Sales Meeting Sample Verbiage

Sales Meeting Sample Verbiage is one of several resources available to agents when conducting a formal marketing/sales event or meeting one-on-one with a consumer. These samples may help agents develop clear, simple, and compliant language to explain what could be complex and confusing concepts to consumers. While agents must explain a number of concepts and terms when presenting Medicare insurance options, the verbiage provided is not required, does not need to be read verbatim, and is not intended to be a script.

Note: Information in brackets "< >" indicate where you must insert plan specific or year specific information, such as the name of the plan you are presenting or contract year prescription drug dollar values or percentages, or have optional verbiage to consider.

Meeting Introduction

How do I say the required elements at the start of a formal marketing/sales event?

At the beginning of your event, you must provide your name*, the name of the carrier you are representing, and the name and type of plan you will be presenting. * Non-employee agents may also include the name of their agency.

Sample Verbiage:

"Good morning, I am <*first name, last name*>, a licensed insurance agent representing UnitedHealthcare. Today I will present the <*exact name of plan, e.g., AARP® MedicareComplete™ Plan 1*>, which is a <*plan type, e.g., Health Maintenance Organization, Preferred Provider Organization*>, or <*plan type abbreviation, e.g., HMO, PPO*> Medicare Advantage Plan."

How do I learn the make-up of my audience and how best to set up my 'Action Close'?

Get a sense of your audience by asking questions with a show of hands. The order of these questions is intentional and builds your recognition of who is attending in a way that leads to an effective close. Tailor the sample verbiage below to reflect your style and meet the needs of the consumers in attendance:

Sample Verbiage:

"Now that you know more about me and our meeting today, I would like to know more about you, so I can best assist you as I go through the presentation today. If you are comfortable raising your hand:

- Who has their red white and blue Medicare card?
- All right, keep your hand raised if you are currently enrolled in a Medicare Advantage Plan.
- And, keep it raised if you are enrolled in a UnitedHealthcare plan.
    - You want to identify current members in the room, who may have questions with their current plan. These questions are valuable, but can easily derail a meeting with a dominance of questions, while consumers ready to enroll are overlooked. To manage the audience and stay on track, be sure to set clear expectations. Perhaps address current members:
        - Thank you for your business. Some of you may have questions specific to your current plan. I will be happy to address those items separately at the end of the meeting. **OR**
        - For those of you who have one of our plans, are you in need of having questions answered about your plan today?
    - "Would you like to have your question answered now or would you like to attend the full meeting about our plans for this coming year?" (Assumptions: 1. Meetings with high attendance are likely to have current members. 2. A second agent/sales leader will take this group to resolve issues in a break out session; 3. Current members may be distracted from current plan information until they have answers). "For those of you indicating you would like to hear about our plans for <20xx>, we will address your questions at the end of the meeting."
- Who lives in < *name of county*> county or in < *name of county*> county?
    - I noticed some of you did not raise your hand. Perhaps you are visiting the area and attending with a friend or relative. That is wonderful, I am glad you are here!
    - You might want to add: "The plan I am presenting today serves <*names of county/ies in the plan service area, e.g., Jackson and Washington*> county/counties. If you do not reside in this/these county/counties, I would be happy to discuss plans available in your area after the meeting."

- Who has coverage through an employee retirement program?
- Raise your hand if you currently have coverage through a spouse's work plan.
- How many of you expect that to change in the next 30 days? 90 days?
- How many people have considered making a decision to enroll today? **OR**
- How many people have already considered their options and are prepared to make a decision to enroll today?
- Thank you for sharing this important information!

Plan Presentation – General Information about Medicare, Medicare Advantage, and Prescription Drug Plan

How can I describe when a consumer is eligible for Medicare?

Sample Verbiage:

You are eligible for Original Medicare--Parts A and B—if you are at least 65 years old, or you are under 65 and qualify on the basis of a disability or another special situation, and you are a U.S. citizen or legal/permanent-resident who has lived in the United States for at least five consecutive years.

How can I describe when a consumer is able to enroll in a Medicare Advantage or stand-alone Part D Plan?

Sample Verbiage:

There are specific times when you can enroll in a Medicare Advantage or stand-alone Part D plan. Your Initial Enrollment Period occurs when you turn 65, or otherwise become eligible for Medicare. It begins three months before and ends three months after the month of your 65th birthday, giving you a seven-month window. If you have employer- or plan-sponsored coverage when you first become eligible, you will not need to enroll until you retire or otherwise lose that coverage.

The Annual Enrollment Period occurs annually from October 15 through December 7. During that time, you can add, drop, or switch your Medicare plan coverage.

The Medicare Advantage Open Enrollment Period occurs annually from January 1 through March 31. During this time, if you are enrolled in any type of Medicare Advantage plan on January 1, you

can switch to another Medicare Advantage plan – even with a different carrier, or disenroll from your Medicare Advantage plan and go back to Original Medicare. If you go back to Original Medicare, you can enroll in a stand-alone Prescription Drug Plan even if your Medicare Advantage plan did not include drug coverage. Individuals that enroll in a Medicare Advantage plan using their Initial Coverage Election Period also have a Medicare Advantage Open Enrollment Period for the first three months they were eligible for Medicare Parts A and B.

In addition to those annual election periods, you may qualify for a Special Election Period if you:

- Retire and lose your employer coverage,
- Move out of the plan's service area,
- Receive assistance from the state or federal government (such as Extra Help), or
- Have been diagnosed with certain qualifying disabilities or chronic health conditions.

I will help you use the election period that best suits your enrollment situation.

How can I review the Medicare insurance options a consumer might have?

Sample Verbiage:

It is important to review your choices when it comes to choosing Medicare coverage.

Step 1: enroll in Original Medicare when you become eligible.

Original Medicare--Parts A and B--covers some, but not all, of your hospital and medical expenses, and it does not include the cost of your prescription drugs.

Step 2: look at your needs and determine if you would like more coverage than Original Medicare.

You can add a Medicare supplement insurance policy to Original Medicare to help cover some or all of the costs not covered by Parts A and B.

You can also add a Part D plan to get prescription drug coverage.

Or, if you prefer, you can choose a Medicare Advantage plan, also known as Part C. Some Medicare Advantage plans include prescription drug coverage.

How can I explain Medicare Advantage?

Sample Verbiage:

Medicare Advantage is one single plan that combines Parts A and B and may include additional benefits and prescription drug coverage.

Medicare Advantage plans can offer you more coverage than Original Medicare. The payments we receive from Medicare help with the cost of the plan. Additionally, most Medicare Advantage plans have provider networks that provide covered services at a lower rate than if you see an out-of-network provider.

Plus, most Medicare Advantage plans include extra benefits that you would not get from Original Medicare, such as:

- Prescription drug coverage,
- Access to wellness programs,
- Gym membership discounts,
- Routine hearing, vision and dental coverage, and more.

Exact benefits will depend on the plans available in your area.

How do I explain that members of Medicare Advantage plans still belong in the Medicare program?

Sample Verbiage:

Even though Medicare Advantage plans are privately administered, you have the same rights and protections as you would with Original Medicare.

Medicare Advantage plans must cover all Medicare-covered services and may offer additional benefits. It is important to know that hospice care is still covered under Medicare and not the Medicare Advantage plan.

Unlike Original Medicare, the Medicare Advantage plan's annual out-of-pocket maximum provides a safety net that limits the amount you will pay out-of-pocket in a plan year for covered medical services.

How can I explain Special Needs Plans?

Sample Verbiage:

There are also Medicare Advantage plans for those with special needs:

- Dual-eligible plans for those with both Medicare and Medicaid;
- Chronic condition plans for those with ongoing medical conditions, like diabetes and cardiovascular disorders and/or chronic heart failure; and
- Institutional plans for those living in a nursing home.

I can explain these Special Needs Plans in more detail if you believe you might qualify.

How can I explain that Medicare Advantage and Medicare supplement insurance are different?

Sample Verbiage:

Medicare supplement plans are health insurance policies offered by private carriers with a variety of plan types and various benefits. Medicare supplement plans pay some or all of the expenses not covered by Original Medicare for Medicare covered services. Medicare Advantage plans combine Original Medicare Parts A and B, and sometimes Part D, into a single plan. Medicare Supplement plans cannot be used with Medicare Advantage plans.

How do I explain that members must continue to pay their Part B Premium?

Sample Verbiage:

In addition to any plan premium, you must continue to pay your Medicare Part B premium. Medicare then applies your Part B premium to your Medicare Advantage plan to pay for your additional coverage.

How do I explain that enrolling in a Medicare Advantage plan could affect the consumer's current coverage?

Sample Verbiage:

If you have existing coverage or employer-provided health insurance and plan to work past 65, check with your employer's plan administrator to see how joining a Medicare Advantage plan could affect your coverage or covered family members.

How do I explain that many plans require the use of network providers?

Sample Verbiage:

Use of network health care and pharmacy providers is typically required. Using providers outside of the network may cost you more. However, in an emergency, you can use any provider.

For HMO plans, you must use in-network providers to receive covered benefits except in emergencies.

For PPO, RPPO, and HMO-POS plans, using in-network providers usually costs less than using out-of-network providers.

How do I explain Low Income Subsidy or Extra Help?

Sample Verbiage:

Depending on your financial situation, you may qualify for help paying your Part D plan premiums or for Part D medications. This is known as Extra Help. I can assist you with the Extra Help application process or you apply for Extra Help through the Social Security Administration.

How do I explain the Late Enrollment Penalty?

Sample Verbiage:

If you go without Part D coverage for longer than 63 days in a row after your Initial Enrollment Period, an additional amount will be added to your Part D premium. This penalty is required by Medicare and is assessed regardless of what plan you have. Medicare Advantage plans that include Part D coverage meet Medicare coverage requirements. If it is determined you owe a Late Enrollment Penalty, Medicare will calculate the amount and that amount will be added to your monthly plan premium amount.

How do I explain that Medicare Advantage members must use their member ID card?

Sample Verbiage:

Medicare Advantage members must present their member ID card, not their Medicare card, when receiving plan services. The member ID card includes our customer service number on the back side.

How do I explain Medicare Part D?

Sample Verbiage:

Prescription drug coverage is an important factor for many people when choosing a plan. I will be reviewing this in more detail, and this information is also included in your Clarity Workbook.

- First, I will take a moment to clarify some terms. ***Total drug cost*** is the *total* amount you *AND* the health plan pay for your medications.
- ***True out-of-pocket* costs** are the amounts you pay for your medications, which include any deductible, copayments, and coinsurance. It does not include your plan premium.
- Some plans have an initial **deductible** before drug coverage begins, other plans may have a deductible only for specific drugs, or no deductible at all.
- If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan.
- You then move into the **initial coverage stage**. During the Initial Coverage stage, you pay a copayment, a set dollar amount, or coinsurance, a percentage of the cost, for each prescription. Your plan pays the balance of the costs until what you and the plan have paid reaches <$>.
- You then move into the **coverage gap stage**. In the coverage gap, you pay <%> of the cost of brand name drugs and <%> of the cost of generic drugs, until your out-of-pocket costs reach <$>.
- Once your total out-of-pocket costs reach <$>, you move into the **catastrophic coverage stage**, where you only pay a small copayment or coinsurance amount, and the plan pays the balance. You stay in this stage until your policy renews on January 1.
- You can obtain your prescriptions at a **network pharmacy** simply by presenting your UnitedHealthcare member ID card.
- You may be able to receive discounts by using a **preferred retail pharmacy** or by using the **mail order pharmacy** service to have your prescriptions delivered right to your mailbox.
- Each plan has a list of covered drugs, called the **drug formulary**. Before enrolling in a plan, make sure any medications you are currently taking are covered by the plan.

- Many plans use **drug tiers** to group covered drugs according to cost. For example, the tier one group includes preferred generic drugs, tier two includes generic drugs, tier three includes preferred brand name drugs, tier four includes non-preferred brand name drugs, and tier five includes specialty drugs.

- UnitedHealthcare wants to help you save money on your prescriptions. One way is by offering lower-cost drugs that can treat the same medical condition as your current brand name drugs. You may be asked to try one or more of these lower-cost drugs before the plan will cover the drug you are currently taking. This is called **step therapy**.

- If you need a drug that is not currently covered by your plan, you may ask the plan to cover your drug, even if it is not on the formulary. This is known as a **formulary exception**.

- Some drugs have **quantity limits**, where the plan will cover only a certain amount of a drug for one copayment or for a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more, or thinks the limits are not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

- To make sure a drug is used correctly for a medical condition covered by Medicare, your doctor may be asked to provide more information before the plan covers it. You may be required to try a different drug before the plan will cover the one your doctor prescribed. This is known as **prior authorization.**

- You may also ask to waive coverage restrictions or limits on your drug. This is called a **utilization exception**.

How do I state the Star Rating for the plan I am presenting?

Sample Verbiage:

This plan, <*plan's name*>, received a Star Rating of <#> out of 5 stars from the Centers for Medicare & Medicaid Services, CMS. Medicare uses a five-star rating system to measure how well plan sponsors perform in different categories. These ratings help consumers and members compare plans based on quality and performance. CMS uses one to five stars to determine a plan's performance in a particular category; one star denotes poor quality and five stars represent excellent quality. Find information about this plan's rating on page <##> of the plan's Enrollment Guide. You can find additional information at Medicare.gov.

How do I explain the consumer's right to submit an appeal or register a grievance?

Sample Verbiage:

Even though Medicare Advantage plans are privately administered, you still have the same rights and protections as with Original Medicare. As a member, you can refer to the Evidence of Coverage document for your plan to learn how to file an appeal, if you are having trouble getting the medical care or prescription drugs you think are covered by our plan, or a grievance, if you have a complaint about quality of care, waiting times, customer service or other concerns.

How do I explain the consumer's right to cancel their enrollment request or disenroll once they are in the plan?

Sample Verbiage:

If you change your mind about enrolling once your application is submitted, you should call the customer service number in the Enrollment Guide to request your application be cancelled. However, you must make that request prior to the plan effective date. Once your plan becomes effective, you can only disenroll if you have a valid election period, such as the Open Enrollment Period or being eligible for a Special Election Period. All disenrollment requests must be made in writing.

Meeting Close

How do I give an 'Action Close'?

An action close might include immediate enrollment, private appointment, or providing attendees with the opportunity to share your contact information with others.

The following verbiage gives you some ideas of how to obtain positive outcomes. Tailor the sample verbiage to reflect your style and meet the needs of the consumers in attendance.

Sample verbiage:

"Over the past hour, we have covered a lot of information related to your health care planning decisions. When we started, I asked several questions, and some of you indicated you came today to make an enrollment decision. We are here to make sure we take care of that today.

Some of you may need an additional conversation to discuss very specific health care planning needs. I am here to make sure to help you with that as well during a private appointment.

Others here today may already be thinking of their friends, neighbors, or family members they wish were here. Do others a favor by letting them know you attended this <*workshop, meeting, presentation etc.*> and share with them what you learned. You can take two specific actions: take my business card to share with others and please ask them to contact me.

For those who want to enroll, please meet <*me, other agents*> <*in the back of the room, or place you or other agents will be located*>.

For those who want to set up an in-home appointment to discuss their needs, please see me to set up an appointment for us to meet.

If you would like additional business cards to share with your friends, I will give those to you before you leave.

On behalf of UnitedHealthcare, I want to thank you for attending today. These are important decisions, and you have made a great decision to find time to learn more about your options. I am grateful for your interest and look forward to assisting you make the plan selection that meets your needs!"

Resources

The following resources may be helpful when developing the verbiage you want to use to explain certain concepts:

- DSNP Eligibility: DSNP Product Positioning Sheets (Jarvis / Knowledge Center / Product Overview / Special Needs Plans)
- Applying for Extra Help: UnitedHealthcare Social and Government Referral Services (Jarvis / Knowledge Center / Training / Programs / LIS)
- Providing Member Assistance after Enrollment: Call Me First (Jarvis / Knowledge Center / Training / Compliance)

Contact

Direct questions related to using these samples to your local UnitedHealthcare Agent Manager. Submit compliance-related question to Compliance_Questions@uhc.com.