

MEDICARE COMPLIANT SALES SCRIPT

Agent Name: Jason (you can replace with your preferred name)

Client Name: Barbara Thompson (placeholder)

Setting: In-Person Medicare Meeting

Step 1: Introduction & Icebreaker

Jason:

Hi Ms. Barbara! It's great to connect with you today. How's your week going so far?

Barbara:

Oh, it's been pretty good, thank you. Just trying to stay cool in this heat!

Jason:

I hear you! I've been rotating between coffee and iced tea all day just to stay functional. Hopefully you're finding ways to beat the heat too!

Barbara:

Definitely—lots of fans and lemonade.

Jason:

Perfect combo! So, before we dive in— I'd like to let you know that this meeting is for educational purposes only. I'm not here to pressure you into making any decisions, and you're not required to enroll in a plan today. Everything we discuss is confidential and based on your needs.

Also, I want to disclose that I may be compensated by the plan if you choose to enroll—but that won't affect the options I share with you. Do you have a few minutes to go over your Medicare coverage options?

Barbara:

Yes, that's fine.

Step 2: Scope of Appointment

Jason:

Great! Now, before we get started, I want to make sure we're following all Medicare compliance rules. That starts with a quick form called a **Scope of Appointment**. It just outlines what we're allowed to discuss today. We can only discuss health related products, such as Medicare Advantage plans, Prescription Drug Plans, Medicare Supplements, Hospital plans, and Dental/Vision/Hearing plans.

Barbara:

Okay, sounds good.

Jason:

Great! I'm going to send it to you right now via email. You should see an email from me with a secure link. It'll only take a minute to review and sign digitally. Once you've signed it, I'll get a notification on my end, and then we can move forward.

Let me know when you see it—sometimes it lands in the Promotions or Spam folder.

Barbara:

Let me check... Okay, yes—I see it. It says, “Scope of Appointment – Please Sign.”

Jason:

That's the one! Go ahead and open that link, and you'll see a quick overview of what we're going to discuss. Just check the boxes for the plan types you're interested in learning more about—like Medicare Advantage—and add your signature at the bottom.

Let me know when you're done.

Barbara:

All signed!

Jason:

Perfect—thank you! I just received the confirmation. Now we can get started with your Medicare review.

Step 3: Introduction to Medicare

Jason:

Before we dive into specific plan options, I'd like to start with a quick overview of how Medicare works. This will help make sure we're on the same page, and it's especially helpful if you're new to Medicare or just want a refresher. Does that sound okay?

Barbara:

Yes, that would be great.

Jason:

Perfect! So, Medicare is a federal health insurance program for people 65 and older, and for some individuals under 65 with certain disabilities or medical conditions. It has four parts:

- **Medicare Part A – Hospital Insurance**
This helps cover inpatient hospital stays, skilled nursing facility care, hospice, and some home health care. Most people don't pay a premium for Part A if they or their spouse worked and paid Medicare taxes for at least 10 years.
- **Medicare Part B – Medical Insurance**
This helps cover outpatient care like doctor visits, preventive services, lab work, and durable medical equipment. There *is* a monthly premium for Part B, which is set by Medicare and may vary depending on your income.
- **Medicare Part C – Medicare Advantage**
This is an all-in-one alternative to Original Medicare. These plans are offered by private

insurance companies approved by Medicare. They typically include Part A and B coverage, and most also include **Part D prescription drug coverage**, plus extra benefits like dental, vision, hearing, or even fitness programs. Medicare Advantage plans have networks, so it's important to make sure your doctors and hospitals are in-network.

- **Medicare Part D – Prescription Drug Coverage**

This helps cover the cost of prescription medications. Part D plans are also offered by private insurance companies and can be standalone plans or included in a Medicare Advantage plan.

Barbara:

Okay, that's helpful so far.

Jason:

Great! And lastly, there's something called a **Medicare Supplement**, or Medigap policy. These are different from Medicare Advantage plans. They help pay some of the out-of-pocket costs that Original Medicare doesn't cover—like deductibles, coinsurance, and copays—but they don't include drug coverage, so you'd still need a separate Part D plan.

So, you have three options: keep only Original Medicare, Parts A and B, add Part D and/or a Medigap plan, or choose a Medicare Advantage plan that combines your coverage into one plan covering Parts A, B, and D.

Jason:

Now let's take a look at some of the major differences between Original Medicare and adding a Medicare Supplement or Medicare Advantage plan.

- **Providers** – With Original Medicare and Medicare Supplements you can go to any doctor or hospital that takes Medicare. Medicare Advantage plans usually require you to use providers in the plan's network.
- **Referrals** – You're usually not required to get a referral to see a specialist with any of these options. However, Medicare Advantage plans may sometimes require a referral.
- **Out-of-Pocket Maximum** – One of the most important things to understand is that Original Medicare has no out-of-pocket maximum. This means if you only have Original Medicare, you're responsible for 20% of all medical costs, no matter how high the bill. That's why it's wise to add extra coverage—either a Medicare Supplement, which pays the 20% that Medicare doesn't, or a Medicare Advantage plan, which includes an annual out-of-pocket maximum. For 2025, the maximum allowed is \$9,350, though most carriers set much lower limits.
- **Premium** – With Original Medicare, if you've paid into Medicare, you typically won't have a Part A premium. The standard Part B premium in 2025 is \$185, though it may be higher depending on your income. If you choose a Medicare Supplement (Medigap) plan, you'll continue paying your Part B premium plus an additional premium for the supplement itself, which varies by carrier and plan. You'll also need a separate premium for a prescription drug plan. If you choose a Medicare Advantage plan, you'll still pay your Part B premium, and some Advantage plans may also have an additional premium—though many are available with \$0 premiums.
- **Covered Services** – Original Medicare covers most medically necessary services, Medicare Supplements cover everything covered by Original Medicare, and Medicare

Advantage plans are required to cover everything covered by Original Medicare, but usually cover additional services, such as dental, vision, and hearing.

- **Prescription Drugs** – With Original Medicare and Medicare Supplement plans, you can purchase a standalone prescription drug plan. For Medicare Advantage plans, you must get your prescription drug coverage from the plan. You cannot purchase a standalone prescription drug plan with a Medicare Advantage plan.
- **Underwriting** – Original Medicare and Medicare Advantage plans do not require underwriting—you are guaranteed approval regardless of your medical history. Medicare Supplement (Medigap) plans guarantee approval only when you first become eligible for Medicare. After that initial enrollment period, you may be required to go through medical underwriting, and coverage can be denied based on health conditions.

That's a quick Medicare 101! Do you have any questions before we move into reviewing your needs?

Barbara:

No, that makes sense so far. Thanks for explaining it that way.

Jason:

Great! Thanks for going through that Medicare overview with me. Now, before I show you any plan options, I'd like to go through a short Needs Assessment. This helps me understand your situation better so I can match you with the plan that truly fits your needs. Some of the questions may be a little personal, but your answers will stay confidential and help us avoid any surprises down the road. Sound okay?

Barbara:

Sure, that's fine.

Step 4: Needs Assessment

Jason:

Great! First, just a few details to get us started.

1. What is your full legal name?
2. Date of birth?
3. Address and zip code?
4. Phone number and email address?

Jason:

Now let's talk about your current Medicare coverage.

1. Are you currently enrolled in Medicare Part A and B?
If yes: What is your MBI number and what's your effective date for Part A and Part B?
2. Do you currently have a Medicare Advantage Plan, Medigap, or a Part D drug plan?
If yes: Which plan and carrier are you currently with? What do you like or not like about your current plan?

Jason: Let's go over your prescription medications now. This is one of the most important steps in finding the right plan.

1. Can you list all the medications you currently take, including the dosage and how often you take them?
(*Record name, dosage, frequency, brand/generic, and quantity per month.*)
2. What pharmacy do you use to fill your prescriptions?

Jason:

Next, I want to make sure that any plan we consider includes your doctors and hospitals in the network.

1. Who is your Primary Care Physician (PCP)?
 - o Full name, clinic/hospital name, and city
2. Do you see any specialists regularly?
 - o Name and type
3. Are you willing to consider switching doctors if needed to get better benefits or coverage?

Jason:

Now I'll ask a few questions about your health needs to make sure the plan we choose will give you the best possible coverage.

1. How often do you typically see a doctor or specialist?
2. Do you have any chronic conditions such as diabetes, COPD, heart disease, etc.?
 - o If yes, which ones?
3. Do you currently receive any home health care or physical therapy?
4. Do you need transportation to your medical appointments?
5. Do you wear glasses or contacts?
6. Do you use hearing aids or need a hearing exam?
7. Would you use dental coverage if it were included in the plan?
8. Would you use a fitness program or gym membership if it were free with the plan?
9. Would you be interested in meals delivered after a hospital stay or help with things like over-the-counter medications or utility bills?

Jason:

We'll also look at what kind of monthly cost, if any, you're comfortable with.

1. Are you currently receiving any government assistance like Medicaid, Extra Help (LIS), or SSI?
 - o If yes, do you have your Medicaid ID or know your level of assistance?
2. Are you currently receiving any Low-Income Subsidy for drug costs?
3. Do you currently pay a premium for your plan? If so, how much?
4. Would you prefer a \$0-premium plan, or are you open to paying a bit more for lower out-of-pocket costs or extra benefits?
5. Do you qualify for VA or TRICARE benefits?

Jason:

Thank you so much for sharing that with me. To confirm what I'm hearing (response based on client feedback):

- You'd like to stay with your current doctor and use your neighborhood pharmacy
- You're looking for something with dental and vision
- And you'd prefer low out-of-pocket costs even if it means a small premium, is that right?

Barbara:

Yes, that all sounds right.

Jason:

Thanks again for walking through the Needs Assessment with me. The next step is to verify your eligibility to make sure we're only looking at the plans you qualify for. I'll check your Medicare status, and also whether you receive any assistance like Medicaid or Extra Help with prescription drug costs. This only takes a few minutes.

Barbara:

Sure, go ahead.

Step 5: Eligibility Verification

Jason:

First, let's make sure your Medicare Part A and Part B are active.

Can you confirm:

1. Your Medicare Beneficiary ID number (it's on your red, white, and blue Medicare card)?
2. Your effective dates for Part A and Part B?
3. Your date of birth?

(Client provides MBI and dates. Agent enters into verification tool.)

****Note: don't ever assume someone's Medicaid status. Always complete eligibility verification.***

Jason:

Great, give me just a moment while I check your eligibility online...

Jason:

Okay, I see here that your Medicare Part A became effective on [Month/Year] and your Part B started on [Month/Year]—so you're fully eligible to enroll in a Medicare Advantage or Medicare Prescription Drug Plan. That's perfect.

Jason:

Now let's check if you have Medicaid. Sometimes people qualify for both Medicare and Medicaid, which can give you access to special plans with extra benefits. Can you tell me:

1. Do you currently have a Medicaid card?

2. If yes, what's your Medicaid ID number, if you have it handy? I can also check using your Social Security number.

(Agent verifies LIS and Medicaid level—QMB, SLMB, FBDE, etc.)

Jason:

Thanks! According to what I see here, you're listed as a [e.g., QMB – Qualified Medicare Beneficiary]. That's a full-benefit level, meaning you don't pay Medicare deductibles or copays, and you may qualify for a Dual Special Needs Plan with \$0 premiums and extra coverage like dental, vision, and OTC. It looks like you also have Level 3 LIS, meaning your prescription drug costs and premiums are fully covered.

Jason:

Thanks for confirming all that. So just to summarize:

- You're enrolled in Medicare Parts A and B
- You have Medicaid, QMB level, and
- You qualify for level 3 LIS

With that info, I'll now review plans available in your area that you qualify for—making sure your doctors are in network, your prescriptions are covered, and you get the most benefits for the lowest cost.

Barbara:

That sounds great!

Step 6: Recommendation

Jason:

The next step is to verify your preferred doctors and prescriptions to make sure we're choosing a plan that keeps your care uninterrupted and affordable.

Jason:

Let's start with your doctors. I'm going to look those up in the system now to confirm if they are in-network with the plans we'll be reviewing.

(Pause to search doctors in the platform or carrier portal)

Both Dr. Wallace and Dr. Patel are in-network with all of the plans available in your area. Dr. Nguyen is out-of-network with a few plans. Would you be open to switching to an in-network provider to lower your costs or is it important to stay with Dr. Nguyen? If so, I'll make a note to avoid those.

Jason:

Now let's check your medications. I'm going to run a quick cost analysis to determine which plans cover your medications and to find out what your annual drug costs would be for each.
(Pause to enter drugs, dosage, and preferred pharmacy into plan comparison tool)

After checking:

All three medications are **covered** on the plans in your area. On some plans, Lisinopril and Metformin are Tier 1 generics with **\$0 copays**, and Atorvastatin may have a small copay—around \$4 to \$10 depending on the plan, but since you have Level 3 LIS, your copay will be \$0 for that medication, as well.

Jason:

So, based on what you've shared: Your doctors are in-network with several plans, and your prescriptions are covered and can be filled at no cost to you.

Jason:

Now that we've confirmed your eligibility, doctors, and prescriptions, I'm going to walk you through a few plan options that fit your needs. Before we begin, I want to remind you that I am licensed and appointed with multiple insurance carriers, and my goal is to help you choose a plan that meets your needs—not to promote any specific plan or company. So, let's look at some options!

(Pause to review and compare plans)

Jason:

So, now that we've reviewed your options, which plan do you think best suits your needs?

Barbara:

I think I'd like to enroll in the Humana Gold Plus DSNP.

Step 7: Plan Review

Jason:

Perfect! Before we complete your enrollment today, we'll review several items, including the plan's Star Rating, the Summary of Benefits, and a short video presentation.

First, this plan has a Star Rating of 4.5 out of 5 for the current year. These ratings are provided by Medicare and reflect the quality and performance of the plan in areas such as customer service, drug safety, and member satisfaction.

Now, I'm going to review the Summary of Benefits for this plan with you. This is a breakdown of what the plan covers, including medical, hospital, and prescription costs. We'll go over each section together.

Review Outline (example dialogue for each section):

- Monthly premium: "This plan has a \$0 monthly premium."

- Primary care visits: “You’ll pay \$0 to see your primary care doctor.”
- Specialist visits: “You’ll pay \$30 for most specialist visits.”
- Hospital stays: “There’s a \$325 per day copay for the first five days.”
- Drug coverage: “Your prescriptions fall into Tier 1 and Tier 2, which means you’ll pay \$0–\$10 per month.”
- Dental, vision, hearing: “This plan includes preventive dental, eye exams, and hearing aid discounts.”
- Over-the-counter benefits: “You receive \$50 per quarter to spend on eligible health products.”

(Pause to confirm after each section):

“Does that sound like it would work for you?”

“Do you have any questions about that section?”

As part of the compliance process, I recommend that we watch a brief Sales Video from Humana. It covers the key plan benefits, cost sharing, and enrollment information, as well as some basic Medicare information.

Would you like me to play it now?

Barbara:

No, that’s okay—I’m comfortable moving forward without it.

(If declined, note that video was offered.)

Jason:

No problem. Finally, before we move forward, Medicare requires that I review the Pre-Enrollment Checklist with you. This ensures you understand your rights and responsibilities when enrolling in this plan.

I’m going to read each point and ask you to confirm your understanding.

1. You understand you’re enrolling in a Medicare Advantage Plan and not a Medicare Supplement.
2. You understand the plan’s premium and out-of-pocket costs.
3. You understand how the plan’s network works and that using out-of-network providers may result in higher costs.
4. You understand the drug coverage provided and that formularies may change annually.
5. You understand you must continue to pay your Part B premium.
6. You understand the plan may change each year and you’ll receive an Annual Notice of Change (ANOC).
7. You understand the enrollment is subject to eligibility verification and CMS approval.

Barbara:

Yes, I understand all of that.

Jason:

So, to confirm, would you like to enroll in the Humana Gold Plus D-SNP?

Barbara:

Yes, I'd like to move forward with this plan.

Step 8: Complete the Transaction

Jason:

Perfect! The next step is to complete the application and submit it to the carrier for approval. As part of that, we'll also complete a Health Risk Assessment, which is optional—but it helps the plan better coordinate your care. Shall we begin?

Barbara:

Let's do it!

Jason:

Alright, Ms. Barbara, now that you've selected the Gold Plus DSNP from Humana, we'll go ahead and complete the enrollment application. I'll ask you a few questions required by Medicare and the plan, and then I'll submit the application on your behalf. I'll let you know when I send it through.

Jason:

Let's start with the basic information for the application.

Agent confirms and inputs the following:

- Full Legal Name
- Date of Birth
- Medicare Number (from Medicare card)
- Effective dates of Part A and B
- Mailing address
- Phone number and email
- Preferred language (if other than English)

Jason:

Next, I need to verify that you're eligible to enroll. You're currently in your [Initial Enrollment Period / Annual Enrollment Period / Special Enrollment Period], so you do qualify.

Now, I'll go through a few plan-specific questions like your Primary Care Provider (PCP) name and preferred pharmacy.

Barbara:

Yes, my PCP is Dr. Wallace, and I like using CVS.

Jason:

Perfect. I've noted both, and they are in-network with this plan.

Now, I'll submit the application electronically. Just one moment while I finalize that...

[Advisor clicks submit]

...And it's submitted!

Jason:

Now, before we wrap up, there's one more optional step I'd recommend—the Health Risk Assessment, or HRA. It's not required to enroll, but here's why it's helpful:

- It helps the plan and your doctor identify potential health risks
- It supports care coordination and preventive services
- You may qualify for wellness resources or additional benefits

Would you like to complete it now? It only takes about 5–7 minutes.

Barbara:

Sure, let's do it.

Jason:

Thank you. Let's begin. Just answer honestly—this is only shared with your health plan to help manage your care and won't in any way affect your enrollment in the plan.

(Advisor completes Health Risk Assessment asking each question)

Jason:

Thanks for completing that. I'll submit your HRA along with your application—it helps ensure you get the support and care you need.

Jason:

That wraps up the enrollment and HRA process, Mrs. Thompson. The last thing we'll go over are your next steps.

Step 9: Next Steps

Jason:

1. First, you'll get a short email from **Couvillier Advisors** asking for a review of my service. Totally optional—but if you found this helpful today, I'd be grateful if you could share a few words. It helps other people find someone they can trust.
2. If there are any issues with your application, I'll reach out directly and help you resolve it quickly.
3. Once your application is approved, you'll receive an email with your official policy number.

4. Once your enrollment is processed and approved, they'll send your official Member ID card in the mail. This typically takes 7 to 10 business days, but during peak times, it might take a bit longer.
5. After everything is approved, I'll personally follow up with you in about 2–3 weeks to make sure you received your Member ID card, you understand how to use your new plan, and you're accessing your benefits like prescriptions, primary care, and any extra services. During that call, we'll also schedule a full Needs Assessment to review other areas where I might be able to help—such as life insurance or financial wellness resources.

Jason:

I want you to know that I'm here for you year-round—not just during enrollment. If your doctors change, your prescriptions change, or you get any mail that's confusing, don't hesitate to call or email me. That's what I'm here for.

Barbara:

Thank you so much, Jason. This has been really helpful—much clearer than I expected.

Jason:

You're welcome. One last thing before I go! Would you mind taking a quick picture with me? I always send a copy to my clients so they have a little memory of the day—and I also help you save my contact info in your phone with the photo. That way, if anything ever happens, your spouse or someone else can easily find me.

Barbara:

Sure, I'd like that!

Jason:

Awesome. I'll send the picture to you right after we take it—and I can even help you save my contact with the photo as your image for quick reference. It only takes a second.

(They take a friendly, professional photo together. Jason texts it to Lisa and walks her through saving his contact with the photo in her phone.)

Jason:

Thanks again, Ms. Barbara, for allowing me to assist you with your Medicare needs. It's truly my pleasure to help you navigate this. I'll be in touch soon, but don't hesitate to reach out before then. Have a great rest of your day!