



Affordable Health Insurance Agency, LLC

Corporate Headquarters

3502 Paesanos Pkwy, Ste 102

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(210) 738-3537

Medicare Sales Presentation Topics

This year, the Centers for Medicare and Medicaid Services (CMS) provided guidance regarding the topics that must be included in a sales presentation for an MA or Part D plan. Remember these items that are required for a sales presentation in any format (in-person, telephonically, virtually etc.). These items must be discussed prior to the beginning of the enrollment process:

- Beneficiary-specific information:
 - o Ask the beneficiary which type of health plan in which they would like to enroll. For example: low premium and higher copayment (or vice versa).
 - o Verify network status for primary care providers (PCP) and specialists. If not in-network, explain that the beneficiary will need to choose new ones or pay out of pocket.
 - o Check if prescriptions are on the plan's formulary and if the pharmacy is in network. If not in network or on the formulary, explain that they will need to choose a new pharmacy or may have to pay the full price of the prescription(s).
 - o Inquire whether the beneficiary requires hearing, dental, and/or vision coverage.
 - o Check network status for preferred hospitals or other facilities.
 - o Determine if the beneficiary has any other specific health care needs to consider when evaluating plans (i.e. durable medical equipment, physical therapy, etc)
 - o Advise of the right to cancel the enrollment and the date through which cancellation can occur.
- Premiums, including Part B premium (dollar value and payment frequency if not zero-dollar premium).
 - o If applicable, current plan premium vs another plan premium.
- Deductibles, copayments, and coinsurances (including costs and copayments for PCPs, specialists, inpatient hospital, and any other services/items that the beneficiary needs).
- Costs/limitations on dental, vision, and hearing.
- Coverage for out-of-network providers and services (e.g. except in emergency or urgent situations, plan does not cover services by out-of-network providers (i.e., doctors who are not listed in the provider directory)).
- Coverage outside of the United States.
- Review the following:
 - o The potential effect that enrolling in this plan will have on other, current coverage, which may in some cases mean that the individual is disenrolled from the beneficiary's current health coverage (e.g. another MA plan, Medigap).
 - o When enrolling into a new plan, that the plan is not a hearing/dental/vision 'rider' but is a full plan.
 - o That plans operate on a calendar year basis and benefits may change as of January 1 of the following year.
 - o How a beneficiary can file a complaint. That the Evidence of Coverage provides all costs, benefits, and rules for the plan.



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- Items for specific plan types only:
 - Review PPO or PFFS out-of-network coverage.
 - Review what is needed to qualify for chronic/disabling condition requirements for C-SNPs.
 - Review the need to have Medicaid to qualify for a D-SNP.
 - Review the need to remain in an institutional skilled nursing facility to qualify for an I-SNP.
 - Review the need to main trust/custodial account in order to remain enrolled in an MSA.

Personal Information Needed to Receive Plan Information

The only personal information a beneficiary is required to give in order to receive plan information is zip code. While agents may request other data elements (i.e., address, email, phone number) this information is optional. If the beneficiary does not wish to provide information beyond zip code, the agent must move forward using a zip code provided to search for available plans.