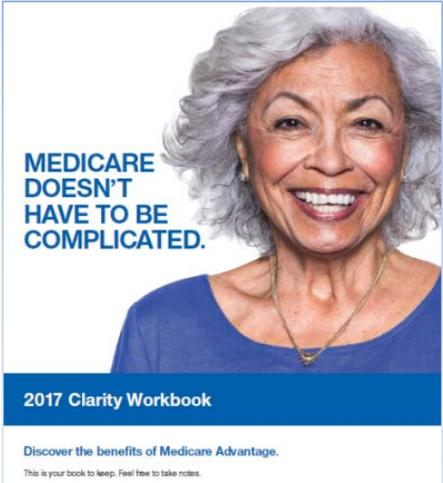


Sales Policy Job Aid

Formal Marketing-Sales Events: Companion to the 2017 Clarity Workbook



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OVERVIEW

How to use this job aid

UnitedHealthcare's commitment to providing each consumer with a great experience begins with you, the agent.

Whether you are conducting a formal marketing/sales event or meeting a consumer at a one-on-one appointment, the way you present yourself sends a strong message about UnitedHealthcare and the kind of experience consumers can expect.

Use this job aid to:

- Discover ways to **prepare** for your consumer interactions
- Review **compliance requirements** when marketing Medicare insurance products
- Learn how to integrate the **Clarity consumer workbook and Sales Meeting video** during your plan presentations
- How to **close successfully** your events

Read this job aid carefully and use the information whenever you talk to consumers, whatever the interaction may be, from formal meetings to casual conversations.

Keep it handy for future reference so you can make sure you are meeting all the requirements for explaining UnitedHealthcare's Medicare Advantage plans and enrolling new members.

Icons

Throughout this job aid, you will see icons that highlight two types of information:



CMS/Compliance Requirement

This icon marks the information the Centers for Medicare & Medicaid Services (CMS) requires you to cover or explain clearly during the presentation. CMS will score you on most of these items if they secret shop your event, and some of the items also support the plan's Star Ratings.



Presenter Tips

This icon highlights general tips you can follow to make your presentations more engaging and informative.

AGENT PREPARATION

The key to a successful presentation is preparation and practice. This section describes what you can do before a presentation to make sure it will be successful.

Event Reporting

- Prior to reporting an event, you must take and pass the Events Basics module for the applicable plan year. It may take up to three days after passing Events Basics for the event reporting system to be updated.
- UnitedHealthcare policy requires that all events, educational and/or marketing/sales (including formal and informal), be entered into bConnected prior to any advertising and no less than 14 calendar days before the date of the event.
 - If you do not use bConnected, report your events using the Event Request Form located under the Resource Center tab on the UnitedHealthcare Distribution Portal.
 - Submit the Event Request Form to the Producer Help Desk (PHD) at PHD@uhc.com prior to advertising but no less than 21 calendar days prior to your event to ensure timely entry by the PHD in bConnected.
- Events are reported by type – Educational or Marketing/Sales, and then by format – Formal or Informal. bConnected and the Event Request Form provide definitions of the different event types and formats to assist you in making an accurate selection.
- Additional resources are available to assist you in reporting your events compliantly:
 - Agent Guide – available on the Distribution Portal
 - Events Basics module PDF – available in the Resource tab of the online course
 - 2017 Agent Marketing/Sales Event Checklist – available on the Distribution Portal

Event Cancellation

- Avoid cancelling an event once it has been reported in bConnected. Events must not be cancelled within three business days unless it is due to extenuating circumstances, such as inclement weather.
- Changes and cancellations must be entered in bConnected at least three business days prior to the date of the event. Remember that your original event is effectively cancelled when you change an event's date, time, or venue. Any new event that must be entered due to the change must meet the 14-day reporting requirement outlined under "Event Reporting".
 - If you do not use bConnected, report your change or cancellation to the PHD using the Event Request Form.
 - The form must be submitted at least eight business days prior to the date of the event. For cancellations, a reason for the cancellation must be provided.
- Whenever possible, notify consumers of a canceled event at least seven calendar days before the event date. Document all steps taken to notify consumers.
- If the cancellation takes place within seven calendar days of the scheduled date, a representative of the plan must be present at the original start time and remain there for 30 minutes for formal events and for the entire reported time for informal events.
- Additional resources are available to assist you in cancelling and event compliantly:
 - Agent Guide – available on the Distribution Portal
 - Events Basics module PDF – available in the Resource tab of the online course

Be visible

Make sure consumers attending the event can easily find you. If your event is secret shopped and the evaluator cannot locate you, you will receive a “No-Show” infraction.

- Use clear signs
- Wear your name badge and branded attire (if applicable)
- Make yourself clearly visible
- Let venue staff know where you are, so they can direct consumers to your location



Additional resources are available to assist you in ensuring consumers are able to locate your event:

- Agent Guide – available on the Distribution Portal
- Events Basics module PDF – available in the Resource tab of the online course
- 2017 Agent Marketing/Sales Event Checklist – available on the Distribution Portal
- Directional Signage (see screen shot for a sample) – Agent Toolkit

Connect with consumers

Connect with consumers from your first “Hello.” First impressions are crucial as many consumers make a buying decision in the first 10 minutes of an event.

Here are tips to help you connect with consumers:

Be aware of your body language

- Make eye contact and nod or use your hands to emphasize your talking points
- Never cross your arms as it may be viewed as a “closed-off” stance. Try holding your hands in front of you instead
- When you talk, always face your audience. Do not turn toward a flip chart or screen or talk down to your notes

Communicate clearly

- Speak loudly and slowly; you may want to use a microphone when available. Remember that some consumers may have hearing loss
- Make your explanations clear and concise. Remember, you know the subject matter you are sharing very well, but the consumer may need to hear what you are telling them several times, or in different ways, before they will understand
- Share a personal story that is relevant to the discussion – make sure not to disclose Protected Health Information/Personally Identifiable Information (PHI/PII)
- Tell your audience whether you will take questions during the presentation or if they should hold their questions until the end

Establish your credibility

- Review this job aid so you will be confident about the topics you will be presenting
- Rehearse your presentation ahead of time
- Share with your audience your professional experience, such as the number of years you have been licensed to sell Medicare health insurance options



Introduce yourself and the plan you are presenting

At the beginning of your formal marketing/sales event, you must state your name, the carrier you represent, and the specific plan you will be presenting. For example:

“Good morning, I am Jane Smith, a licensed insurance agent representing UnitedHealthcare. Today I will present the AARP® Medicare Complete Plan 1, a Health Maintenance Organization (HMO) Medicare Advantage plan.”



Use approved materials compliantly

- Only use a UnitedHealthcare approved sign-in sheet with the required disclaimer, available in the Agent Toolkit. Do not use blank paper or a preprinted roster. If you do not have a compliant sign-in sheet, do not use anything.
- Lead cards are also available in the toolkit and are another way for the consumer to give you their contact information. Filling out any form (sign-in sheet, lead card, etc.) is optional for the consumer. Do not make a statement like, “I need this to prove to my manager who attended the meeting.”
- During your presentation, use the provided CMS-approved materials (electronic presentation, workbooks). You should not use any materials without a CMS approval number.
- Additional resources are available to assist you in ensuring the materials you use are compliant:
 - Agent Guide – available on the Distribution Portal
 - Events Basics module PDF – available in the Resource tab of the online course
 - 2017 Agent Marketing/Sales Event Checklist – available on the Distribution Portal
 - Various pre-approved materials – Agent Toolkit

Completion of this form is optional and will not affect your ability to attend the event.

Event date: _____ Event time: _____

Event address: _____

Event host: _____

No.	Name	Address
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

UH_120016_141213

ENROLLMENT
starts here.

2015 Enrollment Guide
AARP MedicareComplete Plan 2 (HMO)
HMO-001
Service Area: select counties in Kentucky, Ohio

PART C Connecting you to the care you may need, all in one plan.

Hospital stays + Doctor visits + Additional benefits + Prescription drug coverage

AARP MedicareComplete
UnitedHealthcare

2015 PLAN COMPARISON

Covered by: Brown, Campbell, Eastern Kentucky, New Berlin, Claymont, Hamilton, Warren counties.
This is a complete description of benefits. Please refer to the Summary of Benefits for further benefit details.

Benefits	AARP MedicareComplete Focus (HMO) HMO-002	AARP MedicareComplete Plan 3 (HMO) HMO-001
Monthly plan premium	\$0.00	\$45.00
Deductible	None	None
Medical Coverage		
Primary care physician (PCP) office visit	\$10 copay	\$10 copay
Specialist office visit	\$40 copay (financial need)	\$40 copay (financial need)
Inpatient hospital care	\$400 copay per day days 1-5 \$0 copay per day after that	\$400 copay per day days 1-4 \$0 copay per day after that
Emergency care	\$65 copay worldwide	\$65 copay worldwide
Urgently needed care	\$30 - \$45 copay	\$30 - \$45 copay

AARP MedicareComplete
UnitedHealthcare

AAQH194M30721_000



If you present an AARP-branded plan, it is important to describe appropriately the AARP-UnitedHealthcare relationship to consumers. Keep in mind these two points:

- UnitedHealthcare and AARP have a number of shared values, including the belief that everyone eligible for Medicare should have access to affordable, quality health care coverage
- UnitedHealthcare is the insurer holding the plan contract with Medicare and pays AARP a royalty fee for the use of the AARP name and trademark

AGENT TIPS

Being an agent is your competitive advantage. Make it count by developing your own style and building positive relationships with your consumers.

Sales tips

- Find your comfort level
- Define your target audience
- Research your consumers' buying habits
- Take your time. Analyze who is making the buying decision, what currently is and is not working, what the consumer is looking to change, etc.
- Do not make assumptions
- Build rapport
- Become a trusted industry advisor

Needs Dialogue – The Who, What, Why, How, and When

Even during a formal marketing/sales event, you can assess your audience to determine answers to some of these questions:

1. Who makes the buying decision and who will be affected by the decision?
2. What is currently working and not working?
3. Why is the consumer looking to make a change? You want to gain an understanding and help them gain one too.
4. How will the solution/decision work for them? Ask them to repeat their understanding to confirm the decision. Help them understand why their decision may or may not be best for them.
5. When do they need to make the decision? Help them understand the timelines for making the decision, but be careful not to use high-pressure tactics or urgency statements.

Consultative Sales Approach

Preparation

Do your homework and understand your objective

Opening

Demonstrate professional presence (engagement, energy, confidence), create rapport, and effectively transition to presentation after introduction

Needs dialogue

Check for understanding and be aware of nonverbal cues

Solution dialogue

Seek consumer feedback to validate understanding and demonstrate product knowledge

Objection resolution

Acknowledge objections, demonstrate empathy, and ask clarifying questions to fully understand any objections

Action close

Make it abundantly clear to consumer they are enrolling, assist the consumer in accurately and thoroughly completing the enrollment application, review the Plan Recap and Next Steps, and provide your contact information

Follow up

Follow up and provide support; deliver on your promises

If consumers submit enrollment applications after the event, contact each of them to review all of their providers and prescription medications. Verify that each provider is in-network, indicate the Primary Care Physician (PCP) on the enrollment application (if required), and verify each medication is on the formulary and advise the tier/cost and any utilization management restrictions that apply, such as prior authorization.

Help boost Star Ratings

UnitedHealthcare continually works to improve its plan's Star Ratings, which includes member feedback about their care and satisfaction. As a sales agent, you may be able to help boost Star Ratings by:

- Clearly explaining the plan's out-of-pocket costs to consumers, including coinsurance, copayments, deductibles and premiums
- Observing all CMS and state regulations and UnitedHealthcare rules, policies, and procedures when marketing and selling UnitedHealthcare Medicare Solutions products
- Encouraging members to use the plan's preventive benefits to help them stay healthy
- Submitting all enrollment applications within 24 hours of receipt

You are the face of UnitedHealthcare

- A member's journey starts with you; your actions will set expectations for what it is like to be a member
- Make sure consumers are provided current, accurate, and understandable information
- Throughout your presentation, reinforce the fact that UnitedHealthcare is there for them "every step of the way."
- Reflect UnitedHealthcare's value, experience, expertise, and commitment to their health and well-being. For example, you could use this sample verbiage with a consumer:

"At UnitedHealthcare, we surround you with not only the health care coverage, but also the people who can help you live a healthier life. We help you understand how to get the most from your plan. We help connect you to the care you need when you need it. We have programs, resources, and tools to help you live a healthier life because we know that healthy lifestyles are easier with healthy connections."

Helping consumers with disabilities and accommodations

Consumer sensitivity

Be aware of and sensitive to the needs of the Medicare-eligible consumer, including language barriers and physical or cognitive disabilities.

Look for indications that a consumer might need accommodations to meet their needs, such as:

- A non-English speaking consumer struggling to understand your presentation in English
- A consumer who appears to have difficulty hearing you despite your use of a microphone

Services and aids

There are a number of services and aids available at no cost to the consumer to accommodate their needs.

Consumers can:

- Request certain plan materials in alternate languages or formats
- Use the TTY/TDD or State Relay System when calling Telesales or Member Services
- Request alternate language translation services or an American Sign Language interpreter at a formal marketing/sales event or personal/individual marketing appointment

You must use authorized translators or interpreters. Using your family member or friend is not permitted. Consumers may elect to have family or friends available to assist; however, as an agent, you need to accommodate all reasonable requests for an American Sign Language interpreter.

The number of stars shows how well our plan performs.

★★★★★	excellent
★★★★	above average
★★★	average
★★	below average
★	poor

American Sign Language

Referring a consumer to a TTY/TDD or State Relay Service is not sufficient if they are requesting an American Sign Language (ASL) interpreter.

Upon consumer request, an ASL interpreter must be provided at a formal marketing/sales event or personal/individual marketing appointment at no charge to the consumer. ASL interpreters are not provided at informal marketing/sales events or any educational events.

Requesting an ASL Interpreter

- Whenever possible, requests (new and change) should be made 14 or more calendar days prior to the date the interpreter is needed to ensure the vendor (ASL Services, Inc.) has adequate time to schedule an in-person interpreter. Every effort will be made to obtain an in-person interpreter if the request (new or change) is made within 14 calendar days of the date needed; however, alternate arrangements such as rescheduling the appointment or requesting the consumer attend another event may be needed.
- Agents with access to bConnected can request an ASL interpreter by selecting "Request an American Sign Language Interpreter" in bConnected. To use bConnected, the request must be entered 14 or more calendar days prior to the date the interpreter is required.
- Agents without access to bConnected, or who have requests (new or change) that cannot be entered in bConnected because they are within 14 calendar days of the date the interpreter is required, must submit a completed ASL Interpreter Request Form (available on the Distribution Portal) to the PHD via email at PHD@uhc.com.

Filing an ADA Complaint: To help a consumer file a complaint, you may file an ADA complaint for them by sending an email directly to Compliance_Questions@uhc.com or calling Customer Service.

COMPLIANCE REQUIREMENTS

When marketing and presenting any UnitedHealthcare Medicare Solutions product, you must comply with applicable CMS and regulations and UnitedHealthcare rules, policies, and procedures.



Clearly explain plan-related costs to consumers

When presenting a specific plan, clearly explain all the costs associated with the plan, including coinsurance, copayments, deductibles, and premiums.

- Use the Enrollment Guide, which is approved by UnitedHealthcare and CMS and contains accurate plan information
- Remember to explain that the plan's premium is a plan-related cost
- If the consumer has Low-Income Subsidy (LIS), you must communicate the expected premiums for the Medicare Advantage plan based on their current level of LIS. That way, if the LIS status changes, the consumer will not be surprised by unexpected costs
- Explain if the plan allows the member to receive coverage under the plan when using out-of-network providers in non-emergency situations. Make sure the consumer understands that out-of-network providers are not obligated to treat the consumer in non-emergency situations and that the consumer may pay more for out-of-network services.
- Explain if the plan requires referrals from the consumer's primary care provider (PCP) to see a specialist and the impacts of seeing a provider without obtaining a referral
- Explain the maximum out-of-pocket for Medicare Advantage plans
- Refer to the "PLAN PRESENTATION" sections of the 2017 Agent Marketing/Sales Event Checklist to ensure you compliantly communicate network and referral requirements and all cost sharing elements related to the plan



Submit enrollment applications upon receipt

To avoid complaints and boost Star Ratings, it is extremely important to submit completed enrollment applications to UnitedHealthcare within 24 hours of receipt. Failure to submit applications on time can cause a gap in coverage for consumers and change their intended effective date, resulting in a possible complaint.

Submit enrollment applications one of three ways (not all methods available for all plans):

- Use an **electronic enrollment** method whenever possible. LEAN is available for most Medicare Advantage and Prescription Drug Plans in both online and offline modes. When an application is taken offline, you must sync within 24 hours to ensure timely upload of enrollment application taken offline. SMARTEnroll is the electronic enrollment method of AARP Medicare Supplement Insurance Plan applications
- Submit **paper applications** via fax or overnight delivery within 24 hours. Paper applications for AARP Medicare supplement plans may also be submitted by regular mail



Compliance requirements when conducting a plan presentation

When preparing your presentation, make sure you present complete and accurate information, so you meet all compliance requirements. The items below are similar to those on an Event Observation Program scorecard. Make sure your presentation covers each of these items:

Plan review

- Physician referral/prior authorization requirements
- Covered services/cost sharing
- Appeals and grievances process
- Plan Star Rating

Enrollment

- Accurately and completely fill out the enrollment application
- Ask to see the Medicare/Railroad Retirement Board card to ensure the consumer's name and Medicare number are accurately entered
- Enter the consumer's valid election period and effective date
- Enter the consumer's PCP, PCP ID, and check "Existing Patient" if applicable
- Review the Plan Recap (formerly Enrollment Checklist)

Cancellation or disenrollment

- Enrollment application withdrawal/cancellation
- Disenrollment (after consumer is a plan member)

Post-enrollment

- Welcome letter and copy of enrollment application
- Member ID card used instead of Medicare card
- How to contact Customer Service and agent
- Billing methods, if applicable
- Explain Enrollment Verification process
- Provide enrollment application confirmation; provide Enrollment Guide



Compliance requirements are essential, but be sure you are also focused on your consumers and delivering the plan benefits in a way that is engaging and relevant to their needs.



When discussing reasons to enroll, do not use any scare or high-pressure tactics or make urgency statements. Example: "If you don't enroll right now, I know you're going to regret missing this opportunity."

EVENT COMPLIANCE

2017 Agent Marketing/Sales Event Checklist

Review each item to ensure a compliant event.

Items in italics relate to common infractions and/or member complaints.

Prior to your event:

EVENT REPORTING

- Enter event in bConnected prior to advertising and no less than 14 calendar days before the event date or submit an Event Request Form to the PHD at least 21 calendar days prior
- Verify event details in bConnected to ensure reporting accuracy
- Enter changes in bConnected at least 3 business days prior to the date of the event or submit an Event Request Form to the PHD at least 8 business days prior

REFRESHMENTS and GIVEAWAYS

- Provide only light snacks/beverage (if allowed by venue)
- Combined retail value of giveaways and food items must not exceed \$15 per person
- Clearly indicate or state that giveaways are available with no obligation to enroll
- Obtain permission from UnitedHealthcare prior to planning a drawing, prize, or raffle.

VENUE and LOGISTICS

- Venue is accessible to consumers with disabilities
- Venue is open to all consumers who want to attend
- Venue is not located where patients wait for or receive care
- 5-7 days prior to event, confirm with the venue that you are expected and your event is posted on any schedule maintained by the venue
- Arrive at venue sufficiently early to ensure you are ready by the event start time
- Advise venue receptionist/greeter of your event; ask them to help direct consumers
- Use directional signage so consumers can find the event room or location (if allowed by venue)*
- For an informal event, you must be present for the entire reported time and post signage if you momentarily step away to indicate when you will return
- Ensure any provider participating in an event is aware of compliance guidelines

During your event:

CONSUMER CONTACT INFORMATION

- Only use approved sign-in sheet and lead cards
- State to consumers that providing contact information is completely optional*

Do not:

- o Use an RSVP roster to take attendance or as a sign-in sheet
- o Require consumers to provide contact information to participate in a drawing or raffle
- o Ask consumers for referrals or contact information for other consumers

MATERIALS

- Only use current, approved materials with CMS approval IDs
- Provide an Enrollment Guide to each consumer who requests one, enrolls, or intends to enroll

Do not:

- o Modify consumer materials in any way (e.g., add sticker or content, remove pages, write on)
- o Sign and date an enrollment application prior to consumer completion

PLAN PRESENTATION

- At the start of your event, state your name, the plan sponsor you represent, and the plan you are presenting
- Use the Clarity workbook and presentation and/or Sales Meeting video
- Give a full plan presentation at a formal event even if only one consumer attends
- Provide your contact information

Clearly state and explain (items in green font are covered in the Sales Meeting video):

- A Medicare Advantage plan is not a Medicare Supplement plan and describe the differences between them*
- Any plan premium and that members must continue to pay their Part B premium*
- Member ID cards must be used when obtaining plan-covered services*
- How other coverage might be affected if the consumer enrolls in the plan*
- For HMO plans, that **in-network providers must be used to receive benefits except in emergencies***
- For PPO, POS, HMO-POS plans that using **in-network providers usually costs less than out-of-network providers***
- Enrollment election periods
- Enrollment eligibility requirements

Clearly state and explain these prescription drug coverage items (items in green font are covered in the Sales Meeting video):

- Low Income Subsidy (i.e. Extra Help)
- Late enrollment penalty:** Explain what it is and process for attesting to creditable coverage*
- Cost sharing:** Copayments, coinsurance, and drug pricing
- Formulary, drug tiers, quantity limits, step therapy, prior authorization, and where to find additional information
- Deductible, initial coverage, coverage gap, and catastrophic coverage
- Pharmacy network and preferred pharmacies and cost sharing impacts

Use the plan's Enrollment Guide to cover in detail:

- Summary of Benefits or Benefits Highlights *including cost sharing*
- Provider network *including limitations, referral requirements, in-network and out-of-network cost sharing, network benefits for routine care and emergency care*
- No-cost language interpreter services (multi-language insert). Explain services available even if it does not appear that the consumer(s) needs it*
- Star Rating:**
 - o State the current Star Rating for the plan you are presenting
 - o Indicate the Enrollment Guide page where it is located.
 - o Direct consumers to Medicare.gov for additional Star Rating information
- Appeals and grievance processes
- Steps to cancel and withdraw application and disenroll from plan

Do not:

- o Use absolute and superlative (including qualified) statements and/or disparage a plan, competitor, or federal or state program, such as UnitedHealthcare is one of the largest Medicare Advantage plans or the state Medicaid program is a disaster
- o State you represent Medicare or any government agency
- o State that plans are endorsed, sponsored, or recommended by Medicare, CMS, or the federal government
- o Compare a UnitedHealthcare plan to a competitor plan unless permission is granted by all plans
- o Use high-pressure/scare tactics or intimidating behavior
- o Describe the plan as "free" if it has a \$0 premium or use the term "free" in reference to a filed benefit
- o State there are no claim forms, paperwork, or similar
- o Present non-health related products, such as final expense or life insurance

Helpful Hints when Presenting

Consumers are often confused not because you did not mention an important detail about the plan, but because they did not understand what you said or how you said it. To help ensure a consumer's understanding:

- Avoid acronyms or technical terms
- Speak slowly as the information may be new to your audience
- Rephrase information by offering an alternate explanation

After your event:

- Make sure any item containing consumer Protected Health Information/Personally Identifiable Information (PHI/PII) is secure
- Contact consumers who submit an enrollment application after the event to review and ensure all providers are in-network and drugs are in the formulary as applicable and answer any questions the consumer may have

- Sign, date, and submit completed enrollment applications within 24 hours of receipt

For a complete listing of all marketing and event guidelines, refer to the Agent Guide available on the Distribution Portal.

Questions: Contact your sales leader or submit questions to Compliance_Questions@uhc.com

PRESENTATION GUIDELINES

Give consumers an idea of how long the meeting will last. Respect their time and politely defer consumer-specific questions that may take longer to answer to after the presentation. However, if the whole group would benefit from the answer, be sure to address the question to the group.

Members attending your event

Current members may attend your marketing/sales event. Thank them for their continued interest in a UnitedHealthcare plan. Spend a little time with them to find out why they are attending your event.

- Are they interested in changes to their current plan for the upcoming plan year?

Explain that they can learn about changes to their current plan from their Annual Notice of Changes without having to sit through an entire sales presentation. Your local market may also host member only educational events. Refer to your local leadership. For regulations and guidelines related to hosting a member only educational event, refer to the Events Basics PDF and/or your Agent Guide.

- Are they concerned about a particular benefit or perhaps have an issue?

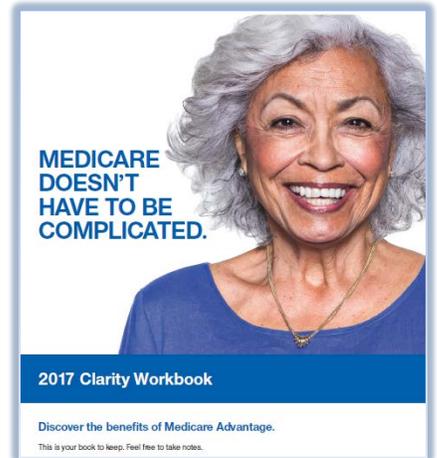
Take a little time with them to answer any questions or concerns they may have or offer to meet with them individually outside of the meeting.

When offering the member options for learning more information, be sure to let them know that they are welcome to stay. You do not want the member to get the impression that you do not want them to be at the meeting. If the member chooses to stay, acknowledge them for coming and being a valued member.

USING THE 2017 CLARITY WORKBOOK

The Clarity workbook is a resource that provides consumers with general Medicare information and covers:

- ❖ Medicare eligibility and insurance options
 - ❖ Medicare Advantage eligibility and considerations
 - ❖ Prescription drug coverage terms and concepts
 - ❖ Value of UnitedHealthcare Medicare Advantage plans
 - ❖ Decision making tools and resources
- Introduce the consumer workbook and let the consumer know how they can actively participate in the meeting by following along and using the interactive features of the workbook.
 - Spend generally no more than 20 minutes on this section of your presentation, including any time allocated to questions related to the workbook, before transitioning to the presentation of the specific plan.



If you use the 2017 Sales Meeting video to present the material contained in the consumer workbook, provide consumers with a workbook to jot down notes and to take home for future reference. Refer to the Sales Meeting Video section for guidelines when using the video during your event.

The Medicare Advantage difference

Use this section to introduce some of the advantages of being enrolled in a Medicare Advantage plan.



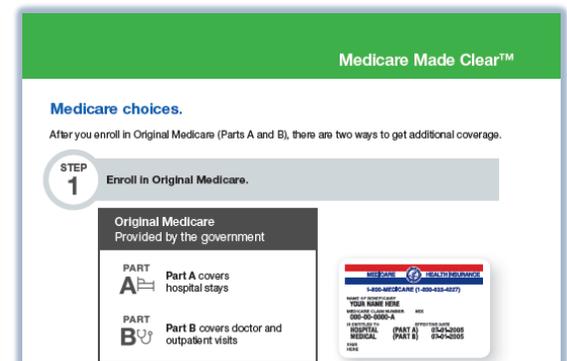
Medicare Made Clear™

In this section, you will educate the consumer about Medicare in general – when are they eligible, when they can enroll, and their Medicare insurance options.



The Medicare Made Clear section contains information that you are required to present. Make sure that you carefully cover:

- When consumers are eligible for Medicare
- When consumers can enroll in a Medicare Advantage or prescription drug plan, including the Initial Enrollment Period, Open (Annual) Enrollment, Medicare Advantage Disenrollment



Period, and Special Enrollment Period

- Medicare insurance options, including Original Medicare, Medicare Advantage, Part D prescription drug coverage, and Medicare Supplement Insurance.
- Inform consumers that Medicare Advantage enrollment may affect other existing coverage they may have (such as employer coverage).
- Be sure to avoid claims of “no paperwork” or “no claim forms” when discussing the plan.
- Let consumers know that Enrollment Guides are available to them for any plan discussed during the event.
- One of the reasons members disenroll is because their provider is not in the plan’s contracted network. Make sure the consumer determines whether or not their providers are in the network.
- Explain that the provider directory they receive after enrolling is specific to their geographic area. If their physician is not listed in the directory, they can contact Customer Service to confirm or to request a comprehensive directory. The information can also be found online on the consumer sites.
- Remind consumers that provider networks can change and to call Customer Service or refer to an online directory for the most up-to-date network information.

Medicare Advantage

Use this section to focus on Medicare Advantage plans. You will cover the advantages of a Medicare Advantage plan, 10 important things to know about Medicare Advantage, and the advantages of being a UnitedHealthcare Medicare Advantage plan member.



- You may want to provide examples of what some “additional benefits” might be that are applicable in your area, such as hearing services, vision services, dental services, foot care, transportation, and HouseCalls. Remember that you must not market Value Added Items and Services that are not filed benefits during your plan presentation.
- Depending on your consumers, you may be speaking about Special Needs Plan options available in your area. Make sure to note that Special Needs Plans have different eligibility requirements.
- Make sure you cover the items with a checkmark and check for understanding often.
- Explain eligibility requirements
- If you have not already done so, remind your consumers that they must continue to pay their Medicare Part B premium.
- When you are talking about the advantages of Medicare Advantage plans, avoid making direct or disparaging comparisons to Original Medicare. For example, “We (UnitedHealthcare) manage the money better than the government.”

Medicare Advantage

10 important things to know about Medicare Advantage.

- 1 You must continue to pay your Medicare Part B premium**
Medicare then gives your premium to your UnitedHealthcare® Medicare Advantage plan to help pay for your additional coverage.
- 2 Joining a Medicare Advantage plan may affect your current coverage**
If you have existing coverage or employer-provided health insurance and plan to work past 65, check to see how joining a Medicare Advantage plan could affect or cancel your current coverage.
- 3 Use network providers**
Use of network health care and pharmacy providers is typically required. Using providers outside of the network may cost you more. In an emergency, you can use any provider.



- Avoid using the word “free” to describe \$0 premium plans or any other benefits within the plan.
- When discussing Special Needs Plans, you must explain involuntary disenrollment, such as loss of Medicaid status or inability to verify chronic condition for the plan chosen.
- Inform consumers that benefits are subject to change annually because Medicare Advantage plans are offered under contracts with the Centers for Medicare & Medicaid Services (CMS) that are renewed annually.
- Make sure consumers understand that Medicare Advantage plans must offer all the benefits of Original Medicare and that the plan pays for the covered services, not Medicare.
- When discussing the potential advantages of UnitedHealthcare Medicare Advantage plans, be sure to avoid using negative comments toward your local competitors. For example, “They can’t touch our network.” or “I heard that our competitor is reducing their service area.”
- Explain to your consumers that when enrolled, they will need to use their UnitedHealthcare member ID card, not their Medicare card.
- If you have not already done so, inform consumers of the availability of no-cost interpreter service and the plan’s Star Rating.

Prescription Drug Coverage

Use this section to focus on the details of prescription drug coverage. Walk the consumer through the drug stages and the terms commonly used to describe drug coverage.



- Be sure to define each term that has a checkmark, including:
 - Deductible, copayment, coinsurance, out-of-pocket costs
 - Pharmacy network – explain that the directory the member receives after they enroll only lists pharmacies and other providers most closely located to the member based on their address. A full directory is available by calling Customer Service.
 - Late enrollment penalty
 - Formulary – explain how consumers can look up their medications
 - Drug tiers – Generally the lower the tier for the listed drug, the lower the copayment.

Prescription Drug Coverage

Prescription drug coverage defined.

<p><input checked="" type="checkbox"/> Pharmacy network UnitedHealthcare has more than 65,000 network pharmacies across the country. To receive benefits, you must use an in-network pharmacy and show your UnitedHealthcare member ID card. You may receive additional discounts on your prescriptions by using a preferred retail pharmacy, or by using the mail service pharmacy and having your medications delivered to your mailbox.</p>	<p><input checked="" type="checkbox"/> Quantity limits Some drugs have quantity limits, where the plan will cover only a certain amount of a drug for one co-pay or over a certain number of days. The limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more or thinks the limit is not right for your situation, you and your doctor can ask the plan to cover the additional quantity.</p>
<p><input checked="" type="checkbox"/> Drug formulary (list of drugs) A formulary is a list of the drugs that a plan covers. Each plan has its own formulary. Before you enroll, be sure your drugs are covered.</p>	<p><input checked="" type="checkbox"/> Prior authorization Before the plan will cover certain drugs, it needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. You may be required to try a different drug before the plan will cover the prescribed drug.</p>
<p><input checked="" type="checkbox"/> Tiered formulary Many plans use tiered formularies to group covered drugs according to cost. For example:</p> <ul style="list-style-type: none"> • Tier 1 – Preferred generic drugs • Tier 2 – Generic drugs • Tier 3 – Preferred brand name drugs • Tier 4 – Non-preferred drugs • Tier 5 – Specialty drugs 	<p><input checked="" type="checkbox"/> Asking for an exception If you need a drug that’s not currently covered by your plan, you may:</p> <ul style="list-style-type: none"> • Ask the plan to cover your drug even if it is not on the drug list. This is known as a formulary exception • Ask to waive coverage restrictions or limits on your drug. This is known as a utilization exception
<p><input checked="" type="checkbox"/> Step therapy One way UnitedHealthcare can help you save money on your prescriptions is by offering lower-cost drugs that can treat the same medical condition as your current brand name drugs. You may be asked to try one or more of these lower-cost drugs before the plan will cover the drug you are currently taking.</p>	<p>Coverage decisions If your doctor has submitted an exception request on your behalf, generally the plan will make a decision within 72 hours. You can request an expedited, or fast, decision if you or your doctor believes your health requires it.</p>

- Drug payment stages including the coverage gap
- Prior authorization – When the plan needs more information from the member's doctor before approving a medication to make sure the drug is being used correctly for a medical condition covered by Medicare.
- Step therapy – When the member may be required to try an effective, lower-cost drug before the plan will cover a more expensive drug.
- Quantity limits – When the plan will cover only a certain amount of a drug for a one-month supply or over a period of time. The limits are in place primarily for safety reasons based on the recommended maximum dosage.
- Medication Therapy Management – Consumers may be invited to participate in a program designed for their specific health and pharmacy needs. They may decide not to participate, but it is recommended that they take full advantage of this covered service if they are selected. They can contact the plan for more details.
- Failure to provide complete information related to prescription drug coverage may result in an infraction if UnitedHealthcare or CMS is evaluating your event.
- UnitedHealthcare's extensive pharmacy network includes large retail chains and small local pharmacies. Let consumers know that you would be happy to help them confirm if their pharmacy is in the plan's network, if interested.
- Explain how consumers can locate an in-network pharmacy by using the pharmacy locator online, calling Customer Service, or by asking you, their agent, to look it up using the pharmacy locator search on the Distribution Portal.
- When supporting a consumer with drug formulary confirmation, ensure the correct spelling of medication name(s) and retain notes regarding the medications that were discussed.
- Mention the various ways a consumer can potentially reduce their costs – Low Income Subsidy (LIS) or Extra Help, Pharmacy Saver™, Preferred Retail Pharmacy Network, and mail order.
- Be sure to explain the Late Enrollment Penalty that may be added if the consumer did not sign up for Part D drug coverage when they were initially eligible.

UnitedHealthcare Medicare Advantage Plans

Use this section to explain to consumers the advantages of a UnitedHealthcare Medicare Advantage plan.

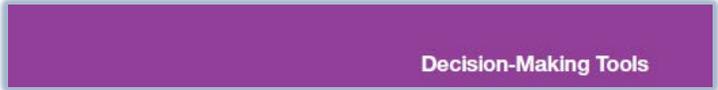
UnitedHealthcare Medicare Advantage Plans

Why choose a UnitedHealthcare Medicare Advantage plan?
 As a member of a UnitedHealthcare® Medicare Advantage plan, you can count on us help make health care a smoother experience. We offer clear plan choices, coordinated care, predictable costs and straight answers. And we're committed to providing the benefits, service and support that help you maintain your momentum.

-  **Access to care**, including a local network of doctors, hospitals and pharmacies.
-  **Care coordination** between your health plan, doctor and pharmacist.
-  **24/7 telephone access to a registered nurse.**
-  **Savings opportunities** on prescription drugs.
-  **A member experience focused on your needs**, including annual care reminders, preventive care screenings, wellness coaching and *Renew* magazine.

Decision-Making Tools

This section introduces and explains the Enrollment Guide. When telling consumers what they can find in the guide, hold it up, and refer to the page where the consumer can access the different information.



You must indicate the availability of each item that has a checkmark and where the information is located in the Enrollment Guide for the plan that you are presenting.



- You must indicate that interpreter services are available through the UnitedHealthcare Medicare Solutions call centers at no cost to the consumer. This information must be provided even if it appears that the consumer is not interested in interpreter service. Failure to provide the information about the availability of no-cost interpreter service may result in an infraction if UnitedHealthcare or CMS is evaluating your event.
- You must provide the Star Rating for the plan you are presenting. It is recommended that you state verbatim the paragraph in the consumer

Using your Medicare Advantage Enrollment Guide.

A plan's Enrollment Guide contains a lot of important information. It includes plan details, the plan formulary (drug list), Customer Service phone numbers, required statements and documentation, and enrollment forms. To help you get the most out of your Enrollment Guide, it includes the following information:

<p><input type="checkbox"/> [Benefit Highlights] A great way to get a quick overview of the plan's most common benefits.]</p> <p><input checked="" type="checkbox"/> Summary of Benefits A detailed plan overview that contains important plan information. In the introduction you'll find information about your rights under the plan, including information about appeals and grievances.</p> <p><input checked="" type="checkbox"/> Medicare Plan Ratings The Medicare Star Ratings program rates all health and prescription drug plans each year, based on a plan's quality and performance. You can locate the Star Rating for the plan being presented on page _____ of the Enrollment Guide.</p>	<p><input checked="" type="checkbox"/> Multi-Language Interpreter Services Contains instructions for accessing free language interpreter services available to answer questions you may have about a plan.</p> <p><input checked="" type="checkbox"/> Drug List A list of drugs and their tier level covered under the plan.</p> <p>Plan Information Find helpful information about how your plan works, including additional programs and services it offers beyond what Original Medicare covers.</p> <p><input checked="" type="checkbox"/> Ready to Enroll Your Enrollment Guide includes everything you need to enroll, including enrollment forms and an</p>
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workbook providing the name of the plan you are presenting and the plan's Star Rating as indicated. Failure to provide the plan's Star Rating, where it is located in the Enrollment Guide and/or where the consumer can locate additional information may result in an infraction

if UnitedHealthcare or CMS is evaluating your event.

- An Enrollment Guide must be provided to the consumer upon request and to those consumers enrolling in the plan.

Let the consumer know that in addition to you, their trusted advisor, there are other useful resources available to them.



- Suggest to your consumers that they visit MedicareMadeClear.com to learn more about Medicare. An entire video series explains Medicare. Some of the videos are also offered in Spanish.
- Set the expectation with the consumer that after they enroll they will be receiving several mailings and/or phone calls from the health plan including Health Assessment (if applicable), Enrollment Verification Letter, and HouseCalls (if applicable). Be familiar with these touch points and encourage the consumer to take advantage of them.



In addition to your sales agent, there are other useful resources available to you.

Medicare Made Clear

An educational platform developed by UnitedHealthcare to help the public better understand Medicare. Find out more at MedicareMadeClear.com.

**Medicare
Medicare Helpline**

For questions about Medicare and detailed information about plans and policies available in your area, visit Medicare.gov or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

Medicare & You

Official Medicare handbook for Medicare programs, updated each year. You can download a copy at Medicare.gov or call the Medicare Helpline to request a copy.

AARP

AARP website

For information about Medicare and other programs for older adults, go to AARP.org.

The AARP website offers educational materials about Medicare in its health section. You can also order publications online.

State Resources

**Your state's Medical Assistance
or Medicaid office**

To learn whether you are eligible for financial help with the costs of Medicare, call your state's Medical Assistance or Medicaid office. They can answer questions about programs like PACE (Program of All-Inclusive Care for the Elderly) and the Medicare Savings Program. You can also call the Medicare Helpline and ask

Sales Meeting Video

The Sales Meeting Video presents the content of the Clarity consumer workbook. Always use the current version of the video.

The video is available on the Agent Toolkit as a download or DVD at no cost to the agent.

Refer to the 2017 Sales Meeting Video Rules of the Road resource for additional guidelines.



It is very important to select an appropriate venue that accommodates both audio and visual presentation of the video. In addition to standard venue selection criteria, video-specific requirements include:

- A screen that is visible to all attendees
- A projector to display the video
- Speakers to ensure audio is loud enough for all attendees to hear
- Make sure extension cords are secured with tape

Follow these rules **during your presentation** to ensure a compliant event and a good consumer experience:

- Introduce yourself, the carrier you represent, and the specific plan that you will present.

Compliance Summary

The Compliance Summary is a stand-alone agent resource that is a companion piece to the Clarity Medicare Advantage consumer workbook. Use the suggested verbiage as you cover the corresponding page in the consumer workbook, as a recap at the end of your presentation, or simply as a checklist to ensure you have covered each of the elements that CMS requires you to present to consumers

2017 Sales Meeting Video Rules of the Road



The 2017 Sales Meeting Video is one of several resources available to agents when conducting a formal marketing/sales event or one-on-one marketing appointment with a consumer. The video, which covers the basics of Medicare and enrolling in a Medicare Advantage plan, provides consumers with a good foundation before you present a Medicare Advantage plan.

Rules of the Road

Before using the video, follow these guidelines to ensure a compliant event and an optimal consumer experience:

- Access the video on the Agent Toolkit>English Materials>Community Meeting and Event Marketing Materials>Presentations and Workbooks>Electronic Presentations>2017 Sales Meeting Video.



- Always use the most current version of the video to ensure compliance with marketing materials requirements.
- Video is available via download and DVD at no cost to agents. Select and use the appropriate version(s) of the video based on the plan you will present.
- The video is available in English and Spanish. Only use the video if the language spoken in the

- Introduce the video and let the audience know if you will be stopping it periodically to reinforce concepts or if you will do so at the end.
- Provide consumers with the Clarity Medicare Advantage workbook, which goes hand-in-hand with the video, as a resource they can use after the meeting. Reinforce particular topics covered in the video by referring to the page in the workbook.
- Only use the video if the language spoken in the video is the same in which you are presenting and providing materials, such as the Clarity Medicare Advantage consumer workbook and Enrollment Guide.
- Make sure you provide information specific to the plan you are presenting that is not included in the video, such as the name of the plan and the plan's Star Rating.

MEDICARE ADVANTAGE
**COMPLIANCE
SUMMARY**

As a companion piece to the Clarity Medicare Advantage Workbook, the suggested verbiage below should be used as you cover the corresponding page in the consumer workbook, as a recap at the end of your presentation, or simply as a checklist to ensure you have covered each of the elements that CMS requires you to present to consumers.

CLOSING THE EVENT

Point-of-Sale Guidelines

Follow these guidelines to help provide a great consumer experience and avoid possible member dissatisfaction:

- Include the consumer's legal authorized representative or the individual that assists in making business and/or health care decisions, when the consumer completes the enrollment application
- Double check applications to make sure they are completed correctly and accurately. Use LEAN for Medicare Advantage and Prescription Drug Plan enrollment applications whenever possible. You may receive an application quality complaint if the application contains errors or omissions. Refer to the Enrollment Handbook for Agents for additional guidelines.
- Do not take receipt of or sign an application if the consumer is not prepared to have it submitted immediately. Instead, schedule a follow-up appointment or provide instructions on how to submit it to you.
- Provide consumers with complete information about how to cancel or withdraw their enrollment application or disenroll from a plan.
- Always provide the consumer with your current contact information. Be prepared with your business cards and the plan's Customer Service contact information.
- Always provide required enrollment materials. Before each meeting, make sure you have enough copies of the correct materials. An Enrollment Guide must be provided to each attendee who requests one and to each consumer who enrolls.
- Understand each consumer's situation and help them find the most appropriate plan. It is critical to ask the right questions to find the most suitable plan for each consumer. Selling an unsuitable plan to a consumer could result in rapid disenrollment and/or an agent misconduct complaint.

Permission to Contact and Marketing Appointments

Consumers may not be prepared to enroll at the end of a formal marketing/sales event. In addition to providing your contact information, if the consumer declines to complete an enrollment application at the event, ask for permission to contact (e.g., offer a lead card from them to fill out) after the event and/or set up a future appointment.

Common objections

- **My doctor is not in this plan's network.**

Here at UnitedHealthcare we have a large network of contracted providers. I would be happy to look up each of your providers to verify their network status. If it turns out you need to find a new provider, I can help you find one in the plan's network.

- **I cannot afford the premium and copayments.**

I understand your concern. What I would like you to do is consider your out-of-pocket costs with the plan you currently have. Compare any deductibles, copayments, coinsurance, and premiums you may have with costs of the plan I just presented. Keep in mind the maximum out-of-pocket limit when assessing the plans.

- **I want to go take some time to think over my options.**

If you are not ready to enroll today, please feel free to take my contact information so you can reach me after the meeting. I can also stay after the meeting and answer any questions you may have or set up an appointment to come to your home so I can address your individual needs.

- **I am not sure this is the right plan for me.**

UnitedHealthcare has an extensive portfolio of products. If this plan does not meet your needs, we can meet one-on-one and try to find a plan that is a good fit for you and your current situation.

NOTES