

2022 Florida Blue Medicare & FHCP Medicare HMO Sales Script

[XXX] : variable information xyz : specific to plan/eligibility/customer, not required on all calls
Blue or Red : agent direction, do not read to customer green : suggested verbiage
Plain : verbiage is required to be read verbatim prior to an application taking place

Greeting:

Thank you for calling [Florida Blue Medicare/FHCP Medicare] my name is [XXX]. I am a licensed agent, and this call may be recorded. Who do I have the pleasure of speaking with today?

Information Gathering:

[Mr./Ms./Mrs./Mx. Customer preferred name] *how can I help you?*

Thank you for sharing the reason for your call. I will be happy to assist you with [restate reason for call]. Before we get started, I would like to capture some information to better assist you on our call today.

May I have the spelling of [your] first and last name?

What is [your] date of birth?

Please confirm [your] residential address including ZIP code and county.

Authentication- Required only when speaking with an existing member or if PHI will be discussed.

And may I please have either your Member ID number or the last four digits of your social security number?

Spelling of first and last name, date of birth, and either Member ID number or last four of social are authentication requirements. Member must supply the identifiers noted; you may not exchange authentication items with alternative items unless where specifically noted. (Ex: DOB can be used instead of address, but address cannot be used instead of contract number). PHI may only be shared with individuals authorized on the account. If a customer does not provide all three elements (spelling of first and last name, date of birth, and member number/last four of social), member PHI cannot be shared. The agent should still provide any Medicare education and general product information.

Callback Disclaimer

Callback disclaimer must be read in the order it is written. If customer disagrees at any point or does not wish to provide a phone number, proceed to 'If No' section below.

[Mr./Ms./Mrs./Mx. Customer preferred name], is it OK for us to call you back if we get disconnected or to contact you about other plan options, products, and services? *Pause for customer's response*

If Yes:

Great! Your consent is not required as a condition of speaking with me today, or for the renewal or purchase of any plan, product, or service and you may change your communication preferences or revoke your consent at any time without affecting your eligibility or coverage.

May I have your phone number?

Pause for customer's response

Thank you. I would like to record your consent to call you back at the number you gave me. Do you agree to receive sales calls by or on behalf of [Florida Blue/FHCP], and its related companies, including calls made using automated technologies? *Pause for customer's response.*

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If No:

[Mr./Ms./Mrs./Mx. Customer preferred name], Would you like my direct phone number if we get disconnected or if you need to call me back instead?

If Yes: My direct number is **[Agent's phone number]**.

If No: Offer the main number to customer **[Florida Blue: 1-800-966-4092/ FHCP: 1-855-462-3427/TTY: 800-955-8770]**.

Set Expectations

Thank you for calling to learn more about **[Florida Blue Medicare/FHCP Medicare]** plans. *I am a licensed agent specializing in Medicare plans so, once we determine your eligibility, we'll look at your plan options and answer any questions you may have.*

Are you the Medicare beneficiary or are you calling on behalf of a Medicare beneficiary?
Will anyone else be joining our call today?

I'd like to ask you some questions that will help me better understand your healthcare needs. I'll use the information you provide to ensure we focus on a plan that truly meets your needs and assist you with an application.

Before we move forward, please know that you are not required to give any health-related information if you choose not to. Let's go ahead and get started.

Eligibility

- Do you have Medicare Part A and Part B?
- Do you have your red, white, and blue Medicare card with you?
- What are the effective dates for your Medicare Parts A and B?
- When are you looking to have your coverage start?
- Are you currently enrolled in Medicaid or think you may be eligible?
- Are you currently enrolled in a group plan through an employer?
 - Are you losing your group coverage or retiring? If so when?

Needs Analysis

All topics below are required, however verbiage is suggested

- Are there any plans you are already interested in?*
- Do you travel outside of your county often? What about outside of the state?*
- Do you know the difference between Medicare Advantage Plans and Medicare Supplement Plans?*
- Are there any specific benefits that you currently use that you are interested in discussing?*
- Are you interested in a plan that includes additional benefits like dental, vision and hearing?*
- Do you have any specific providers, dentist or hospitals that are important to you?*

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Review the prospect's providers' participation in our network

Do you take any medications?

What is the name of the medication, frequency, and dosage for each?

Do you have a local pharmacy that you use?

Review how the prospect's medications will be covered under the plan. Include copays, tiers, prior authorizations, quantity limits and step therapy where applicable. Highlight any pharmacy deductible that may also be required by the plan. Be sure to review how this coverage will change if/when Caller reaches the coverage gap.

Pitch

Thank you for sharing your healthcare needs with me. I'll make sure I keep these in mind as we review plan options for your consideration.

I do have great news, I have a plan in mind that covers your healthcare needs, as well as your medications. I'm going to review the plan and your out-of-pockets costs, do you have something to take notes?

Pitch plan(s) for consideration. Reference Benefits at-a-Glance document.

The plan's name is [Plan name]

The plan premium is [XXX]

The medical deductible is [XXX]

The medical out-of-pocket maximum is [XXX]

The Primary Care Doctor copay is [XXX] & the Specialist copay is [XXX]

In-patient hospital copays are [XXX for days 1-XXX, XXX for days XXX-XXX]

The prescription drug copays are [list the tiers, copays, and drug deductible (if applicable)]

The plan also includes value added benefits like:

(read only applicable value-added benefit for the plan you're pitching)

- [Gym membership through:
 - Silver Sneakers-FB Medicare
 - FHCP's Preferred Fitness Program
- Hearing and dental benefits
- Over the counter benefits
- Papa benefits
- Telehealth services
- Transportation
- Healthy rewards and discounts
- And much more]

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Dental

We have found that customers may also be interested in Dental plans when considering their coverage options. These Dental plans are separate from a [Florida Blue Medicare/FHCP Medicare] plan and have their own benefits and premium.

Several of our Medicare Advantage plans include preventive dental benefits built-in which covers things like cleanings, exams, and x-rays, but stand-alone dental plans typically provide more comprehensive dental coverage should you need things like fillings, root canals, or crowns.

Would you like to hear more about these plans?

If Yes: Discuss a plan that fits the customer's needs. Review benefits, deductible, waiting periods, annual maximums, and network. Please advise there will not be any coordination of benefits.

If No: Continue with script

Determine Next Steps

Are there any other medical benefits you'd like for me to review with you? Or do you have any question on the plan I described? How does this plan sound? Would you like to proceed with enrolling in the [plan name] today?

If Yes: Continue to 'Medicare Advantage Information' section of script

If No: Not a problem. Was there anything that may still be unclear that I can answer for you?

*If Yes: Answer questions as needed. Agent may wish to return to needs analysis to gain further understanding and to determine if alternative plan may be needed for consideration. **Agent is only allowed to proceed with enrollment once Caller has clearly indicated 'yes' when asked "Would you like to proceed with enrolling in [plan name] today?"***

If No: OK. I want to let you know that we also have licensed agents available throughout the state if you'd prefer to discuss your plan options in-person. Would you like me to schedule an appointment for you to speak with someone locally about [Florida Blue Medicare plans/FHCP Medicare Plans]?

*If Yes: Consider virtual appointments if applicable & follow EventConnect process. **Please note: Current Florida Blue MAPD Members cannot have in-home appointments scheduled, but can have a retail appointment scheduled***

*If No: We also offer seminars, where a licensed representative can walk you through all the plan options available to you either digitally or in-person. **Would you like me to look for a seminar that aligns with your schedule?***

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If Yes: *Follow seminar RSVP process*

If No: Would you like me to send you any information on the plans we've discussed today and schedule a follow-up call so that we can discuss the materials you receive?

If Yes: *Offer to send information virtually and follow kit request process. Offer to schedule a follow-up appointment: Recall whether customer opted in or out for callback - schedule follow-up appointment for when customer will contact you or when you will reach out to customer*

If No: OK, thank you for your time today [Mr./Ms./Mrs./Mx. Customer preferred name], it's been my pleasure working with you.

Medicare Advantage Information

Great, before we move on, there are a few things that I'd like to share with you. I want to make sure you know everything about the plan we're discussing, how a Medicare Advantage plan works and your rights once you enroll.

When you join a Medicare Advantage plan, you still have Medicare coverage. However, instead of receiving your Medicare coverage through Original Medicare, you receive it through the plan you choose. Medicare Advantage plans must follow Medicare rules and must cover all the services and supplies that Original Medicare covers; they may also offer additional benefits that Original Medicare does not cover, such as prescription drugs. The plans, not Original Medicare, pay most of their members' benefits. Medicare Advantage plans are not Medicare Supplement insurance policies.

To be eligible for our Medicare Advantage plans, you must be entitled to Medicare Part A and enrolled in Medicare Part B. If you are enrolled in one of our plans you must continue to pay your Medicare Part B premium.

HMO Plans (if FHCP HMO-POS plan, do not read this section)

I want to ensure you're aware that with [plan name], you must use in-network providers except for emergency or urgent care situations or for renal dialysis. If you get routine care from out-of-network providers, neither Original Medicare nor [Florida Blue Medicare/FHCP Medicare] HMO will be responsible for the costs. Some network providers may be added or removed from the network during the year. For additional provider information or to get the most up-to-date information about your plan's network providers in your area, please visit www.floridablue.com/medicare/ www.fhcpmedicare.com] or call Member Services.

Non-Referral Providers (if FHCP HMO-POS plan, do not read this section)

You will need to obtain approval from your Primary Care doctor (PCP) before seeing most specialists except for the following: emergency or urgently needed care, kidney dialysis at a Medicare approved facility, routine women's healthcare, your flu shot, the Hepatitis B, COVID-19 & pneumonia vaccinations, a Chiropractor, Dentist, Dermatologist,

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Podiatrist, to receive out-patient mental health and substance abuse treatment or diabetic retinal exams.- Highlighted portion does not apply to FHCP

D-SNP Plans: Read only if the prospect meets requirements for a Florida Blue Medicare Complete D-SNP plan

I need to share some important information about Medicare Advantage Dual Eligible Special Needs Plans and how they work.

When you join a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP), you still have Medicare coverage and will still be entitled to all Medicaid services that you would normally get under the State Medicaid Plan. However, instead of receiving your coverage through Original Medicare or the State Medicaid Plan, you receive it through the Medicare Advantage Dual Eligible Special Needs plan you choose. Medicare Advantage plans must follow Medicare rules and must cover all the services and supplies that Original Medicare covers; they may also offer additional benefits that Original Medicare does not cover, such as prescription drugs. The plans, not Original Medicare, pay most of their members' benefits. Medicare Advantage D-SNP plans are not Medicare Supplement insurance policies.

To be eligible for our Florida Blue Medicare Complete (HMO D-SNP) plan you must be entitled to Medicare Part A and enrolled in Medicare Part B. You must live in our service area and receive assistance from the Florida Agency for Health Care Administration (Medicaid).

HMO-POS Plans: Only read if you're enrolling the customer into an FHCP HMO-POS plan

Before we move on to the pharmacy portion, I want to ensure you're aware that the Optional Point of Service benefit is "open access" meaning you do not need a referral to see an Out-of-Network specialist. When you receive services under the Optional POS benefit you might incur higher out-of-pocket costs for using out-of-network providers, except for emergency or urgent care situations or for kidney dialysis. The Optional POS benefit is limited to contract HMO participating providers or facilities AND Medicare participating providers and facilities outside of FHCP Medicare's network, without a referral. Some network providers may be added or removed from the network during the year. For additional provider information or to get the most up-to-date information about plan network providers in your area, please visit www.fhcpmedicare.com or call Member Service.

Pharmacy Information- FB Medicare only: To be covered for MAPD plans only- Reference Benefits at-a Glance document

Please note that our plans do require you to use network pharmacies, except under emergency or non-routine circumstances. The [plan name] pharmacy network includes [share all in-network pharmacy names for plan discussed]. You may also use our mail order service.

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Pharmacy Information- FHCP only: To be covered for MAPD plans only- Reference Benefits at-a Glance document

Please note that our plans do require you to use network pharmacies, except under emergency or non-routine circumstances. Our plans have two types of pharmacies: preferred and standard. The [plan name] pharmacy network includes [share all in-network pharmacy names for plan discussed. Be sure to advise which are preferred vs standard]. You can use either, but you may pay less when you use the plans preferred pharmacies. You may also use our mail order service and pay the preferred pharmacy costs.

Coverage Gap- To be covered for MAPD plans only

[Your plan has a drug deductible of [XXX] for tiers [XXX]; you pay the full cost of your covered drugs until you reach the drug deductible amount and then you move into the Initial Coverage Stage.]- Only read if the plan has a drug deductible.

When the total amount paid for covered prescriptions drugs between you and the plan reaches the Initial Coverage limit, you will enter what's called the Coverage Gap or "Donut Hole". These limits change each year. The initial coverage limit for 2023 is \$4,660. During the Coverage Gap members pay no more than 25% of the cost of generic or brand drugs in all tiers. Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage.

You would remain in the Coverage Gap until your true out-of-pocket costs for covered prescriptions, including brand drug manufacturer discounts reach a total of \$7,400, which is called the Catastrophic Coverage limit. For those who reach the Catastrophic Coverage stage, you would then pay \$4.15 or 5% for generic drugs as well as \$10.35 or 5% for brand name drugs. It's important to understand that, when the benefit has "[dollar amount] or [percentage]" listed, you will be responsible for whichever amount is greater.

Do you have any questions or need me to clarify anything?

IRMAA

You may also have to pay an Income Related Monthly Adjusted Amount (IRMAA), the Social security administration (SSA) determines if you owe an IRMAA based on the income you reported on your IRS tax return two years prior, meaning two years before the year when you pay the IRMAA. For example, Social Security would use tax returns from 2021 to determine your IRMAA in 2023. The IRMAA is usually for people with higher incomes.

Extra Help To be covered for MAPD plans only

People with limited income and resources may qualify for the government's "Extra Help" program to help pay prescription drug costs. If you qualify, Medicare will pay all or part of your drug plan premium, annual deductibles, copays, and coinsurance. If Medicare pays only part of the premium, you will be billed for the amount Medicare doesn't cover. Those who qualify for "Extra Help" will not be subject to the coverage gap or a Part D late enrollment penalty.

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Premiums: To be covered for MAPD plans only

Do not read for DSNP: As we discussed, the [plan name] has a [XXX] monthly plan premium. Separate from this, you must continue to pay your Medicare Part B premium.

DSNP only: As we discussed the Florida Blue Medicare Complete (HMO D-SNP) plan has a [XXX] monthly plan premium. The monthly plan premium and the Part B premium are covered by the state for full subsidy enrollees. The majority of dual eligible enrollees pay a [XXX] monthly premium. Only certain partial subsidy enrollees will pay a portion of the monthly premium.

Medicare Part B Giveback- Only read if enrolling in a plan with a part B give back

Read only for [FBM-Saver/FHCP-FHCP Medicare Rx Savings], not required for any other plan types

Since you pay a Medicare Part B premium, this plan will reimburse part of that premium for you. We call this a “Part B Premium Give Back,” or a “Part B premium-reduction benefit.” It’s like getting a raise on your Social Security check. The reduction is administered through the Social Security Administration and depending on how you pay your Part B premium, the reduction will show as an increase in your Social Security check or a credit on your Part B premium statement.

Late Enrollment Penalty (LEP)- For all plans

In addition, if you are assessed a Part D Late Enrollment Penalty (LEP) by CMS, you must pay this amount in addition to your Medicare plan premium unless you are receiving “Extra Help”. *Reference “Extra Help” section should Caller have questions about “Extra Help”*

You may have to pay a Part D Late Enrollment Penalty in the following situations:

- If you did not join a Medicare drug plan when you first became eligible and you have no other drug coverage that meets Medicare minimum standards, also known as Creditable Coverage.
- If at any time you did not have prescription drug coverage that meets Medicare’s minimum standards for 63 days or more in a row.

[Florida Blue Medicare/FHCP Medicare] does not impose the Part D Late Enrollment Penalty; we simply collect it on behalf of Medicare. If you already have this penalty, it will carry over from your previous plan. Also, the penalty amount may change from year to year. If you are assessed the penalty, you may elect to pay by one of the following methods:

- Check
- Automatic Payment Option
- Online at [www.floridablue.com/medicare / www.fhcpmedicare.com]
- Telephone [Florida Blue Medicare 1-800-926-6565/ FHCP Medicare’s Finance Department 386-615-4066 or 1-800-352-9824, Ext. 4066], TTY users should call [Florida Blue Medicare/ FHCP Medicare 1-800-955-8770]
- Deduction from your monthly Social Security check

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- Deduction from your Railroad Retirement Board benefit check

I'd like to pause here and see if you have any questions?

Enrollment Periods for Medicare Advantage

If you enroll in a Medicare Advantage plan and later decide to make a change, you may do so during the Annual Enrollment Period (October 15th through December 7th) or during a Special Enrollment Period should you qualify.

The Medicare Advantage Open Enrollment Period (January 1st through March 31st) allows you to make a one-time change to a different Medicare Advantage plan or dis-enroll from a Medicare Advantage plan and go back to Original Medicare and, if you wish, enroll in a Medicare Prescription Drug plan.

Do you have any questions about this information?

Enrollment Path – SalesConnect or Paper Application

Read only if using Sales Connect or paper application

I need to review more information with you about our [Florida Blue Medicare/FHCP Medicare] plans. If you have health coverage from an employer or union, you could lose that coverage if you join our plan. You should contact your employer or union representative with any questions. You can only be in one Medicare Advantage Plan or Medicare Prescription Drug Plan at a time. Your enrollment in this plan will automatically end your enrollment in another Medicare Advantage health plan or prescription drug plan. Let us know if you have any other medical or prescription drug coverage.

This plan serves a specific service area. If you move let us know, as your new residence may be outside the plan service area.

It is important to note that moving forward, your coverage will carry over year after year unless you notify us that you would like to make a change or receive communication from us stating otherwise. Keep in mind that plan benefits may change annually so we do encourage you to contact our service team during the Annual Enrollment Period to ensure you understand any changes.

I'm going to pause here; do you have any additional questions about the plan before we continue?

Once you become a plan member you may call the [Florida Blue Medicare/FHCP Medicare] Member Service Department at [Florida Blue: 1-800-926-6565/FHCP: 1-833-866-6559]. TTY users should call [1-800-955-8770]. We are open from [8:00 a.m. to 8:00 p.m.] local time, [seven days a week], from [October 1 through March 31, except for Thanksgiving and Christmas]. From [April 1 through September 30], we are open [Monday through Friday], [8:00 a.m. to 8:00 p.m.] local time.

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As a member, you have the right to appeal decisions about payment or services. Please read the plan's Evidence of Coverage document for more information. *For MAPD plans:* Also, please read the list of covered drugs called the formulary so you know what prescription drugs are covered and/or subject to any limitations.

When necessary, [Florida Blue Medicare/FHCP Medicare] will release information to Medicare and other plans for treatment, payment, and health care operations. [Florida Blue Medicare/FHCP Medicare] closely follows federal and state regulations for releasing information.

Is the information you provided correct to the best of your knowledge?

At this point, if a third party provided information for enrollment ensure the beneficiary returns to the phone to confirm.

Your voice signature (or the voice signature of the person authorized to act on your behalf) on this application means that you understand the benefits of the plan. If signed by an authorized individual (as described above), this signature certifies that:

- 1) This individual is authorized under state law to complete the enrollment
- 2) Documentation is available on request from Medicare

Do you confirm that you want to enroll in [plan name] with a monthly plan premium of [XXX] and an effective date of [date]?

If Yes: *Continue to Call Close. Ensure all questions, information and disclaimers within application are read.*

If No: Are there any questions I can answer about the plan?

If Yes: *Answer questions as appropriate*

If No: *Continue to Call Close. Ensure all questions, information and disclaimers within application are read.*

Enrollment Path – Telephone Enrollment

Read only if using telephone enrollment

It is important to note that moving forward, your coverage will carry over year after year unless you notify us that you would like to make a change or you receive communication from us stating otherwise. Keep in mind that plan benefits may change annually so we do encourage you to contact the [Florida Blue Medicare/FHCP Medicare] service team during the Annual Enrollment Period to ensure you understand any changes.

Once you become a plan member you may call the [Florida Blue Medicare/FHCP Medicare] Member Services Department at [Florida Blue: 1-800-926-6565/FHCP: 1-833-866-6559]. TTY users should call [1-800-955-8770]. We are

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open from [8:00 a.m. to 8:00 p.m.] local time, [seven days a week], from [October 1 through March 31, except for Thanksgiving and Christmas]. From [April 1 through September 30], we are open [Monday through Friday], [8:00 a.m. to 8:00 p.m.] local time.

Do you have any final questions before I get the enrollment representative on the line to complete your application?
The process is easy and takes about 20 minutes. Please have your red, white, and blue Medicare card ready. Please hold while I get the representative on the line. I'll provide them with your information then leave you to complete the application together. Would you like my contact information in case we get disconnected?

Warm transfer caller to telephone enrollment representative. Ensure Caller has the name of the plan they are enrolling in, as well as your contact information, prior to completing transfer.

Thank you [Mr./Ms./Mrs./Mx. Customer preferred name], it's been my pleasure working with you today. Before I connect you, is there anything else I can help you with today?

Call Close

The final step in the process today is to complete your enrollment into the [plan name]. Information about your plan is available now on our website and after your application has been processed, [Florida Blue Medicare/FHCP Medicare] will send you all the details of the plan in writing. The information isn't sent out until after your application processes so it can take some time to arrive. Would you like me to email you an additional copy in the meantime? *Offer to show the prospect where our information is located on the website or offer to send a kit via email*

Complete the SalesConnect or Paper Application. Ensure all questions, information and disclaimers within the application are read. Continue with the section below once the application has been submitted.

Thank you [Mr./Ms./Mrs./Mx. Customer preferred name], it's been my pleasure working with you today. Your application has been submitted for [plan name]. Is there anything else I can help you with today?

Medicare Checklist

- Advise that the call is being recorded
- Ensure a lead exists in Agent Cubed
- Read callback disclaimer
- Conduct Needs Analysis
- Check PCP, Specialists, Hospitals & Pharmacies in provider directory
- Look up prescription drugs (quantity, dosage, brand vs generic) *For MAPD/ PDP Plans only*
- Pitch plan(s). Review:
 - Plan premium

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- Medical deductible
- Medical out of pocket maximum
- PCP & Specialist copay
- In-patient hospital copays
- Is a stand-alone Dental plan needed? *Review benefits, deductible, waiting periods, annual maximums, and network. Please advise there will not be any coordination of benefits*
- Review how Caller's medications will be covered under the plan. *For MAPD/PDP Plans only, Include copays, tiers, prior authorizations, quantity limits and step therapy where applicable. Highlight any pharmacy deductible that may also be required by the plan. Be sure to review how this coverage will change if/when Caller reaches the coverage gap. Please reference the Medicare Part D Drug calculator or your job aid in the system for details.*
- Explain the Coverage Gap *For MAPD/ PDP Plans only*
- Explain IRMAA & "Extra Help" *For MAPD/ PDP Plans only*
- Explain the Part D Late Enrollment Penalty *For MAPD/ PDP Plans only*
- Determine next steps
- Proceed with applicable enrollment path if appropriate

Please be sure to reference Agent job aids as needed: D-SNP, Extra Help, LIS, value-added benefits, etc.