

Engaging in Medicare: A Conversational Guide for Licensed Agents

Strategies for Communicating Complex Information Clearly



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Introduction

Are you prepared to guide your clients through Medicare's Annual Enrollment Period (AEP)? It's a crucial time when consumers can join, drop, or switch their Medicare health or drug plans. With numerous factors and options to consider, your role is pivotal in helping people navigate the complex landscape of Medicare.

As a licensed agent, you should be ready to provide comprehensive information on the best plans available and offer guidance through the often-confusing aspects of Medicare.

Engaging in detailed conversations with clients considering Medicare options will help them understand their choices better, enabling them to make informed decisions during AEP. With your knowledge and experience, you can offer valuable insights into the plans and products available in their area, associated out-of-pocket costs, discounts, assistance programs, and how to maximize their coverage benefits.

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When discussing Medicare options with your clients, knowing the right questions to ask is essential to ensure they have all the necessary information. This may be their only chance to decide about their plan that will affect them the following year, so encourage them to be well-prepared for these discussions.

1. “What can I do during AEP?”

AEP occurs every year from Oct. 15 to Dec. 7, allowing clients to decide about their Original Medicare, Medicare Advantage (Part C), or Prescription Drug (Part D) coverage. These decisions may include:

- Joining, dropping, or switching to another Medicare Advantage (MA) plan (or adding or dropping Part D), though they may face a penalty fee for not signing up when first eligible.
- Switching from Original Medicare to an MA plan
- Joining a Part D or Med Supp plan if they’re on Original Medicare.
- Switching from one Part D plan to another if they’re on Original Medicare.

Any coverage changes made during AEP will take effect on Jan. 1 of the following year.

If someone enrolls in an MA plan and later finds it unsuitable, they can switch to a different plan or move to Original Medicare with a stand-alone Part D plan anytime between Jan. 1 and March 31. Beneficiaries are only allowed one plan switch during this time, whereas AEP allows them the freedom to change their mind multiple times before the Dec. 7 deadline.

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**Medicare
Conversations:
5 Essential
Questions
to Address
During AEP**

2. “Are there any changes to my plan?”

If your client is already enrolled in Original Medicare or an MA or Part D plan, they must be aware of any upcoming changes to their current coverage. The federal government adjusts Original Medicare each year. MA and Part D plans, offered by private insurance companies, often modify their benefits annually, which could include:

- Premium changes
- New or changes to copays, coinsurance or deductible amounts
- Changes to the provider network (doctors and hospitals)
- Drug formulary changes to the medications covered
- Updates to additional benefits provided

Beneficiaries aren’t required to take any action during AEP. If they don’t make any changes, they will automatically be renewed on their current plan (if still offered). However, automatic renewal may not be ideal if the plan no longer fits their needs.

Encourage clients to review with you any materials sent by their insurer, such as the Evidence of Coverage or Annual Notice of Change (ANOC), which outlines all updates and modifications to the benefits included in their plan for the following year.

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3. “What are the best plan options in my area?”

While Original Medicare plans are the same across the U.S., in 2024, the average enrollee had 43 different MA plans, with just under 4,000 options available nationally. While Medicare provides beneficiaries with free tools for plan comparison, personal consultations with a licensed agent can offer deeper insights and more tailored advice.

Even if clients believe they’re fully covered by an MA and/or Part D plan, these plans can change significantly yearly, and new plans are constantly being introduced. It may even be best for their situation to drop their MA plan altogether and move to Original Medicare with a Medigap supplemental plan.

You must know and discuss all available options in your client’s area so that they can make the most informed decision during AEP.

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4. “What are my out-of-pocket costs?”

Before someone chooses to enroll in or switch to any plan, discuss all potential out-of-pocket costs they’ll be responsible for. No matter which type of Medicare coverage they decide to sign up for, they will be responsible for paying for certain expenses, such as:

- **Premiums:** The fixed amount paid for the plan, usually monthly.
- **Deductibles:** The amount they must pay before their insurance begins covering any medical expenses.
- **Copays and Coinsurance:** These are forms of cost-sharing between policyholders and their insurance providers. Copays are fixed dollar amounts for specific services, while coinsurance is a percentage of the total cost charged per service or procedure after meeting the deductible.

Discussing this information is instrumental in making the best decisions during AEP. For example, if affordability is more important than comprehensive coverage, opting for a higher deductible can help offset higher premiums. Discuss the out-of-pocket costs of their potential plan options and make the best decision based on their budget and healthcare needs.

“No matter which type of Medicare coverage they decide to sign up for, they will be responsible for paying certain expenses.”

5. “Am I eligible for any financial assistance?”

Explore any discounts and assistance programs available to help clients with out-of-pocket expenses.

For example, the State Pharmaceutical Assistance Program (SPAP) covers prescription drug expenses for qualified people. The Medicare Savings Program (MSP) may also be able to assist with premiums and deductibles associated with Medicare coverage for those within certain income and resource limits. Specific plans may offer additional discounts, and some mail-order pharmacies also offer discount programs, which can result in significant savings on the cost of medication.

While you may not be an expert in every available program, a valuable licensed agent should at least be able to inform beneficiaries about their eligibility and direct them to the appropriate resources.

“Discounts and assistance programs (can) help clients with their out-of-pocket costs and expenses.”

Helping to Maximize Plan Benefits

Before enrolling clients in AEP, inform them about all the services available to them that will help them make the most of what their plan has to offer. Encourage the use of preventive care benefits provided by Medicare Part B (and covered by MA plans), such as:

- Flu shots
- Annual wellness visits
- Cancer screenings
- Value Based Care (VBC) providers

Regularly review their benefits guide with them to find any potential services or programs they may not be utilizing. They may be paying for benefits they've never used, and it's your job to ensure your clients get the most value from their chosen plan.

"It's your job to ensure your clients get the most value from their chosen plan."

AEP Meeting Quick Guide

Before meeting with clients:

- Prepare the questions and concerns they want to discuss.
- Obtain their permission to meet and document the plan options they want to review.

During the meeting, you MAY:	During the meeting, you may NOT:
<ul style="list-style-type: none">• Provide plan materials.• Explain how to get more information on their plan.• Review all the plan options they agreed to discuss.• Provide and collect all enrollment forms.• Leave business cards for them to give to friends or family.	<ul style="list-style-type: none">• Discuss other plan options or products not previously agreed upon, unless they ask.• Sell any non-health products, like life insurance.• Offer cash, or ask for credit card or banking information.• Pressure them to join a plan.• Request them to sign the enrollment form before they're ready to make a decision.

After meeting with clients:

- If enrolled in a plan, the insurance company will contact them to confirm enrollment and ensure they understand its coverage and rules.
- You may call them afterward to discuss other plan options.

As we approach AEP, remember that your knowledge and guidance are invaluable in helping clients navigate the complexities of Medicare. Your role

isn't just about presenting options but empowering individuals to make informed decisions that will impact their health and financial well-being in the coming year. Embrace this opportunity to deepen your relationships with clients, ensuring they understand the changes, options, and potential benefits available to them. By providing thoughtful advice and support, you help maximize the value of their Medicare plans, enhancing their quality of life.

Conclusion

YourFMO Resources

Visit [YourFMO.com](https://www.yourfmo.com) to explore extensive, free resources to help you promote, grow, and streamline your sales process.

Sources:

1. https://www.medicare.gov/Pubs/pdf/MeetngAgntsOneonOne_fct-sht_ENGLISH_link.pdf
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