

# 2026 YPC Sales Script – Field Agent Telesales Use ONLY

**Purpose:** Field agents must use an approved script for all telephonic sales activities. This script is intended for use by field agents and agencies selling telephonically and contracted through YPC for MA and PDP products and cannot be used by call centers or call center agents.

**Note:** Call center agents are not permitted to use this material and must use the YPC Call Center Script.

## OPENING / INTRODUCTION

“Hello and thank you for calling, my name is [Agent Name], I am a Licensed Insurance Agent here at [Your Agency Name]. Please know our call will be recorded; is it ok if I continue?”

- **IF NO:** “It is only being recorded for training and required regulatory purposes, and to make sure I am helping you to the best of my ability. Are you sure you do not want to continue to review your Medicare options today?”

**\*End call if appropriate**

## TPMO DISCLOSURE (MUST READ VERBATIM)

“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.”

**Number of organizations & plans can be found in SunFire using client's zip code**

“You are calling today to review your Medicare coverage options, is that correct?”

- **IF YES:** “Perfect, I am happy to help. To see if I can help you with your Medicare request, what is your zip code?”
- **IF NO:** “Well, I am a licensed insurance agent and since you have me on the phone already, what questions about your Medicare coverage can I answer for you?”
  - **IF YES** “That’s a good question, so I can better assist you, what is your zip code?”
  - **IF NO (client wants information on claims, billing, etc.) \*Assist lead in getting pointed in the right direction, then** “Well, I am a licensed insurance agent ready to help you review your current Medicare coverage today to see what may be available to you in 2026, but if [call in reason] is all you needed today, I hope you have a great rest of your day.”

**\*End call**

## COLLECTION OF BASIC INFORMATION

"I have your name as [Repeat Clients full name] and your zip code as: [repeat zip code]. Do you mind repeating that back to me? What county is that zip code located in?"

**(Or if you don't have client's info)** "What is your name and current zip code? What county is that?"

"Perfect, in case we get disconnected during this call, you can reach me directly by calling [Agent/agency phone number]. May I also have a phone number to call you back in case we are disconnected?"

**Agent Note:** *Permission is for one time use only.*

## TCPA DISCLAIMER

"Do <I/Agency Name> have permission to contact you in the future about Plan information and your enrollment options? Your consent is voluntary, allowing <me/agency> to contact you via text messaging or auto dialing to discuss information about Medicare Insurance plans. You can change your preferences at any time without affecting your eligibility for Plan enrollment or benefits. Carrier data charges may apply."

**Agent Note:** *If "YES", confirm consumer's phone number. If "NO", document client's response and follow DNC procedures.*

"Amazing, and are you looking for yourself or someone else today Mr./Mrs. [name of beneficiary]?"

- **IF LOOKING FOR SOMEONE ELSE:** "Great! Glad you are getting this handled on their behalf. What is your relationship to the beneficiary? I can give you general information about the Medicare plans, but we'll need to bring them on the phone if they decide they want to enroll, ok?"

"Are you going to be responsible for making your own health care decisions today as well?"

- **IF NO:** "Ok, since you cannot make any Medicare related decisions today, I still want to ensure we are getting you that well needed review of your plan for 2026. Can we add the decision maker to the call? *(Try to schedule a different time to discuss if they are not available).*"
- **IF YES: (Once they are added to the call)** "Ok, may I have your name, and your relationship to the beneficiary? Are you the legal representative or someone who is legally authorized to act on behalf of the beneficiary under the applicable state law? And can you provide written documentation evidencing your authority if requested by CMS? For example, do you have a durable Power of Attorney, or a court appointed guardianship?"
  - **IF YES:** "Thank you. My name is [Agent Name], I am a Licensed Insurance Agent here at [Your Agency Name]. 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. I do need to let you know this call is being recorded. Do I have your permission to continue?"
    - **IF YES: Continue**
    - **IF NO: Close call**
  - **IF NO:** "We will be shopping for Medicare plans and the plan you select could change your health insurance coverage. If you have someone who helps you make healthcare decisions, are you sure you would not like to add them on the line to help you decide what is best for you?"

**Agent note:** Even if the beneficiary does not want the person on the call, agent should keep this in consideration throughout the call, be on the lookout for enrollee comprehension issues, and ensure the beneficiary has time/opportunity to consult with the individual prior to enrolling “Now, what is your current coverage?”

- **IF CLIENT KNOWS COVERAGE TYPE:** “Great, so you have [repeat coverage back to them and state if it is a carrier you represent].”
- **IF THE CLIENT DOESN'T KNOW COVERAGE TYPE:** “No worries I can still help you with that!”

“I do believe reviewing everything available to you is important so we can find the plan to best suit your needs, but before we get started, I have a couple more statements I must read to you so hang tight while I collect these remaining questions.”

## SCOPE (MUST READ VERBATIM)

**Agent Note:** For outbound calls, you must have a valid Permission to Contact or Business Reply Card already completed by the beneficiary, as well as a completed SOA, dated at least 48 hours prior to the outbound call/appointment. If you do not have a SOA dated at least 48 hours to the outbound call/appointment with no applicable exception, schedule appointment and close the call.

“I work for [agency name], and in your area, we have a wide variety of plans such as [Medicare Advantage plans, Medicare Advantage Prescription Drug plans, Stand-alone Prescription Drug plans, Medicare Supplements Insurance Plans, Optional Supplemental Benefits (OSBs), Stand-Alone Vision, Stand-Alone Dental]”. **(Agent to list out all product types available)**. “Would you like to discuss all of these options or are you only interested in certain ones?” **(Must wait for an affirmative response and proceed accordingly based on beneficiary's choice)**. “I can give you a brief overview of each of these plans on today's date [DATE], then you can decide which plan might be best for you based on your needs. Would that be ok?” **(Agent to wait for response)**.

“This conversation has no effect on your current or future health coverage unless you enroll in a plan today. Talking to me does not obligate you to enroll or automatically enroll you in a plan.” **(An affirmative response is required)**. **Inform caller of available plans in the area (mention ALL that are available)**.

## PRIVACY DISCLAIMER (MUST READ VERBATIM)

“Please be aware that you are not required to give any health-related information unless it will be used to determine your enrollment eligibility in the plan. If you choose not to provide the health information that is necessary to determine enrollment eligibility, then you may not be able to enroll.”

“Remember like I mentioned earlier, I am licensed and appointed with Medicare carriers in your area. That means I will do a DEEP DIVE into your coverage options today to ensure we are reviewing plans in your area with additional benefits. One thing about Medicare advantage plans is that they change each year. Meaning their copays, out of pocket costs, and even the additional benefits can change. It is extremely important to make sure you shop and compare your coverage each year.”

“Please note that <Partner/Agency> represents Medicare Advantage [HMO, PPO, PFFS, and PDP] organizations that have a Medicare contract. Enrollment depends on the plan's contract renewal.”

**Agent Note:** If caller does not want to provide this information, you must move forward without it.

“Do you currently have, or will soon have, Medicare Parts A & B?”

- **IF YES:** Continue
- **IF NO:** “I'm sorry, but you do not qualify for a Medicare health plan currently, but would you like to hear more about dental, vision, and hospital indemnity plans in your area?”

- **IF NO:** “Please give us a call back around three months prior to your Medicare benefits becoming effective.”  
Go to “COURTESY CLOSE 1”
- **IF YES:** Answer consumer’s questions and provide guidance as applicable.

**If consumer only has Part A or B:** “I’m sorry, but right now you don’t qualify for a Medicare health plan; however, you may qualify for a Part D plan which only requires Medicare Part A and/or B. Would you like to hear about Part D plans only or other Medicare health plans in your area?”

- **IF YES:** Continue
- **If consumer is interested in other Medicare plans:** Answer questions and provide guidance as applicable.

**(ONLY READ IF IN AEP)** “Since this is the Medicare Advantage and prescription Drug Plan Annual Enrollment Period, you are automatically qualified to enroll in a plan!”

“Do you give me permission to use this information to look up your current situation and provide the best recommendations based on other available plans in your area?”

“Do you give me permission to use this information to look up your current situation and provide the best recommendations based on other available plans in your area?”

- **IF YES: (Move on to needs analysis)**
- **IF NO:** “This information will not be shared outside of our enrollment platform and will only grant me access to what may be available to you this upcoming enrollment year. But if you do not wish to continue, we do not have to conduct your review today.”

## NEEDS ANALYSIS

### **\*Determine beneficiaries’ current coverage with SunFire\***

“Are you on any other coverage currently such as an Employer, Individual Major Medical, Employer Group Medicare plan, retirement benefits for healthcare, VA benefits or Tricare for Life/CHAMPVA?”

**Agent Note:** VA Healthcare benefits are different from Tricare for Life and ChampVA.

- **IF NO:** Continue to next qualifier section
- **IF YES:** Agent must explain how current coverage may be affected.
- **IF EMPLOYER OR UNION:** “Enrolling in a Medicare Advantage Plan may impact your ability to keep your Employer or Union health coverage. You or your dependents could lose your other health or drug coverage completely and not get it back if you join. If you are unsure of how it may be affected, you can review the communications your employer or union sends you, visit their website, or contact the office listed in their communications. If there isn’t any information on whom to contact, <your/their> benefits administrator or the office that answers questions about <your/their> coverage can help.”
- “Have you already spoken with your benefits administrator and still wish to continue with the enrollment application?”
  - **IF YES:** Continue
  - **IF NO:** Close call
- **IF INDIVIDUAL:** ask if they will be ending that coverage to prevent duplication of coverage.

- **IF VA:** "VA Healthcare and Medicare Advantage are separate. VA Healthcare cannot bill Medicare Advantage and Medicare Advantage cannot bill the VA. You cannot leverage both VA coverage and an MA plan on any given service/claim. You will either use the VA for VA covered services and prescriptions or the MA plan for civilian doctors and hospitals. Having a Medicare Advantage plan will not disrupt VA healthcare services. An MA plan may be helpful to consider for those with VA as it would allow access to additional civilian providers within the MA plan network."
- **IF TRICARE FOR LIFE OR CHAMPVA:** "Benefits with Tricare for Life or ChampVA are generally more comprehensive than most other types of coverage available but enrolling in a Medicare plan may affect your Tricare or ChampVA. For example, claims will pay differently & require coordination by the beneficiary and provider, Tricare/ChampVA will become the secondary insurance if an MA/MAPD plan is selected, you will be limited to the network of providers on the MA/MAPD plan, and the MA/MAPD plan cannot only be utilized for additional benefits like dental or hearing. Therefore, while they can enroll in an MA/MAPD plan, it's not recommended."

"Do you still wish to proceed with this call to learn about MA/MAPD options?"

- **IF NO:** *\*End the call*

"Now that we have determined your Medicare coverage, are you also on Medicaid or LIS?"

- **IF YES:** *(Make note to offer a review of D-SNP plans later)*

**\*Refer to Supplement Guide for overview of election periods beneficiary is eligible for\***

"When it comes to Medicare Advantage, many plans come with dental, vision, hearing, over the counter, and transportation benefits. But what separates these plans are the amount of each benefit you receive and the copays and out of pocket costs."

**Agent Note:** *Agents must not state a benefit that is not available in the service area*

"Which of those benefits do you feel are most important to you?" *(Client states benefit)*

"Ok great! I will make sure to find a plan that gives you *(benefit they chose.)*"

"Are there any carriers you would like me to look at specifically, or that you would like me to avoid? Sounds good, I will make sure to find a plan with / without [stated carrier]"

"Do you give me permission to discuss your drugs and doctors today?"

- **IF YES:** "Are there any Medications we need to make sure that are covered in this plan?"
  - **IF YES:** Great go ahead and grab your medication list and I will add them.

**Agent Note:** properly identify drug, name, correct form, size, dosage, and frequency.

- **IF NO:** "Not a problem. But before we continue, I would like you to know that not all prescriptions are covered by all plans and cost may differ between plans as well. I suggest if you do have prescriptions, we look them up since it is important to ensure they will be covered on the plan you select, to have an idea of the costs. We can also do this later in the process, prior to enrollment, if you prefer. So, if you change your mind and would like me to look something up let me know."

### **MUST ALWAYS OFFER TO CHECK PHARMACY NETWORK**

"Is there a pharmacy you would like to make sure is in Network?"

**Agent Note:** Explain they will need to pick a new pharmacy if their current pharmacy is not in the plan's network. If enrollee's pharmacy is standard and the plan has a preferred pharmacy network, discuss preferred pharmacies and offer to help enrollee select a preferred pharmacy as appropriate.

### **MUST ALWAYS OFFER TO REVIEW PROVIDER NETWORK STATUS**

**Agent Note:** This information is crucial to properly communicate to the beneficiary whether their PCP is in or out of network. If out of network, explain that they will need to choose new ones or pay out of pocket.

"Do you have a primary doctor and any specialists that you would like to make sure are in network?"

- **IF YES:** "Who are your doctors?"
- **IF NO:** **If a client has no PCP and you are looking at HMOs, offer to find one close to home.**

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

"Are there any other preferred facilities that need to be in network?"

- **IF APPLICABLE:** Explain HMO you must stay within network for the plan to pay EXCEPT for emergent and Urgent OR if it is PPO allows you to see any doctors you want however if you go out of network you may experience some additional cost sharing.

**Agent Note:** Explain physician referral is required or not required.

"Are there any preferred hospitals that need to be in network?"

- **IF APPLICABLE:** Explain that if preferred hospital is not in network they will need to pick an in network hospital

**Agent Note:** Explain physician referral is required or not required.

"Do you have any other healthcare needs that we should consider in our plan search?"

**Agent Note:** Additional examples of questions to ask during the NEADS analysis include, but are not limited to:

- “What do you pay for each?” (**Quantity per month and year.**)
- “What do you enjoy about your current coverage? Any benefits, doctors, hospitals, pharmacy, cost or other feature preferences?”
- “What would you add or alter to have coverage you’d like even more?”
- “What are you hoping to gain by changing your coverage arrangement?”
- “Are you looking for a plan with hearing, dental, and/or vision coverage?”
- “Is anything more important to you – like health vs Rx benefits?”
- “Any preference for plan types, like HMO or PPO?”
- “Is travel or living elsewhere at times part of your lifestyle?”
- “What kind of health plan do you want to enroll in?” (low premium and higher copay, or vice versa)?

“Now [Client Name] I am going to do my best to find a plan where your doctors are in-network but as we talked about earlier, we will focus on getting you a plan with additional benefits.”

“So, what I am going to do now is put you on a brief hold while I sort through [Number of plans in the area] so that we can find a plan that may cover your doctors, prescriptions, and gives you the additional benefits you may be eligible for.” (**Put client on Hold**)

**If Special Needs Plan(s) are available in the caller’s area, before discussing, state:**

“In your area we do offer <Chronic Care and/or Dual Eligible> Special Needs Plan(s). These are plans specifically designed for anyone who:”

- **(If Chronic Care SNP is available:)** “has been diagnosed with <list conditions of available CC SNPs such as, Diabetes, Cardiovascular Disease, etc.>. Would you like to hear more about this plan?”
  - **IF YES:** “There is a physician verification process required to confirm your chronic condition by the end of the first month of enrollment in the new plan. You are responsible for ensuring that the form is completed and returned. If not completed, your enrollment in the C-SNP will be voided. Processes may vary by carrier. Please see your new member materials.”
  - **IF NO:** continue with the call.
- **(If Dual Eligible SNP is available:)** “has both Medicare and Medicaid. Would you like to hear more about this plan?”
  - **IF YES:** “Your ability to enroll in this special needs plan is based on verification that you are entitled to both Medicare and the qualifying level of Medicaid.”
  - **IF NO:** continue with the call.

**Agent Note:** If caller later decides to enroll in a CSNP, the above information will need to be explained

**DURING AEP: 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 {verbatim}:** “[Carrier name, plan type, contract/PBP number] will not be available in this area effective January. 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.”

## CORE BENEFIT REVIEW (STAND ALONE PDP PLAN ONLY)

**(Are there MAPD plans in their area that seem like they may meet their needs?)**

- **IF NO:** “I will be happy to go over the benefits our PDP plans offer with you in more detail.”

**(Review Monthly Premium and plan stages including any Rx deductible, tiers, and cost-shares (at least for 30-day retail), and catastrophic level.)**

**(If not done so already, offer to lookup any medications to determine coverage under the plan. If they decline the offer to look up their prescriptions, remind them):** “I suggest we look them up since, it is possible they may not be covered or require prior authorization and may lead to higher than expected out of pocket costs.”

- **IF YES: Review the advantages of a MAPD plan.** For example, “I will be happy to review our PDP plans with you. We also have plans in your area called Medicare Advantage Prescription Drug plans which combine both medical and prescription drug coverage. Do you mind me asking what you have in place for medical coverage? May I tell you more about our Medicare Advantage plans to see if we have anything that meets all your needs?”
  - **IF YES: (Compare the premiums of a PDP and the MAPD plans in their area. If the caller has medical coverage other than Medicare and tells you how much they pay for their premium, add the cost of their premium to what our PDP premium would be and compare that total to the premium of our MAPD plans in their area.)**
  - **IF NO: (Continue with PDP plan discussion.)**

**(Ask the caller if they have any questions or if they'd like to discuss any other specific benefits of the plan in more detail.)**

- **IF NO: Continue**
- **IF YES: (Answer questions and/or provide details as requested and then continue.)**

**Agent Note:** the prompt to provide other plan details may be indirect, such as a member telling you they need oxygen or transportation. If additional benefits are reviewed, all limitations should be reviewed as well, such as allowances and frequencies on services for dental or vision.

## CORE BENEFIT REVIEW (PPO/PFFS/HMO)

“Based on the information you have given me we have found a plan in your area that may be a good fit for you.”  
(Carrier name, plan name, plan number, and cost)

**(Go over the plan SOB requirement, medication cost breakdown, and doctors.)**



## Required SOB portion:

- Plan Premium {insert dollar amount} per month/quarter/year. [This one only applies if there is a premium >\$0.] If applicable, review current premium vs. another plan premium.
- Part B Premium Reduction (*If Applicable*)
  - "There may be a delay in the application of the Part B premium reduction. The Part B premium reduction is not immediate and may take one or more payment cycles to realize the benefit. Once the reduction takes effect, the back payment of reductions will be realized. Reimbursement varies based on how Part B is paid. If the Part B premium reduction is paid as a Social Security deduction, it will appear as a reduction from the Social Security check. If Part B premium reduction is paid directly, the beneficiary will receive a credit on their premium statement. As a reminder, for this plan, your part B premium reduction will be [amount], however that amount may change based on the amount you pay for Part B."
- Medical/Part B Deductible (*If Applicable*)
- Drug deductibles that exceed \$0
- Pharmacy (Part D) deductible and tiers it applies to (*If Applicable*)
- Maximum Out of Pocket (MOOP) (*If Applicable*) (*In and Out of Network*)
- Acute Inpatient Hospital Care
- Inpatient Hospitalization (State the COPAY and PER DAY amounts) (*In and Out of Network*)
- Outpatient Hospital Care (*In and Out of Network*)
- PCP Copays (*In and OON*)
- Specialist Copays including Mental Health Services (*In and Out of Network*)
- ER, Urgent care Copays-State the amounts (*In and Out of Network*)
- Preventative Care (*In and Out of Network*)
- Coverage outside of the United States
- Key Additional benefits of interest to prospect (*examples but not limited to Lab, SNF, PT, Rehabilitation and Value-Added Dental, Vision, OTC, Hearing, Transportation, Fitness, Podiatry*) **(FOR Dental, Vision, and Hearing (DVH), EXPLAIN THAT THIS IS NOT A DVH RIDER, BUT A FULL PLAN)**
  - Discuss the costs/limitations on dental, vision, and hearing.
  - Review others upon request, such as:
    - *Chiropractic Benefits*
    - *Medical Equipment Benefits*
    - *Catastrophic Coverage*

### ***IF special supplemental benefits for the chronically ill (SSBCI) benefits are mentioned, state:***

"Some of the benefits we've discussed are special supplemental benefits only available to chronically ill enrollees with a qualifying condition, such as <Top Condition 1>, <Top Condition 2>, <Top Condition 3>, <Top Condition 4> and/or <Top Condition 5>. There may be other qualified conditions not listed. Having a qualifying condition does not mean you will receive the benefit; coverage depends on being determined a "chronically ill enrollee."

**Agent Note:** If a SSBCI benefit is being presented, ensure that the consumer understands what is required to qualify and how to qualify for the benefit, which may include confirming with their doctors that they have a qualifying condition in order to receive the additional benefits. Additionally, they should understand that certain SSBCI benefits will be included as income by the U.S. Department of Housing and Urban Development. The SSBCI disclaimer and HUD disclaimers can be used for reference.

**IF Value-Based Insurance Design (VBID) benefits are mentioned, state Member Allowance disclaimer:**

"Members may receive a monthly or quarterly allowance in the form of a benefits prepaid card to pay for a wide range of approved [groceries] [and] [utilities]. Unused amounts will expire at the end of the month or quarter".

**IF VBID Transportation benefits are mentioned, state:**

"Transportation services are issued as one-way trips and provided on an annual basis. Benefits vary by plan."

**Agent Note:** If stating the number of rides, be sure to include "one-way" in the language to meet form/frequency/amount requirements. Include how to request information in an alternative language or format, and on a standing basis.

"Do you have any outstanding questions or want to dive into any of these benefits in more detail?"

- **IF YES:** answer questions and/or provide the plan details as requested and then continue.

**Agent Note:** The prompt to provide other plan details may be indirect, such as a member telling you they need oxygen or transportation. If additional benefits are reviewed, all limitations should be reviewed as well, such as allowances and frequencies on services for dental, vision, and hearing.

## PRESCRIPTION DRUG COVERAGE

**Agent Note:** Are the beneficiary's prescriptions on the formulary? If not, explain that they may have to pay the full price of the prescription.

"All right, [Client Name] Based off the information I gathered, we verified that all your prescriptions are on this plan's formulary."

**When Rx is not on formulary, agent explains that the enrollee may have to pay full price. If agent explains how the enrollee may be able to obtain approval of the Rx through Formulary exception.**

(Must discuss cost & accurately identify drugs. Discuss Information regarding cost sharing differences relative to the pharmacy's status as preferred or non-preferred, mail-order, Long-Term Care (LTC) or home infusion, and 30- or 90-days' supply.)

**Explain quantity limits, step therapy, prior authorization (If applicable to prescriptions)**

"[Client Name], we were also able to find you a plan that offered: (At this point list the additional benefit provided)."

- (If applicable list the benefits that apply): \$ Dental, \$ Vision, \$ Hearing, \$ Lower Maximum OOP, \$ Med cost, Copays, \$ over the counter, etc.
- If agent reviews services such as dental, vision, hearing, OTC or transportation, agent explains how to access these services. Agent states that enrollees must use a specific network, vendor or provider. For example, the agent examples that for dental the enrollee must use the Aetna Dental PPO network.

**AGENT NOTE:** Use the actual dollar amount to help paint the picture. (Real numbers)

## NETWORK REVIEW

"We were able to verify that [list the name of doctors that are in network for the plan]."

- **(If doctor/doctors not in network)** "Not all of your doctors are in network for this plan, we will have to change providers for the plan to cover your costs but I was able to find [List Doctor Name/Specialties being replace] who are in network with this plan.

"Are there any other preferred facilities that need to be in network?"

- **IF APPLICABLE:** Explain HMO you must stay within network for the plan to pay EXCEPT for emergent and Urgent OR if it is PPO allows you to see any doctors you want however if you go out of network you may experience some additional cost sharing.

**AGENT NOTE:** Explain physician referral is required or not required.

"Are there any preferred hospitals that need to be in network?"

**IF APPLICABLE:** Explain that if preferred hospital is not in network they will need to pick an in network hospital

**AGENT NOTE:** Explain physician referral is required or not required.

Do you have any other healthcare needs that we should consider in our plan search?

"Now [Client name] since we have found a plan that fits your needs go ahead and grab your Medicare card and we can move forward to the last stage of the process. Please be aware that enrolling in this Medicare Advantage plan will replace the current <clarify existing coverage type> coverage that you have today. Once approved by Medicare, your new <clarify new plan coverage type> plan coverage will begin on <effective date>. <Consumer name>, would you like to enroll in the <plan name/type> with an effective date of <mm/dd/yyyy>?"

- **IF YES:** "We are going to begin the enrollment process."
- **IF NO:** probe to answer any additional questions or if the beneficiary is not ready to enroll, end the call.
- **If not interested in telephonic enrollment, state:** "There are other options available for you to enroll." List available options.

## CLOSING THE SALE / PRE-ENROLLMENT

"It will take me just a few minutes to start the enrollment process and I may have some additional questions for you."

**\*Complete agent portion of enrollment application.**

The PECL that must be reviewed with the prospective enrollee prior to the completion of the enrollment references information on the following:

- (i) The EOC
  - Explain the EOC provides all of the costs, benefits, and rules for the plan.
- (ii) Provider directory
- (iii) Pharmacy directory
- (iv) Formulary
- (v) Premiums/copayments/coinsurance
- (vi) Emergency/urgent coverage
- (vii) Plan-type rules
- (viii) Effect on current coverage
- Right to cancel the enrollment as well as specific date through which cancellation may occur

- *How to file a complaint*
- *Explain that the plan operates on a calendar year basis, so benefits may change on January 1 of the following year.*

"Just confirming before we sign the application, you understand how the plan works, and you are ready to enroll?"

- **Must address additional questions and get confirmation they are ready to enroll.**

Agent must read all disclaimers and questions on SunFire application

### **MULTIPLAN\_001\_SUNFIRE\_ENROLLMENT001\_2026\_M**

**Once agent portion is completed:** "[Client Name], I have the enrollment application completed and ready for your signature."

"Would you prefer to receive the signature link via email or via text on your smart phone?"

- **IF YES:** "Great, I have that on the way to you now. Your personal security code to complete the signature is [XXXXX]."

## **ELECTION PERIOD SUPPLEMENT GUIDE**

- Is this call taking place during AEP <10/15 through 12/7>?
- If during AEP, probe to determine if eligible for other election periods (IEP/ICEP or SEP) and if so, determine if the beneficiary desires an effective date earlier than January 1:
  - **If yes,** determine the election period to which the beneficiary qualifies.
  - **If no,** continue with the call.
- **If NOT during AEP, state:** "Since we are currently outside the Medicare Advantage & Prescription Drug Plan Annual Enrollment Period, which run from October 15th to December 7th and the Open Enrollment Period from January 1st to March 31st each year, you will need to have a Special Election Period (SEP) in order to qualify for a Medicare Advantage or Prescription Drug Plan. There are several election periods for which you may qualify, based on your circumstances. I want to ask a few questions to determine if you are eligible to enroll today, ok?" (*Refer to Medicare Managed Care Manual Chapter 2 - Medicare Advantage Enrollment and Disenrollment, Section 30.4 - Special Election Period (SEP)*)
- **Does the caller qualify for an election period now? Ask the following questions until you receive a "Yes" response. Once you receive a "Yes", educate the caller about the relevant SEP, for example if SEP MOV, advise you have one month before and two months after to complete your enrollment. Then continue.**
  - "Are you new to Medicare?" (*ICEP-Initial Coverage Election Period*)
  - "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 a qualified State pharmaceutical assistance program or are you losing help from a state pharmaceutical assistance program?”
- “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?”
- “Is your plan ending its contract with Medicare or is Medicare ending its contract with your plan?”
- “I was 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*). One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.”
- “I’m in a plan that’s had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.”
  - *Every year, Medicare evaluates plans based on a 5-star rating system.*
- “I’m in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.”
- “Were you enrolled in a Special Needs Plan but have lost the Special Needs qualification requirement to be in that plan? If yes, when?”
- **For clients with Medicare and full Medicaid benefits.** “Do you want to join or switch to a plan that coordinates coverage between you Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP))?”
  - *Special Enrollment Period may be used one time between December 8 and November 30 of the following year, provided you meet the plan’s enrollment requirement.*
- “Are you enrolled in a 5-star plan?”
  - *Every year, Medicare evaluates plans based on a 5-star rating system. A 5-star special Enrollment Period may be used one time between December 8 and November 30 of the following year, provided you meet the plan’s enrollment requirement.*
- “If none of these statements applies to you, is there another reason you believe you may be eligible to enroll?”

- **If SEP is determined, state:** “Based on the information you’ve provided, it appears you do qualify for an election period to enroll now.” Continue with the call.
- **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. Please feel free to contact us once the Annual Enrollment Period begins.” **Go to the ‘Closing the Call’.**
- **Required Privacy disclaimer:** “Please be aware that you are not required to give any health-related information unless it will be used to determine your enrollment eligibility in the plan. If you choose not to provide the health information that is necessary to determine enrollment eligibility, then you may not be able to enroll.”