

CHOICE HEALTH IN SURANCE LEAD GEN SCRIPT (INTERNAL)

Hello may I please speak to _____?

Good morning/afternoon, my name is _____ and I'm calling from Choice Health in regards to the white post card that you mailed in requesting information on Medicare Advantage Plans with dental, vision and hearing benefits that may be available in your area. I just have a few questions to ask you to see if you could **possibly** qualify for these extra benefits that **could be** at little to no cost to you.

1. Do you currently have Medicare parts A & B?
THE ANSWER TO THIS QUESTION MUST ALWAYS BE YES. THEY HAVE TO HAVE PARTS A & B TO BE ELIGIBLE.
2. Do you have Medicaid as well?
DO YOU PAY A CO-PAY WHEN YOU SEE A SPECIALIST OR GO TO THE HOSPITAL?
3. Do you receive Extra Help with the cost of your prescriptions?
DO YOU EVER PAY MORE THAN \$8.35 FOR ONE OF YOUR PERSCRIPTIONS?
DO YOU PAY YOUR PART B PREMIUM? (if they don't pay their premium then they have extra help)

ONE OF THESE QUESTIONS # 2 OR #3 MUST BE YES!
4. Do you currently have END STAGE RENAL DISEASE or receive dialysis?
THE ANSWER TO THIS QUESTION MUST BE NO!
5. Do you show a HUMANA ID card when you go to the doctor? **THE ANSWER MUST BE NO!**
6. Do you receive any benefits through Tri-Care for Life? **THESE ARE BENEFITS THROUGH THE MILITARY. THESE BENEFITS ARE NOT THE SAME AS GOING TO THE V.A! THIS ANSWER MUST BE NO!**
7. Do you receive any health insurance benefits through an employer from a job you or your spouse retired from? **THIS ANSWER MUST BE NO!**
8. Do you have a Medicare supplement plan that costs you \$150 or more per month?
THIS ANSWER MUST BE NO!