

## MEDICARE SUPPLEMENT/ADVANTAGE SCRIPT

### AGENT SCRIPT!!

HELLO (CUST. FIRST NAME)? THIS IS (AGENT NAME) WITH LEGACY MEDICARE BROKERS AND I'M A LICENSED AGENT. I'M CALLING REGARDING RECENT CHANGES IN MEDICARE HEALTH INSURANCE AND YOUR RECENT INQUIRY AND I JUST WANT TO CONFIRM THE INFO YOU PROVIDED TO US.

THIS CALL MAY BE MONITORED OR RECORDED FOR QUALITY CONTROL AND TRAINING PURPOSES

CAN YOU PLEASE CONFIRM:

- YOUR FIRST AND LAST NAME
- STATE
- ZIP CODE
- BEST CONTACT PHONE NUMBER

NOW I UNDERSTAND YOU'RE WANTING TO REVIEW YOUR MEDICARE OPTIONS FOR THIS YEAR, RIGHT?

Great! GRAB A PEN AND PAPER, SO I CAN GIVE YOU ALL OF MY INFORMATION (*my name is AGENT FIRST AND LAST NAME I'm with Legacy Medicare Brokers, my direct toll free # is 888-387-9123 ext. xxxx\**)

NOW DO ME A FAVOR AND GO GET YOUR REDWHITEANDBLUE MEDICARE CARD IF YOU DON'T HAVE IT HANDY ALREADY, SO I CAN PULL UP WHAT YOU HAVE AND WHAT YOU'RE ELIGIBLE FOR IN YOUR AREA.

Great! Now I just want to ask you a few basic questions to see if changing your Medicare plan is even the best option for you.

Are you married?

**IF YES** - Is your spouse also on Medicare?

1. Now I assume you currently have Medicare insurance, correct?
2. Do you remember who your plan is with?
3. What is your current monthly cost for your Medicare Plan?
4. Does your Medicare plan include coverage for Dental and Vision?
5. Are you taking any prescriptions?
6. Do you have to pay any co-pays higher than \$8.00 for your prescriptions?
7. Do you have any out of pocket expenses when you use that plan at the doctor or hospital?
8. Lastly, based on income a lot of people can qualify to lower, or even eliminate all their costs for Doctor and Hospital stays. Is your income less than **\$1,581 in 2019 (\$2,134 for couples) per month? (if so, they qualify for extra help or more)**

Now, if I were to find you a Medicare plan that has a lower monthly payment and/or provide lower copays than you are paying right now, would that be something that would work for you? Great! Do you have that pen and paper handy? I'm going to give you some information.

**[IF CLIENT HAS MED SUPP CLICK HERE FOR MEDICARE SUPPLEMENT SCRIPT](#)**

**[IF CLIENT HAS AN ADVANTAGE PLAN CLICK HERE FOR MEDICARE ADVANTAGE SCRIPT](#)**

## MEDICARE SUPPLEMENT/ADVANTAGE SCRIPT

### MEDICARE SUPPLEMENT SCRIPT

**IF CLIENT IS ON A MED SUPPLEMENT, SHOP THEIR PLAN AND TRY TO GET THEM THE SAME COVG FOR A LOWER RATE. F to F, F to G, F to N, G to G, G to N, N to N.**

Now, to help you understand, the Federal Government standardizes all Medicare Supplement plans. Do you know what that means? Federal law requires every company that offers Medicare Supplement plans must have the exact same coverage and must be accepted anywhere Medicare is accepted. The only difference is the monthly payment and the name on your insurance cards. Does that make sense?

Now, my goal is to help you find the exact same coverage that you have now, at a lower rate. Which would be great right!?

#### Quote Supplement Plan

Because you are over 65 there may be medical questions to qualify. In the last two years, have you had any issues with; CANCER, HEART ATTACK, STROKE, COPD, OR DIABETES? – *Check underwriting guidelines if health is questionable then proceed to med supp if they can pass underwriting or if they cannot pass underwriting encourage them to keep their Medicare supplement plan. If the client can no longer afford it and MUST explore MAPD options, [CLICK HERE FOR ADVANTAGE PLAN SCRIPT.](#)*

Here is how the process works. I am going to enter your information into our QUOTING SYSTEM and THE SYSTEM is going to show all the insurance carriers authorized by Medicare to offer supplements in your state. And again, my goal is to help you find the exact same coverage that you have now, at a lower monthly rate.

### QUOTE NEW PLAN WITH LOWER MONTHLY RATE AND TRANSITION TO CLOSE

Now, (Client First) it looks like you currently have (current carrier) plan (current plan) and you're paying (\$XXX.XX) per month now, however, I've found that the EXACT SAME PLAN is available with (new carrier) and they offer it at the lowest rate available in your state at (\$XXX.XX) per month! And as I mentioned previously, all these plans are standardized by the government which means, the only difference is the monthly rate. So, you don't have to worry about changing doctors. So, it would make sense to go with (new carrier) because they're offering the same plan you have now, but at a lower rate, right?

### TRANSITION TO ENROLLMENT

Now, I want to make sure you have all my information. My name is \_\_\_\_\_ and my company is Legacy Medicare Brokers. My National Producer Number is \_\_\_\_\_. We have a great customer service department, but I'll be working with you directly from this point forward throughout the rest of the processes. First, we'll fill out your application together, and then, I'll help you get approved through the medical underwriting process. Once you're approved for your new lower monthly rate, I'll follow up with you and help you cancel your old higher rate with your insurance carrier, but only once we get you approved. After I complete the application with you today, you'll get a few things. If you have an email address, you'll get a copy of your policy, an explanation of benefits, and a copy of your electronic application before we're even off the phone TODAY while you wait on your hard copies from the carrier to come in the mail.

### ENROLLMENT

Now, I have your first name as \_\_\_\_\_ and last name as \_\_\_\_\_, do you have a middle initial you would like on your insurance ID card?

## **MEDICARE SUPPLEMENT/ADVANTAGE SCRIPT**

1. The address we have here is @Customer.street@ , is that where you'd like your hard copies to be mailed to? And is that a house or apt?
2. Is this the best number to reach you? Would you like to add another number the carrier can use to contact you?
3. What's your DOB?
4. And your email address?
5. What's your height and weight?
6. Medicare A and B start Dates?
7. Medicare ID Number?
8. And your Social?

## **BILLING**

Now your first payment for your Medicare Supplement plan is done electronically by bank draft. That will pay for the first month of coverage and will only be billed to you if you get approved through underwriting. Then, you won't have to make another payment until the 1st of (*month after effective date*). Once you're approved, do you prefer to use a checking or savings account? Name of the bank? Are you an authorized user of that account? Routing? Account?

**DO 3-WAY CALL OR CARRIER PROCESS AND PROVIDE THE CLIENT THE POLICY NUMBER.**

**WOULD YOU LIKE TO ADD VISION/DENTAL!**

## **POST CLOSE MEDICARE SUPPLEMENT**

Now, Mr./Mrs. \_\_\_\_\_, I'm glad we were able to help you get your Medicare Supplement in order today. I just want to take a moment to explain the next steps.

1. You should receive a hard copy of your insurance policy and your insurance id cards in the mail in the next 10-14 days. I'll follow up with you in 14 days to make sure you received them, this way I can answer any other questions that may arise between now and then.
2. If you have any questions before I call you, or if you have any friends or family that may need my help, I can be reached at toll free: XXX-XXX-XXXX ext. XXXX. Thank you so much for your time today as well as giving me a chance to earn your business. Have a wonderful day!

## **MEDICARE ADVANTAGE SCRIPT**

Now again, my name is (AGENT NAME) and my national producer number is (NPN). This identifies me as a licensed agent in the state of (CLIENT STATE). The name of my company is (COMPANY NAME), we are state and federally regulated, we have an A+ Rating on the better business bureau, and you can find us on Google and Facebook.

Now, Mr. Mrs. (customer name), you've indicated that you may be interested in a Medicare Advantage Plan also known as Part C, because these plans are regulated by the Centers for Medicare and Medicaid Services, we are required to preform something called a Scope of Appointment prior to discussing any plan benefits or plan details. This is for your protection and ours. Please bear with me, while is set that up for you! **(Complete**

## **MEDICARE SUPPLEMENT/ADVANTAGE SCRIPT**

**recorded scope of appointment before moving forward and make sure to include Part C, Part D, Medicare Supplements, Hospital Indemnity Plans, and Dental/Vision/Hearing Plans on the Scope.)**

And just another couple of quick qualifying questions:

- 1. Do you have an email address?**
- 2. Have you received your new RED, WHITE, AND BLUE MEDICARE CARD YET?**

Ok, I'm going to pull up your information [www.Medicare.gov](http://www.Medicare.gov) to pull up exactly which Medicare Advantage plan you currently on as well as a list of your medications to make sure whichever plan I discuss with you covers all your medications, has your doctors in the plan network, and offers coverage that suits your individualized needs. Grab your Medicare card so I can pull up your info.

**IF NO TO MEDICARE CARD –** Ok, not a problem, I can take your drugs manually without your card info. Grab your list of medications and I'll enter them manually.

### **PUT MEDS IN MEDICARE.GOV AND COMPARE MED ADVANTAGE PLANS.**

#### **(Copy the drug list ID and date)**

Okay, so based on your medication costs, it looks like \_\_\_\_\_ insurance company's HMO/PPO is going to give you the lowest copays for your medications throughout the year.

**(Go over medication costs, doctor/specialist/emergency room, daily hospital, x-ray, mri, ct-scans, and diagnostics co-pays as outlined in the specific plan's Summary of Benefits. Explain it is not a Medicare Supplement Plan. Explain the annual Lock-In provision)**

Your inpatient hospitalization copay is \$\_\_\_ per day for \_\_\_ days. Now, because the largest out of pocket cost that you could incur is your hospital stays, most of my clients take a hospital indemnity plan to cover the gaps, which would pay \$\_\_\_ per day that you're in the hospital and cover those costs for you. This would be a separate policy and would bill separately. Would you like to add that for \$XX.XX per month?

#### **IF HMO**

Because it's an HMO, this means your doctors must be in network for you to be covered. You will also need a referral to see a specialist. If your doctor is not in network, we'll either must find another plan or another doctor, however, emergency room treatment in case of emergency would be covered as in-network. (Check doctors)

#### **IF PPO**

Because it's a PPO, this means you can go to any doctor, but if your doctor or facility is in network, you will pay less. (Check doctors)

### **TRANSITION TO ENROLLMENT**

Okay, so given everything we discussed, NAME OF PLAN is going to my recommendation due to (lower co-pays than current plan / lower drug costs than current plan). Any other plan would have higher co-pays for doctors, hospitals, or medications.

So, the only thing left is to send you to Plan's star ratings, summary of benefits, and evidence of coverage and then submit your enrollment. The only thing that the insurance company needs is to verify all your basic info; name, address, DOB, and that you ARE in fact, ELIGIBLE or ENTITLED to get Medicare. The way they do that is with your Medicare claim number and Part A and B effective dates on your Medicare Card.

### **ENROLLMENT PROCESS**

So, would you like a middle initial on your ID cards or just your first and last name?

1. And is this address \_\_\_\_\_ the best address for the insurance company to have on file for you?
2. Best phone number?
3. Date of Birth?

## **MEDICARE SUPPLEMENT/ADVANTAGE SCRIPT**

4. A and B start date?
5. Medicare Number?

### **WOULD YOU LIKE TO ADD VISION/DENTAL!**

### **POST ENROLLMENT ADVANTAGE**

Now, Mr./Mrs.\_\_\_\_\_, I'm glad we were able to help you get your Medicare Advantage Plan in order today. I just want to take a moment to explain the next steps.

1. You should receive a hard copy of your insurance policy and your insurance id cards in the mail in the next 10-14 days. I'll follow up with you in 14 days to make sure you received them, this way I can answer any other questions that may arise between now and then.
2. If you have any questions before I call you, or if you have any friends or family that may need my help, I can be reached at toll free: XXX-XXX-XXXX ext. XXXX. Thank you so much for your time today as well as giving me a chance to earn your business. Have a wonderful day!