

SESSION 3

THE MEDICARE SALES PROCESS

Master the step-by-step process from
first contact to enrollment and beyond.



**BUILD TRUST
WITH CLIENTS**



**FOLLOW A
PROVEN PROCESS**



**STAY COMPLIANT
EVERY STEP**



**GROW YOUR
MEDICARE BUSINESS**

SESSION 3

QUICK REVIEW OF SESSION 2

Let's quickly review the key takeaways
from Session 2 to build on what
you already know.



REINFORCE WHAT
YOU'VE LEARNED



CONNECT PRODUCTS
TO THE PROCESS



STRENGTHEN YOUR
KNOWLEDGE



BUILD CONFIDENCE
FOR THE NEXT STEPS

SESSION 3

SESSION 3 OVERVIEW

Today we'll walk through the complete Medicare sales process from first contact to enrollment and beyond.



**A CLEAR PROCESS
YOU CAN FOLLOW**



**CONSISTENT STEPS
BETTER RESULTS**



**BETTER EXPERIENCE
FOR YOUR CLIENTS**



**BUILD YOUR BOOK
GROW YOUR BUSINESS**

SESSION 3

THE MEDICARE SALES PROCESS

A proven step-by-step roadmap that leads your prospect from first contact to enrollment and ongoing client success.



**CLEAR STEPS
YOU CAN FOLLOW**



**COMPLIANT
EVERY STEP**



**HELP CLIENTS
MAKE CONFIDENT
DECISIONS**



**ENROLL ACCURATELY
AND EFFICIENTLY**



**GROW YOUR
MEDICARE BUSINESS**



MEDICARE SALES ACADEMY

SESSION 3

THE ADVISOR MINDSET

Educate. Build Trust. Make a Difference.

Our goal is to help more people make confident Medicare decisions with the guidance they deserve.



EDUCATE
YOUR CLIENTS



BUILD TRUST
EVERY STEP



FOLLOW THE PROCESS
GET BETTER RESULTS



GROW YOUR
MEDICARE BUSINESS



MORE THAN PLANS. IT'S PEACE OF MIND.



UNDERSTANDING WHERE MEDICARE LEADS COME FROM

Quality leads come from many places.
Build multiple, compliant sources
to keep your pipeline full
all year long.



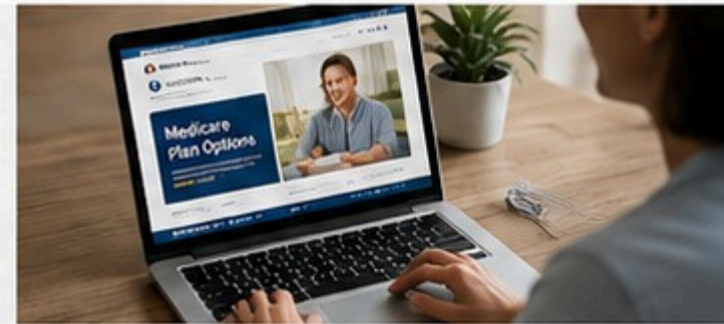
REFERRALS

Happy clients, family, friends, and professionals who know and trust you.



DIGITAL MARKETING

Website, social media, online ads, and content that attract local prospects.



EVENTS & SEMINARS

Local events, educational seminars, and community presentations.



CENTER & CARRIER PARTNERSHIPS

Working with centers, carriers, and organizations to generate opportunities.



INBOUND INQUIRIES

Phone calls, form fills, chats, and walk-ins from people seeking help.



DIVERSIFY YOUR SOURCES. MORE LEADS, MORE CONVERSATIONS, MORE OPPORTUNITIES TO HELP.

RECEIVING A NEW LEAD

Every lead is an opportunity. How you handle it from the very beginning sets the tone for the entire experience.



BE PROMPT

Respond quickly.
Speed shows professionalism.



REVIEW THE DETAILS

Check the information
and any notes about
the lead.



PREPARE YOUR APPROACH

Know who they are
and why they're
interested.



TREAT EVERY LEAD WITH CARE

Every person deserves
your best effort.



*A great experience starts the moment a lead reaches you. **Make it count.***

THE FIRST CONTACT

Your first interaction builds trust and opens the door. Make it friendly, clear, and focused on them.



RESPOND QUICKLY

Speed shows professionalism and that you value their time.



INTRODUCE YOURSELF

State your name and that you specialize in Medicare options.



LISTEN FIRST

Let them share their needs, concerns, and goals.



SET THE TONE

Be friendly, patient, and focused on helping.



LEAD TO NEXT STEP

Confirm interest and set the appointment.



FIRST IMPRESSIONS MATTER.

Build trust from the very first “hello.”

CALLING A MEDICARE PROSPECT

Your phone call is your chance to connect, create interest, and earn the appointment.



BE PROFESSIONAL & FRIENDLY

Greet them warmly and smile—your tone sets the mood.



STATE THE PURPOSE

Let them know you're calling to learn about their Medicare needs and see how you can help.



LISTEN MORE THAN YOU TALK

Ask open-ended questions and let the prospect share.



FIND THE NEED

Identify their goals, concerns, and what's important to them.



SET UP THE APPOINTMENT

If there's a fit, schedule a time to meet and review their options.



EVERY CALL IS AN OPPORTUNITY.

Be genuine, listen well, and focus on the next step.

SETTING THE APPOINTMENT

The goal is to set a time that works for them—so you can have a meaningful, solutions-focused meeting.



OFFER OPTIONS

Give 2–3 specific days and times to make it easy for them.



CONFIRM DETAILS

Make sure you have the right date, time, and best way to meet.



EXPLAIN WHAT TO EXPECT

Let them know the meeting is to review options and answer questions.



GET COMMITMENT

Ask for a yes and thank them for their time.



RECONFIRM

Send a confirmation (call, text, or email) so they feel prepared and supported.



A CONFIRMED APPOINTMENT IS A STEP CLOSER TO HELPING SOMEONE.

Be organized. Follow up. Show up ready.

PREPARING FOR THE APPOINTMENT

Preparation shows professionalism, builds confidence, and helps you have a more productive meeting.



REVIEW THE LEAD

Read through their information, notes, and any previous interactions.



UNDERSTAND THEIR NEEDS

Know what's important to them—cost, doctors, prescriptions, coverage, etc.



CHECK PLAN OPTIONS

Review available plans and benefits in their area.



PREPARE YOUR MATERIALS

Have plan summaries, enrollments tools, and resources ready.



PLAN YOUR APPROACH

Set clear goals for the meeting and how you will add value.



PREPARATION LEADS TO CONFIDENCE.

Be ready. Be focused. Be the advisor they can trust.

MEDICARE SALES COMPLIANCE BEFORE THE APPOINTMENT

Compliance isn't just a rule—it's what protects your clients, your business, and your future. Do it right before every appointment.



FOLLOW CMS RULES

All marketing and sales activities must follow CMS guidelines.



GET PROPER CONSENT

Always obtain Permission to Contact before discussing Medicare plans.



REVIEW THE SOA

Make sure the Scope of Appointment matches what you plan to discuss.



USE APPROVED MATERIALS

Only use plan materials and messages that are approved.



DOCUMENT EVERYTHING

Keep records of consents, SOA, and communications.



WHEN IN DOUBT, CHECK IT OUT.

Compliance today. Confidence tomorrow.

PERMISSION TO CONTACT

You must always get clear permission before discussing Medicare options.

PERMISSION TO CONTACT

By providing your contact information, you agree to be contacted by a licensed insurance agent to discuss Medicare plan options.

Signature: Jane Smith

Date: 6/24/2025



ALWAYS ASK FIRST

Ask for permission before calling, texting, or emailing about Medicare plans.



EXPLAIN WHO YOU ARE

Be clear about who you are, which agency you represent, and why you're reaching out.



DOCUMENT CONSENT

Record their permission in your CRM or lead notes.



RESPECT THEIR CHOICE

If they say no, thank them and do not contact them again.



FOLLOW THE RULES

Following CMS and state rules keeps you compliant and protects your business.



EARN TRUST. STAY COMPLIANT. DO THINGS THE RIGHT WAY.

Permission first. Always.

SCOPE OF APPOINTMENT (SOA)

The Scope of Appointment lets your prospect know exactly what you'll be discussing during the meeting.

SCOPE OF APPOINTMENT

The purpose of this appointment is to discuss the following:

- ☒ Medicare Advantage Plans
- ☒ Prescription Drug Plans (Part D)
- ☒ Medicare Supplement Plans

Other products may be discussed based on your needs.

Signature: John Doe

Date: 6/24/2025



DEFINE THE PURPOSE

Clearly explain what you'll be discussing in the appointment.



LIST THE PRODUCTS

Include the specific products you'll be reviewing.



FOCUS ON THEIR NEEDS

Make sure the scope matches their needs and interest.



GET THEIR SIGNATURE

Have them sign and date the SOA before you begin.



STAY COMPLIANT

Using a Scope of Appointment keeps you transparent and CMS compliant.



BE CLEAR. BE TRANSPARENT. BE COMPLIANT.

A clear scope builds trust and a better meeting.



STARTING THE MEDICARE APPOINTMENT

A strong start sets the tone for a successful and compliant appointment.



INTRODUCE YOURSELF

Build rapport and let them know you're there to help.



CONFIRM PERMISSION TO CONTACT

Reconfirm their consent to talk about Medicare options.



REVIEW THE SCOPE OF APPOINTMENT

Go over what you'll be discussing and the products included.



DISCOVER THEIR NEEDS

Ask questions and listen to understand their situation.



PRESENT SOLUTIONS

Share plan options that meet their needs and budget.



CONFIRM NEXT STEPS

Summarize the plan, answer questions, and set expectations.



BUILDING TRUST IN THE FIRST FEW MINUTES

The first few minutes set the tone for the entire appointment. Your attitude, listening, and genuine care build the trust that leads to success.



GREET WARMLY

A friendly greeting and smile help your client feel comfortable.



LISTEN MORE, TALK LESS

Let your client share their story. Listening shows you care.



SHOW GENUINE CARE

Express empathy and a desire to help, not just sell.



BE HONEST & TRANSPARENT

Clear and honest communication builds confidence and trust.



FOCUS ON THEM

Keep the conversation about their needs and goals, not about you.



TRUST ISN'T GIVEN—IT'S EARNED.

First impressions matter. Make them count.

SETTING EXPECTATIONS & THE APPOINTMENT AGENDA

A clear agenda keeps the appointment focused, efficient, and respectful of your client's time.



EXPLAIN THE PURPOSE

Let them know you're here to help find the right plan for their needs.



RESPECT THEIR TIME

Set the expectation for how long the appointment will take.



REVIEW THE AGENDA

Walk through the steps you'll take together today.



ENCOURAGE PARTICIPATION

Let them know questions are welcome at any time.



KEEP IT CLIENT-CENTERED

Focus on their goals, needs, and priorities.



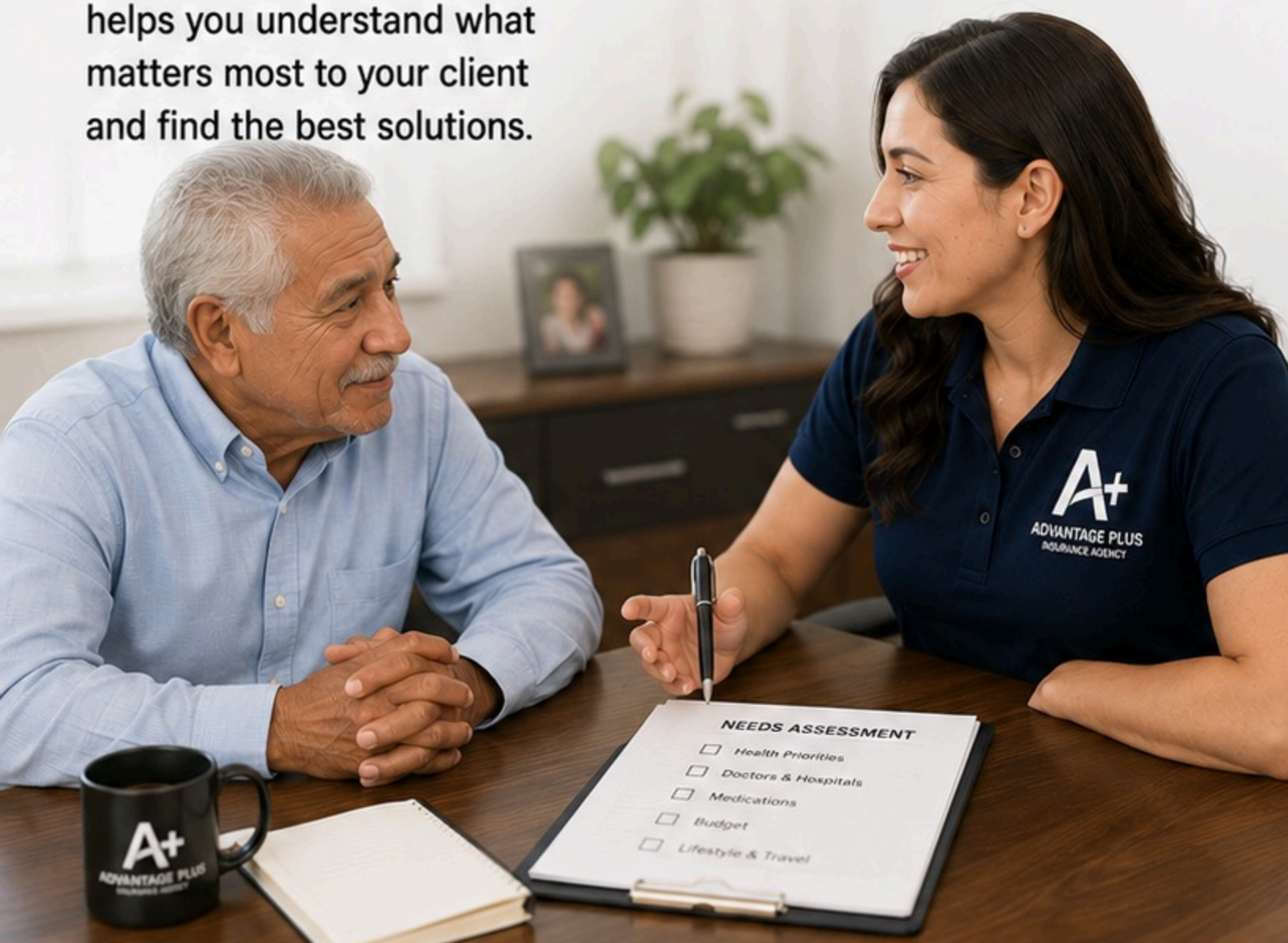
CONFIRM NEXT STEPS

Let them know what happens after the appointment.



THE NEEDS ASSESSMENT

Asking the right questions helps you understand what matters most to your client and find the best solutions.



ASK OPEN-ENDED QUESTIONS

Encourage them to share their thoughts and concerns.



LISTEN ACTIVELY

Focus on understanding, not just responding.



IDENTIFY PRIORITIES

Find out what's most important to them.



TAKE NOTES

Document key details to stay organized and accurate.



SUMMARIZE THEIR NEEDS

Confirm what you heard to ensure you're on the same page.



GOOD QUESTIONS. CLEAR ANSWERS. BETTER SOLUTIONS.

Understand first. Recommend best.

UNDERSTANDING CURRENT COVERAGE

Reviewing current coverage helps you identify gaps, overlaps, and opportunities for better protection.



REVIEW MEDICARE PARTS

Check what they have—Part A, B, C, D, and any supplements.



CHECK FOR GAPS

Look for missing coverage that could lead to high out-of-pocket costs.



IDENTIFY OVERLAPS

Find duplicate coverage that may not be needed.



VERIFY EFFECTIVE DATES

Confirm start dates and renewal periods.



UNDERSTAND CHANGES

Ask if their coverage has changed recently.



KNOW WHAT THEY HAVE. FIND WHAT THEY NEED.

Clarity today. Confidence tomorrow.



DOCTORS & SPECIALISTS

Making sure their doctors and specialists are in-network is key to avoiding unexpected costs and disruptions.



CONFIRM PRIMARY DOCTOR

Make sure their primary care doctor is in-network.



CHECK SPECIALISTS

Verify their specialists are in-network and accepting new patients.



REVIEW REFERRAL RULES

Understand if referrals are needed to see specialists.



CONSIDER CONTINUITY

Ensure they can continue seeing doctors they know and trust.



DOCUMENT PREFERENCES

Note their provider preferences in your CRM.



THE RIGHT DOCTORS. THE RIGHT CARE. THE RIGHT PLAN.

Keep care close. Keep costs down.

HOSPITALS, MEDICAL GROUPS & PREFERRED PROVIDERS

Choosing plans with their preferred hospitals and medical groups helps ensure access to quality care when they need it most.



CHECK PREFERRED HOSPITALS

Verify their preferred hospitals are in-network.



REVIEW MEDICAL GROUPS

Ensure their medical groups are included in the plan.



UNDERSTAND NETWORK SIZE

Larger networks offer more choices and flexibility.



CHECK FACILITY ACCESS

Confirm nearby urgent care, imaging centers, and labs.



CONFIRM PRIOR AUTH RULES

Know if prior authorization is required for services.



ACCESS MATTERS. CHOICE MATTERS. PEACE OF MIND MATTERS.

Right network. Right care.



PRESCRIPTION MEDICATIONS & PHARMACIES

Reviewing medications and pharmacies helps ensure prescriptions are covered at the best possible cost.



REVIEW CURRENT MEDS

Go over all prescriptions, doses, and frequency.



CHECK FORMULARY

Ensure medications are covered on the plan's formulary.



COMPARE COST TIERS

Look at copays, tiers, and potential out-of-pocket costs.



VERIFY PREFERRED PHARMACY

Confirm their preferred pharmacy is in-network.



CHECK RESTRICTIONS

Look for prior authorization or quantity limits.



RIGHT MEDS. RIGHT PHARMACY. RIGHT PRICE.

Lower costs. Better coverage. Less stress.

HEALTHCARE USAGE & MEDICAL NEEDS

Understanding how often they use healthcare and their medical needs helps you find a plan that fits their lifestyle and provides the right support.



FREQUENCY OF CARE

Ask how often they see doctors, specialists, or visit urgent care.



CHRONIC CONDITIONS

Identify any ongoing conditions that require regular treatment or monitoring.



RECENT HOSPITAL OR ER VISITS

Understand any recent stays, emergency visits, or procedures.



DAILY HEALTH NEEDS

Ask about mobility, daily activities, and any in-home or support needs.



PREVENTIVE CARE

Discuss importance of checkups, screenings, and staying healthy.



KNOW THEIR HEALTH. MEET THEIR NEEDS. DELIVER CONFIDENCE.

The right plan starts with the right questions.

TRAVEL, LIFESTYLE & PROVIDER FLEXIBILITY

Understanding their travel plans, lifestyle, and need for provider flexibility helps ensure they have coverage that works wherever life takes them.



FREQUENT TRAVEL

Where they go and how often.



SEASONAL RESIDENCE

Do they split time in different states?



PROVIDER FLEXIBILITY

Do they need to see any doctor, anywhere?



LIFESTYLE & ACTIVITIES

Staying active, volunteering, or caring for family.



GO WHERE LIFE TAKES THEM

Plans that offer coverage when they travel.



LIVE WHERE THEY CHOOSE

Options that support seasonal or part-time residents.



SEE THE PROVIDERS THEY TRUST

Access to doctors and specialists they prefer.



SUPPORT THEIR LIFESTYLE

Coverage that fits their activities, priorities, and everyday life.



Life doesn't stay in one place. Their plan shouldn't either.

Flexibility today. Freedom tomorrow.

BUDGET & FINANCIAL PRIORITIES

Knowing their budget and financial concerns helps you recommend plans that provide value and peace of mind.



MONTHLY BUDGET

What can they comfortably afford each month?



OUT-OF-POCKET COMFORT

How much are they willing to pay for services?



COST PREDICTABILITY

Do they prefer lower premiums or lower out-of-pocket costs?



VALUE OVER COST

What benefits matter most for their money?



Smart choices today.
Financial peace tomorrow.

Right coverage. Right value. Right for them.



IDENTIFYING WHAT MATTERS MOST

Every client is different. The key is understanding their top priorities so their plan fits their life, health, and goals.



Focus on what matters most —
everything else will follow.

Understand their priorities. Deliver what matters.

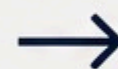
TURNING THE NEEDS ASSESSMENT INTO PLAN RESEARCH

The information you gather becomes the foundation for smart, personalized plan research and better recommendations.



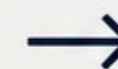
NEEDS ASSESSMENT

Gather information and uncover priorities.



PLAN RESEARCH

Find plans that match their needs and goals.



BEST FIT RECOMMENDATION

Present options that fit their life and budget.

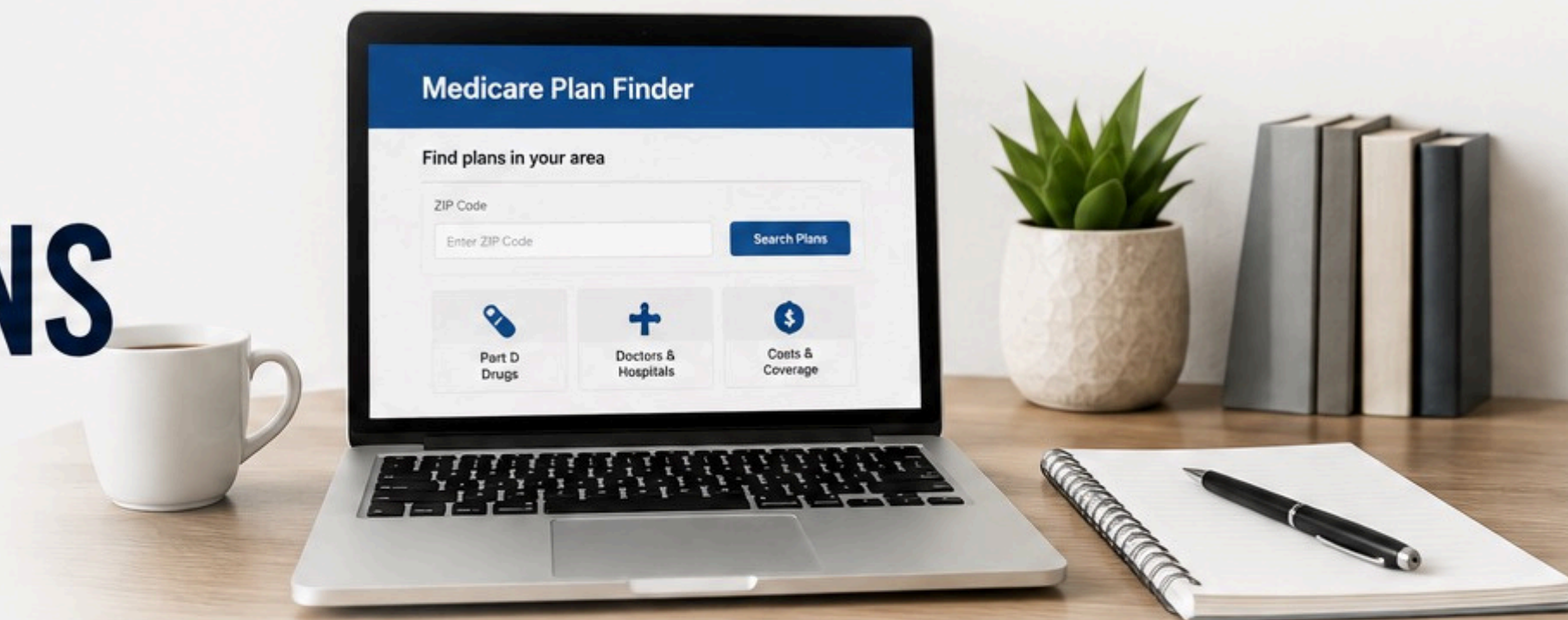


Good information leads to great plan choices.

Right data. Right research. Right for routers.

RESEARCHING AVAILABLE PLANS

Look for plans that fit their needs, providers, medications, and budget.



PROVIDER NETWORKS

- In-network doctors and specialists
- Preferred hospitals
- Urgent care locations



PRESCRIPTION COVERAGE

- Formulary match
- Drug tiers and costs
- Pharmacy options



BENEFITS & SERVICES

- Covered services
- Extra benefits
- Plan features



COST COMPARISON

- Monthly premium
- Deductibles
- Copays & coinsurance
- Maximum out-of-pocket



SERVICE AREA

- Plan availability
- Travel coverage
- State and county rules



NARROWING THE CHOICES

Focus on a few strong options that meet their top priorities and provide the best overall value and fit.



1. REVIEW

Review all researched plans and compare key details.



2. FILTER

Remove options that don't meet their must-have needs.



3. PRIORITIZE

Focus on the plans that best match their top priorities.



4. COMPARE

Compare side-by-side benefits, costs, and provider networks.



5. SHORTLIST

Present 2–3 top options that offer the best overall fit.



Less is more. Focus on what fits best.

Right choices lead to confident decisions.

PRESENTING PLAN OPTIONS WITHOUT OVERWHELMING THE CLIENT

Present a few focused options, clearly explaining how each one meets their needs and delivers the most value.



PLAN COMPARISON			
FEATURE	PLAN A	PLAN B	PLAN C
Monthly Premium	✓	✓	\$\$
Doctor Network	✓	✓	✓
Prescription Coverage	✓	✓	—
Extra Benefits	✓	—	✓
Out-of-Pocket Max	\$5,900	\$6,700	\$7,900



KEEP IT SIMPLE

Present 2–3 options that best fit their top priorities.



EXPLAIN THE VALUE

Focus on how each plan meets their needs and improves their life.



HIGHLIGHT KEY DIFFERENCES

Make it easy to see what sets each plan apart.



RECOMMEND WITH CONFIDENCE

Share why your top recommendation is the best overall fit.



INVITE QUESTIONS & DISCUSSION

Encourage questions and make sure they feel comfortable.



Clarity builds confidence.
Confidence leads to enrollment.

Clear presentation. Confident recommendations. Happy clients.



MAKING A PROFESSIONAL RECOMMENDATION

Your recommendation is where your knowledge, research, and understanding come together to guide the client to the plan that fits them best.



BE CONFIDENT

You've done the research.
Trust your process.



FOCUS ON THEIR BEST INTEREST

Recommend the plan that truly
meets their needs and goals.



EXPLAIN YOUR REASONING

Clearly share why this plan
is the best overall fit.



BUILD TRUST

A strong recommendation
strengthens the relationship.



SET THE STAGE

Guide them toward a decision
they can feel good about.



A professional recommendation
is about trust, value, and results.

Right recommendation. Right plan. Right outcome.

EXPLAINING COSTS CLEARLY

Break down the costs in simple terms so clients understand what they'll pay each month and what they can expect over the year.



	Monthly Premium What you pay each month	\$25.00
	Deductible What you pay first before coverage starts	\$250.00
	Copays / Coinsurance Your share for doctor visits, meds, and services	\$20 / 20%
	Out-of-Pocket Maximum The most you pay in a year	\$4,900.00
	Total Estimated Annual Costs	\$1,650.00



BE TRANSPARENT

Show all costs up front.
No surprises builds trust.



USE SIMPLE LANGUAGE

Avoid jargon and explain costs in ways that are easy to understand.



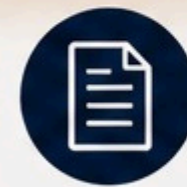
PROVIDE REAL EXAMPLES

Use numbers and scenarios that relate to their situation.



COMPARE SIDE BY SIDE

Make it easy to see the cost differences between plan options.



REINFORCE VALUE

Connect the cost to the benefits and peace of mind they receive.

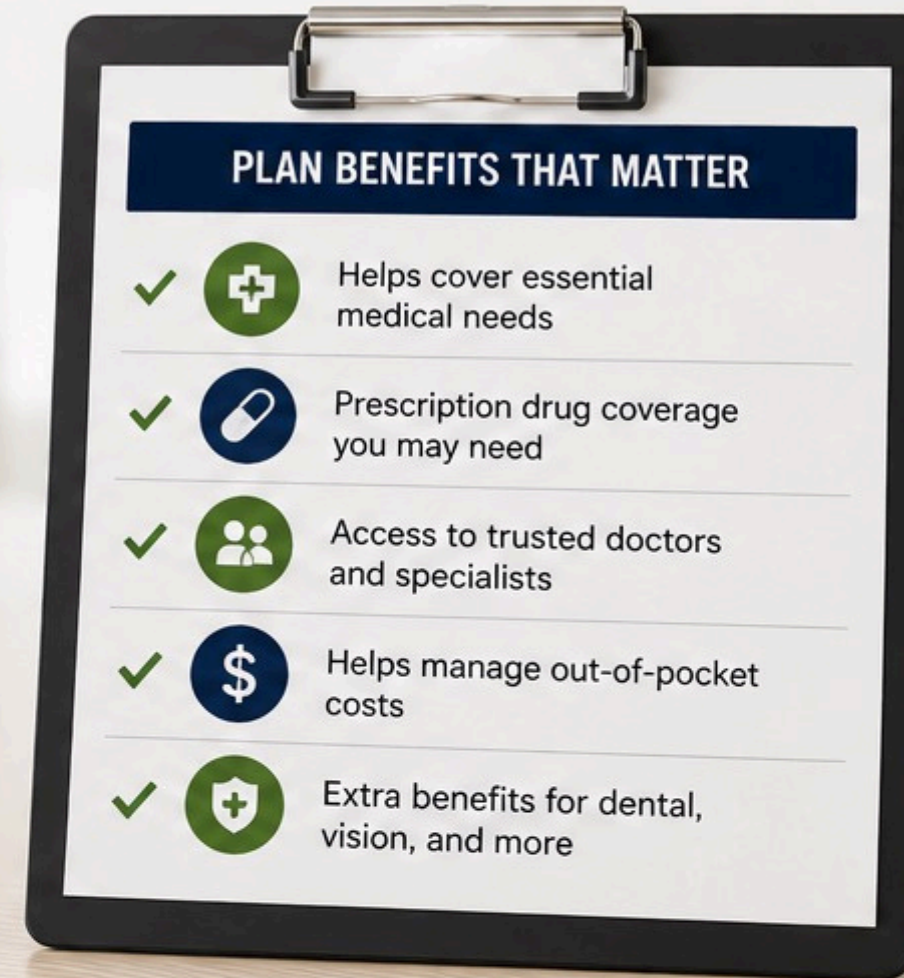


Clear cost explanations lead to confident decisions and fewer surprises.

Simple. Clear. Honest. Every time.

EXPLAINING BENEFITS WITHOUT OVERSELLING

Focus on the real value of each plan based on the client's needs and goals—without making promises you can't keep.



BE CLEAR

Explain benefits in simple terms they can understand.



FOCUS ON VALUE

Highlight the benefits that match their needs.



AVOID OVERSELLING

Share the facts—let them decide what's right.



BUILD TRUST

Honesty today leads to long-term relationships.



STAY CLIENT FOCUSED

Keep the conversation on their goals and needs.



Clear information builds confidence.
Confident clients make better decisions.

Clear benefits. Strong choices. Better outcomes.

CONFIRMING DOCTORS, DRUGS & PHARMACIES BEFORE ENROLLMENT

Make sure your client's current providers, medications, and preferred pharmacies are covered to avoid surprises later.



CHECK DOCTORS

Verify that all important doctors are in-network.



REVIEW MEDICATIONS

Confirm prescriptions are covered and understand any changes or costs.



CONFIRM PHARMACIES

Ensure preferred pharmacies are in-network and convenient.



USE THE TOOLS

Use plan websites or agent portals to verify information.



REDUCE SURPRISES

Confirming now prevents problems and builds client confidence.



Confirm first. Enroll with confidence.
Happy clients stay longer.

Verify providers, prescriptions, and pharmacies every time.



HANDLING CLIENT QUESTIONS

Questions are a natural part of the process. How you answer them shows your expertise and builds confidence.



LISTEN FIRST

Let them finish. Make sure you fully understand their question or concern.



ANSWER CLEARLY

Use simple language and real examples. Avoid jargon and long explanations.



STAY CONFIDENT

If you don't know the answer, say so—and find out for them.



KEEP IT CLIENT-FOCUSED

Relate answers back to their needs, not just the plan details.



FOLLOW UP

Check back if needed. Make sure all questions are answered.



Good answers build trust.
Trusted answers lead to enrollment.



TIP: *It's okay to pause, check, or get back to them with the right information.*

HANDLING COMMON OBJECTIONS

Objections are normal. Your goal is to listen, understand, and respond with facts and confidence.



LISTEN

Let the client speak and show you understand.



UNDERSTAND

Find the real reason behind the objection.



RESPOND

Answer with facts, clarity, and confidence.



REASSURE

Address concerns and re-focus on their goals.



MOVE FORWARD

Help them feel confident about the decision.



Confident responses build trust.
Trust leads to enrollments.



TIP: Objections are opportunities to educate and show your value.

“I NEED TO THINK ABOUT IT”

It's normal for clients to want time to decide. Your job is to stay calm, address the hesitation, and guide next steps.



WHAT IT REALLY MEANS

- They may need more time.
- They may have concerns.
- They may need reassurance.



HOW TO RESPOND

- “Of course. It’s an important decision.
- “What questions can I answer for you?”
- “What would help you feel confident moving forward?”



BEST NEXT STEP

- Schedule a follow-up.
- Leave behind plan summary.
- Offer to review again.



DON'T WALK AWAY.

Stay in touch and keep the door open.



TIP: Most enrollments happen after the second or third conversation.

“I’M HAPPY WITH MY CURRENT PLAN”

Many clients are comfortable with what they know. Help them see whether their current plan still fits their needs and budget.



ACKNOWLEDGE

Respect their satisfaction with their current plan.



REVIEW

Compare their current plan to today's options side by side.



EDUCATE

Share changes in benefits, costs, and extra perks since last year.



FOCUS ON VALUE

Highlight ways a new plan may save money or offer better benefits.



LET THEM DECIDE

Give them the facts and support their final decision with confidence.



Comfort is powerful.
Information creates confidence.



TIP: People are usually open to change when they understand the potential advantage.

“I SAW A BETTER PLAN ON TV”

Ads rarely show the full picture. Help clients understand how to compare plans the right way and focus on what matters most to them.



UNDERSTAND THE AD

Ads are meant to get attention, not show all the details.



COMPARE APPLES TO APPLES

Look at the full plan – premiums, benefits, providers, and total out-of-pocket costs.



FOCUS ON THEIR NEEDS

The best plan is the one that fits their health needs and budget.



CHECK THE DETAILS

Networks, drugs, and benefits can be very different.



BUILD CONFIDENCE

Educate without criticizing. Help them make the best decision for them.



Don't just compete with ads.
Compete with trust and knowledge.



TIP: Use side-by-side comparisons to show real differences and real value.



RECOGNIZING WHEN **NOT** TO RECOMMEND A CHANGE

Recommending a change is not always the best move. A good advisor knows when to keep a client in the plan that already works for them.



DO WHAT'S RIGHT

Your job is to act in the client's best interest, not to make a sale.



BUILD TRUST

Recommending no change shows honesty and earns long-term trust.



EXPLAIN YOUR REASON

Let them know why their current plan still fits their needs right now.



REVIEW NEXT YEAR

Things change. Let them know you'll review their options again next year.



DOCUMENT IT

Make a note in your records of why keeping the plan is the best choice.



GOOD REASONS TO KEEP THEIR CURRENT PLAN

- ✓ Their doctors are in-network
- ✓ Their medications are covered
- ✓ Their costs are manageable
- ✓ They're happy with their plan
- ✓ No new benefits they truly need
- ✓ Change could cause disruption



Saying "no change" when it's the right answer is how you become a **trusted advisor**.



TIP: *Trust today leads to referrals tomorrow.*
Do what's best for the client.

ASKING FOR THE ENROLLMENT

Asking for the enrollment is a natural part of the process. Be confident, respectful, and clear about the next step.



CONFIRM THEIR DECISION

Make sure all their questions are answered and they feel good about their choice.



ASK WITH CONFIDENCE

A simple, respectful ask shows you're ready to help them take the next step.



EXPLAIN THE NEXT STEP

Let them know you'll complete the enrollment and guide them through what happens next.



REASSURE AND ASSURE

Let them know you're here to support them before, during, and after enrollment.



THANK THEM

Show appreciation for their trust and the opportunity to help.



A clear ask moves the conversation forward and helps clients feel confident.



TIP: Practice your ask until it feels natural, not pushy. Confidence builds trust.

COMPLETING THE ENROLLMENT CORRECTLY

Accuracy and attention to detail ensure a smooth enrollment and a better experience for your client.



ACCURACY MATTERS

Correct information prevents delays, denials, and frustration later.



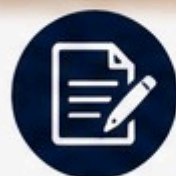
COLLECT ACCURATE INFORMATION

Verify all personal, contact, and Medicare information carefully.



CONFIRM PLAN SELECTION

Double-check the plan, network, and drug list with your client.



COMPLETE THE APPLICATION FULLY

Fill out every required field. Incomplete apps can lead to delays.



SUBMIT AND UPLOAD DOCUMENTS

Submit through the approved system and upload all required documents.



REVIEW BEFORE SUBMISSION

Review the entire application with your client before final submission.



A complete and accurate application helps your client get enrolled faster.



TIP: Slow down to avoid mistakes now and speed up approval later.

FINAL ENROLLMENT REVIEW & CLIENT EXPECTATIONS

Before submitting, review everything with your client and set clear expectations for what happens next.



REVIEW THE DETAILS

Go over plan, providers, costs, and benefits one last time.



SET CLEAR EXPECTATIONS

Explain timelines, ID cards, welcome calls, and what to expect.



CONFIRM UNDERSTANDING

Ask if they have any final questions and confirm they feel good about their choice.



THANK YOUR CLIENT

Appreciate their trust and let them know you're here every step of the way.



KEEP RECORDS

Save copies of the application and notes for your records.



A thorough review today prevents confusion tomorrow and **builds client confidence.**



TIP: *Clear expectations now lead to happier clients later.*

WHAT HAPPENS AFTER THE APPLICATION IS SUBMITTED?

Once the application is submitted, the insurance carrier will review the information and make a decision. Here's what happens behind the scenes.



TIMELINE AT A GLANCE



Carrier review
2–7 business days



Decision letter
sent to client



Welcome call
and ID card
mailed



You'll be
notified of the
status



1. CARRIER REVIEW

The carrier verifies the information and reviews your client's eligibility and plan selection.



2. DECISION MADE

The carrier approves, approves with changes, or denies the application based on guidelines.



3. LETTER SENT

The client receives a welcome letter or a request for additional information.



4. MEMBER SETUP

If approved, the carrier will mail the ID card and set up the client in their system.



5. YOU'RE NOTIFIED

You'll receive confirmation so you can follow up and schedule the next steps with your client.



Understanding the process helps you set proper expectations and build confidence.



TIP: Stay proactive and follow up if you haven't heard back within the expected timeframe.



POST-ENROLLMENT FOLLOW-UP

Your relationship doesn't end at enrollment. Following up after enrollment shows you care and helps ensure a positive experience.



MAKE A WELCOME CALL

Reach out within a few days to introduce yourself and make sure they received their information.



ANSWER QUESTIONS

Be available to answer any questions about their new plan, benefits, or ID card.



REVIEW BENEFITS

Offer to walk through key benefits and how to use them to get the most value from their plan.



CHECK SATISFACTION

Ask how everything is going and if they are happy with their plan and experience so far.



BE AN ONGOING RESOURCE

Let them know you're always here to help throughout the year.



Following up after enrollment builds trust, improves satisfaction, and leads to long-term relationships.



TIP: A simple follow-up today can turn a new client into a client for life.

THE 30-DAY CLIENT CHECK-IN

A quick check-in within the first 30 days helps catch any issues early and shows your client you truly care.



MARK YOUR CALENDAR

Schedule the 30-day check-in as soon as the client enrolls.



MAKE CONTACT

Call your client around the 30-day mark to check in and say hello.



ASK HOW IT'S GOING

Talk about their experience so far and listen to any concerns or questions.



RESOLVE ANY ISSUES

Help with any problems and make sure they know how to reach you.



REINFORCE THE RELATIONSHIP

Remind them you're there all year—not just at enrollment.



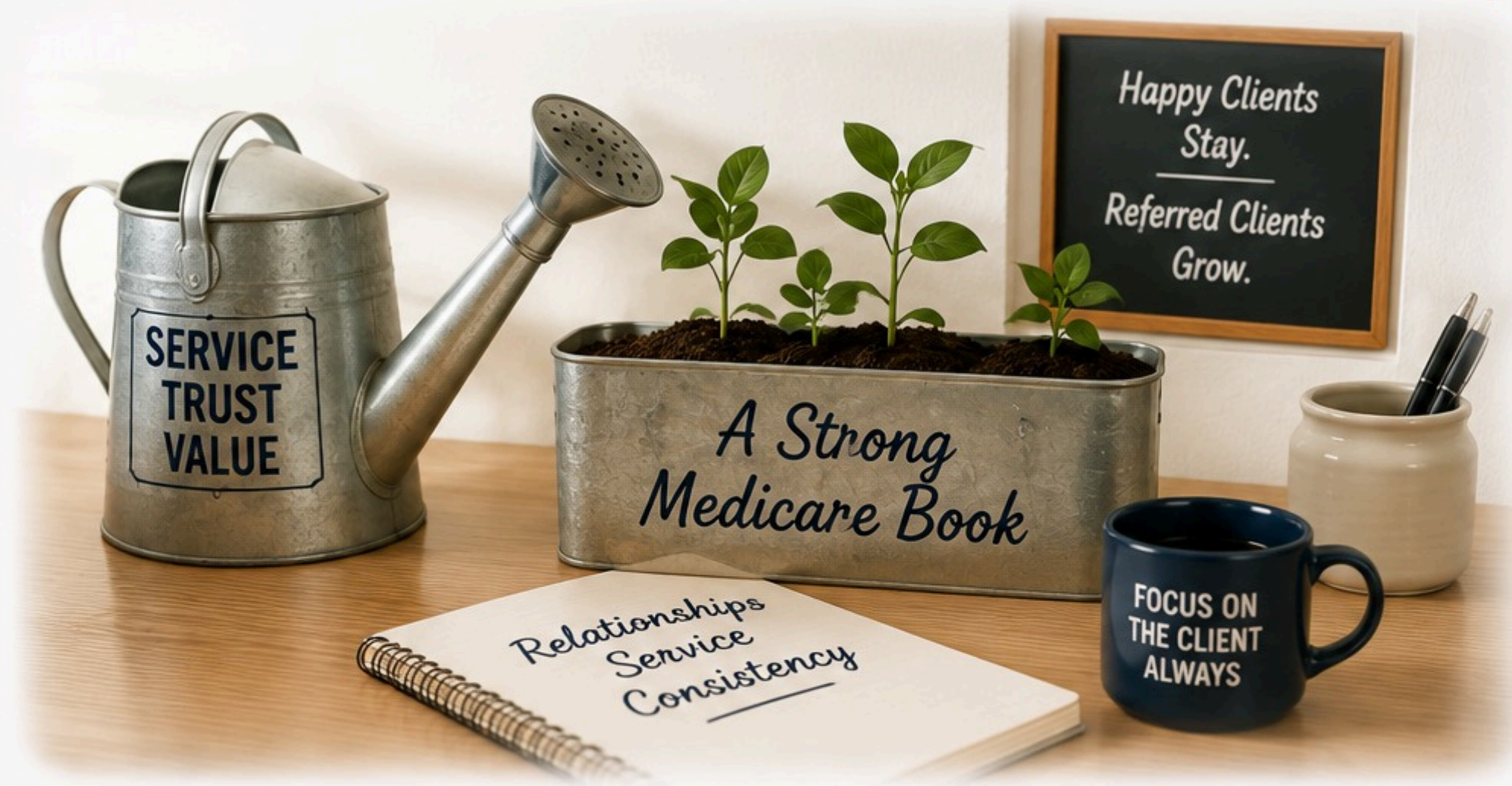
A 30-day check-in builds trust and helps prevent small issues from becoming big problems.



TIP: A quick call today can turn a satisfied client into a loyal client for years to come.

RETENTION: KEEPING CLIENTS YEAR AFTER YEAR

Retention is the key to a strong, profitable Medicare book. Ongoing service keeps clients happy and loyal.



STAY IN TOUCH

Check in regularly—at key times of the year and whenever they need you.



EDUCATE CONTINUOUSLY

Share helpful updates about benefits, plan changes, and resources.



PROVIDE REAL VALUE

Help beyond enrollment. Solve problems and make their lives easier.



BE RELIABLE

Return calls, keep promises, and follow through every single time.



BUILD RELATIONSHIPS

Treat every client like family. Strong relationships lead to long-term loyalty.



Keeping clients happy today leads to renewals, referrals, and a **stronger book of business** tomorrow.



TIP: Clients don't just remember what you sold—they remember how you treated them.

ASKING FOR REFERRALS THE RIGHT WAY

Referrals come from trust and great service. When you ask the right way, clients are happy to help.



1. BUILD TRUST FIRST

Focus on helping your client and providing an excellent experience.



2. ASK NATURALLY

When it feels right, ask if they know anyone who needs help.



3. MAKE IT EASY

Offer to reach out or provide your information to make it simple.



4. HELP THEIR PEOPLE

Take care of their referrals with the same great service and attention.



5. SAY THANK YOU

Always thank your clients. Gratitude keeps relationships strong.



Happy clients become your biggest supporters. A simple referral can turn into a **lasting relationship**.



TIP: A kind ask at the right time can open doors you never expected.

BUILDING A MEDICARE BOOK THROUGH GREAT SERVICE

A strong Medicare book is built over time by showing up, adding value, and being a trusted resource.



1. BE CONSISTENT

Stay in touch throughout the year and be there when clients need you.



2. ADD REAL VALUE

Share helpful information, plan updates, and resources that make a difference.



3. BUILD RELATIONSHIPS

Get to know your clients and treat them like people, not just policies.



4. CREATE LOYALTY

Great service keeps clients coming back and trusting you year after year.



5. GROW YOUR BOOK

Happy, loyal clients lead to more referrals and a strong, stable book.



Your book of business grows when people know they can count on you—today and for years to come.



TIP: Focus on helping one person at a time. Over time, that creates a powerful business.

FULL MEDICARE SALES PROCESS CASE STUDY

Let's put it all together! See how each step of the Medicare sales process comes to life in a real client scenario.



1. PROSPECT

Connect with a potential client and understand their needs.



2. DISCOVER

Ask the right questions and gather important information.



3. EDUCATE

Explain Medicare basics and the gather that fit their situation.



4. COMPARE

Review plan benefits, costs, and networks side by side.



5. RECOMMEND

Recommend the best plan based on their goals and budget.



6. ENROLL

Complete the application and submit it accurately.



7. FOLLOW UP

Check in, answer questions, and ensure a smooth transition.



8. GROW RELATIONSHIP

Provide ongoing support, build trust, and earn referrals for the future.



Mastering the full process helps clients make confident decisions and builds a successful Medicare business.

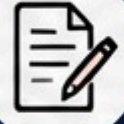
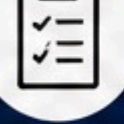


TIP: Every great result starts with following the process—step by step, every time.

COMMON MEDICARE SALES PROCESS MISTAKES

AVOID THESE. GET BETTER RESULTS.

Even great agents can fall into bad habits. Avoid these common mistakes to build trust, close more sales, and create raving fans for life.

COMMON MISTAKE	THE CONSEQUENCE	BETTER APPROACH
 Talking too much instead of listening	 Clients feel ignored and misunderstood.	 Listen first. Ask great questions. Understand their real needs.
 Rushing the plan recommendation	 Clients feel pressured and lose trust.	 Educate. Compare options. Recommend with confidence, not pressure.
 Focusing only on price or premiums	 Clients may choose wrong coverage and churn later.	 Focus on value, coverage, and long-term fit.
 Skipping the follow-up	 Leads go cold and opportunities are lost.	 Follow up consistently. Service today, enroll tomorrow.
 Not building relationships	 One-time sale, no referrals, no loyalty.	 Build trust. Provide ongoing support and become their go-to advisor.



DON'T LET SMALL MISTAKES GET IN THE WAY OF BIG SUCCESS.

Awareness today. Stronger results tomorrow.



REMEMBER:

Great agents avoid mistakes, learn fast, and keep improving.



10 HABITS OF SUCCESSFUL MEDICARE ADVISORS

GREAT HABITS. EXTRAORDINARY RESULTS.

Top advisors don't just work harder—they work smarter. Build these habits daily to grow your business and create a lasting impact.



HABITS COMPOUND. DISCIPLINE WINS.

Small daily actions lead to massive long-term success.



ADVISOR TIP:

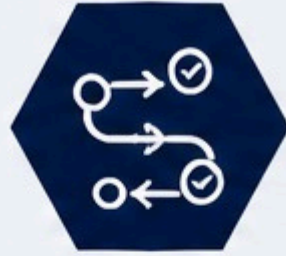
Focus on progress, not perfection.

Stack good habits and the results will follow.



THE PROCESS IS THE POWER.

When you follow a proven process, you build trust, recommend with confidence, and create better outcomes for your clients and your business.



A PROVEN PROCESS WORKS.

Following each step creates consistency, builds confidence, and leads to more enrollments.



CLIENTS COME FIRST.

Listen, educate, and solve real problems. When clients feel cared for, they become loyal for life.



RECOMMEND WITH CONFIDENCE.

Understand your clients' goals and recommend the plan that truly fits their needs.



FOLLOW UP CHANGES EVERYTHING.

Stay in touch and provide ongoing service. The strongest relationships come after enrollment.



CONSISTENCY BUILDS SUCCESS.

Master the process, sharpen your habits, and keep improving. Small actions today create big results tomorrow.



PROCESS. PEOPLE. PURPOSE.
That's how you win in Medicare.



REMEMBER:

A strong process, powerful habits, and a heart for service lead to a Medicare business that grows and lasts.



PRACTICE. PREPARE. SHOW UP READY.

A little homework today sets you up for a big breakthrough in our next session.



1. REVIEW SESSION 3 MATERIALS

Rewatch the recording, revisit the slides, and reinforce the key concepts.



2. PRACTICE THE MEDICARE SALES PROCESS

Walk through each step using the case study provided. Focus on what you would say and do.



3. COMPLETE THE SELF-CHECK

Use the homework worksheet to assess your strengths and areas that need more work.



4. SET YOUR GOAL

Write down one improvement goal you will focus on before our next session.



5. COME PREPARED

Bring your questions, insights, and real-world challenges. Let's make Session 4 even more powerful!



PREPARATION CREATES CONFIDENCE.

Do the work now. Win later.



TIP FOR SUCCESS:

*Review, practice, and reflect.
Your future clients will thank you.*



WHAT'S COMING NEXT.

In Session 4, we will dive deeper into plan types, comparisons, and making confident recommendations that help clients choose the best fit.

GET READY TO LEVEL UP!



1. PLAN TYPES EXPLAINED

Understand the key differences between Medicare Advantage, Medigap, and Part D plans.



2. SIDE-BY-SIDE COMPARISONS

Learn how to compare plans based on coverage, costs, and provider access.



3. RECOMMENDATION STRATEGIES

Build confidence in recommending the right plan for the right client.



4. OBJECTION HANDLING

Practice addressing common objections with clarity and confidence.



5. CASE STUDY PRACTICE

Apply what you learn in real-life scenarios to sharpen your decision-making.



EACH SESSION BUILDS YOUR SKILLS.
EACH STEP GROWS YOUR IMPACT.



NEXT SESSION:

 Date: Tuesday, August 11

 Time: 4:00 PM PT



GREAT WORK THIS SESSION!

You've taken another big step toward becoming a **trusted Medicare advisor**. Keep learning, keep practicing, and keep making a difference in your clients' lives.



KEEP LEARNING

Stay curious and keep growing.



KEEP PRACTICING

Confidence comes with action.



KEEP SERVING

Your clients count on you.



KEEP WINNING

Your success creates impact.

NEXT SESSION: SESSION 4



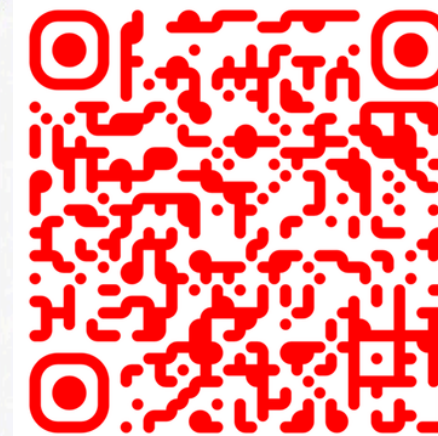
TUESDAY, AUGUST 11



4:00 PM PT

REGISTER NOW!

Scan the QR code below to save your spot.



Don't miss it!



SPACES ARE LIMITED.
REGISTER TODAY!



YOUR JOURNEY CONTINUES.
YOUR IMPACT GROWS.



Every conversation matters.
Every enrollment changes a life.
SEE YOU IN SESSION 4!