



# Medicare Outbound Lead Script for Agents

*(For leads who previously requested info or opted in)*

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## 1. Opening & Compliance

Hi [Name], my name is **[Agent Name]**, a **licensed insurance agent**. I'm calling because you **requested information about your Medicare options**. This is **not a sales call** — I'm just here to provide information and answer questions.

Is now a good time to talk?"

*(If they say yes, continue.)*

*(If no, schedule a callback.)*

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## 2. Permission to Continue

**Agent:**

"Before we get started, I just want to confirm:  
Do I have your permission to discuss Medicare plan options with you?"

*(Wait for verbal "yes"— required.)*

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## 3. Discovery Questions

**Agent:**

"Great, thank you. To make sure I only show you plans you may qualify for, I have a few quick questions."

- "Are you currently on **Medicare Parts A and B**?"

- “What type of coverage do you have now? (Medicare Advantage, Supplement, or Original Medicare only?)”
- “Who is your **current plan or carrier**?”
- “Do you take any regular **prescriptions**?”
- “Who is your **primary doctor** or clinic?”
- “Do you receive any **extra benefits** now—like dental, vision, hearing, OTC, or flex card allowances?”
- “What would you say is the **main thing you want to improve** about your current coverage?”

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## 4. Transition Statement

**Agent:**

“Based on what you’ve told me, it looks like you may qualify for plans that offer **[mention key benefits relevant to the consumer]**.

Let me pull up the available options in your ZIP code — this will take about 10 seconds.”

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## 5. Presenting the Plan (High-Level First)

**Agent:**

“Okay, I’m seeing a plan that might be a good fit. Let me give you the basics, and you can tell me if it sounds helpful.”

- “It’s a **\$0 premium** plan.”
- “Includes **[Dental/Vision/Hearing]** benefits.”
- “Includes **prescription drug coverage**.”
- “Your doctor **is / is not** in network.”

- “Your medications appear to be **covered / not covered / covered with copays as low as \$X.**”

“Does that sound like something worth taking a closer look at?”

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## 6. Enrollment Close

**Agent:**

“If you like, we can go through the enrollment now. It only takes a few minutes, and I’ll guide you through everything step by step.

Would you like to move forward with this plan today, or compare one or two more options first?”

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## 7. If the Lead Is Unsure

**Agent:**

“No problem at all — my goal is just to make sure you understand your choices.

What part would you like more information on:

- the benefits,
- your doctors,
- your medications, or
- the costs?”

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## 8. Final Compliance Close

If they choose to enroll:

**Agent:**

“Great. Before we begin, I’ll need to read a couple of short required statements...”

*(Insert CMS-approved SOA or scope capture process.)*



# 1. T65 Medicare Outbound Lead Script

*(For people turning 65 who previously opted in for information)*

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## Opening & Permission

### Agent:

“Hi, is this [Name]?

Hi [Name], my name is [Agent Name], and I’m a **licensed insurance agent**. You recently requested information about Medicare as you’re turning 65 soon.

Is now an okay time to talk?”

*(Wait for answer.)*

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## Permission to Discuss Medicare

### Agent:

“Before we get into anything, do I have your permission to talk with you about Medicare plan options today?”

*(Must get verbal yes.)*

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## T65-Friendly Discovery Questions

### Agent:

“Great. Since you’re approaching 65, I just need to ask a few quick questions so I can see what you may qualify for.”

1. “When is your **65th birthday**?”
2. “Have you already **enrolled in Medicare Parts A and/or B**, or are you planning to?”
3. “Are you coming off **employer coverage**?”
4. “Do you take any **prescription medications**?”

5. "Who are your **primary doctors or specialists?**"
6. "Do you have any conditions that require ongoing treatment?"
7. "What's most important to you:
  - low monthly cost,
  - coverage for doctors,
  - prescription savings,
  - or extra benefits like dental and vision?"

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## Transition

**Agent:**

"Thank you. Based on what you've shared, I see a few options that could fit your situation. Let me check what's available for your ZIP code."

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## Presenting Options (Keep it Simple & Educational)

**Agent:**

"As someone turning 65, you generally have two choices:

### Option 1: Medicare Supplement + Drug Plan (Medigap + Part D)

- Higher monthly cost
- Very low out-of-pocket
- See almost any doctor nationwide

### Option 2: Medicare Advantage (Part C)

- Often \$0 premium

- Includes drug coverage
- Includes extras like dental, vision, and hearing

From what you told me, the option that seems to fit best is **[Medigap / MA]** because **[reason based on their needs]**.

Would you like me to break down how that option works in simple terms?"

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## Soft Close

**Agent:**

"If this looks like a good fit, we can complete the enrollment today—your coverage would start when you turn 65.

Would you like to move forward or compare another option first?"

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## If Not Ready

**Agent:**

"No problem at all. I'm here to help you understand your options.

What would you like more clarity on — costs, doctors, medications, or the differences between the plans?"

# Call Rebuttal Sheet

*(Short, simple, and compliant — great for outbound calling)*

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## “I’m not interested.”

### Agent:

“I understand. Many people I speak with say the same thing at first — they just weren’t sure what was available.

Just to confirm, you’re not interested in learning whether you could save money or get additional Medicare benefits, correct?”

*(If still no)*

“No problem at all. If your situation changes, I’m happy to help. Have a great day.”

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## “I already have a plan.”

### Agent:

“I completely understand — most people I help already have coverage.

The only reason I’m reaching out is to confirm whether your **doctors, prescriptions, or benefits** are still the best fit for you. Plans change every year.

Out of curiosity, which plan are you currently on?”

*(Transition into reviewing their benefits.)*

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## “Just send me information.”

### Agent:

“I can definitely send information, but Medicare plans vary a lot by doctors, prescriptions, and ZIP code.

If I send something generic, it may not apply to you at all.

It only takes about **60 seconds** to figure out which information is actually relevant.

What primary doctor do you see?”

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## **“I don’t have time.”**

### **Agent:**

“No problem — I can be quick.

Would **tomorrow morning** or **afternoon** work better for you?”

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## **“Is this a sales call?”**

### **Agent:**

“This isn’t a sales call — I’m a licensed agent, and my job is to make sure you understand the Medicare options you qualify for.

If something makes sense for you, great. If not, that’s totally fine.”

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## **“I’m happy with what I have.”**

### **Agent:**

“That’s great! A lot of people feel the same way — until they find out they’re missing benefits or paying more than they need to.

I can do a quick check to make sure you’re getting the most from your plan.

Who’s your current insurance company?”

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## **“How did you get my number?”**

### **Agent:**

“You entered your information online requesting Medicare details, and your request was sent to me as a licensed agent. I’m just following up to make sure you get the help you were looking for.”

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## **“Are you from Medicare?”**

### **Agent:**

“No, I’m not Medicare and I’m not the government. I’m a **licensed independent agent**, and my job is simply to help you understand the Medicare options available to you.”

# DO BETTER INSURANCE AGENT HUB

## Medicare Client Organizer

*Setting the Standard, Raising the Bar*

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### Client Information

Client Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Preferred Contact Method: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

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### Medicare Status

Medicare Part A Start Date: \_\_\_\_\_  
Medicare Part B Start Date: \_\_\_\_\_  
Current Plan Type: \_\_\_\_\_  
Prescription Drugs (Part D): \_\_\_\_\_  
Medigap / Supplement Plan: \_\_\_\_\_  
Special Needs / DSNP: \_\_\_\_\_

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### Health & Medications

Primary Physician: \_\_\_\_\_  
Specialist Doctors: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Health Conditions: \_\_\_\_\_  
Mobility / Accessibility Needs: \_\_\_\_\_

## APPOINTMENT LOG

Date	Type (Phone / In-person / Virtual)	Notes / Client Questions	Follow-up Needed?

## PLAN REVIEW & RECOMMENDATIONS

Plan Type	Carrier	Premium	Coverage Highlights	Notes / Recommendations

## SOA & COMPLIANCE TRACKER

Date Completed	Scope of Appointment Type	Client Signature	Notes

## Notes & Reminders

Use this section for **personalized notes, birthdays, preferences, or reminders**:

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# DO BETTER INSURANCE AGENT HUB

## MEDICARE COMPLIANCE CHECKLIST

Setting the Standard, Raising the Bar

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### 1. Before Contacting a Client

- Obtain Permission to Contact (PTC)
- No cold calling or door knocking
- No texting without written consent
- Complete Scope of Appointment (SOA) before discussing plans

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### 2. Scope of Appointment (SOA)

- Must be completed **before plan discussion**
- Signed by the beneficiary
- Lists the exact products to discuss
- Keep on file for **10 years**
- Do not discuss plans outside the SOA

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### 3. During Calls or Meetings

- Read all required disclaimers
- Stay within the SOA scope

- Be factual, unbiased, and professional
- Confirm doctors, prescriptions, pharmacies
- Present multiple plan options when appropriate
- Do not promise savings or guaranteed approvals
- Avoid using “free” unless \$0 with no conditions
- Never disparage other carriers or agents

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## 4. Recording Requirements

- Record all marketing and enrollment calls
- Store recordings securely for **10 years**
- Do not delete or modify recordings
- Inform the client that the call is being recorded

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## 5. Marketing Rules

- No gifts over **\$15 value**
- Do not claim affiliation with Medicare/CMS
- Avoid using Medicare logos
- Door-to-door solicitation is prohibited
- Educational events cannot include plan enrollment
- Marketing events can discuss plans but must comply with CMS rules

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## 6. Enrollment Compliance

- Submit applications with client present
- Verify client consent and understanding
- Explain premiums, out-of-pocket costs, drug coverage, and network rules
- Keep documentation of all enrollments
- Follow correct election periods (AEP, OEP, SEP)

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## 7. After Enrollment

- Provide contact information
- Explain coverage start date
- Explain mailings and ID cards
- Securely store PHI/PII
- Follow up only with client permission

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## 8. Annual Requirements

- Complete AHIP or carrier training annually
- Complete carrier certification updates
- Review CMS rule updates
- Update marketing materials for compliance

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## 9. What You Cannot Do

- **✗** Cold call or cold text
- **✗** Mislead or give false promises
- **✗** Claim special access to benefits
- **✗** Pressure clients to enroll
- **✗** Submit applications without client consent
- **✗** Discuss plans outside the SOA

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## Bottom Line

Medicare compliance is simple:

- **Get permission**
- **Document everything**
- **Stay within rules**
- **Put the client first**

When in doubt, **pause and ask**. Compliance protects your clients and your license.

# DO BETTER INSURANCE AGENT HUB

## **MEDICARE NEW AGENT TIPS**

**Setting the Standard, Raising the Bar**

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### **Top Tips for New Medicare Agents**

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#### **1. Know the Rules**

- Complete **AHIP and carrier training** before contacting clients.
- Always use a **Scope of Appointment (SOA)** before discussing plans.
- Follow all CMS marketing, enrollment, and record-keeping rules.

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#### **2. Focus on Education, Not Selling**

- Explain **benefits, costs, and networks** clearly.
- Help clients **compare plans without pressure**.
- Be a **trusted advisor**, not just a salesperson.

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#### **3. Build Relationships**

- Seniors want someone **reliable and patient**.
- Follow up regularly, especially before **Annual Enrollment Period (AEP)**.
- Listen more than you talk — discover their **real needs**.

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## 4. Organize Your Leads

- Use a **CRM** to track contacts, SOAs, and follow-ups.
- Keep detailed notes on each client's **doctors, medications, and preferences**.
- Prioritize leads based on **eligibility dates and urgency**.

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## 5. Master the Products

- Know **Medicare Advantage (Part C), Prescription Drug Plans (Part D), and Medigap**.
- Understand **differences, limitations, and benefits**.
- Be prepared to explain **drug coverage, premiums, and network rules**.

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## 6. Prepare Scripts & Talking Points

- Create **friendly, compliant scripts** for calls and meetings.
- Practice **introductions, discovery questions, and plan presentations**.
- Keep scripts **short, clear, and focused on helping the client**.

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## 7. Focus on Annual Enrollment

- AEP is the most productive time for Medicare agents.
- Help clients **review plans and update prescriptions**.
- Make follow-ups a **consistent habit**.

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## 8. Be Patient and Persistent

- Building a client base takes time.
- Don't get discouraged by refusals or no-shows.
- Focus on **small wins and long-term relationships**.

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## 9. Leverage Technology

- Use **quote tools, online comparisons, and e-signature platforms**.
- Keep digital copies of SOAs, applications, and compliance forms.
- Stay **organized and efficient** to serve more clients.

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## 10. Always Put the Client First

- Your reputation is your most important asset.
- Focus on **helping people, not just selling plans**.
- Ethical agents build **trust and referrals for years to come**.

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**Pro Tip:** Keep a notebook of client questions and examples — it becomes your **personal training guide** as you gain experience.

# Extras to Help New Medicare Agents

*DO BETTER INSURANCE AGENT HUB –*

**Boost Your Success**

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## 1. Lead Resources

- **Pre-generated Medicare leads** from carriers or lead vendors
- **Local referrals** from networking events, community centers, or senior clubs
- **Social media lead campaigns** targeting people turning 65

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## 2. Tools & Technology

- **CRM software** to track clients, SOAs, and follow-ups
- **Quote and comparison tools** to present multiple plans quickly
- **E-signature platforms** for remote enrollments
- **HIPAA-secure document storage**

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## 3. Marketing Materials

- Pre-approved **flyers, brochures, and email templates**
- Compliant **social media graphics**
- Client **education handouts** explaining Medicare basics
- “Medicare 101” presentation slides for community events

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## 4. Training & Education

- AHIP **certification training**
- Carrier-specific product and compliance courses
- **Role-playing scripts** for calls and appointments
- **Webinars and online courses** on sales techniques

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## 5. Compliance Resources

- Medicare **Scope of Appointment (SOA) templates**
- CMS marketing and enrollment **guidelines summary**
- Record-keeping templates for calls, enrollments, and applications

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## 6. Scripts & Conversation Guides

- **Phone call scripts** for new leads
- **In-person appointment scripts**
- **Objection handling scripts** for common questions
- “Medicare 101” simple explanations to use with clients

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## 7. Networking & Mentorship

- Connect with **experienced agents or mentors**
- Join **agent communities** on Facebook, LinkedIn, or WhatsApp
- Attend **carrier and association events**

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## 8. Daily & Weekly Habits

- Start the day with **lead follow-ups**
- Schedule **appointments consistently**
- Set weekly goals for **calls, appointments, and enrollments**
- Review **compliance and training updates** regularly

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## 9. Client Relationship Building

- Send **birthday or holiday cards**
- Offer **annual plan reviews**
- Keep notes on **doctor changes, medications, and preferences**
- Be the **go-to Medicare advisor** in your community

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## 10. Extra Tips

- Keep a **cheat sheet of common drug and plan questions**
- Have a **FAQ sheet for quick client answers**
- Practice **clear, jargon-free explanations**
- Track **sales metrics** to identify strengths and areas to improve

