THE HEALTH EXPERTS INSURANCE

COMMUNITY EVENTS PLAYBOOK

Phase 2

Showing Up Right

What to bring, what to say, and how to work the room without selling.

Bilingual: English + Español

Pre-event checklist | First-visit script | 10-min talk | One-on-one scripts | Compliance reminders

Why Phase 2 Matters

You got the meeting. You got invited to set up your table. Now what?

Phase 2 is where most agents either turn a venue into a long-term partnership, or burn the relationship in 90 minutes by doing the wrong things.

The agents who win community events do not present better. They show up better. They prepare differently. They listen more than they talk. And they leave the venue knowing they will be welcomed back next month.

This document covers everything you need for the day of:

- A pre-event prep checklist
- What to bring (and what NOT to bring)
- First-visit script for the first 10 minutes
- A 10-minute educational talk you can give if invited to speak
- One-on-one conversation scripts (with attendees, not staff)
- Compliance reminders specific to community events

THE GOLDEN RULE: Your goal at Phase 2 is NOT to enroll anyone today. Your goal is to be invited back next month. Selling at a community event almost always backfires. Educating gets you invited back forever.

1. Pre-Event Prep Checklist

Run through this 24-48 hours before every community event. The agents who feel calm at events are the ones who prepared the day before — not the morning of.

48 hours before

- ☐ Confirm the date, time, and location with your venue contact
- ☐ Confirm what you're allowed to bring (table? chairs? signage? giveaways?)
- ☐ Confirm setup time — when can you arrive and start setting up?
- ☐ Confirm parking and entry instructions
- ☐ Confirm dress code if relevant (some venues are casual, some business-formal)
- ☐ Send your contact a brief 'see you Tuesday' email to lock the appointment in their mind

24 hours before

- ☐ Print sign-in sheets (name, phone, age range, plan questions they have)
- ☐ Print 20-30 educational handouts (Medicare basics, enrollment periods, your one-pager)
- ☐ Print 10-15 business cards (refresh your supply)
- ☐ Charge your phone and tablet/laptop
- ☐ Pack your bag the night before — never the morning of
- ☐ Set 2 alarms for the morning (one to wake up, one to leave)
- ☐ Review the venue's likely audience size and adjust supplies accordingly

Morning of

- ☐ Eat breakfast — events are long and your energy matters
- ☐ Bring water (some venues won't provide it)
- ☐ Arrive 30 minutes early to set up calmly
- ☐ Greet the front desk by name — they're your allies
- ☐ Find your contact when you arrive — say hello, confirm the plan
- ☐ Walk the room once before attendees arrive — get your bearings

PRO TIP: Treat the first 5 events at a new venue like first dates. You're being evaluated. The contact is watching how you treat their members, how prepared you are, and whether you respect their space. The relationship is being built through observation, not just conversation.

2. What to Bring (and What NOT to Bring)

The contents of your event bag tell the venue who you are before you say a word. Bring the right things, leave the wrong things at home.

THE ESSENTIALS — bring every time

- Tablecloth (THEI-branded if you have one, plain solid color if not — never come with a bare table)
- Branded sign or banner (small retractable banner is ideal)
- Business cards (2 stacks of 25-50)
- Sign-in sheet on a clipboard (with pens attached!)
- Educational handouts (Medicare basics, enrollment periods, MSP/LIS info)
- Small giveaways (THEI-branded pens, magnets, notepads, hand sanitizer)
- Bottle of water for yourself (and one for your contact, as a thank-you)
- Phone charger and backup battery
- Notepad to capture notes / questions / leads
- Tablet or laptop with plan comparison tools (use only if specifically asked)

THE NICE-TO-HAVES — when you have time

- A small candy bowl (peppermints, sugar-free options) to attract foot traffic
- A raffle item (small gift card, gift basket) to collect contact info
- Printed FAQ sheet — top 10 Medicare questions you get asked
- A laminated 'Today's Medicare Basics' poster for your table backdrop
- Donuts or pastries for the venue staff (under $20 — always appreciated)

WHAT NOT TO BRING

- Carrier-specific marketing materials (looks like you're pitching one carrier)
- Plan comparison sheets with specific dollar amounts (compliance risk + looks salesy)
- Loud signage that says 'FREE QUOTE' or 'SAVE MONEY' (turns people off)
- Anything that says 'Medicare-endorsed' or 'official' (CMS violation)
- Hard-sell brochures with calls to action like 'Call now!'
- A laptop you'll be visibly typing on (looks distracted, antisocial)

Compliance reminder

All marketing materials must be filed and approved per CMS rules. When in doubt, do not bring it. Stick to educational materials about Medicare in general — never plan-specific or carrier-specific marketing materials at community events unless they have been pre-approved through THEI.

3. First-Visit Script: Your First 10 Minutes

The first 10 minutes set the tone for the entire event — and the rest of the relationship. Here's exactly what to say to the venue contact, the staff, and the first attendees.

ENGLISH

GREETING YOUR CONTACT WHEN YOU ARRIVE

"Hi [Contact Name]! Great to finally be here. Thanks again for letting me come out — I really appreciate it. Is there anything specific you want me to know before I set up? Anything I should be aware of about today's group?"

ALWAYS ask if there is anything they want you to know. They might mention a recent loss in the community, a sensitive topic to avoid, or specific questions members have been asking. This is gold.

GREETING FRONT DESK AND STAFF

"Hi everyone, I'm [Agent Name] — I'm here for [whatever the event is]. [Contact Name] invited me. Just wanted to introduce myself. Is there anything I can do to make your day easier while I'm here?"

Staff control the room. They tell you who needs help, who has questions, and who their key residents are. Win them over and the residents follow.

FIRST ATTENDEE APPROACHES YOUR TABLE

"Hi! I'm [Agent Name] — I'm a local Medicare agent and I'm here today as a free educational resource for the community. I'm not selling anything. Just here to answer questions if anyone has them. Is there anything Medicare-related on your mind these days?"

Saying 'I'm not selling anything' explicitly removes the wall. People relax. They open up. THEN they ask the questions they've been holding onto for months.

IF THEY SAY 'NO, JUST LOOKING'

"Totally fine — feel free to grab a handout if you want, and if anything comes up later, my card is right here. No pressure at all. Are you currently on Medicare, or is that down the road for you?"

That last question is gold. It opens the door without pressure. Many seniors love to share their Medicare 'situation.'

IF THEY HAVE A QUESTION

"Great question! Let me think about this for a second so I give you the most accurate answer." [Pause. Think. Respond clearly.]

"Does that answer it, or did I leave anything out?"

"By the way — would you like me to follow up with you after today? Sometimes these conversations lead to more questions once you have time to think about it. No pressure — just an offer."

This is your soft ask for follow-up. About 60% of people who have a question will say yes. Capture their name and number on your sign-in sheet.

ESPAÑOL

SALUDANDO A SU CONTACTO AL LLEGAR

"¡Hola [Contact Name]! Qué bueno finalmente estar aquí. Gracias otra vez por dejarme venir — lo aprecio mucho. ¿Hay algo específico que quiere que sepa antes de prepararme? ¿Algo que debo saber sobre el grupo de hoy?"

SALUDANDO A RECEPCIÓN Y AL PERSONAL

"Hola a todos, soy [Agent Name] — estoy aquí para [el evento]. [Contact Name] me invitó. Solo quería presentarme. ¿Hay algo que pueda hacer para hacerles el día más fácil mientras esté aquí?"

CUANDO SE ACERQUE LA PRIMERA PERSONA A SU MESA

"¡Hola! Soy [Agent Name] — soy un(a) agente local de Medicare y estoy aquí hoy como un recurso educativo gratis para la comunidad. No estoy vendiendo nada. Solo estoy aquí para contestar preguntas si alguien tiene. ¿Hay algo relacionado con Medicare que tiene en mente últimamente?"

SI DICEN 'NO, SOLO ESTOY MIRANDO'

"Perfectamente bien — si quiere agarre uno de mis volantes, y si algo le viene a la mente más tarde, mi tarjeta está aquí. Sin presión. ¿Está actualmente en Medicare, o eso es para más adelante?"

SI TIENEN UNA PREGUNTA

"¡Excelente pregunta! Déjeme pensar un momento para darle la respuesta más precisa."
[Pause. Piense. Responda claramente.]

"¿Eso le contestó, o dejé algo afuera?"

"Por cierto — ¿le gustaría que le dé seguimiento después de hoy? A veces estas conversaciones llevan a más preguntas cuando uno tiene tiempo de pensar. Sin presión — solo es una oferta."

4. The 10-Minute Educational Talk

If you're invited to give a brief presentation to the group, use this outline. It's purely educational — no sales pitch, no plan comparisons. The goal is to be remembered as the helpful expert, not the salesperson.

Outline (10 minutes total)

MINUTE 1 — Introduction

"Hi everyone, my name is [Agent Name]. I'm a local Medicare agent based in [your city]. I'm here today purely to share information about Medicare — not to sell you anything. I work for The Health Experts Insurance, and we serve seniors across South Florida in both English and Spanish."

"For the next 10 minutes, I'm going to cover three things: how Medicare actually works, the four enrollment periods you need to know about, and a few of the most common myths I hear. After that, I'll stick around for questions."

MINUTES 2-4 — How Medicare Works (briefly)

"Medicare has four parts. Part A is hospital coverage. Part B is doctor visits and outpatient care. Together those are called Original Medicare."

"Part C is Medicare Advantage — private insurance plans approved by Medicare that bundle Parts A, B, and usually D, often with extras like dental, vision, and prescription coverage."

"Part D is your prescription drug coverage. You can get it standalone, or built into a Medicare Advantage plan."

"You don't need to memorize this. Just know there are options, and the right choice depends entirely on your health, your medications, your doctors, and your budget."

MINUTES 5-6 — The Four Enrollment Periods

"There are four times you can enroll or make changes. The big one most people know is the Annual Enrollment Period — October 15 through December 7. That's the window where everyone with Medicare can change plans for the next year."

"There's also a Medicare Advantage Open Enrollment from January 1 through March 31, where you can switch from one Medicare Advantage plan to another, or back to Original Medicare."

"Initial Enrollment is when you first turn 65 — it's a 7-month window around your 65th birthday."

"And Special Enrollment Periods — these happen if you move, lose other coverage, or qualify based on income. There are about 30 different scenarios that can trigger one."

MINUTES 7-8 — Three Common Myths

"Myth #1: 'My current plan will automatically be the best plan again next year.' Not true. Plans change every year — premiums, benefits, drug coverage, networks. The plan that fit you last year might not fit you this year. That's why an annual review matters."

"Myth #2: 'If I switch plans, I'll lose my doctors.' Sometimes — but not always. Many plans share the same network. A good agent can check before you switch."

"Myth #3: 'Working with an agent costs me more.' False. Agents are paid by the insurance carriers, not by you. Working with an agent costs you nothing — and the right agent can save you significant money and prevent costly mistakes."

MINUTES 9-10 — Wrap and Q&A

"That's the basics. The most important thing I can tell you is: if you have questions, ask. Don't guess about Medicare — guesses are expensive."

"I'm going to be here for the next [X] minutes. Anyone with a question, please come up. I'd also love to meet you, learn what you do, and just be a name you know if Medicare questions come up later in the year."

"My business cards are right here. I serve clients in both English and Spanish, and I'd be honored to be your local Medicare resource. Thank you for having me!"

WHY THIS WORKS: You spent 10 minutes teaching, not selling. You positioned yourself as a trusted expert. You named a few myths that probably resonated with people in the room. And you closed with a soft, low-pressure invitation. The people who needed an agent will come to you. The ones who didn't will remember you for next year.

5. One-on-One Conversation Scripts

After the talk (or during table hours), people will approach you with specific situations. Here's how to handle the most common ones.

ENGLISH

"I THINK I'M OVERPAYING FOR MY PLAN"

"That's a really common feeling, and it might be true — or it might not. The only way to know is to compare your current plan to what else is out there based on your specific medications and doctors. Would you like to set up a free 30-minute review where I look at it with you? No commitment — just an honest comparison."

"MY FRIEND SAID HER PLAN IS BETTER THAN MINE"

"It might be, or it might just be different. Your friend's plan might be perfect for HER, but the right plan really depends on your medications, your doctors, and where you live. I'd never recommend you switch based on someone else's plan. But I'd love to take a look at yours and tell you honestly whether you're in the right plan or not."

"I'M TURNING 65 NEXT MONTH — WHAT DO I DO?"

"First — congratulations! Second, you're in the right place. Turning 65 has a 7-month enrollment window around your birthday, and there are some big decisions to make. There's no rush, but the sooner we talk, the more options you have. Could we set up a 30-minute call this week to walk through your situation?"

"I'M ON MEDICAID AND MEDICARE — AM I IN THE RIGHT PLAN?"

"Great question — and it's worth checking. People with both Medicare and Medicaid (we call this 'dual eligible') often qualify for special plans called D-SNPs that have extra benefits like grocery cards, transportation, and over-the-counter allowances. If you're not in one of those plans, you might be missing out. Could I do a quick check for you? It's free."

"MY PLAN IS ENDING — I JUST GOT A LETTER"

"That's actually really common right now — a lot of plans are being discontinued for next year. The letter you got is called an Annual Notice of Change. It's important. The good news is you have options, and there's plenty of time to find the right replacement plan. Could you bring me the letter, and we'll figure out the best path forward together?"

ESPAÑOL

"CREO QUE ESTOY PAGANDO DEMASIADO POR MI PLAN"

"Es un sentimiento muy común, y podría ser cierto — o no. La única forma de saberlo es comparar su plan actual con lo que hay disponible basado en sus medicamentos específicos y sus médicos. ¿Le gustaría coordinar una revisión gratis de 30 minutos donde lo veamos juntos? Sin compromiso — solo una comparación honesta."

"MI AMIGA DICE QUE SU PLAN ES MEJOR QUE EL MÍO"

"Podría ser, o podría ser solo diferente. El plan de su amiga puede ser perfecto para ELLA, pero el plan correcto depende de sus medicamentos, sus médicos, y dónde vive. Nunca le recomendaría cambiar basado en el plan de otra persona. Pero me encantaría ver el suyo y decirle honestamente si está en el plan correcto o no."

"CUMPLO 65 EL PRÓXIMO MES — ¿QUÉ HAGO?"

"Primero — ¡felicitaciones! Segundo, está en el lugar correcto. Cumplir 65 tiene una ventana de inscripción de 7 meses alrededor de su cumpleaños, y hay decisiones importantes que tomar. No hay prisa, pero entre más pronto hablemos, más opciones tiene. ¿Podemos coordinar una llamada de 30 minutos esta semana para revisar su situación?"

"TENGO MEDICAID Y MEDICARE — ¿ESTOY EN EL PLAN CORRECTO?"

"Excelente pregunta — y vale la pena revisarlo. Las personas con Medicare y Medicaid (les llamamos 'doblemente elegibles') frecuentemente califican para planes especiales llamados D-SNPs que tienen beneficios extra como tarjetas para comida, transporte, y dinero para artículos sin receta. Si no está en uno de esos planes, podría estar perdiendo beneficios. ¿Le puedo hacer una revisión rápida? Es gratis."

"MI PLAN ESTÁ TERMINANDO — RECIBÍ UNA CARTA"

"Eso es muy común ahora mismo — muchos planes están siendo descontinuados para el próximo año. La carta que recibió se llama Aviso Anual de Cambios. Es importante. La buena noticia es que tiene opciones, y hay tiempo suficiente para encontrar el plan correcto de reemplazo. ¿Me puede traer la carta, y resolvemos el mejor camino juntos?"

6. Compliance Reminders for Community Events

Community events are a CMS minefield if you're not careful. These rules are non-negotiable — violations can cost you your contract.

WHAT YOU CAN DO

- Provide general Medicare education (how Medicare works, enrollment periods, basics)
- Hand out approved educational materials (CMS-compliant only)
- Collect contact info for follow-up — with permission, on a sign-in sheet
- Schedule formal appointments to discuss specific plans (with proper SOA)
- Display signage that says 'Free Medicare Education' or 'Medicare Q&A'

WHAT YOU CANNOT DO

- Compare specific plans publicly or hand out plan comparison sheets
- Discuss specific plan benefits, premiums, or copays in a group setting
- Distribute carrier-specific marketing materials (unless filed with CMS)
- Use the words 'free,' 'Medicare-endorsed,' or 'official' in any signage
- Enroll anyone on the spot without a Scope of Appointment (SOA) signed in advance — 48 hours minimum for in-person enrollments
- Give gifts that are tied to enrollment (raffles are okay only if there's no enrollment requirement to enter)
- Solicit anyone who didn't approach you first or didn't request information

THE SOA RULE — read carefully

If anyone wants to talk about a specific plan, you must have a signed Scope of Appointment (SOA) BEFORE that conversation. The 48-hour rule says you must have the SOA signed at least 48 hours before discussing specific plans (with limited exceptions for walk-ins who request immediate help).

At a community event, the safest approach is:

- Have SOA forms with you (printed and digital)
- If someone wants to talk specifics, schedule the appointment for at least 48 hours later
- Get the SOA signed at the event for the future appointment
- Confirm via phone or text the day before the actual appointment

THE TPMO DISCLAIMER

Before discussing plan options with any individual, you must communicate the TPMO disclaimer. At community events, you can:

- Post it on a sign at your table
- Include it on your business card or handouts

- State it verbally before any one-on-one plan discussion

THE GOLDEN COMPLIANCE RULE

If you would not feel comfortable having a CMS auditor watching what you're doing, do not do it. When in doubt, ask Katy or Yahoska before the event — not after.

What's Next

You've shown up right. You've given the 10-minute talk or worked the table. You've collected names. Now what?

Phase 3: Converting

How to follow up the same day, the 7-day sequence, and how to turn names on a sign-in sheet into actual enrollments — without being pushy.

DEBRIEF EVERY EVENT: Take 10 minutes after every event to write down what worked, what didn't, what surprised you, and what you'd do differently. After 5 events you'll have a personal playbook better than any document.