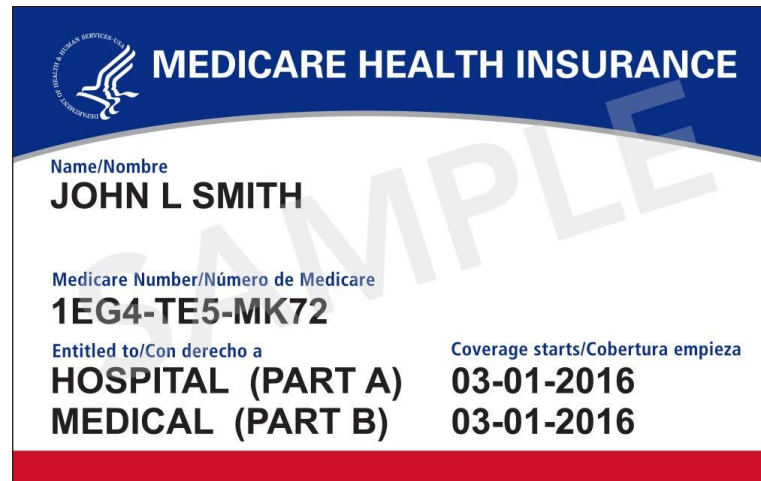


# WHO QUALIFIES FOR MEDICARE?

Those age 65 and older

Those younger than 65 with certain disabilities

Those with end-stage renal disease (ESRD)





Hospital care



Medical care

**A**

**B**

# The four 'parts' of Medicare

**C**

**D**



Medicare  
Advantage



Prescription drug  
coverage



Hospital care

**A**



Medical care

**B**

# Original Medicare

**C**



Medicare Advantage

**D**



Prescription drug coverage

# Basics of Medicare – Part A

## Premium

- If you or your spouse have worked 40 quarters in Medicare-covered employment (paid FICA taxes), you qualify for premium-free Part A
- If you or your spouse haven't worked 40 quarters, you'll pay a monthly premium

## What are the cost-sharing amounts?

- Inpatient hospital stay
  - \$1,556 deductible for the first 60 days in 2022  
(some additional costs after 60 days)
- Skilled nursing care
  - Up to \$194.50 per day for days 21 to 100 in 2022

## What does Part A cover?

- Inpatient hospital care
- Skilled nursing facility care (up to 100 days for rehabilitation, does not include long-term care)
- Hospice
- Home health care (in limited circumstances)



# Basics of Medicare – Part B



## Premium

- Standard monthly premium — \$170.10 for 2022
- Income Related Monthly Adjustment Amount (for those with higher incomes)
- **Part B Penalty**
  - Can be applied if you were eligible for Medicare but did not enroll and have creditable coverage
  - Penalty amount is equivalent to 10% of the standard premium for each 12-month period you were eligible for Medicare but not enrolled
  - Penalty applies for as long as you have Part B

## Income Related Monthly Adjustment Amount

If your yearly income in 2019 (for what you pay in 2021) was:			Total monthly premium amount
Filed as an individual tax return	Filed as a joint tax return	Income-related monthly adjustment amount	
Less than or equal to \$91,000	Less than or equal to \$182,000	\$0.00	\$170.10
Greater than \$91,000 & less than or equal to \$114,000	Greater than \$182,000 and less than or equal to \$228,000	68.00	\$238.10
Greater than \$114,000 & less than or equal to \$142,000	Greater than \$228,000 and less than or equal to \$284,000	170.10	\$340.20
Greater than \$142,000 & less than or equal to \$170,000	Greater than \$284,000 and less than or equal to \$340,000	272.20	\$442.30
Greater than \$170,000 & less than \$500,000	Greater than \$340,000 and less than \$750,000	374.20	\$544.30
Greater than or equal to \$500,000	Greater than or equal to \$750,000	408.20	\$578.30



# Basics of Medicare – Part B

## What are the cost-sharing amounts?

- Annual deductible: \$233 in 2022
- 20% coinsurance after deductible is met
- **No out-of-pocket maximum**

## What does Part B cover?

- Doctor visits
- Labs and X-rays
- Diagnostic testing
- Therapies
- Outpatient surgery
- Durable medical equipment





Hospital care

**A**



Medical care

**B**

## Why **Original Medicare** may not be enough



**No prescription  
drug coverage**



**No dental, vision or  
hearing coverage**



Hospital care



Medical care

**A**

**B**

**Why Original Medicare  
may not be enough**

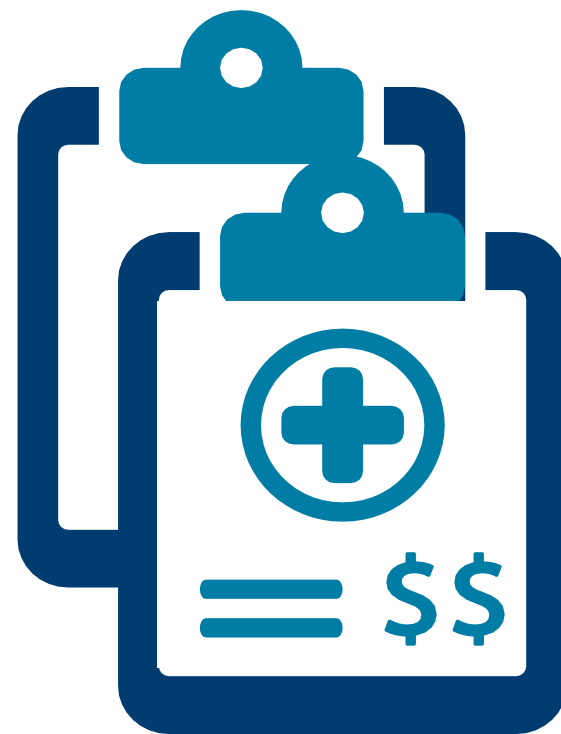
**It generally only covers**

**80%**

**of medical and hospital costs**

That's why

90%



of people who are eligible for  
Medicare have **additional coverage**

# Basics of Medicare – Filling in the Gaps

**Medicare plans sold by private insurance companies help cover the costs that Medicare doesn't pay.**

- Medicare Supplement + Prescription Drug Plan, or
- Medicare Cost Plan + Prescription Drug Plan, or
- Medicare Advantage
  - Replaces Original Medicare
  - Original Medicare benefits are administered through a private insurance company

# Additional coverage



# Basics of Medicare – Filling in the Gaps

## Medicare Supplements Plans

- Plans A through N, standardized plans in MN vary and also include “Basic” and “Extended Basic”
- These plans are sometimes called Medigap
- No health questions asked during Initial Enrollment Period or Special Enrollment Period
- Beneficiaries can receive care anywhere Medicare is accepted (select Medicare Supplement plans will require that their members use a specific hospital for inpatient stays)
- Premiums **can** be (but are not always) based on age, gender, tobacco use and health
- Beneficiaries can also purchase a separate prescription drug plan

# Basics of Medicare – Filling in the Gaps

## Medicare cost plans

- One premium for everyone, regardless of age, gender or tobacco status
- Must use a network
- Out-of-pocket costs are generally higher than Medicare Supplement plans, but usually about the same as Medicare Advantage
- May include extra benefits, such as vision, dental and hearing coverage
- Medicare is the primary payer for Part A services, and the insurance company is the primary payer for Part B services
- Plan may include prescription drug coverage or beneficiaries may also purchase a separate prescription drug plan



# Basics of Medicare – Filling in the Gaps

## Medicare Advantage (Part C)

- An insurance company administers the benefits of Original Medicare
- By assigning Medicare benefits to an insurance company:
  - A beneficiary's plan is managed through the insurance company's customer service team, so they no longer have to call Medicare themselves for an appeal or questions about whether their service is covered
- Everyone pays the same premium, regardless of age, gender or tobacco status
  - **This premium is usually the lowest among Medicare plans**
- Out-of-pocket costs are generally higher than the cost of a Medicare Supplement plan but equal to a Medicare Cost Plan
- Plans can include additional benefits such as vision, dental and hearing coverage
- Plans reinvest earnings into benefits
- Most plans include prescription drug coverage.

# Basics of Medicare – Prescription Drug Plans (PDP)

## Prescription Drug Plans (Part D)

- Administered by private insurance companies
  - These companies are required to offer the standard benefit design, but can offer more
  - Each company sets its own formulary, pharmacy network and premium
- Helps cover the cost of prescription drugs

Beneficiaries should shop their Medicare Prescription Drug Plan (PDP) annually during the Annual Election Period from Oct. 15 to Dec. 7

# Filling in the gaps

## Prescription Drug Plans (Part D) 2022 Cost Sharing

Coverage  
Begins Jan. 1

- You pay up to the first \$480 of medical prescription

**Deductible**

**Initial  
Coverage**

- You must pay an amount in the form of copay or coinsurance for your prescriptions, depending on the tier
- This continues until you and your insurance company have paid a total of \$4,430

**Donut  
Hole**

- You pay 25% of your medical prescription costs
- This continues until your costs and the value of the 70% brand-name discount total \$7,050

**Catastrophic  
Coverage**

- You won't pay more than 5% of the cost for your medical prescriptions

Coverage  
Ends Dec. 31

# Basics of Medicare – Prescription Drug Plans (PDP)

## Prescription drug plans – Late enrollment penalty

- Beneficiaries should enroll in a PDP even if they do not take prescription drugs
- A late enrollment penalty will be added to their monthly PDP premium if they did not have creditable prescription drug coverage
- This penalty is equal to 1% of the national “base beneficiary premium” for every month they were eligible but not enrolled in a PDP and did not have other creditable coverage

### Example:

- Jean did not have a PDP, nor did she have creditable prescription drug coverage for 24 months when she was eligible for a PDP
- **.24** (24% penalty) x **\$33.19** (2019 base beneficiary premium) = **\$7.97/mo**
- This is adjusted annually as the base beneficiary premium changes

# Enrollment and Disenrollment

## Enrollment methods

- Enrollments are accepted from enrollees by paper or online
- Agents are required to submit applications online through their secure agent portal, AgentAdvisor
- Application can be initially taken on paper and entered online if Internet connection is unavailable at the time of application
- If a member is making a change from an existing Align plan to a new Align plan (i.e. moving from ChoicePlus to ChoiceElite) a new application should be used
- A Scope of Appointment (SOA) must be collected and uploaded as part of the enrollment process.

# Enrollment and Disenrollment

## Guidelines

- Sanford Health Plan will enroll and disenroll beneficiaries based on Chapter 2 of the Medicare Managed Care Manual

# Enrollment and Disenrollment

## Enrollment Periods

- Initial Enrollment Period (IEP)
  - Enrollee is new to Medicare (and Part A and Part B effective dates are the same)
- Initial Coverage Enrollment Period (ICEP)
  - Enrollee already has Part A and recently signed up for Part B
- Annual (AEP)
  - Between 10/15-12/7: Enroll or change in a MA plan
  - Effective 1/1
- Open Enrollment Period (OEP)
  - Between 1/1-3/31: In a MA plan and want to make a change
  - Between 4/1 – 12/31: In a MA plan and have had Medicare for less than 3 months and wants to make a change
  - Change effective 1st of the month following

# Enrollment and Disenrollment

## Enrollment Periods

- Special Enrollment Period (SEP)
  - Recent move
  - Released from incarceration
  - Recent lawful status
  - Recently left a PACE program
  - Involuntary loss to creditable prescription drug coverage
  - Belong to a pharmacy assistance program provided by the state
  - Plan is no longer contracted with Medicare
  - Was enrolled in a SNP and have lost the special needs qualification
  - Affected by a natural disaster
  - Existing plan went into receivership
  - In a plan that had a star rating of less than 3 stars for the last 3 years
  - Leaving employer coverage
  - Recent change in Medicaid
  - Recent change in Extra Help
  - Dually eligible without a change
  - Live in a long term care facility

This list includes most common SEPs and is not all-inclusive



# Enrollment and Disenrollment

## Enrollment Periods

- Sanford Health Plan requires agents soliciting or selling Align powered by Sanford Health Plan to abide by the updated CMS Medicare Communications and Marketing Guidelines (MCMG)
- Please review the Medicare Presentation Checklist (also found in your Broker Portal) and use as a reference tool for sales appointments and sales workshop presentations
- Sales workshops can also be presented by agents who have completed the workshop training for each plan year being marketed

# 2023 Medicare Advantage Plans

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Align powered by Sanford Health Plan Portfolio

# Align powered by Sanford Health Plan



## LOCAL

When you recommend Sanford Health Plan, you're backed by a network of Sanford providers working together to care for their communities.



## COMPREHENSIVE

Comprehensive benefit offerings fit to your clients needs covering everything they are used to, and so much more.



## INTEGRATED

We're answering the question – “what's does it mean to have an integrated Medicare Advantage plan?”  
Are your clients ready to become Sanford VIPs?



## MORE.

More benefits. More services.  
More personalized care.

# Align by Sanford Health Plan

## Service Area - Counties

### NORTH DAKOTA

Barnes  
 Burleigh  
 Cass  
 Grand Forks  
 Griggs  
 McLean  
 Mercer  
 Morton  
 Nelson  
 Oliver  
 Ramsey  
 Ransom  
 Richland  
 Steele  
 Stutsman  
 Traill  
 Walsh

### SOUTH DAKOTA

Brookings  
 Clark  
 Clay

Day  
 Deuel  
 Douglas  
 Hanson  
 Hutchinson  
 Kingsbury  
 Lake  
 Lincoln  
 Marshall  
 McCook  
 Miner  
 Minnehaha  
 Moody  
 Roberts  
 Sanborn  
 Turner

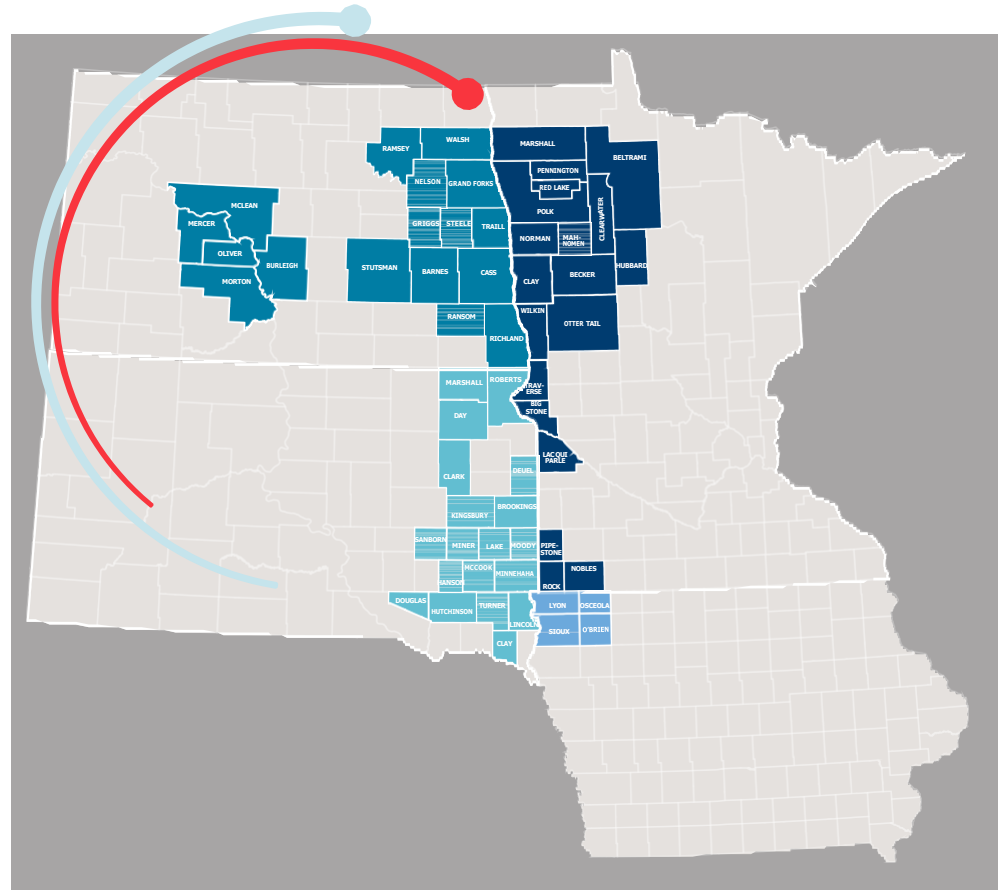
### MINNESOTA

Becker  
 Beltrami  
 Big Stone  
 Clay  
 Clearwater  
 Hubbard  
 Lac Qui Parle

Mahnomen  
 Marshall  
 Nobles  
 Norman  
 Otter Tail  
 Pennington  
 Pipestone  
 Polk  
 Red Lake  
 Rock  
 Traverse  
 Wilkin

### IOWA

Lyon  
 O'Brien  
 Osceola  
 Sioux



# Align powered by Sanford Health Plan

## PROVIDER NETWORK

- The provider network for the Align plans will be available on [align.sanfordhealthplan.com](https://align.sanfordhealthplan.com).
  - These providers must be utilized for in-network benefits
  - Members should select a Primary Care Physician (PCP) when completing their application
- All plans have out-of-network benefits
- Emergency and urgent care cost-sharing is the same in-network and out-of-network
- Visitor/travel benefit provides in-network cost-share on routine care while traveling to all 50 states.

# Align powered by Sanford Health Plan

## PLAN HIGHLIGHTS

- The product portfolio offers a \$0 premium plan in each state (Align ChoicePlus)
- \$0 Primary and specialty copays
- No referrals required
- Embedded supplemental benefits — no additional premium required
- Senior Savings Model

Align powered by Sanford Health Plan

# South Dakota

Align Choice Plus MA-PD (PPO)

Align ChoiceElite MA-PD (PPO)

# Align by Sanford Health Plan — SD

SANFORD HEALTH PLAN 2023 MA-PD PLANS				
Align ChoiceElite PPO		Align ChoicePlus PPO		
SOUTH DAKOTA (Brookings, Clark, Clay, Day, Deuel, Douglas, Hanson, Hutchinson, Kingsbury, Lake, Lincoln, Marshall, McCook, Miner, Minnehaha, Moody, Roberts, Sanborn, Turner)				
Network	In-network	Out-of-network	In-network	Out-of-network
Monthly premium	\$49		\$0	
Annual medical deductible	\$0		\$0	
Maximum annual out-of-pocket	\$3,750		\$5,000	
Primary care visit	\$0	\$10	\$0	\$15
Specialty care visit	\$0	\$20	\$0	\$30
Hospital	\$350/stay	Standard Medicare cost share	\$450/stay	Standard Medicare cost share
Urgent care visit	\$30	\$30	\$30	\$30
Emergency room visit	\$75	\$75	\$90	\$90
Outpatient labs	\$0	\$10	\$0	\$10
Outpatient hospital	\$150	20% coinsurance	\$200	20% coinsurance
Skilled nursing facility	\$184/days 21-42	\$184/days 21-100	\$184/days 21-42	\$184/days 21-100
Medicare preventive services	\$0	\$0	\$0	\$0
Part B drug coverage	Prolia \$100 copay; All others 20% Coinsurance (FFS Medicare)	20% Coinsurance (FFS Medicare)	Prolia \$100 copay; All others 20% Coinsurance (FFS Medicare)	20% Coinsurance (FFS Medicare)
Hearing benefits	\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1,000 hearing aid allowance	\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1,000 hearing aid allowance
Vision benefits	\$0 annual exam; \$200 eyewear allowance	50% coinsurance annual exam; \$200 eyewear allowance	\$0 annual exam; \$100 eyewear allowance	50% coinsurance annual exam; \$100 eyewear allowance
Dental benefits	\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$1,300 (Comprehensive & Preventative)	50% coinsurance	\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$1,000 (Comprehensive & Preventative)	50% coinsurance
Fitness benefits	\$0 or discounted gym membership		\$0 or discounted gym membership	
Over-the-counter medications	\$75 per quarter		\$55 per quarter	
*Meal Benefit: Mom's Meal®	162 Meals: 2 meals daily up to 12 weeks		162 Meals: 2 meals daily up to 12 weeks	
**Meal Benefit: Mom's Meal®	56 Meals: 2 meals daily up to 4 weeks		56 Meals: 2 meals daily up to 4 weeks	

\*For specific chronic conditions \*\*Immediately after inpatient hospitalization or surgery



# Align by Sanford Health Plan — SD

## INCLUDED RX

Prescription drugs	Includes Prescription Drug Plan			
	\$150		\$200	
Preferred/Standard Pharmacy	Preferred	Standard	Preferred	Standard
Tier 1 - Preferred generic (deductible waived)	\$0 copay	\$2 copay	\$0 copay	\$3 copay
Tier 2 - Generic (deductible waived)	\$4 copay	\$10 copay	\$4 copay	\$8 copay
Tier 3 - Preferred brand	\$42 copay	\$47 copay	\$42 copay	\$47 copay
Tier 4 - Non-preferred drug	\$100 copay		\$100 copay	
Tier 5 - Specialty	30% coinsurance		30% coinsurance	
Senior savings model	Participating		Participating	

Align powered by Sanford Health Plan

# North Dakota

Align Choice Plus MA-PD (PPO)

Align ChoiceElite MA-PD (PPO)

# Align by Sanford Health Plan — ND

SANFORD HEALTH PLAN 2023 MA-PD PLANS				
Align ChoiceElite PPO		Align ChoicePlus PPO		
NORTH DAKOTA (Barnes, Burleigh, Cass, Grand Forks, Griggs, McLean, Mercer, Morton, Nelson, Oliver, Ramsey, Ransom, Richland, Steele, Stutsman, Traill, Walsh)				
Network	In-network	Out-of-network	In-network	Out-of-network
Monthly premium	\$49		\$0	
Annual medical deductible	\$0		\$0	
Maximum annual out-of-pocket	\$4,000		\$5,500	
Primary care visit	\$0	\$10	\$0	\$15
Specialty care visit	\$0	\$20	\$0	\$30
Hospital	\$350/stay	Standard Medicare cost share	\$450/stay	Standard Medicare cost share
Urgent care visit	\$30	\$30	\$35	\$35
Emergency room visit	\$75	\$75	\$90	\$90
Outpatient labs	\$0	\$10	\$0	\$10
Outpatient hospital	\$200	20% coinsurance	\$200	20% coinsurance
Skilled nursing facility	\$184/days 21-42	\$184/days 21-100	\$184/days 21-42	\$184/days 21-100
Medicare preventive services	\$0	\$0	\$0	\$0
Part B drug coverage	Prolia \$100 copay; All others 20% Coinsurance (FFS Medicare)	20% Coinsurance (FFS Medicare)	Prolia \$100 copay; All others 20% Coinsurance (FFS Medicare)	20% Coinsurance (FFS Medicare)
Hearing benefits	\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1,000 hearing aid allowance	\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1,000 hearing aid allowance
Vision benefits	\$0 annual exam; \$200 eyewear allowance	50% coinsurance annual exam; \$200 eyewear allowance	\$0 annual exam; \$100 eyewear allowance	50% coinsurance annual exam; \$100 eyewear allowance
Dental benefits	\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$1,300 (Comprehensive & Preventative)	50% coinsurance	\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$1,000 (Comprehensive & Preventative)	50% coinsurance
Fitness benefits	\$0 or discounted gym membership		\$0 or discounted gym membership	
Over-the-counter medications	\$75 per quarter		\$55 per quarter	
*Meal Benefit: Mom's Meal®	162 Meals: 2 meals daily up to 12 weeks		162 Meals: 2 meals daily up to 12 weeks	
**Meal Benefit: Mom's Meal®	56 Meals: 2 meals daily up to 4 weeks		56 Meals: 2 meals daily up to 4 weeks	

\*For specific chronic conditions \*\*Immediately after inpatient hospitalization or surgery

# Align by Sanford Health Plan — ND

## INCLUDED RX

Prescription drugs	Includes Prescription Drug Plan			
Prescription drug deductible	\$150		\$150	
Preferred/Standard Pharmacy	Preferred	Standard	Preferred	Standard
Tier 1 - Preferred generic (deductible waived)	\$0 copay	\$4 copay	\$0 copay	\$4 copay
Tier 2 - Generic (deductible waived)	\$4 copay	\$10 copay	\$4 copay	\$10 copay
Tier 3 - Preferred brand	\$42 copay	\$47 copay	\$42 copay	\$47 copay
Tier 4 - Non-preferred drug	\$100 copay		\$100 copay	
Tier 5 - Specialty	30% coinsurance		30% coinsurance	
Senior savings model	Participating		Participating	

Align powered by Sanford Health Plan

# Minnesota

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Align Choice Plus MA-PD (PPO)

Align ChoiceElite MA-PD (PPO)

# Align by Sanford Health Plan — MN

SANFORD HEALTH PLAN 2022 MA-PD PLANS				
Align ChoiceElite PPO		Align ChoicePlus PPO		
MINNESOTA (Becker, Beltrami, Big Stone, Clay, Clearwater, Hubbard, Lac Qui Parle, Mahnommen, Marshall, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Red Lake, Rock, Traverse, Wilkin)				
Network	In-network	Out-of-network	In-network	Out-of-network
Monthly premium	\$60		\$0	
Annual medical deductible	\$0		\$0	
Maximum annual out-of-pocket	\$3,000		\$5,500	
Primary care visit	\$0	\$10	\$0	\$15
Specialty care visit	\$0	\$20	\$0	\$30
Hospital	\$200/stay	Standard Medicare cost share	\$450/stay	Standard Medicare cost share
Urgent care visit	\$30	\$30	\$35	\$35
Emergency room visit	\$90	\$90	\$90	\$90
Outpatient labs	\$0	\$10	\$0	\$10
Outpatient hospital	\$150	20% coinsurance	\$200	20% coinsurance
Skilled nursing facility	\$184/days 21-42	\$184/days 21-100	\$184/days 21-42	\$184/days 21-100
Medicare preventive services	\$0	\$0	\$0	\$0
Part B drug coverage	Prolia \$100 copay; All others 20% Coinsurance (FFS Medicare)	20% Coinsurance (FFS Medicare)	Prolia \$100 copay; All others 20% Coinsurance (FFS Medicare)	20% Coinsurance (FFS Medicare)
Hearing benefits	\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1,000 hearing aid allowance	\$0 annual exam; \$1,000 hearing aid allowance	50% coinsurance annual exam; \$1,000 hearing aid allowance
Vision benefits	\$0 annual exam; \$200 eyewear allowance	50% coinsurance annual exam; \$200 eyewear allowance	\$0 annual exam; \$100 eyewear allowance	50% coinsurance annual exam; \$100 eyewear allowance
Dental benefits	\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$1,300 (Comprehensive & Preventative)	50% coinsurance	\$0 cleanings 2x/year; \$0 x-rays 2x/year; \$1,000 (Comprehensive & Preventative)	50% coinsurance
Fitness benefits	\$0 or discounted gym membership		\$0 or discounted gym membership	
Over-the-counter medications	\$75 per quarter		\$55 per quarter	
*Meal Benefit: Mom's Meal®	162 Meals: 2 meals daily up to 12 weeks		162 Meals: 2 meals daily up to 12 weeks	
**Meal Benefit: Mom's Meal®	56 Meals: 2 meals daily up to 4 weeks		56 Meals: 2 meals daily up to 4 weeks	

\*For specific chronic conditions \*\*Immediately after inpatient hospitalization or surgery

# Align by Sanford Health Plan — MN

## INCLUDED RX

Prescription drugs	Includes Prescription Drug Plan			
	\$200		\$300	
Preferred/Standard Pharmacy	Preferred	Standard	Preferred	Standard
Tier 1 - Preferred generic (deductible waived)	\$0 copay	\$2 copay	\$0 copay	\$2 copay
Tier 2 - Generic (deductible waived)	\$4 copay	\$10 copay	\$4 copay	\$10 copay
Tier 3 - Preferred brand	\$42 copay	\$47 copay	\$42 copay	\$47 copay
Tier 4 - Non-preferred drug	\$100 copay		\$100 copay	
Tier 5 - Specialty	29% coinsurance		28% coinsurance	
Senior savings model	Participating		Participating	

# Getting ready to sell plans



# Getting ready to sell plans

- Virtual training - required
  - AHIP
  - Pinpoint
  - Medicare Core Training + Fraud, Waste and Abuse
- SHP Product Specific Training required online

# Getting ready to sell plans

## REQUIRED TRAINING

- Sales workshop training – recommended
  - Required for those presenting workshop events
  - Will immediately follow the MA Product Conference

# Get Ready to Sell

## PREPARE FOR PROSPECTING

- Review your existing book-of-business
- Schedule your Sales Workshops between Oct. 1 and Dec. 7  
Let us help you advertise your event!
  - We'll provide personalized postcards, eblasts, flyers, etc for you to utilize
  - For us to do direct mailing you must schedule and provide us your date/time/location  
Sept. 15 – Nov. and Dec. Workshops

Thank You!

Thank you for completing your  
2023 SHP Medicare Certification

**SANFORD**<sup>®</sup>  
HEALTH PLAN



## **IMPORTANT**

Make sure to click the **'Mark Complete'** button on your learning transcript, next to the course title, to record your completion.

**By clicking 'Mark Complete' you are verifying that you have read the material.**