Hey <u>(</u>)? Hey (_), this is	and I'm calling about your previous request for health
coverage	(NO PAUSE)	REAL QUICK, was	s that just for you OR for you and your family?

Okay and what has you looking for coverage - did your premiums go up, did you lose coverage, what's your situation?

Premiums Increased	Okay and is that a marketplace plan? Employer plan? What was your plan running you a month before it went up, and how much are they asking you to pay now?
Lost Coverage	Ok when did you lose coverage? Was that through the marketplace or was that through an employer? Ok and what was the plan running you a month before you lost coverage? (Employer- Does your new employer not offer coverage?
No Coverage	Oh, you have no coverage? When was the last time you had coverage? So, does your job not offer coverage, why don't you have it now?
Plan Ending Coverage/Losing Coverage	Oh, OK, when does your coverage end? Is that through marketplace, or employer? And the plan you're on now what's that running you a month?

Okay not a problem, (_____), just so you know I am an advisor, and <u>I HAVE ACCESS TO EVERY</u> <u>PLAN IN THE STATE</u>. My job is to make sure you're aware of ALL your options before making a decision, okay?

So nowadays, there's two ways to qualify for health insurance, one is based off your income- and the other is based off your health.

Now as far as your income goes, do you know if you qualify for any government assistance or subsidies? (If they don't know, ask income for year)

Now how's your health, are you relatively healthy?

Any medication prescribed in the last 12 months? (What for, how long?)

Do you have any upcoming surgeries or treatments that you're looking to get covered?

How about any hospitalizations, back issues, or surgeries in the last 10 to 15 years?

POWER STATEMENT (Lead Name), based on the information you've given me, I can DEFINITELY help put you in a great position moving forward regarding your health coverage. It's a very simple process, I just need some quick information:



I have your Zip Code as , Your DOB is ? And what's your estimated Height and Weight?

- 1. Is there anything really important for your coverage, any non-negotiables?
- 2. How often are you going to the doctor? (Let them answer)
- 3. Are there any specific doctors you would like to keep in-network? (Let them answer, write it down)
- 4. Are you looking for Dental and Vision as well? (Let them answer, if YES add to your quote)

(Health Sherpa)

Alright, let's start with the plans available to you on the Marketplace, which most people know as Obamacare.

The least expensive plan (**Bronze Plan**) in your area is starting at \$____ a month with a \$____ deductible.

Do you know how deductibles work? (EXPLAIN DEDUCTIBLES ANYWAY)

A deductible is the amount of money that you must pay before the plans pays any benefits for you. For example, if you are on a plan with a \$9000 deductible, you will have to spend thousands out of your own pocket before that health insurance plan starts to pay any benefits. Does that make sense?

Ok now also this plan is an HMO plan. Are you familiar with the difference between HMO's and PPO's?

HMO's are smaller, restricted networks that only give you coverage in the county you live in. Also, with an HMO you have to get a referral **every time** you want to see a specialist.

I try to get all of my clients on a **PPO if at all possible-**, on a PPO you're not restricted and can go to **ANY DOCTOR**, **ANY HOSPITAL**, **ANYTIME!** Also, with a PPO you don't need a referral.

(ONLY IF THEY HAVE) EPO's are typically half the size of an HMO, they are going to be more restrictive on who accepts your plan. It's an exclusive provider organization and EXCLUSIVELY no-one's gonna take it.

Quickly touch on and Explain Gold Plan to with Lower Deductible- much higher premium)

The plans that we are looking at here were really intended for individuals and families that have a low income or have ongoing medical conditions. Someone who's healthy like yourself is probably never going to spend \$9,000 in a year on medical expenses, so I don't think a plan like this is going to be in YOUR best interest.

(
Let's look at those plans and see what they are running monthly.
Premier Advantage (use coverage summary)
Okay, I see a plan here on the private side which is actually on the United Health Care PPO Network. Remember, with a PPO, you're covered Nationwide- any doctor/any hospital. The premium here is starting at \$/month AND this plan has NO calendar year deductible to satisfy, which means the coverage will kick in right away- rather than YOU having to come out of pocket thousands of dollars first.
Now let's talk budget, for the right coverage, is that \$/month going to-be doable for you? Perfect!
(GET ON SCREEN SHARE)
(), Do me a favor, go ahead and grab your computer so that we can walk through the brochure together to make sure this is a good fit, okay?
Alright, I'm going to give you a website to type in, Let me know when you're ready. <mark>(Instruct them on how to get on Crankwheel, Joinme Etc.)</mark>
(<u>IF THEY DON'T HAVE ACCESS TO A COMPUTER</u>)
NOT A PROBLEM (<u>LEAD NAME</u>) I just sent the link to your smartphone. Just go ahead and click on that link and we should be good to go!
<u>License</u>
Okay, (), once we complete our call today, you will receive an email with details of th coverage plan we choose, along with my license information for your records so you know you're working with a licensed professional.
(OUICK RECAP OF TO ORAMACARE PLANS)





Health Coverage Summary

Let's start by checking which insurance your doctor is in network with this plan. (Go to Doctor look up)

Doctor Visits/Benefits Page (popular plan features) Left Side

Ok Great! Now Your Plan Comes With 6 Built-In Doctor Visits, 1 Urgent Care visits AND 6
Chiropractic visits. You'll also have upfront benefits on prescriptions, X-rays, labs. Now, when I say
doctor visits, that's not a limitation- here's how the first will work.

Now you see that \$100 on the screen next to your doctor visits, That's actually NOT a copay-Let me explain to you how that works:

So the way your plan works is when you go to the doctors, you show them your insurance card, you get treated, and you walk out paying nothing! Afterwards, your doctor's office will submit the bill to your insurance company. The insurance company will then apply the In-Network Discount which typically reduces the bill between 40-60% OFF! Now once that's done, the insurance company will apply your plan benefits FOR the services you receive!

So, that's how your basics work throughout the year, NOW- do you typically get your physical every year?

WELLNESS- (FULL BROCHURE) (PAGE 11) Right Side

Your plan does include wellness benefits: Ex. physical, labs etc.
(FOR WOMEN- Pap Smears, Mammograms, Etc.)
(MEN- PSA Test, Colonoscopy)
(CHILDREN – Immunizations)
DOES HAVE A 30 DAY WAITING PERIOD FROM START DATE- that is just or your annual
physical, so be sure to schedule that after the first 30 days, okay?

(TRANSITION) NOW, those are going to be the basics throughout the year. The real reason we get insurance is for the big stuff- so let's talk about that..

Accident Coverage - Health Coverage Summary

Most of the time if a healthy person ends up in the **E.R.** it's due to an accident or injury. With your coverage if any accident or injury occurs, the most you would be responsible for is \$250 THAT'S IT! **Does that make sense?**



(Premier Med) (Left Side)

God Forbid something major happened to you (Heart Attack, Cancer, Stroke, Major Surgery) At any time, you can access your catastrophic type coverage which has a \$3,000 max out of pocket, 100% co-insurance and NO CAP ON YOUR BENEFITS!!!

So, \$3000 is your worst case scenario, does that make sense?

MEDGUARD (if added, ONLY)

Now- let's say you were actually diagnosed with a critical illness like Cancer, Heart Attack,	Stroke or
you're terminally ill you're going to receive a check in the amount of \$	Now you
and I both know that \$ is not going to cover Cancer or a Heart Attack, but it will pay off t	the \$3,000
max out of pocket, and you can use the rest of the money to help pay your personal bills wh	nile you're
out of work getting better. Does that make sense?	
() Lastly, as we are wrapping up the coverage details – You do have access to a feature called MDLive, have you heard of it before?	built-in

MDLIVE-(Association States ONLY) MD LIVE PAGE

MD Live gives you **unlimited** calls to a LIVE DOCTOR 24/7, where you can get medication right over the phone! Things like Antibiotics, steroid creams, eye drops, even your refills can be prescribed for free without even having to waste time in a doctor's office. Pretty cool, right?

That's going to sum it up for the medical portion, next you're going to have your dental.

Dental Coverage Right Side

- **Preventive care** (cleanings, X-rays, and exams) is covered **100%**, available **immediately** twice a year).
- **Basic care** (fillings, simple extractions) has an **80/20 coinsurance** (insurance pays 80%, you pay 20%) with a **1-month waiting period**.
- Major care (root canals, crowns, dentures) has a 70/30 coinsurance with a 1-year waiting period.
- Make sense?





Vision Coverage Left Side

- One free comprehensive eye exam per year.
- For any glasses or frames- \$10 copay gives you **\$150 allowance** for glasses **OR** \$200 for contacts.
- Got it?

Now, there are three things that this plan is not going to cover- I want to make sure that you will not need these services. 1- Drug and Alcohol Rehab, 2. Mental Health, and 3. Maternity Care...are any of these going to be a problem for you?

RECAP

Okay,, to	sum	it all	up	for	you:
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You are on a Nationwide United Health Care PPO Network- so you can utilize any doctor/hospital in the country. You have NO Calendar Year Deductible to Satisfy for your Day to Day services. ANY Accident or Injury will ONLY be \$250, and your worst case scenario if anything major happens is just \$3,000.. That's it! All of that coverage is coming in at \$_____ monthly.

Now! DO YOU HAVE ANY QUESTIONS, OR ANYTHING YOU WANT ME TO GO OVER ONE MORE TIME?

CLOSING STATEMENT

Alright () So here's what's going to happen next because you do have to get approved
We're going to submit your application electronically to the insurance company today- we'll go
over your basic demographic information (Name, Address), Social for medical records, 15-20
medical questions, and your payment information for your start date. HOWEVER- there will be
no exchange of funds until, like we discussed. Does that make sense?

(GO STRAIGHT INTO APP)- Ok now- the legal spelling of your name for the application? And what's your mailing address you want your insurance cards to be mailed to? What's the best email address to send you a copy of everything for your records!? And the best contact number for you is that the one we are talking on now the?



POLICY SUMMARY PAGE

1st When the verifiers call you, don't ask them any specific questions about the plan BECAUSE they're not licensed agents, they're just verifiers and they underwrite for a bunch of other insurance companies as well. If you do have any questions, please wait until after the call and call me directly, I'm here
to help you from here on out!!
<u>2nd</u> They're going to mention that there is a 30-day waiting period on your Wellness coverage. Now that is only for your preventative care like your yearly physical exam like we discussed Does that make sense?
3rd They will also mention to you that this is not an ACA plan, it's a private plan and you do understand that right?
<u>4th</u> Now there is a ONE-TIME \$40 initiation fee in your state so the first premium will be \$, and then it will go back down to the \$ per month we discussed and that has a 24 month rate guarantee. OK?
Finally (), if you DO get approved, IS THERE ANYTHING AT ALL that would prevent you from moving forward with this coverage starting on (Effective Date)?
Ok great! I will be following up with you to make sure your call gets done and will let you know as soon as you're approved!
(ASK FOR REFERRALS EVERY TIME!!!!)
,



