T65 Outbound Script

Intro

Hello, good (morning, afternoon, evening)! Am I speaking with (consumer name)?

(Wait for reply)

Hi (consumer name), this is (agent name) with the Senior Education Center, our records indicate that you're turning 65 in (birth month), is that correct?

(Wait for reply)

Great! Again, my name is (agent name), and I'm a licensed Medicare specialist in the state of (consumer state). The whole purpose of this call is to go over your Medicare with you, how it works, what it covers, and to make you aware of what's going to be happening come the month of (birth month).

(Wait for reply)

Great! I just want to ask you a few questions first, just to determine if you are in fact taking your full Medicare in (birth month).

(Refer to qualifying questions)

Pitch

Ok (consumer name), I'm going to explain this to you in the easiest way possible. Do you mind grabbing a pen and paper please?

(Wait for consumer to be ready with a pen and paper)

Great. So, on that sheet of paper, I'd like you to draw a line from the top of the page, all the way to the bottom, right down the middle please.

On the left-hand side, all the way at the top, write down Medicare part A, that's A as in apple.

On the right-hand side, all the way at the top, write down Medicare Part B as in boy.

This is what's known as your original Medicare. This is what most people in the country take once they turn 65.

Your Medicare A&B will go into effect on (birth month) the 1st. The first day of your birth month of when you turn 65.

(If not yet taking Social Security):

To register for Medicare A&B, you're going to do that no earlier than 3 months prior to your Medicare effective date, so for you, that will be on or after (3 months prior to birth month) 1st. You can do that online at Medicare.gov.

(If already taking Social Security):

Normally, you would want to register yourself for Medicare A&B 3 months prior to your Medicare effective date. However, since you're already drawing your Social Security, you DO NOT have to register. You will be automatically enrolled into both Medicare A&B, and you should be receiving your ID card in the mail sometime in (month before they turn 65).

Part A

Now, we're going to go over how your Medicare works, and we're going to start with Part A.

Underneath Part A, please write down the word "hospitals".

Medicare Part A covers anything that has to do with you being hospitalized. Simple enough, right?

(Wait for response)

Underneath hospitals, please write down the dollar amount of $1,736.

That number represents your Medicare Part A per-occurrence deductible.

So, each time you're hospitalized, you would be responsible for the first $1,736 before your Medicare covers anything.

Do you understand how that works?

(Wait for response)
Now, underneath that deductible, write down 80% SLASH 20% (80%/20%).

That is your Medicare Part A co-insurance.

So, when you're on Medicare, and you have a hospital bill, you're going to be responsible for the first $1,736 of that bill. After that, Medicare is going to pay 80%, and you're going to be responsible for the remaining 20%.

Now, that sounds nice, but, if you're ever hospitalized, and you need to have a surgery that costs $100,000, thats almost $20,000 that you'd be responsible for, right? 20% OF A BIG BILL, IS STILL A BIG BILL.

I'm going to go over more on that in a moment, but that's everything under Medicare Part A. Any questions?

(Wait for response)

Great!

Part B

Now, underneath Part B, please write down the words "everything else".

Aside from your prescription medications, because prescriptions are a separate part of Medicare, your Medicare Part B covers EVERYTHING ELSE outside of the hospital. For example, doctors, specialist, diagnostic testing, MRI's.

Anything outside of physically being hospitalized is covered under Part B.

Underneath that, write down the dollar amount of $283.

That is your Medicare Part B ANNUAL deductible.

So, you're only responsible for the $283 Part B deductible once per year. Not as bad as Part A.

And then, underneath that, once again, write down 80% SLASH 20% (80%/20%).

So, same concept. Once you meet the first $283 for the year for Part B, Medicare pays 80%, and you're responsible for the remaining 20%.

However, if you have a $5000 MRI, that's still almost $1000 that must come out of your pocket, right?

(Wait for response)

I'm going to over more on that with you in moment, but that is it. That's everything that's covered under Medicare A&B, that's what starts for you on (birth month) 1st.

That is the most important part of your Medicare to fully grasp, because whether you take that on (birth month) 1st, or later, eventually, that is what you're going to have for the rest of your life no matter what.

<u>Plan G</u>

Now, we're going to go a step further, and this is where it gets a whole lot better for you.

Anywhere on that sheet of paper, I want you write down Medicare Plan G, that's G, as in girl. Plan G is going to represent your Medicare Supplement.

Your Medicare supplement is going to go into effect on (birth month) 1 st , with the rest of your Medicare.
Very important, your OPEN ENROLLMENT for your Medicare supplement starts 6 MONTHS PRIOR to your Medicare effective date. So, your open enrollment started on (6months prior to birth month) 1 st .

The reason why that is so important for you to know, is simply because the EARLIER you secure your Medicare Supplement for (birth month), you're able to secure it at a lower monthly premium. So, you're in a great spot because you're still (4, 5, 6) months out.

(Wait for response)

Underneath Plan G, the first thing I want you to write down is, "Nationwide Coverage". That means that you're able to use the coverage nationwide.

You can use it in ANY state in the US. Underneath that, write down "No Network Restrictions".

That means that you have the ABSOLUTE freedom to choose ANY doctor or hospital you want, anywhere in the country. And then underneath that, write down 100% coverage.

Explaining Plan G

So now, I want you to go back to the Part A side of the chart that we just made.

Do you remember the $1736 per-occurrence deductible?
(Wait for response)
You can now go ahead and cross that out. Once you have the Plan G, you are NEVER responsible for that deductible ever again.

Underneath that, the 80/20 co-insurance. That 20% that you would normally be responsible for can be crossed out as well. Once you have the Plan G, that is now covered at 100% for you.

Go over to part B, same thing, you can get rid of the 80/20 co-insurance. That is now covered at 100% with the Plan G.
The $283 under Part B, DO NOT cross that out. Circle that please.

So, when you have a Medicare Supplement Plan G, you are going to have 100% coverage, and you will NEVER incur another medical bill ever again for the rest of your life. The ONLY thing that you'll be responsible for, is the once per year, Part B deductible of $283, THAT IS IT!

So, to put it into perspective for you, your Medicare goes into effect on (birth month) 1 st . Now, on (birth month) 2 nd , if you are hospitalized for whatever reason, and you have a

hospital bill of a million dollars, not one cent will come out of your pocket, if you have the Plan G.

Do you have any questions regarding the Plan G? Do you understand how your supplement works with your Medicare?

(Wait for response)

<u>Transition into quoting</u>

Just to let you know, we do have access to every single carrier that is available to you in (consumer state), that offers the Plan G supplement.

Now, having said that, because this is very important for you to know as well. Every carrier in the country that offers the Plan G supplement, is standardized by the federal government. Meaning, no matter if you take your supplement with United Healthcare, Humana, Blue Cross, it does not matter, by law, they all must give you the exact same coverage and benefits top to bottom. So, one Plan G is no different than the other.

The only differences between all the Plan G supplements are, number one, the company you chose to go with, which really doesn't matter since they all give you the same coverage, and number two, is the monthly premium. It's always recommended going with the most affordable option because they are all the exact same.

So, what I'll do now with your permission, is pull up all the Plan G supplements in your state, there are about 25 of them in (consumer state). Just to make it easy, I'll only go over the

first 3 most affordable ones because they are all the exact same.

(Wait for reply)

I have your zip code as (consumer zip code), is that correct?
(Wait for reply)

Do you use tobacco?

(Wait for reply)

Are you either married, or do you live with anyone? (If household discount applies)

(Wait for reply)
(Give first two more expensive options)

So based on what I'm seeing, hands down the most affordable option is coming in through (name of carrier). (Name of carrier) is a top A-rated carrier, they've been in business for years, and they have an A+ superior rating by AM Best. They are coming in at (monthly premium).

So, as far as YOUR Plan G supplement goes, (name of carrier) is going to be the most affordable at (monthly premium), that would start on (1 st of birth month) with the rest of your Medicare, and most importantly, that is going to give you 100% coverage for the REST OF YOUR LIFE!
(Wait for response)

<u>Close (ALWAYS ASSUME THE SALE!!)</u>

The process from here is very simple. We will submit the application to the insurance company of your choice, it takes about 2 to 3 minutes. You're going to get an automatic approval because you're in your open enrollment period. You'll receive a temporary ID card in your email while we're still on the phone, and you'll receive the hard copy of your policy in the mail in the next 7 to 10 days. That's one less thing you have to worry about for your Medicare enrollment in (birth month).

(Stay silent until they answer)

Would you like a middle initial on your ID card?

(Complete the application)

Button up (once application is completed)

Do you still have a pen and paper handy?

(Wait for reply)

Great! I'd like to give you my DIRECT contact information. Again, my name is (agent first and last name), and my direct contact number is (phone number). Please save my number in your contacts, so if you have any questions, please do not hesitate to call me, I'm available Monday through Friday from (hours of operation), and there is no such thing as a silly question.

Remember, you should be receiving your Medicare ID card in the mail sometime in (month before birth month) or earlier. Once you receive the red, white and blue card, please

remember to give me a call back so we can set up your prescription plan, which is Medicare Part D, as in David. The way that we'll do that, is I'll take a list of all of the prescriptions that your taking, the dosages, how many times per day, down to the pharmacies that you like to use. I'll compare that against all of the plans that are available in your area, and I'll give you your best options from there.

(Wait for reply)

Other than that, you're all good to go (consumer name). Do you have any other questions for me?

(Wait for reply, or answer remaining questions)

I would like to thank you for taking the time to speak with me today. It was an absolute pleasure assisting you. I would also like to congratulate you on your new Medicare Supplement. Believe me, you have done the absolute best thing that you could have done for yourself for when you turn 65, because you have gotten yourself the BEST coverage possible. So, I hope you only use it in good health, and if you ever need me, I'm just a phone call away. If not, we will speak in a couple of months regarding your prescriptions.
Have a great day!