

Integrity Marketing Group 2025 Telephonic Sales Script

Text Color Key:

Blue Text = Verbiage stated or asked by Sales Agent to Customer

Blue Text = Important verbiage that should be stated by Sales Agent to Customer

Black Bold = Representative Conditional Statements (“If Statements”)

Black Text = Agent Actions/Instructions

Red Text and/or [] = Variable Information

PAY ATTENTION TO THESE ICONS:



When you see this icon, slow down and review the following content carefully.



When you see this icon, stop. This icon signifies very important Agent Notes.

Purpose:

This 2025 Telephonic Sales and Enrollment Script is/will be used by licensed sales agents who will provide Medicare Beneficiaries with more information regarding available Medicare Advantage plans and Medicare Prescription Drug Plans for the Health Plans contracted by [agency name] and its downlines.

Sections:

A – Intro: Outbound Call Starting Point is to be used only when beneficiaries have requested and given consent to be contacted by a licensed sales agent. Inbound Call Starting Point (including warm transfers) will be used when the agent receives a call from a beneficiary who is requesting information about Medicare options.

B – Scope of Appointment and POA: will be used to determine the scope of the call and if Power of Attorney is needed.

C – Understanding Medicare: will help the caller understand the basics of Medicare, how it works, and the coverage options available to them. It explains Medicare Parts A, B, C, and D, as well as Medicare Supplement coverage.

D – Eligibility: will determine if the caller is currently eligible for Medicare now or in the near future and determine if the caller qualifies for any other additional coverage, benefits, or help.

E – Needs Analysis: will help agent conduct a needs analysis to determine which plans in the area will best suit the customer’s needs.

F – Plan Presentation: will use this section once the beneficiary determines if they would like to learn more about the identified plans that meet their needs.

G – Enrollment: will capture the beneficiary’s intent to enroll and sets the stage for the enrollment process.

H – Closing: will walk the agent through closing the call properly.

A. INTRO

Outbound Call



AGENT NOTE: Outbound call starting point to be used only when compliant permission to contact (PTC) has been obtained.

Hello, my name is [Agent First Name], may I please speak with [Mr. / Mrs. / Ms. Last Name or POA Name]?

If yes, [Mr. / Mrs. / Ms. Last Name], I am calling today because you recently requested information about Medicare plans by **[explain how PTC was received]**. As a licensed insurance agent [with Agency Name, if applicable], I would like to help you understand your Medicare options and answer any questions you may have. Is now a good time for you?

If yes, continue to A-2.

If no, ask: When would be a good time for me to call? (Then end the call)

Inbound Call

Thank you for calling [Agency Name, if applicable], my name is [Agent's Name] and I'm a licensed insurance agent. How may I help you today?

Allow beneficiary to respond. If they want to learn more about their Medicare plan options state: Great! I'd be happy to help you with that., continue to A-2.

Before we get started, I'm required by Medicare to read you a few disclaimers.



AGENT NOTE: Agent must state the following disclaimers to the beneficiary.

First, you will not be required to provide any health-related information unless it is used to determine enrollment eligibility.


Also, keep in mind that while we may have multiple plan options available to you, we do not offer every plan available in your area. Currently we represent **[insert number of organizations]** organizations which offer **[insert number of plans]** products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

Lastly, this call is being recorded as required by Medicare for quality assurance purposes.

Do I have your permission to continue?

	<p>If yes, Great! Let's get started. If we happen to get disconnected, do I have your permission to call you back? Confirm agent phone number, as well as beneficiary name and phone number, then continue to B-1.</p> <p>If no, say: I'm sorry, but without your permission we are unable to continue reviewing your plan options. Do you have any questions or reservations? Or would you like to continue?</p> <p>(Answer any questions they may have.)</p> <p>If they want to continue, proceed to B-1.</p> <p>If no, state: I'm sorry but we are unable to proceed, would you like to schedule an in-person appointment to discuss your options? (Schedule appointment or end call)</p>
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B. POA & SCOPE OF APPOINTMENT	
B-1	<p>Are you wanting information for yourself or for someone else?</p> <p><u>If for themselves:</u></p> <p>Alright, do you normally have help making your healthcare decisions or do you make those decisions on your own?</p> <p>➤ If make decisions themselves, continue to B-2.</p> <p><i>Agent note: Even though the beneficiary indicates they do not have a guardian or POA be on the lookout for competency issues or other statements or questions that indicate that the individual generally consults with others to make this type of decision.</i></p> <p>➤ If they have a POA, say: Would you like to have that person on the call with us today to help discuss plans?</p> <p>If yes, Great! Go ahead and get them on the line and we can start our discussion (or schedule another time, if the POA is unavailable).</p> <p>Note: If they have a POA, you must capture a SOA with the POA. Ask the representative:</p> <p>Are you the legal representative or someone who is legally able to act on behalf of the beneficiary?</p> <p>Document POA/Guardian's name, phone number, address and relationship to the beneficiary.</p> <p>Are you able to provide written documentation evidencing your authority if requested by CMS?</p> <p>If yes, Okay, great. You can both stay on the line and we can continue our conversation. Continue to B-2.</p> <p>If no, Okay, great. I can still provide plan information today, but if [client name] decides to enroll we will need to have a POA or</p>


	<p>authorized representative who has this documentation to be on the phone. Continue to C-1 if they wish to continue, end the call if they don't.</p> <p>If no, I can still provide plan information today, but if you decide to enroll we will need to have a POA or authorized representative who is legally recognized by the state on the phone. Continue to C-1 or end the call if they don't wish to continue.</p> <p><u>If information is for someone else:</u> Ok. Do you currently have power of attorney, legal guardianship, or other authority under state law to make medical and insurance decisions on behalf of the beneficiary?</p> <p>If yes, state: Great! Please be aware that if you decide to enroll the beneficiary into a plan, you must provide documentation to the Plan when requested. Document POA/Guardian's name, phone number, address and relationship: Continue to B-2.</p> <p>If no, I would be glad to assist you and review general information about Medicare Plan options available in the beneficiary's area, but only a legally authorized representative can complete an enrollment on their behalf. Would you like to continue?</p> <p>If yes, continue to C-1.</p> <p>If no, Thank you for taking the time to speak with me today. If you have questions in the future please call me back at [Phone#]. End the Call.</p>
B-2	<p>As a licensed insurance agent, my goal is to help you understand your Medicare options and find a plan that will fulfill your individual needs. Just so you're aware, I am not affiliated with or endorsed by the government or Medicare. I am an independently licensed insurance agent, meaning I can contract with multiple insurance carriers to offer you a variety of plan options in your area.</p> <div style="display: flex; align-items: center;">  <div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <p>AGENT NOTE: Make sure to capture the following Scope of Appointment language. Do Not discuss any other product lines than what are listed in the statement below. You can omit the ancillary products from the statement below if you will not be discussing those products.</p> </div> </div> <p>Agent should state beneficiary and agent contact information to accommodate SOA requirements.</p> <p>Our discussions may include information about Medicare Advantage, Medicare Supplement, and Prescription Drug Plans; [as well as ancillary products such as dental, vision, and hearing plans and hospital indemnity plans]. I'd like to give you a brief overview of each of these plan types but if you are only interested in certain ones just let me know. Then we can decide which plan might be best for you based on your individual needs.</p>

	<p>Please keep in mind, there is no obligation to enroll and automatic enrollment will not occur.</p> <p>Also please note, [Partner/Agency] represents Medicare Advantage [HMO, PPO and PFFS] organizations that have a Medicare contract. Enrollment depends on the plan's contract renewal. Lastly, your current or future Medicare enrollment status will not be impacted unless you decide to enroll in a plan.</p> <p>Do I have your permission to discuss these plans with you [if making future appointment, state date of appointment]?</p> <p>If Yes and Inbound Call, continue to C-1. If Yes and Outbound Call, schedule an appointment at least 48 hrs in the future and start with section B-3 at that point. If No, state: I'm sorry, but in order to discuss specific plans, you need to give me permission to discuss them with you. I would be willing to share generic educational information about Medicare with you, but just be aware that I won't be able to discuss specific plan benefits. If they give permission and Inbound, continue to C-1. If they give permission and Outbound, schedule an appointment at least 48 hrs in the future and start with section B-3 at that point. If they still don't provide permission, thank them and end the call or provide educational information as requested.</p>
B-3	<p>*Skip this section if you are not scheduling a future appointment (i.e. inbound call from beneficiary).</p> <p>If you scheduled an appointment to accommodate the 48-hr Scope of Appointment Rule start here.</p> <p>Hello [beneficiary name], this is [Agent First Name] calling from [Tele-Sales Agency Name]. We had an appointment scheduled to review your Medicare options today. Is this still a good time for you?</p> <p>If Yes, state: Great! As a reminder, this call is being recorded for quality and training purposes, and while we do have multiple plan options available to you, we do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options. Continue to section B-3.</p> <p>If No, state: Ok I understand, when would be a better time for us to meet to discuss your Medicare options? Schedule a new time for your appointment and start with section B-3 at that time. If they don't want to meet again end the call.</p>

C. Understanding Medicare

C-1	<p>* This section is optional but suggested as a best practice.*</p> <p>Before we begin discussing plans, I like to make sure my clients have a basic understanding of Medicare so they can make an informed decision on their coverage options.</p> <p>Are you familiar with Medicare and how it works?</p> <p>If beneficiary understands Medicare, continue to D-1.</p> <p>If beneficiary <u>does not</u> understand Medicare, provide an explanation to explain the basics of Medicare.</p> <p>Ok, I would love to explain the basics to you. Feel free to stop me and ask questions at any time.</p> <p>Important topics to cover:</p> <table border="0"><tr><td><input type="checkbox"/> Original Medicare Parts A and B</td><td><input type="checkbox"/> Medicare Advantage (Part C)</td></tr><tr><td><input type="checkbox"/> Prescription Drug Plans (Part D)</td><td><input type="checkbox"/> Medicare Supplement (Medigap)</td></tr></table> <p><i>*Note: Use CMS website or agency approved materials to explain accurately.</i></p> <p>Once explanation is given, ask what questions they have and explain answers, continue to D-1 Eligibility.</p>	<input type="checkbox"/> Original Medicare Parts A and B	<input type="checkbox"/> Medicare Advantage (Part C)	<input type="checkbox"/> Prescription Drug Plans (Part D)	<input type="checkbox"/> Medicare Supplement (Medigap)
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<input type="checkbox"/> Prescription Drug Plans (Part D)	<input type="checkbox"/> Medicare Supplement (Medigap)				

D. ELIGIBILITY

D-1	<p>Before we continue, I have a few questions to confirm your eligibility for the different types of plans available in your area. These questions are optional, however they will help me determine what type of plan may be right for your needs.</p> <div><div>AGENT NOTE: Be sure to review each of the following questions to determine eligibility.</div></div> <p>Can you please confirm your Zip Code and County of Permanent Residence?</p> <p>Do you currently have Medicare Parts A and B or will you have them both within the next three months?</p>
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	<p>If beneficiary answers no, state: I'm sorry, you do not meet the Medicare eligibility requirements and are not eligible to enroll in a Medicare plan at this time. I can provide you with information on available plans but they may change by the time your are eligible. Would you like to continue?</p> <p>If yes, proceed below. If no, end the call.</p> <p>Are you currently enrolled in a Medicare plan such as a Medicare Advantage, Medicare Supplement, or Prescription Drug Plan?</p> <p>Do you currently have Medicaid, Extra Help, or any sort of low-income subsidy?</p> <p>Do you have any other coverage, such as Tricare, Veteran's Benefits, ChampVA, or Individual Medical? Are you or a family member/spouse receiving health insurance through an employer or union?</p> <p>(If client has any of these coverages review how they will work with a Medicare Plan and ensure it would be in their best interest before enrolling into a new plan)</p> <p>If beneficiary has employer coverage, inquire if they will be retiring or losing that coverage, or if they anticipate enrolling in an employer sponsored retiree plan, and proceed if appropriate.</p> <p>If individual coverage, ask if they will be ending that coverage to prevent duplication of coverage.</p> <p>If VA benefits, discuss use of VA facility to determine type of plan that may or may not be needed.</p> <p>If Tricare for Life or ChampVA, explain that benefits with Tricare for Life or ChampVA are "generally more comprehensive than most other types of coverage available" than most other types of coverage available. Agent should explain to the beneficiary how enrolling in a plan will affect their Tricare/ChampVA (i.e. how the claims will pay differently, Tricare will become the secondary insurance if an MAPD plan is selected etc.)</p> <p>If Union or Employer Group, Enrolling in a Medicare Advantage Plan with Drug coverage or a Medicare Prescription Drug plan may impact your ability to keep your Plan's Medical or Drug coverage. You may want to talk with your Plan's Administrator before proceeding with enrollment to learn if enrolling in this plan will impact your current Union Medical or Drug Plan. Do you wish to speak with your Union before proceeding?</p> <p>If yes, refer caller to appropriate agency and proceed to Closing Call.</p> <p>If no, proceed to D-2.</p>
D-2	<p><u>Determine Enrollment Period:</u></p> <p>If call is during the Annual Enrollment Period (October 15 through December 7), probe to determine if eligible for other election periods (IEP/ICEP</p>

or SEP) and if so, determine if the beneficiary desires an effective date earlier than January 1, then continue to D-3.

If outside of AEP/OEP, determine SEP:

Since we are currently outside of the Medicare Annual Enrollment Period, which runs from October 15th to December 7th, and the Open Enrollment Period, which runs from January 1st to March 31st each year, you will need to have a Special Election Period (SEP) in order to enroll in a Medicare Advantage or Prescription Drug Plan. Each of the following questions I ask will help determine if you qualify for an SEP.

Ask the following questions until you receive a “Yes” response. Once you receive a “Yes” answer, continue to D-3 to verify Medicaid and/or LIS.

Are you new to Medicare?

Are you enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP)?

Have you recently moved outside of your plan’s service area or have you moved and this plan is a new option? If yes, what was the date?

Have you recently been released from incarceration? If yes, what was the date?

Have you recently returned to the United States after living permanently outside of the United States? If yes, what was the date?

Have you recently obtained lawful presence status in the United States? If yes, what date did you obtain this status?

Have you recently had a change in your Medicaid (new to Medicaid, had a change in level of Medicaid assistance, or lost Medicaid)? If yes, what date was this change?

Have you recently had a change in your Extra Help paying for Medicare prescription drug coverage (newly received Extra Help, had a change in the level of Extra Help, or lost Extra Help)? If yes, what date was this change?

Do you have both Medicare and Medicaid or is your state helping to pay for Medicare premiums or do you get Extra Help paying for your Medicare prescription drug coverage, but you haven’t had a change?

Are you moving into, live in, or recently moved out of a Long-Term Care Facility (example, nursing home)? If yes, as of what date?

Have you recently left a Program of All-Inclusive Care for the Elderly (PACE)? If yes, when did you leave?

Have you recently involuntarily lost creditable prescription drug coverage (as good as Medicare’s)? If yes, what was the date?

Are you losing or leaving coverage you had from an employer or union? If yes, what was the date?

Do you belong to (or lost) a pharmacy assistance program provided by your state?

	<p><i>Were you enrolled in a plan by Medicare (or your state) and you want to choose a different plan? If yes, what date did your enrollment in that plan start on?</i></p> <p><i>Is your plan ending its contract with Medicare or is Medicare ending its contract with your plan?</i></p> <p><i>Were you enrolled in a Chronic Plan, but no longer qualify to be in that plan (or couldn't verify the chronic condition?) If yes: "When did you receive the notification of non-eligibility?"</i></p> <p><i>Were you affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity? If so, were you unable to make an enrollment request because of the disaster?</i></p> <p><i>Do you currently reside in a county within a 5-Star plan's service area and you would like to enroll into a qualifying 5-Star plan?</i></p> <p><i>Were you enrolled in a plan that's had a star rating of less than 3 stars for the last 3 years and you want to join a plan with a star rating of 3 stars or higher?</i></p> <p><i>Were you enrolled in a plan that was recently taken over by the state because of financial issues, and you want to switch to another plan?</i></p> <p><i>Were you enrolled in a Special Needs Plan but have lost the Special Needs qualification requirement to be in that plan? If yes, when?"</i></p> <p><i>If none of these statements applies to you, is there another reason you believe you may be eligible to enroll?</i></p> <p>If SEP is not determined, state: I'm sorry but at this time it does not appear that you qualify for a special election period to enroll in a plan now. The Annual Enrollment Period is from October 15 through December 7 when you can change plans. Would you like me to call you back during that period to review your options? If yes, make note of date/time for appointment. If no, end the call.</p>
D-3	<p>Verify Medicaid and/or LIS status/levels if it applies.</p> <p>You mentioned earlier that you have [Medicaid and/or Low-Income Subsidy]. In order to determine if you are eligible for a Special Needs Plan that may provide you with additional benefits, I'll need to verify your [Medicaid and/or Low-Income Subsidy status/level]. May I please have your Medicare number and your Medicaid ID number if you have it?</p> <p>If Yes, agent should determine eligibility and level. Note the Medicaid and/or LIS status and level and continue to E-1.</p> <p>If No, state: We can continue without verifying your Medicaid and LIS status, but be aware there may be plans that are only available to those with [Medicaid and/or Low-Income Subsidy] that could include additional benefits for you. If they agree, confirm statuses. If they still refuse, continue to E-1.</p>

E. NEEDS ANALYSIS

Complete a needs analysis to identify what plan will best meet the beneficiary's needs. If the information was already obtained through the course of the call, it does not need to be asked again.



AGENT NOTE: A thorough Needs Analysis must always be performed to ensure you are helping the beneficiary find a plan that meets their needs. Be sure to ask about Doctors, Specialists, Prescription Drugs, and other benefits important to the caller.

Alright, next I'd like to ask you some optional questions to help determine the plans best suited for your needs.

Start by asking relevant questions, like those listed below, to conduct an in-depth needs analysis (ask additional questions if needed):

What do you like about your current plan?

Is there anything you would you like to change about your current coverage?

What is most important to you in finding adequate Medicare coverage?

*Do you mind telling me how often you go to the **doctor** or see a **specialist**?*

E-1 *What **benefits** would you like your plan to include?*

*Do you have any interest in mail order **prescriptions** if it can save you money?*

*Do you have any specific **dental** needs, or any reason to have increased dental benefits?*

*Are you interested in additional **vision** benefits?*

*Are you interested in **hearing** benefits, such as hearing aids?*

*Would you be interested in having a **transportation benefit**, like getting to and from appointments?*

*Would you like your plan to have an **Over-the-Counter** benefit that provides an allowance to purchase items such as vitamins, OTC pain meds, toothpaste, etc.?*

Do you have any other health care needs, such as needing durable medical equipment or physical therapy?

Do you have a preferred hospital? Pharmacy? Any other preferred facilities?

Make sure they understand if they choose a plan where these are not in-network, they'll need to choose a new facility.

Do you have any other specific healthcare needs?


Continue to E-2.



AGENT NOTE: Agents should confirm the beneficiary's PCP and any Specialists.

E-2

Do you have any Doctors you would like me to look up to make sure they accept the plans we are discussing? This is optional but will help ensure your Doctors accept the plan or plans we'll review.

	<p>If yes, capture the name or names and use the tools available to determine the plan/s in which the beneficiary's Doctors/Specialists participates. Continue to E-3.</p> <p>Note: If providers are out of network state explain that they will need to choose new ones or pay out of pocket.</p> <p>If No, continue to E-3.</p>
E-3	<div style="display: flex; align-items: center;">  <div style="border: 1px solid black; padding: 2px; margin-left: 5px;"> AGENT NOTE: Agents should confirm all medications the beneficiary takes. </div> </div> <p>Are there any prescription medications you would like me to look up to make sure they are covered? This is also optional but helps ensure your medications are covered under the plan or plans we'll review.</p> <p>If yes, state: Great ! Would you be willing to give me the name and dosage of those medications?</p> <p>Document name, dosages, form, frequency, and quantity or input them into quoting tool if provided.</p> <p>If No, continue below.</p> <p>Lastly, we can also look up your preferred pharmacy to ensure it is in network with the plan or plans we will review. Would you like me to look that up as well?</p> <p>If yes, state: Great, what is the name of the pharmacy you prefer?</p> <p>Document the pharmacy name to ensure the plan/s accept the pharmacy of choice.</p> <p>Summarize needs analysis to ensure all beneficiary needs were captured and then continue to F-1 Plan Presentation.</p> <p>If No, summarize needs analysis to ensure all beneficiary needs were captured and then continue to F-1 Plan Presentation.</p>

F. PLAN PRESENTATION

F-1	<p>If the agent identifies a plan that would meet the beneficiary's needs: Based on the information you've provided, it would appear as if a Medicare [Advantage / Supplement / Prescription Drug Plan] Plan would best fit your needs because [state reasons this type of plan is a best fit for their needs].</p> <p>Note: If there are <u>no</u> plans available suitable to the beneficiary's needs state: Based on the information you have provided, I may not be able to offer a</p>
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plan that is better suited for your needs. Agent note: explain to the caller why you believe there may not be suitable plans available. If the caller does not agree and wishes to continue discussing Medicare plans, continue through the script. If the caller agrees that there is not a suitable plan for the caller, end the call.

Now, let's see if we can identify a specific Plan that will maximize the benefits that are most important to you.



AGENT NOTE:

You must thoroughly review the following baseline benefits and costs for any plan the client wishes to learn more about, especially monthly premium (if applicable) and Part B premium (per month/quarter/year), health plan deductible, PCP co-pay, specialist co-pay, benefits important to the consumer, and out-of-network coverage (if a PPO).

Once you've identified the plan (or plans) that best meet the client's needs, **discuss in detail the benefits, costs, and limitations** of that plan (or plans). **Be sure to disclose the name of the Carrier/Plan before discussing them.** **Be sure to cover the areas below, along with any other benefits important to the client:**

<input type="checkbox"/> Plan Premium (if applicable)	<input type="checkbox"/> Dental benefits
<input type="checkbox"/> Primary Care Co-Pay	<input type="checkbox"/> Vision benefits
<input type="checkbox"/> Specialist Co-Pay	<input type="checkbox"/> Hearing benefits
<input type="checkbox"/> Medical Deductible	<input type="checkbox"/> Skilled Nursing Facility benefits
<input type="checkbox"/> Maximum Out-of-Pocket	<input type="checkbox"/> Physical Therapy benefits
<input type="checkbox"/> In-Patient Hospital Co-Pay/days	<input type="checkbox"/> Transportation benefits
<input type="checkbox"/> Outpatient Hospital Co-Pay	<input type="checkbox"/> Over-the-Counter (OTC) Benefit
<input type="checkbox"/> Emergency Room Co-Pay	<input type="checkbox"/> Fitness Benefit
<input type="checkbox"/> Urgent Care Co-Pay/Coinsurance	<input type="checkbox"/> Preventative Care
<input type="checkbox"/> Ambulatory Coinsurance/Co-Pay	<input type="checkbox"/> Review coverage for out-of-network providers and services (e.g., except in emergency or urgent situations, plan does not cover services by out-of-network providers)
<input type="checkbox"/> Coverage outside the United States	
<input type="checkbox"/> Review the right to cancel this enrollment and date through which cancellation can occur	


If plan/s include drug coverage or it is a stand-alone drug plan, cover the items below:

<input type="checkbox"/> Prescription Deductible (if applicable)	<input type="checkbox"/> Annual out-of-pocket Maximum (\$2,00)
<input type="checkbox"/> Retail vs Mail Order	<input type="checkbox"/> Manufacturer Discount Program
<input type="checkbox"/> Formulary Exceptions	<input type="checkbox"/> Part D Benefit Design
<input type="checkbox"/> Three stages:	

	Annual Deductible Initial Coverage Catastrophic Coverage	<input type="checkbox"/> Prescription Drug Coverage (all tiers)		
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px; text-align: center;"> SLOW </div> <div> Items to cover prior to enrollment: </div> </div>				
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Pre-Enrollment Checklist (PECL) <input type="checkbox"/> Effect on Coverage <input type="checkbox"/> Where to find Summary of Benefits, STAR ratings, and Evidence of Coverage </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Explain the Plan operates on a calendar year basis / benefits may change each January 1st <input type="checkbox"/> Evidence of Coverage provides all of the costs, benefits, and rules for the plan <input type="checkbox"/> How to file a complaint </td> </tr> </table>			<input type="checkbox"/> Pre-Enrollment Checklist (PECL) <input type="checkbox"/> Effect on Coverage <input type="checkbox"/> Where to find Summary of Benefits, STAR ratings, and Evidence of Coverage	<input type="checkbox"/> Explain the Plan operates on a calendar year basis / benefits may change each January 1 st <input type="checkbox"/> Evidence of Coverage provides all of the costs, benefits, and rules for the plan <input type="checkbox"/> How to file a complaint
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<p>NOTE: If the PECL does not cover the below items, be sure to discuss them with the client, if applicable:</p> <ul style="list-style-type: none"> Information regarding preferred primary care providers, specialists, hospitals and pharmacies (whether or not the beneficiary's current providers are in the plan's network) Prescription drug coverage and costs (including whether or not the beneficiary's current prescriptions are covered in the formulary) Costs of health care services Premiums (Plan premium amount monthly, quarterly, annually and Part B premium) Benefits Specific health care needs, such as durable medical equipment or physical therapy PPO or PFFS out of network coverage The need to stay enrolled in Medicaid for D-SNP The need to have a qualifying chronic condition for C-SNP Carrier's Phone Number and Website (where to find the EOC) <p>NOTE: If discussing a plan that will NOT be renewing for the upcoming plan year for a beneficiary with IEP/ICEP or SEP for current plan year, state: <i>[Carrier name, plan type] will not be available in this area effective January 1st. You may choose to enroll in the plan, but the coverage will automatically end on December 31. You are entitled to enroll into a new Medicare Advantage or Prescription Drug plan between October 15th and the end of February. However, if you want the new plan to be effective January 1st, your completed application must be submitted and received by December 31st. If you do not enroll into a Medicare Advantage or Prescription Drug plan by December 31st, you will be disenrolled from your current plan and only have Original Medicare as of January 1st.</i></p> <p>Then continue to G-1.</p>				

G. ENROLLMENT CONFIRMATION	
G-1	<p>Well, that completes the overview of plan benefits. I want to be sure you have a clear understanding of the Plan, including the additional benefits and costs before you make a decision on enrollment. If you have any questions or need anything clarified, please let me know.</p>

	<p>If comparing multiple plans, highlight which plan you feel best suits the needs of the beneficiary.</p> <p>Based on our discussion and the information you've provided, it looks as though the [Carrier, Plan Name, Plan Type] best suits the needs you've described because [highlight main reasons this plan is the best fit]. Do you agree?</p> <p>If yes, continue to G-2.</p> <p>If no, find out what concerns they have and re-explain the benefits to alleviate concerns and then continue to G-2 when they agree the plan meets their needs.</p> <p>If they don't feel there is a plan suitable for their needs, thank them and end the call.</p> <p>Answer any questions the beneficiary may have and then proceed to G-2.</p>
G-2	<p>If you are ready to enroll into the [Plan Name] Plan today, we will now move to the enrollment process. I can enroll you now over the phone if you'd like or you can choose another method for enrollment as there are other options available.</p> <p>Would you like to proceed with enrollment over the phone today?</p> <p>If beneficiary wants to enroll, continue to G-3.</p> <p>If beneficiary wants to explore other options for enrollment, highlight the other methods available to them (ex. in-person appointment, self-enrollment via agent PURL, Text message link, email link, etc.). Accommodate the enrollment method of choice by getting the necessary information. If enrolling via another method move to end the call.</p> <p>If beneficiary does not want to enroll yet, say: I understand that we went through a lot of information today. Since you are not ready to complete an enrollment at this time, may I, a licensed insurance agent, have your permission to call you back in a couple of days after you've had time to think about it? Document answer and end the call.</p>
G-3	<p>Perfect! Now, before we get started. Please note this is a [Medicare Advantage, Medicare Supplement, or Prescription Drug] Plan, not a Dental/Vision/Hearing rider. Do you have any additional questions?</p> <p>If no, or when all questions are answered, proceed below:</p> <p>Ok, let's get you enrolled so you can start taking advantage of this new plan beginning on [effective date].</p>

	<p>If client is replacing current coverage, state: Just so you know, enrolling in this plan will replace your current [clarify existing coverage type] coverage.</p> <p>Proceed to complete the enrollment process using your agency's preferred and approved method/s for telephonic enrollment (i.e. MedicareCENTER, SunFire, Connecture, carrier-specific enrollment portals, etc). Ask every question and read disclosures on the application verbatim.</p> <div>  <div> <p>AGENT NOTE:</p> <p>You must read verbatim the plan requirements and disclosures - as applicable per plan type. These disclosures are found within the enrollment tool during the enrollment process or on the application itself.</p> </div> </div> <p>Once enrollment is complete, proceed to H-1 Closing</p>
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H. CLOSING

H-1	<p>Alright [Client Name], you are all set! The plan's proposed effective date is [effective date]. Once your application has been approved, you will receive your member ID card and important plan documents in the mail shortly thereafter; so make sure you are on the lookout for those.</p> <p>Provide confirmation number if one is available and you haven't done so already. Your confirmation number is [confirmation #].</p> <p>Let me provide you with my contact information. Provide the client with your name and phone number.</p> <p>Make sure you keep this information on hand so you can give me a call if you have any questions or issues that may arise. Also, if you have any family or friends that might benefit from my services, please give them my contact information, I'd be happy to assist them as well.</p> <p>[Customer name], it has been my pleasure to assist you today. Your satisfaction is very important to me so let me know if you ever need anything in the future. Have a wonderful day/night. End Call.</p>
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Carriers represented: Aetna, Alignment, AmeriGroup, Elevance, Blue Cross Blue Shield, Atrio, Baylor Scott & White, Brand New Day, Bright Health, Care N' Care, CarePartners of CT, Cigna Healthcare, Clover Health, ConnectiCare, Devoted, Emblem Health, Freedom & Optimum HealthCare, Geisinger Gold, Highmark, Humana, Kaiser Permanente, Molina Healthcare, MoreCare, Priority Health, Simply Health, UnitedHealthcare®, UPMC Health Plan, Viva Health, WellCare/Centene, Zing.