**Inbound Introduction**

**F1** Senior Benefits , this is Jason Adkins on a recorded line, how can I help you today?

(Get customer info)

Good (Morning, Afternoon, Evening) Mr/Ms. \_\_\_\_\_\_\_, How are you doing today? (GREAT)

**F2** Well as I understand, you were transferred to see if we can help increase your benefits with the new plans available – does that sound about right to you?

**F3** Perfect, well I will be glad to help you and do the best I can to increase your benefits. Before I jump into that, Medicare requires that I read just a few disclosures to you. Once I’m done I will be able to see what we can do for you. If we happen to get disconnected do you give Senior Benefits or myself permission to call you back or contact you in the future?

**F4** Thank you for that. Now, We do offer over 49 plans and options to choose from in your area. The information provided is limited to the plans that we do offer in your area. We do represent the larger companies that you’ve heard of such as: AARP, Anthem Blue Cross, Humana, Aetna, Cigna, AARP, United Health Care, Devoted and many more. You can contact social security for all of your options.

**F5** Also, you are not required to provide any health information unless it is needed to determine current or future plan eligibility. There is no obligation to enroll, Automatic enrollment will not occur. If I have your permission to discuss Medicare Advantage plans with you today and if you do make your own health care decisions, – please say yes!

**Shift / F1 –** Perfect, please do me a favor and grab your red, white, and blue medicare card and let me know when you have it. I just need you to read the 11 digit number on it that has both letters and numbers and has two dashes in it.

**F6** Before we discuss Doctors and Medications, are there any that you would like me to check to see that they accept or are covered by this plan such as your Primary Care Provider? If you choose not to discuss a certain doctor or medication, I cannot guarantee that it is covered by any plan that we choose to discuss today.

Enrollment Disclosures

(READ) (PUT ANYTHING THAT NEEDS READ WITH THE COMPANY SPECIFIC INFO HERE AT THE BEGINNING….. READ IT….. THEN ALL THE OTHER DISCLOSURES ARE ALL THE SAME – DOESN’T MATTER THE COMPANY – AND PRE-RECORD THOSE!

* Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year, The plan and premium you enrolled in will remain the same as we discussed.
* The summary of benefits and STAR rating for this plan can be found on (CARRIERS) website.
* Currently we represent (#) organizations which offer (#) products in your area.

**F7**

Now, I do need to read the small print that you see at the bottom of your electric or phone bill that no one ever reads. I will go quickly, so just be patient and we will get through this!

You can be in only one Medicare Advantage or Medicare Part D plan at a time, and you understand that your enrollment in this plan will automatically end your enrollment in another Medicare health plan or prescription drug plan.

SSI is not a government agency.

As mentioned earlier, We do not offer every plan available in your area. Please contact Medicare.gov, 1800MEDICARE, or your local State Health Insurance Program to get information on all of your options.

By completing this enrollment process, you will submit an actual enrollment request. After submitting the enrollment, you will receive a notice of acceptance or denial. If your enrollment is approved by CMS, you will be enrolled in the plan.

Youll soon receive a Getting Started Guide that includes your Evidence of Coverage document. Make sure to read that document and confirm that all of the services you expect are listed. If a service isn’t listed, it wont be paid for by Medicare or the plan without authorization.

Monthly Premium

The monthly premium for this plan is $0 plus any Part B premium you already have.

If you didn’t sign up for credible prescription drug coverage when you first became eligible, you may have to pay a late enrollment penalty. If a penalty applies to you, we will send you a letter describing the steps you will need to take. People with limited incomes may qualify for Extra Help to pay for their prescription drug premiums and costs. If eligible, Medicare could pay for seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and dont even know it. If you qualify, Medicare will pay all or part of your plan premium.

For more information, call the Social Security Administration at 1-800-772-1213, or your local office

**GO TO Address and Phone Part of Script**

Consent to Electronic Transaction Part 1

(READ) You, the applicant, and (CARRIER) acknowledge and agree to the following provisions:

**F8**

By selecting a primary care provider, you acknowledge that your information will be shared with your primary care provider to facilitate and support your receipt of care.

The monthly premium for this plan is $0 plus any Part B premium you may have.

Please note that if you have Extra Help and are enrolling in a plan with Drug Coverage, you may experience a change in premium or copay if your Extra Help level changes.

You understand that your signature on this application means that you understand the contents of this application. We will be using a voice signature since you are enrolling via telephone. There are three sections so bare with me – Ill go quickly.

**Section 1 Voice signature**

**F9**

You are enrolling using an electronic transaction that will be verified by an electronic signature.

This agreement to use an electronic transaction only applies to this enrollment.

You may request to cancel this agreement to an electronic transaction. If cancelled, paper enrollment forms will be sent to you at no cost.

You may ask for a paper copy of this recorded transaction.

**Section 2** If you have employer or union healthcare coverage, you could lose it if you join this Medicare Advantage plan. Read the communications your employer or union sends you. If you have questions, visit their website or contact the office listed in their plan.

If you already have a Medicare Advantage or Part D plan, it will end once you enroll with this plan.

By joining this Medicare Advantage Plan, you acknowledge that your provider will share your information with Medicare and other plans as is necessary for treatment, payment and health care operations. CMS collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage Plans, improve care, and for the payment of Medicare benefits. The Social Security Act authorizes the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as allowed by law.

You understand that if you intentionally provide false information on this form, you will be disenrolled from the plan.

Enrollment in this plan is usually for an entire year. It will automatically renew each year, you do not need to re-enroll annually. Once you enroll, you can leave or change this plan only at certain times of the year or under special circumstances.

Your provider provides plans for a specific service area. If you move to a new area, you will need to notify us and find a plan in your new area.

Once you’re a member, you have the right to appeal plan decisions if you disagree with any payments or services.

Your provider will mail you the plans Evidence of Coverage which includes rules you must follow to receive coverage on this plan.

Medicare doesnt generally cover beneficiaries out of the country, except for limited coverage near the U.S. border.

Information you have given us must be correct to the best of your knowledge. You may be disenrolled if you intentionally provide false information.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call the Plans customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of- network services.

You can file a complaint if you have concerns about the quality of care or other services you get from a Medicare provider. How you file a complaint depends on what your complaint is about. For help filing a complaint, visit Medicare.gov, call 1-800-MEDICARE, or contact your local State Health Insurance Assistance Program for personalized help.

Section 3

You understand that when your (CARRIER) coverage begins, you must get all of your medical and prescription drug benefits from (CARRIER). Benefits and services provided by (PLAN NAME) are contained in your (CARRIER) Evidence of Coverage document will be covered. Neither Medicare nor (CARRIER) will pay for benefits or services that are not covered.

**F10**

This typically does not apply but I must read it

You may have to pay extra for prescription drug coverage if your income is above a certain limit. This is called a Part D- IRMAA: Income Related Monthly Adjustment Amount, also referred to as Part D IRMAA. If you are assessed a Part D IRMAA you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. Either the amount will be withheld from your Social Security benefit or youll be billed directly by Medicare . Again, this does not typically apply to most people.

Agreeing to sign your application by telephone means you understand and agree to all of the statements that you’ve heard in this recording. You also agree that you understand how the plan weve discussed works and the charges youll be responsible for.

(READ) You acknowledge that once enrolled you must keep both Hospital (Part A) and Medical (Part B) to stay in

If you receive help from a sales agent, broker, or other person employed by or contracted with (CARRIER), he or she may be paid based on your enrollment in (CARRIER).

(Carrier) will send you a notice that will acknowledge receipt of your enrollment, inform you of your applications status, and let you know if any additional information is needed.

**DSNP ONLY !!!!!!!!!!**

**F11**

**To qualify for a Dual Eligible Special Needs Plan, your level of Medicaid must be verified. Enrollees who do not have the eligible level of Medicaid will be disenrolled. Premium, copays, coinsurance , and/or deductibles may vary based on the level of Medicaid you receive.**

**You are enrolling in a D-SNP that has a monthly premium that is reduced by your Medicaid level. Please be aware that your monthly premium may be adjusted if your Medicaid level changes. You may become ineligible for this plan if you lose Medicaid. IF that were to ever happen, just give me a call and I’ll put you in a new plan.**

(READ) If you agree to complete your enrollment now, please state your name, your date of birth, and that you agree.

(You can make this a macro / button as well – it’s your choice)

**F12**

Thank you for that, I have submitted your enrollment so congratulations. Your new plan will arrive in a few weeks with your new card. Also our Concierge team will reach out to you to introduce themselves… so if you have any questions you can always ask them. They are great at helping find doctors, specialist, ear and eye doctors as well as dentist. Lastly, I need to read an enrollment code, it’s only for the recording – you do not need to write this down..

The Code is (Code)

**SHIFT / F12 (Wrap up)**

It was such a pleasure helping you today. I’m glad I was able to increase your benefits and find this great plan for you. If I can make a recommendation, and I’m only coming from help - I will be your medicare agent for as long as you’d like. You have my direct phone number so if you ever need anything please don’t hesitate to call me. If anyone else calls you trying to switch plans – just let them know you have your new plan taken care of and that you have a GREAT agent and want to stick with me! You can call me any time and I’d be happy to review your new plan or future plans with you! Thank you so much for trusting in me – do you have any other questions for me today?