

# Presentation of Benefits

Job Aid – CPL-ISO-155a

As licensed agents you are responsible for ensuring that beneficiaries fully understand their plan. Refer to the guidelines below to help you deliver a compliant presentation, minimizing the risk of complaints and maximizing understanding. *Note: This is not a full list. For a detailed description, please consult your script and other resources.*

## Core Elements for a Compliant Presentation

Know the Plans	Communicate Clearly
As an agent you need to know the plans you offer. This includes the plan details and providing all plan disclosures. Misquoting critical details – such as co-pays, deductibles, or co-insurance – is harmful to the beneficiary and could result in a complaint.	Work to make sure you are communicating the plan details in a way that ensures the beneficiary fully understands them. Use short, simple sentences, avoid words the beneficiary may not know, and check for beneficiary comprehension. Always be precise and avoid making vague statements.

## Key Benefit Reminders

<b>Disclose All Benefits</b>	Present and explain the Summary of Benefits in its entirety. Clearly cite all benefits and elaborate on the ones that appear to be important to the beneficiary based on their questions and preferences.
<b>Network Coverage</b>	Offer to check all of a beneficiary's doctors, providers, and preferred locations (hospitals, pharmacies, clinics) to determine if they are in network. If you determine that any are out-of-network, make it very clear that the beneficiary may see higher out-of-pocket costs. Inform the beneficiary about coverage outside the United States.
<b>Medication Coverage, Tiers and Costs</b>	Always verify that specific medications are covered, explain the different tiers, costs for mail orders vs retail, and in-network vs. out-of-network. Explain that costs may differ based on pharmacy type or status (for example, preferred/non-preferred, mail order, long-term care (LTC) or home infusion, and 30-or 90-day supply)
<b>Benefits that Drive Allegations</b>	Some benefits are often more likely to cause a beneficiary to file a complaint. Ensure you are providing clear guidance on: <ul style="list-style-type: none"><li>• Spending account cards, including allowance types</li><li>• Dental, vision and hearing benefits, including whether a beneficiary is looking for standalone or a MA plan with these benefits</li><li>• Transportation</li></ul>

## Additional Reminders

- Review any additional benefits requested by the beneficiary
- Confirm you're speaking directly with the decision-maker prior to beginning the presentation of benefits
- Advise dual beneficiaries of the **potential for change** should their level of subsidy, extra help, or Medicaid change
- Clarify details about plan types (HMO, PPO, PFFS)
- For CSNP enrollments, confirm qualifying conditions and inform of the need for completion of a Verification of Chronic Condition (VCC) form.