MISSION DELIVER VALUE

Broker Action Plan

Your guide to year-round engagement of MercyOne Health Plan (HMO/PPO) members

MERCYONE℠

Health Plan

How & Why To Use This Action Plan

You already know providing expert guidance and consistent support is the secret to retaining clients and winning referrals. This playbook provides resources to help you do exactly that.

Year-round outreach establishes a solid relationship with your clients and ensures they take full advantage of their plan benefits. They are more likely to find value in their plan and appreciate your recommendation. All of these things increase client satisfaction and promote loyalty, both to you and to the health plan.

Satisfied clients are more likely to renew their coverage, and refer you to their friends, family and neighbors.

When you reach out to clients regularly, you:

- **Understand** their needs, which helps you position appropriate plan benefits that can increase their satisfaction
- **Create** a rapport as a trusted contact, someone who can help them navigate their health care decisions over the long term
- **Show** your clients you're available to help. Thanks to regular check-ins, you can anticipate challenges and your clients will count on you for your thoughtful support.

The Advantages Of Reaching Out

TOP TIP

Be a good listener. Sometimes people just need to be heard. A little care can go a long way to quickly resolving issues or putting clients at ease.

The reason people stay with a Medicare Advantage plan goes beyond the coverage or the benefits alone. They stay because they understand their plan, know how to use their benefits and feel supported as they navigate the health care system.

When clients are supported, everyone benefits. You are a source of guidance for them and can make a difference in how they experience and appreciate the plan you recommended.

Who benefits from good client support?

YOUR CLIENT	THE HEALTH PLAN	YOU
Understands benefits, costs & how/where to get care	Receives higher CAHPS, STARs & retention rates	Gain trust as a partner vs. a transactional role
Uses high-value services like $0 benefits & supplementals	Retains more members & receives fewer complaints	Extend your value beyond initial enrollment
Feels satisfied with their plan, experiences better health outcomes & renews their plan	Recognizes the long-term value of broker relationships	Build stronger relationships, driving retention & referrals

PROOF POINTS! Research shows **nearly 1 in 3 people** get help from licensed Medicare agents and brokers when looking for Medicare coverage.

Three Easy Ways To Increase Client Satisfaction

This guide helps map your client outreach throughout the year. It's important to proactively meet your clients' needs, answer their questions and help them get the most value from their plan.

The discussion topics and timelines in this guide are suggestions to keep your outreach going. We have a shared mission to meet the health care needs of members and ensure they feel supported along the way.

1 Prepare

Anticipating questions, preparing answers and knowing important dates ensure clients feel confident in their health plan choice.

2 Listen

Giving clients your full attention and asking questions along the way is the easiest way to build trust.

3 Help

Your goal is to make Medicare easier! By tailoring information to each client, you're providing peace of mind.

Connecting With Your Clients

TOP TIP

Mix it up! Reaching out across different channels increases engagement value and prevents message fatigue.

Getting to know your client is the best way to learn their preferred communication. However, some forms of communication are better suited for certain types of content. Here are some tips on when to use which:

Email

- Updates and reminders
- Educational content and tips
- Follow up after discussions
- Links to resources & documents
- See email templates

Mail

- Sending plan-related materials:
  - Educational & co-branded content
  - Community event information
- Free gifts (if/when available)
- Personalized greeting cards

In-person/phone

- Welcoming/onboarding clients & setting expectations for your relationship
- Discussing complex or urgent topics
- Conversations that may generate back-and-forth
- Situations benefiting from a personal touch, like a complaint
- See phone scripts

Text

- Notifications & updates
- Quick answers to straight-forward questions
- Appointment confirmations

PROOF POINTS! Customers who interacted with their insurance advisor **at least once a quarter** increased their average customer experience score by 67%, according to McKinsey & Company.

Application Submission & Plan Activation

Get off to the best start. Instill confidence in your clients before their plan takes effect. They've selected a plan that fits their needs; now is the time to reinforce that they made the right choice and have a lot to look forward to.

Benefit: Consistent communication builds vital trust. Setting clear expectations up front strengthens the client's relationship with you and solidifies their confidence in the plan you recommended.

APP SUBMISSION
Day 3
Phone

Follow up within the first 3 business days following application submission.

Confirm application was submitted, is being reviewed and no further action is needed until acceptance.

WELCOME
Month 1
Phone

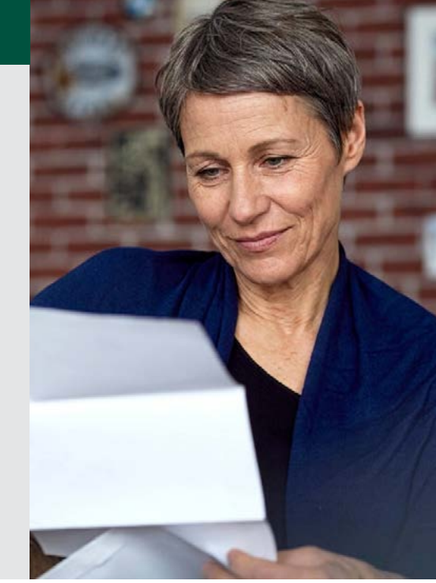
- Reach out after client has received their OEV letter to officially welcome them and let them know how you'll support them throughout the year
- Schedule time to review their Member Guide — an in-person or phone meeting to walk through the guide and answer questions
- Phone script is available here

Here's what members are receiving at this time:

Outbound Enrollment Verification (OEV) Letter
(Mailed when enrollment is approved)

Welcome Kit
(Includes Member Guide)

Member ID Card
(Use on or after effective date instead of Original Medicare card)

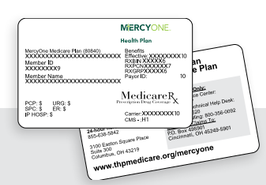


MEMBER GUIDE REVIEW
Month 2
In-person/Phone

Reviewing the Member Guide with your client ensures they understand their new benefits, know how to access care and maximize extras — right from day one

ID CARD RECEIPT
Phone

- Confirm card(s) were received and answer questions



WELCOME SUMMARY
1-2 weeks post-review
Email

- Summarize key points from Member Guide overview
- Follow up on any outstanding questions & solicit new ones

First Quarter: Plan-Year Essentials

Help your clients settle into their new plan. Assisting them with member portal sign-ups, prescription coverage verification and even initial provider visits proves you are deeply invested in their long-term satisfaction.

Benefit: Early outreach ensures you can expertly guide clients, help resolve issues and proactively prevent potential disruptions before they impact care.

MEMBER PORTAL ACCESS
Week 1

Email

Encourage clients to sign up for the Member Portal. Research by J.D. Power shows a link between member satisfaction and portal registration.

- Go online for more Member Portal information

MEMBER REWARDS
Week 2

Email

Members have likely completed a screening that's eligible for a Member Reward.

- **Highlight the $50 reward** for completing their Annual Wellness Visit (AWV) or In-Home Assessment (IHA)
- Remind them to submit an attestation form
- Highlight other plan extras
- Email template is available here

Be prepared for birthdays.

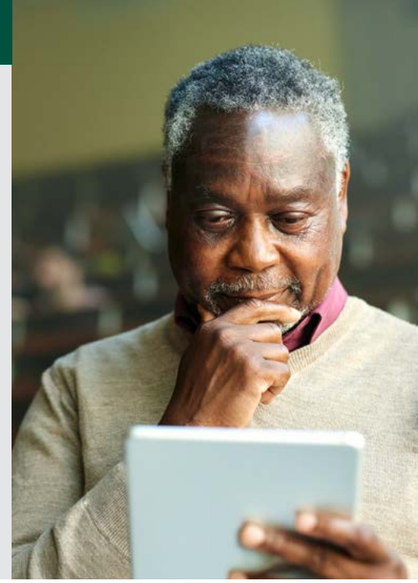
Make your clients' day by mailing them a birthday card. Prepare cards monthly so they're ready to go!

Branded cards are available here.

Here's what members are receiving at this time:

New Member Checklist
(Mailed first quarter)

Includes a list of everything a member needs to be successful their first year



MAIL ORDER PRESCRIPTIONS
Month 1

Phone

Mail order is a convenient way for members to get 90-day fills on prescriptions they use daily.

A quick phone call can remind members of the service and find out if they need help getting started.

It's also a good way to confirm they're getting what they expect from their prescription drug benefit.

- Go online for more Mail Order Rx Information
- Phone script is available here

PRE-CAHPS SURVEY
Month 3

Email

Each spring, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is sent to a random sample of members from each plan.

Positive ratings have a direct impact on the health plan and your business.

Be sure your clients know what to look for.

- Email template is available here

Second Quarter: Exploring Full Benefits

We're nearing the halfway point. With basic coverage settled, now is the ideal time to highlight extras like the Over-the-Counter (OTC) Allowance and fitness benefit. Valuable perks are frequently underutilized, and promoting them helps your clients make the most of their plan.

Benefit: Increased plan usage drives higher perceived value. Even if clients don't use every extra, reminding them these features are available can significantly boost their overall satisfaction.

SPOTLIGHT SERIES: OVER-THE-COUNTER ALLOWANCE

Month 4

Email

The "Spotlight Series" is a collection of emails showcasing popular benefits.

Useful for filling gaps in communication, they remind and encourage members to enjoy all their plan benefits, starting with the money-saving OTC allowance!

- Email template is available here

Don't miss out!

Encourage your clients to take full advantage of their benefits. Ask open-ended questions to understand their needs and help them get the most value out of their plan.

Phone script is available here.

Here's what members are receiving at this time:

Member Newsletters
(Published quarterly)

- Include helpful health & plan information
- Members receive them automatically by mail

Click to view newsletters

SPOTLIGHT SERIES: ONE PASS® FITNESS BENEFIT

Month 5

Email

Benefit highlights include:

- Access to large network of gyms
- In-person workouts and classes
- Online workouts
- And more!
- Email template is available here

SPOTLIGHT SERIES: VISITOR TRAVEL BENEFIT

Month 6

Email

Your clients will want to hear about this allowance that covers routine care when they're out of state.

- Email template is available here

Third Quarter: Positive Momentum

Give them a boost. Although it's too early for renewal discussions, this period is ideal for checking in. Clients have used their plan long enough to evaluate its performance. Touch base to gauge their satisfaction and reinforce the continuous value their coverage provides.

Benefit: Solidify your role as a trusted advisor. By addressing any hidden concerns during this quieter period, you foster strong, positive sentiment that naturally paves the way for smooth future retention.

HEALTH PLAN CHECKUP

Month 7

Phone

A third quarter checkup can lay the groundwork for a strong finish. Questions should be conversational but targeted enough to uncover hidden pain points before renewal season begins.

You and your client have time to resolve issues and still have a positive effect on the remaining plan year.

- Phone script is available here

Retention, renewal and happy returns.

According to MarketWatch, most broker compensation now comes from plan renewals rather than new enrollments.

Here's what members are receiving at this time:

Annual Notice of Change (ANOC)

(In homes by Sept. 30)

FOLLOW-UP CONVERSATION

Month 8

Phone

This is your opportunity to follow up with your client after the "Health Plan Checkup" conversation you had last month. If you uncovered hidden pain points during your last call, have they been resolved?

As fall approaches, be sure your client feels confident about their coverage – and knows they can trust you to help them resolve issues.

ANNUAL NOTICE OF CHANGE (ANOC)

Month 9

Email

Members will receive their ANOC by Sept. 30, along with a letter and a link to a video that explains how to read the ANOC.

It's important for members to understand:

- How their plan is changing for next year
- That no action is needed — their plan will renew automatically
- That they have support — you and Member Services are here to help them understand their ANOC and their plan benefits
- Video is available here

Last Quarter: Preparing for Renewal

Finish strong! As the Annual Enrollment Period (AEP) arrives, review next year's plan updates and discuss essential renewal information. It's your opportunity to solidify a lasting, positive impression of both the plan and your year-round service.

Benefit: Coverage stability is important to Medicare members. Your consistent attention helps position you as their permanent trusted advisor.

ANNUAL ENROLLMENT
Month 10
In-person/Phone

An in-person meeting or phone call is the best way to reassure your client they are prepared for next year.

Verify provider networks, review prescription changes and check for any recent health or lifestyle updates.

In most cases, renewal is automatic. It's important to let clients know they don't need to take any action during the AEP timeframe.

- Follow-up email template is available here

Post-ANOC check-in

Schedule time with your clients to review their ANOC. When they understand it, they feel more confident about their plan and are less likely to switch during the AEP.

Here's what members are receiving at this time:

Post-ANOC
(Mailed in October)

Member Appreciation
(Mailed in December)
- Includes calendar gift

CLIENT APPRECIATION
Month 11
Thank you/Greeting card

It's the perfect season to let your clients know how much you value their business!

As the plan year comes to a close, thank them for their trust in you and wish them a happy and healthy year ahead.

Timed to coincide with MercyOne Health Plan member appreciation efforts, your card reinforces our shared MISSION to meet the health care needs of our Medicare communities, today and tomorrow.

Branded note cards are available to order here

Tip: Include 3-4 of your business cards. Make it easy for clients to refer you to friends and family!

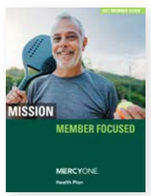
RENEWAL CONFIRMATION
Month 12
Phone

A quick call or message confirming the start date instills client confidence.

It also ensures no lingering questions prevent a smooth transition to their plan on January 1.

Knowing the Facts Leads to Better Service

The **Member Guide** members receive within their first two weeks is a great resource for members and brokers alike. Check it out for helpful FAQs, plan information and benefit details.



The Member Guide is available here

Have additional questions?

Our broker support team is here for you. Call **844-304-4337** or email medigoldbrokersupport@mchs.com.

Or visit the For Brokers section on our website for access to plan comparisons, news and other helpful resources.

TOP TIP

Promote the perks.
Don't let valuable dental allowances, fitness benefits or OTC dollars go unused. Show your clients how to get more!

PROOF POINTS! Satisfied Medicare Advantage members are more likely to **stay with their current plan** according to the National Library of Medicine.

Up Next: Outreach Scripts

Email | Phone

Important: Include an opt-out option and any required disclaimers before sending this email.

EMAIL 1: MEMBER REWARDS

[Subject]

<Client Name>, Don't Miss Out On Your $50 Reward!

[Body]

Dear <Client Name>,
Hello! I hope you're doing well. I'm reaching out to remind you of your Member Rewards benefit. This easy-to-use benefit can help you get the most value from your MercyOne Health Plan (HMO/PPO) Medicare Advantage plan.

You earn $50 for completing an eligible screening. It's that easy.
If you complete an Annual Wellness Visit or an In-Home Assessment, you earn $50 in Member Rewards!

To claim your reward, submit an attestation form.

This form confirms you had your screening or assessment. You can submit it:

- **By mail** — Just fill out the paper form (sent with your plan notification or available through your online member portal) and mail it in
- **By phone** — Call Member Services at 800-240-3851 (TTY: 711) and answer a few questions over the phone

Be sure to provide the service you received (an Annual Wellness Visit or an In-Home Assessment), your provider's name and the date of your visit.

Thank you for being a MercyOne Health Plan member!

Sincerely,

<Your Name>

P.S. If you have any questions about your Member Rewards or there's anything else I can help you with, give me a call at <Your Phone Number> or email me <Your Email Address>.

Important: Include an opt-out option and any required disclaimers before sending this email.

EMAIL 2: MEDICARE SURVEY

[Subject]

<Client Name>, Look For This Important Health Care Survey!

[Body]

Dear <Client Name>,

Hello! I hope you're doing well.
As your MercyOne Health Plan (HMO/PPO) agent, I want you to know about an important health care survey you may receive by mail.

Each spring, the Centers for Medicare & Medicaid Services (CMS) sends a survey to random sample of Medicare members. The survey asks about your health care experience.

If you're selected to participate in this survey, please complete it as soon as possible. Your responses are confidential, and your input will help MercyOne Health Plan in its mission to provide you with the best care available.

As always, thank you for being a MercyOne Health Plan member.
If you have any questions about the survey or there's anything I can do to support you, please reach out! You can contact me at <Your Phone Number> or <Your Email Address>.

Sincerely,

<Your Name>

Important: Include an opt-out option and any required disclaimers before sending this email.

EMAIL 3: SPOTLIGHT SERIES — YOUR OTC ALLOWANCE

[Subject]

Spotlight Series — Your Over-The-Counter (OTC) Allowance

[Body]

Dear <Client Name>,
Hello! I hope you're doing well. This email is part of my Spotlight Series, which highlights specific plan benefits to help you get the most value from your MercyOne Health Plan (HMO/PPO) Medicare Advantage plan.

Today, the spotlight is on your Over-the-Counter (OTC) allowance.
Your quarterly OTC allowance helps you pay for a wide range of everyday items like cold remedies, vitamins and supplements, pain relief, first aid, home health care, foot care, digestive health and so much more.

How to use your OTC allowance:

- Sign in and place orders online at cvs.com/benefits
- Select items in the online OTC catalog (access the catalog here) — then call 888-628-2770 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, to place an order
- Purchase items at participating stores, including your nearest CVS Pharmacy® store*

Take full advantage of your benefits today!

If you have any questions about your OTC benefit or need help with any other benefits, give me a call at <Your Phone Number> or email me <Your Email Address>.

Sincerely,

<Your Name>

*Excluding Target, Schnucks and other select CVS Pharmacy® locations

Important: Include an opt-out option and any required disclaimers before sending this email.

EMAIL 4: SPOTLIGHT SERIES — FITNESS

[Subject]

Spotlight Series — Your OnePass® Fitness Membership

[Body]

Dear <Client Name>,
Hello! I hope you're doing well. This email is part of my Spotlight Series, which highlights specific plan benefits to help you get the most value from your MercyOne Health Plan (HMO/PPO) Medicare Advantage plan.

Today, the spotlight is on your One Pass® fitness membership.
Your free OnePass® fitness membership gives you access to a large network of gyms, fitness locations and studios, including popular places like the YMCA, 24-Hour Fitness, Life Time, LA Fitness, Anytime Fitness, Club Pilates and many more.

Plus, you'll find online workouts and easy-to-use resources to improve your overall wellness.

If you haven't set up your One Pass® fitness membership, follow these easy steps:

1. Go to youronepass.com
2. Select "Get Started" and enter your information (you'll need the numbers on your Member ID Card)
3. Follow the online prompts to set up your account, then start exploring all that One Pass® has to offer. Search for gyms and fitness centers near you, and access online tools and resources to stay healthy.

Take full advantage of your benefits today!

If you have any questions about OnePass® or need help with any other benefits, give me a call at <Your Phone Number> or email me <Your Email Address>.

Sincerely,

<Your Name>

Important: Include an opt-out option and any required disclaimers before sending this email.

EMAIL 5: SPOTLIGHT SERIES — YOUR VISITOR TRAVEL BENEFIT

[Subject]

Spotlight Series — Your Visitor Travel Benefit

[Body]

Dear <Client Name>,
Hello! I hope you're doing well. This email is part of my Spotlight Series, which highlights specific plan benefits to help you get the most value from your MercyOne Health Plan (HMO/PPO) Medicare Advantage plan.

Today, the spotlight is on your Visitor Travel benefit.
Your Visitor Travel benefit is an annual allowance you can use when you're traveling out of your home state for more than seven days but less than 180 days.

It applies to the cost of routine care associated with an established medical condition with an out-of-network provider, so you can travel with confidence.

Get peace of mind when you're away from home.
You have to activate your Visitor Travel benefit before you travel. To do so, call Member Services at 800-240-3851 (TTY: 711) from 8 a.m. to 8 p.m., 7 days a week.

To learn more about this benefit, follow these steps:

1. Go to www.thpmedicare.org/mercyone/for-members/plan-documents
2. Select your plan
3. Select Evidence of Coverage
4. Review "Visitor/Traveler Benefit" in Chapter 4

Take full advantage of your benefits today!

If you have any questions about your Visitor Travel benefit or need help with any other benefits, give me a call at <Your Phone Number> or email me <Your Email Address>.

Sincerely,

<Your Name>

Important: Include an opt-out option and any required disclaimers before sending this email.

EMAIL 6: AEP AWARENESS

[Subject]

<Client Name>, Get Ready For Medicare's Annual Enrollment Period (AEP)

[Body]

Dear <Client Name>,

Hello! I hope you're doing well. Fall is right around the corner — and so is Medicare's Annual Enrollment Period (AEP)! During this period, which runs from October 15 – December 7 each year, people on Medicare have the opportunity to switch plans.

Here's what you need to know:

- ✓ **Your plan will renew automatically.**
  If you're satisfied with your MercyOne Health Plan (HMO/PPO) Medicare Advantage plan, you don't need to do anything — your coverage will automatically renew for 2027. You're covered for next year!
- ✓ **If you need to make a change, you have support.**
  If your health needs have changed, like you expect more medical expenses due to a new medical condition or you have concerns about affording certain medications, let's talk. MercyOne Health Plan offers a selection of Medicare Advantage plans to meet your needs. We can discuss your options and make sure you feel good about your health plan as we head into the new year.

Thank you for trusting me with your health plan decisions.

If you have any questions about AEP or there's anything I can do to support you, please reach out. You can contact me at <Your Phone Number> or <Your Email Address>.

Sincerely,

<Your Name>

PHONE SCRIPT

Call Purpose: Welcome Clients

Estimated Time: 8 minutes

Quick Reference:

- Officially welcome clients to their plan
- Help clients start using their plan and know where to turn for support
- Schedule a follow-up meeting to review the Member Guide

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1. Opening And Check In

Objective: Reintroduce yourself and set the client at ease. Make sure there isn't a more pressing issue they need to discuss before jumping into the reason for your call.

Example:

"Hi, [Client Name], this is [Your Name] with MercyOne Health Plan. I hope you're doing well."

"If you have a few minutes, I'd love to officially welcome you to MercyOne Health Plan, help you start using your plan and answer any questions you may have. Then we can set up a time to review your Member Guide. How does that sound?"

Example for leaving a voicemail:

"Hi, [Client Name], this is [Your Name] with MercyOne Health Plan. I hope you're doing well."

"Welcome to MercyOne Health Plan! When you have a few moments, I'd love to say hello, talk to you a bit about your plan and answer any questions you may have. Please give me a call back at [Your Phone Number] when it's convenient for you. Thanks."

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2. Set The Expectation

Objective: Help clients start using their coverage and show them where to turn when they have questions or need support throughout the year.

Tip: Although you'll be reviewing specific plan information, your primary goal is to lay the groundwork for a strong relationship with your clients. Anticipate their questions, listen to them and make their Medicare experience easier.

Example:

"I'm excited to talk with you today. If it works for you, we can walk through a few tips that make it easy to start using your plan right away. Then, at the end of the call, I'd like to schedule some time — about 30-60 minutes — for us to walk through your Member Guide together."

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3. Topic Discussion

Objective: Walk through the basics to help clients start using their plan.

Tip: If possible, review the information below in advance so you can explain it in a way that feels natural to you. Use it as a reference during the conversation as needed.

Member ID Card

- Will be sent by mail before your plan becomes effective
- Use it starting on your effective date instead of your red, white and blue Original Medicare card whenever you receive health care services

Member Portal

- Your online member account to securely view information about claims, eligibility and healthy living tips
- You can set up an account online or by calling Member Services at 800-240-3851 (TTY: 711)

Providers

- If you have an **HMO plan**, you have to choose an in-network provider except for emergency care, urgently needed services and out-of-area renal dialysis
    - No referrals are needed for in-network providers, even specialists
- If you have a **PPO plan**, you can choose both in-network and out-of-network providers
    - Use the Find a Provider tool online or call Member Services to find an in-network provider at 800-240-3851 (TTY: 711)

Prescription Drug Coverage

- To see a list of covered medicines, look at your plan's Formulary
    - Use the Find a Pharmacy tool online or call Member Services to find an in-network pharmacy at 800-240-3851 (TTY: 711)

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4. Key Message

Objective: Summarize your speaking points into one key message you want clients to remember.

Example:

"We covered the basics so you can start using your plan. You don't have to figure everything out on your own — I'm here to help. But before we wrap up, do you have any questions for me?"

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5. Next Steps

Objective: Make sure clients know what to do.

After addressing any remaining questions, schedule an in-person or phone meeting to walk through the Member Guide to help clients understand how to get the most value from their plan.

Example:

"Let's find a time that works for you to go through your Member Guide together. We can take about 30–45 minutes to walk through how your plan works — including how you can access plan benefits and services. I'll be happy to answer your questions and make sure you know how to get the most from your plan."

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6. Wrap-Up

Objective: Say goodbye (for now).

Example

"Thanks for your time, [Client Name]. Enjoy the rest of your day!"

PHONE SCRIPT

Call Purpose: Help Clients Use CVS Caremark® Mail Service Pharmacy

Estimated Time: 10 minutes

Quick Reference:

- Members can set up mail service prescriptions to get certain maintenance medications delivered in 90-day supplies
- Can be set up online, by form or by phone
- Offers convenient home delivery, potential savings and support for long-term medication management

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1. Opening And Check In

Objective: Reintroduce yourself and set the client at ease. Make sure there isn't a more pressing issue they need to discuss before jumping into the reason for your call.

Example:

"Hi, [Client Name], this is [Your Name] with MercyOne Health Plan. I hope you're doing well."

"If you have about 10 minutes, I'd love to hear how your health plan is working out so far and answer any questions you may have. Then, if you're interested, we can talk about setting up mail service prescriptions. How does that sound?"

Example for leaving a voicemail:

"Hi, [Client Name], this is [Your Name] with MercyOne Health Plan. I hope you're doing well."

"I'm calling to see how your health plan is working out, and I'd also like to talk to you about setting up mail service prescriptions — a free service that's included with your health plan. If you're interested in the service — or if you have any questions about your plan — please give me a call back at [Your Phone Number] when it's convenient for you. Thanks."

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2. Set The Expectation

Objective: Tell the client what they need to know to set up mail service prescriptions.

Example for transitioning after having a short conversation:

"I'm glad we had a chance to chat for a few minutes and talk about how your plan is working out for you."

"Do you still have a few minutes to talk about mail service prescriptions?"

Alternate example:

"If you still have a few minutes, I'd like to talk to you about setting up mail service prescriptions — a free service that's included with your health plan. It can save you time, and for some medications, it can save you money. If you aren't already using it, I can tell you about it today. At the end of our call, I can help you figure out the best way to get started — online, by form or by phone."

Tip: Don't worry if the client naturally steers the conversation in another direction. At the end of the call, you can make plans to discuss setting up mail service prescriptions in the future.

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3. Topic Discussion

Objective: Tell clients what they need to know about mail service prescriptions.

Tip: If possible, review the information below in advance so you can explain it in a way that feels natural to you. Use it as a reference during the conversation as needed.

What it is

- ✓ CVS Caremark fills your prescriptions and ships them to your home
- ✓ Best for maintenance medications you take regularly
- ✓ Prescriptions typically filled as a 90-day supply

How it works

- ✓ Your doctor can send your prescription to Caremark or you can request a new prescription through Caremark (Caremark will contact your doctor for approval)
- ✓ Regular delivery is free (faster delivery is available for a fee)
- ✓ Pay for your prescriptions by credit card, debit card, check or money order
- ✓ Sign up by form, online or by calling CVS Caremark

Why people use it

- ✓ Convenient home delivery
- ✓ You may save money on a 90-day supply
- ✓ Automatic refills and/or reminders may be available
- ✓ Save time with fewer trips to the pharmacy

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4. Key Message

Objective: Summarize your speaking points into one key message you want clients to remember.

Example:

"We covered a lot of information. But the most important thing to know is that getting medications you take regularly through Caremark can save you time and money. Do you want me to go over the next steps to get the service set up?"

> If YES: "Great! Would you prefer to sign up online, by form, or by phone (**866-785-5714, option 2**)?
>
> If NO: "That's perfectly fine. Can I ask what makes you feel it's not the right option for you? I'd be happy to answer any questions if it would be helpful."

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5. Next Steps

Objective: Make sure clients know what to do.

Depending on the client's preference, walk them through one of the following:

- ✓ Clients can register on the Caremark website (go to **Get started** and select **Register for an account**). Help them set up an account, add payment information and request one or more prescriptions.
- ✓ Clients can complete the paper form
  - They received the **Mail Service Pharmacy Form** along with their Member Guide when they first joined their plan. If they don't have it on hand, you can email it to them.
- Clients can call Caremark (**866-785-5714, option 2**)

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6. Offer Additional Support

Objective: Deliver excellent client service by seeing if they have any additional questions or need any extra help or support.

Example:

"I'm so glad we got an opportunity to talk today. I think you'll be happy with your mail service prescriptions."

"Before I go, please let me know if you have questions about anything we just discussed. I'm also happy to stay on the line a bit longer if there's anything you need help with regarding your plan or benefits."

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7. Wrap-Up

Objective: Say goodbye (for now).

Example

"Thanks for your time, [Client Name]. Enjoy the rest of your day!"

PHONE SCRIPT

Call Purpose: Help Clients Use Their Benefits

Estimated Time: 15 minutes

Quick Reference:

- Find out which supplemental benefits clients are using and where they may need help
- Ask questions, listen and position benefits to meet client needs
- Help clients get more value from the benefits included with their plan

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1. Opening And Check In

Objective: Reintroduce yourself and set the client at ease. Make sure there isn't a more pressing issue they need to discuss before jumping into the reason for your call.

Example:

"Hi, [Client Name], this is [Your Name] with MercyOne Health Plan. I hope you're doing well."

"If you have about 15 minutes, I'd love to hear how your health plan is working out and answer any questions you may have. I'd also like to talk about some of the supplemental benefits your plan includes. How does that sound?"

Example for leaving a voicemail:

"Hi, [Client Name], this is [Your Name] with MercyOne Health Plan. I hope you're doing well."

"I'm calling to see how your health plan is working out for you, and I'd also like to talk about some of the supplemental benefits your plan includes. Please give me a call back at [Your Phone Number] when it's convenient for you. Thanks!

---

2. Set The Expectation

Objective: Find out which supplemental benefits a client is using, identify benefits that may be relevant to their needs and help them understand how to use them.

Example for transitioning after having a short conversation:

"I'm glad we had a chance to chat for a few minutes and talk about how your plan is working out for you."

"Do you still have a few minutes to talk about benefits? We can discuss the benefits you're using, and I can answer any questions you may have. I can also tell you about the benefits your plan includes and help you start using them."

Tip: Don't worry if the client naturally steers the conversation in another direction. At the end of the call, you can make plans to discuss benefits in the future.

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3. Topic Discussion

Objective: Ask open-ended questions to determine what benefits/services a client is already using. Use their interests and needs to guide which benefits/services you ask about next.

Tip: If possible, review the information below in advance so you can explain it in a way that feels natural to you. Use it as a reference during the conversation as needed.

Benefit/service and conversation prompts	Highlights
OTC allowance • Have you used your OTC allowance? • Do you have any questions about what it covers or how to use it?	• Quarterly allowance to use on health and wellness items that don't require a prescription (like vitamins, pain relievers, etc.) • If you don't use it during the quarter, it's gone • Check your balance and order items online, in CVS stores, or by calling 888-628-2770 (TTY: 711) ○ To order items by phone and in store, you need your Member ID card
Visitor Travel benefit • Do you travel outside Iowa for more than a week very often? • If YES: Would you like to learn more about the Visitor Travel benefit?	• Annual allowance to use on routine care from an out-of-network provider when you're traveling outside your home state on a trip between 8 and 179 days • You have to **call Member Services at 800-240-3851 (TTY: 711) before your trip** to initiate this benefit • Doesn't include urgent or emergency care, which is covered under your regular plan benefits

Fitness benefit • Have you used your fitness benefit? • What type of fitness activity interests you?	• Access a large network of gyms, fitness locations and studios • You can do in-person or online workouts and classes • Plans include a OnePass® fitness membership, which you can activate online

4. Key Message

Objective: Summarize your speaking points into one key message you want clients to remember.

Example:

"Your plan includes several benefits and services that are designed to make it easy to get the care you need and stay within your budget. Do you have any additional questions about anything we discussed, or are there any benefits you need help using?"

Tip: While you can't create online accounts for clients, you can walk them through the steps, help them contact Member Services, answer their questions and more.

5. Next Steps

Objective: Empower clients to get familiar with all their plan benefits while knowing they always have support.

Example:

"I know we covered a lot today — but we didn't cover everything. Before I go, I'd be happy to email you a link to a webpage on the MercyOne Health Plan website called Member Resources. It's a complete list of your plan's benefits and services you can reference anytime. And if you ever have questions about a benefit or how to use it, please don't hesitate to reach out to me."

6. Wrap-Up

Objective: Say goodbye (for now).

Example

"Thanks for your time, [Client Name]. Enjoy the rest of your day!"

PHONE SCRIPT

Call Purpose: Health Plan CheckUp

Estimated Time: 20 minutes

Quick Reference:

- Identify any immediate questions, concerns or issues you can help resolve
- Ask open-ended questions to get a sense of whether their plan is still the right fit within MercyOne Health Plan's available offerings
- Set expectations for the upcoming Annual Enrollment Period (AEP)

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1. Opening And Check In

Objective: Reintroduce yourself and set the client at ease. Make sure there isn't a more pressing issue they need to discuss before jumping into the reason for your call.

Example:

"Hi, [Client Name], this is [Your Name] with MercyOne Health Plan. I hope you're doing well."

"Since you've been using your health plan for several months, I'd like to talk with you about your plan — everything from coverage and benefits to how it works with your budget — to see how it meets your needs. It generally takes about 20 minutes or so. Is now a good time for you to talk?"

Example for leaving a voicemail:

"Hi, [Client Name], this is [Your Name] with MercyOne Health Plan. I hope you're doing well."

"Since you've been using your health plan for several months, I'd like to set up a 20-minute Health Plan Checkup to talk about your plan — everything from coverage and benefits to how it works with your budget — to see how it meets your needs. Please give me a call at [Your Phone Number] or send me an email at [Your Email Address] to schedule a meeting. Thanks!"

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2. Set The Expectation

Objective: Uncover any pain points and get a sense of whether the client's current plan is still the right fit within MercyOne Health Plan's available offerings.

Example:

"I know a lot can change between the time you enroll in a plan and a few months into using it, so we'll talk about your health care needs now and what you may be anticipating next year."

"We'll also discuss what's changed since you enrolled, what you're happy with, any concerns you have now and what you may anticipate needing next year."

Tip: Don't worry if the client naturally steers the conversation in another direction. At the end of the call, you can make plans to discuss benefits in the future.

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3. Topic Discussion

Objective: Ask open-ended questions and take note of any short-term issues or problems to follow up on. Understand the client's experience with their plan, identify any concerns or changes in their needs and determine whether further plan review may be appropriate.

Tip: If possible, review the information below in advance so you can go through it in a way that feels natural to you. Familiarize yourself with MercyOne Health Plan's available offerings, but keep in mind that what's available next year is subject to change.

Coverage

- Are all your current doctors and specialists part of MercyOne Health Plan's provider network?
- Are there any providers you want to see that aren't in-network?
- Do you have any prescriptions that are hard to get?
- Are there any prescriptions you haven't filled because they aren't covered?

Care

- Do you have any new medical conditions that you didn't have when you originally enrolled in your plan?
    - Are you satisfied with the treatment, care and support you're receiving for the condition?
- Are you able to easily access the care you need?

- For example, is it easy to find in-network providers, schedule appointments, use your benefits, etc.?

Benefits

- Are you using your plan's benefits, like the over-the-counter allowance and fitness benefit?
  - Which benefits do you find most valuable?
- Are there any benefits you wish your plan had?

Costs

- Do you have any prescriptions that aren't affordable?
- So far, has the cost of your medical, prescription, dental, vision and hearing coverage been in line with your expectations?
  - Do you have any concerns about cost for next year?

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4. Next Steps

Objective: Let the client know when and how you'll help them resolve any short-term issues you uncovered during the conversation. Let them know what to expect this fall as Medicare's Annual Enrollment Period (AEP) approaches.

Example:

"Thank you so much for taking the time to talk with me today. I appreciate your candid feedback. I know we discussed several things, but I will follow up with you about [Issue] within [Timeframe]."

"The other information we discussed is helpful as we approach Medicare's Annual Enrollment Period (AEP) and start thinking about whether your current plan will meet your needs for next year or whether another MercyOne Health Plan option may be worth considering. As you may know, MercyOne Health Plan offers several Medicare plans, so you have options."

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5. Offer Additional Support

Objective: Deliver excellent client service by seeing if they have any additional questions or need any extra help or support.

Example:

"Before I go, please let me know if you have questions about anything we just discussed. I'm also happy to stay on the line a bit longer if you need anything."

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6. Wrap-Up

Objective: Say goodbye (for now).

Example

"Thanks for your time, [Client Name]. Enjoy the rest of your day!"

Thank you!

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MERCYONE℠

Health Plan

MercyOne Health Plan (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in MercyOne Health Plan depends on contract renewal. Benefits vary by county.

PRJ-11280