



MEDICARE + MEDPLUS OVERVIEW

CareFirst Medicare Sales Broker Presentation

2021 Updates

Proprietary and Confidential

WHAT IS MEDICARE?

What is Medicare?

- Medicare* is a health insurance program administered by the federal government for people:
 - Age 65 or older
 - Under age 65 with certain disabilities
 - Any age with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant)

- Original Medicare is made up of:
 - Part A (hospital insurance) and
 - Part B (medical insurance)



**The information is for informational purposes only and is not intended to be legal advice. You should not rely on any statements provided herein as legal advice. CareFirst BlueCross BlueShield and CareFirst MedPlus (CareFirst) does not issue Medicare coverage. CareFirst does provide coverage that is supplemental to Medicare, which will be described later in this presentation.*

A Closer Look at Medicare Part A

Medicare **Part A** covers the majority of inpatient costs; however, beneficiaries are still responsible for paying deductibles, copayments and coinsurance during each **benefit period**.

Length of Inpatient Hospital Stay	What A Beneficiary Pays***
Days 1—60 in Benefit Period	\$1,484 member deductible
Days 61—90 in Benefit Period	\$371 per day
Days 91—150 in Benefit Period ("Lifetime Reserve Days"*)	\$742 per day
Length of Skilled Nursing Facility** Stay	What A Beneficiary Pays***
Days 1—20 in Benefit Period	\$0
Days 21—100 in Benefit Period	\$185.50 per day
Each Day After Day 100 in Benefit Period	All costs for stay

*In Original Medicare, "Lifetime Reserve Days" are additional days that Medicare will pay for when the beneficiary is in a hospital for more than 90 days. The beneficiary has a total of 60 reserve days that can be used during his/her lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance. Once lifetime reserve days are exhausted, the beneficiary is responsible for all costs.

**To qualify for care in a skilled nursing facility, the beneficiary's doctor must certify that he/she needs daily skilled care like intravenous injections or physical therapy.

***Dollar amounts shown are the 2021 deductibles, copayment and coinsurance. These amounts may change annually on January 1st of each year.

What is Medicare Part B?

What does Medicare Part B cover?

Inpatient & Outpatient Doctor Visits

Inpatient & Outpatient Medical Services

Inpatient & Outpatient Surgical Services and Supplies

Physical and Speech Therapies

Diagnostic Tests

Durable Medical Equipment

Outpatient Wellness Exams and Preventive Care

Approved Home Health and Clinical Lab Services

- Covers medically necessary doctor services
- To receive Medicare **Part B** coverage, a beneficiary must:
 - Be enrolled in Medicare **Part A**
 - Pay the current **Part B** premium of \$148.50* per month (or higher depending on the beneficiary's income)

*If you are already receiving Social Security benefits, you may pay less for the Part B Premium (on average, \$148.50 per month for 2021).

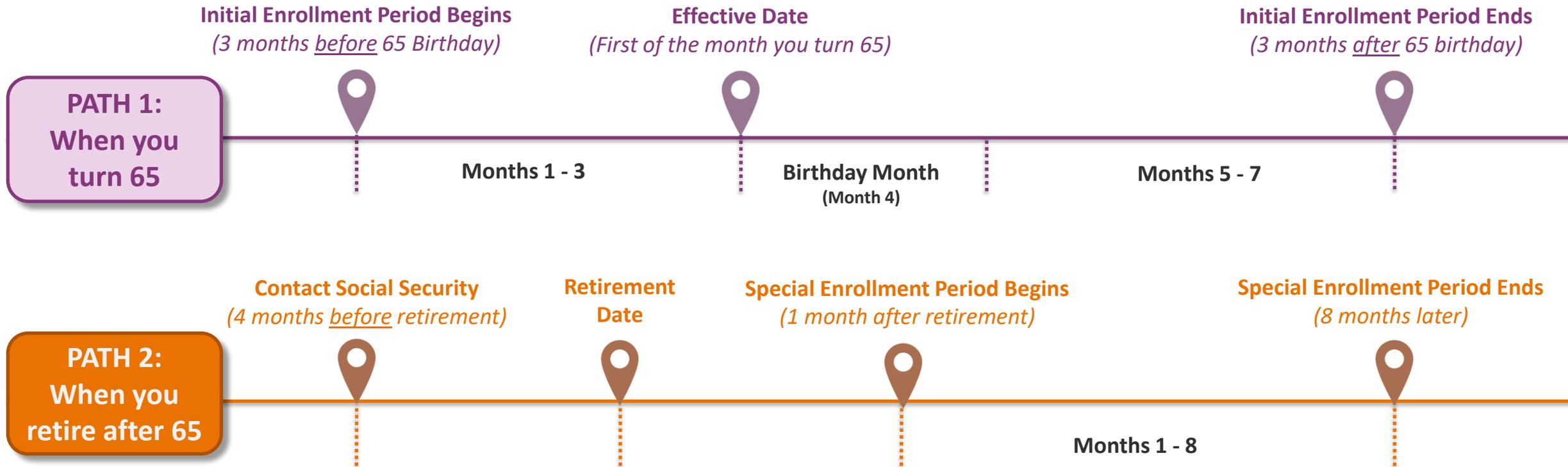
A Closer Look At Medicare Part B

Annual Costs NOT Covered by Part B	
Yearly Calendar Deductible	\$203
Medical expenses for inpatient and outpatient physician services	20% of Medicare-approved amount
Outpatient Mental Health Services	20% of cost for service

With Part B, just like Part A, the beneficiary is still responsible for deductibles, copayments and coinsurance.

When can I get Medicare?

- You can receive Medicare through one of two ways*: (1) you enroll in Medicare when you turn 65, or (2) you retire and enroll in Medicare after age 65.



*Individuals who are under the age of 65 with certain disabilities, including Amyotrophic Lateral Sclerosis (ALS) or End-Stage Renal Disease (ESRD) may also receive Medicare. Visit www.medicare.gov for more information.

What if I retire after age 65 and delay enrollment in Medicare?

- The size of the employer determines whether the beneficiary may be able to delay Part A and Part B without having to pay a penalty if they decide to enroll in Medicare later.
- If the employer has fewer than 20 employees, the beneficiary should sign up for Part A and Part B when they are first eligible. Otherwise, they may have to pay a Part B late enrollment penalty and they may have a gap in coverage if they decide to delay enrollment.
 - The Part B premium penalty is 10% for each 12 month-period that they were eligible for Part B and did not sign up. The monthly Part B will reflect the late enrollment penalties.
- If the employer has 20 or more employees, and the beneficiary has group health coverage based on current employment may be able to delay Part A and Part B and will not have to pay a lifetime late enrollment penalty if they enroll later. If they are eligible for premium-free Part A, they can enroll in Part A at any time after they are first eligible for Medicare.
 - If the beneficiary signs up for Part B during a Special Enrollment Period, they do not usually pay a late enrollment penalty. The beneficiary will have 8 months to sign up for Part B without a penalty, whether they choose COBRA or not.

Original Medicare Doesn't Cover It All

- There are many services that Medicare **Part A** and **Part B** do NOT cover:
 - Outpatient prescription drugs
 - Acupuncture
 - Cosmetic surgery
 - Dental care and dentures
 - Custodial care (long-term care)
 - Hearing aids
 - Routine eye care and most eyeglasses
 - Routine foot care

Note: Because the benefits listed above are not covered by Medicare, they are not covered by Medicare Supplement (Medigap) coverage.

CAREFIRST MEDPLUS MEDICARE SUPPLEMENT

CareFirst BlueCross BlueShield - World's Most Ethical Companies

For the eighth consecutive year, CareFirst has been named "World's Most Ethical Companies" by the Ethisphere Institute for its commitment to leading ethical business standards and practices

A few words from our President & CEO, Brian D. Pieninck;

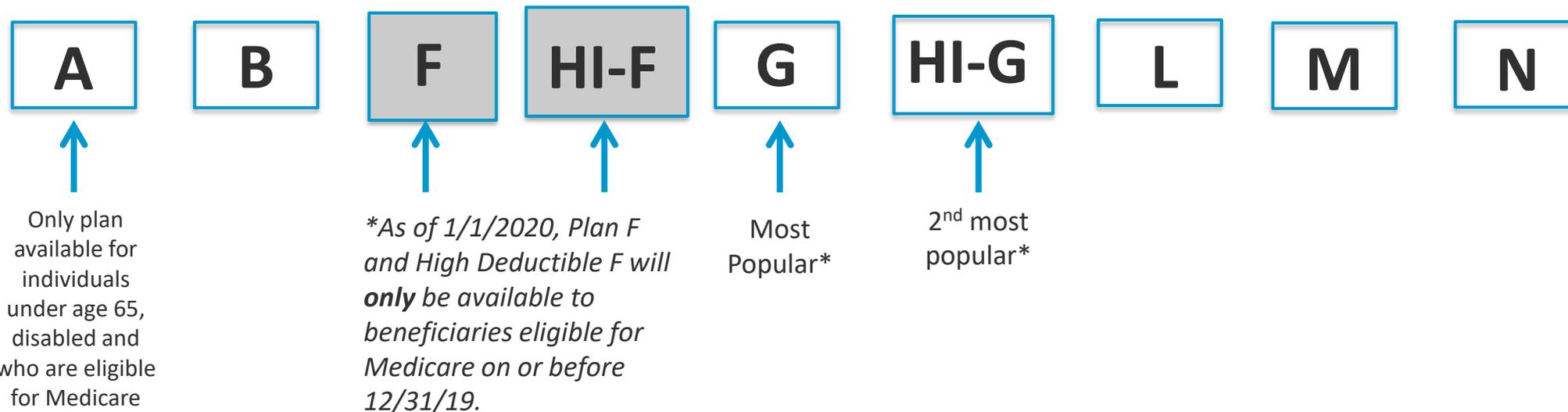
"...I hope that you are as proud as I am to be a part of an organization that is constantly looking for opportunities to improve on behalf of the people we serve. Together, as one company, one team, we will collectively strive to remain one of the "World's Most Ethical Companies," recognized for demonstrating ethical behavior, corporate governance and a supportive culture."



Medicare Supplement Open Enrollment Period

- The best time for a beneficiary to sign up is during their Medicare Supplement open enrollment period. The Medicare Supplement Open Enrollment Period lasts for 6 months, beginning the 1st day of the month when an individual is both:
 - 65 years old or older, and
 - Enrolled in Medicare Part B
- If an individual was born on the first day of any month, he or she is considered to have turned 65 on the first of the previous month. For example, if an individual's birthday is February 1st, he or she is deemed to have turned 65 on January 1st.

CareFirst MedPlus currently offers **9** of the 12 Standardized Plans:



What You Pay with Original Medicare Alone vs. with Medicare + CareFirst MedPlus



	Beneficiary pays this amount with Medicare Supplement Plan:									
	Original Medicare Alone	MedPlus Plan A	MedPlus Plan B	MedPlus Plan F	MedPlus High Ded. Plan F	MedPlus Plan G	MedPlus High Ded. Plan G	MedPlus Plan L	MedPlus Plan M	MedPlus Plan N
Hospital Services (Part A)										
Inpatient hospital deductible First 60 days	\$1,484	\$1,408	\$0	\$0	\$0 after plan ded.	\$0	\$0 after plan ded. and Part B ded., if applicable	25% of the Part A ded (\$371)	50% of the Part A ded. (\$742)	\$0
Hospital days 61-90	\$371	\$371	\$0	\$0	\$0 after plan ded.	\$0	\$0 after plan ded.	\$0	\$0	\$0
Hospital days 91-150 (lifetime reserve)	\$742	\$742	\$0	\$0	\$0 after plan ded.	\$0	\$0 after plan ded.	\$0	\$0	\$0
365 days after hospital benefits stop	All costs	\$0	\$0	\$0	\$0 after plan ded.	\$0	\$0 after plan ded.	\$0	\$0	\$0
Skilled nursing facility days 21-100	\$185.50/day	\$185.50/day	\$185.50/day	\$0	\$0 after plan ded.	\$0	\$0 after plan ded.	Up to \$46.38/day	\$0	\$0
Medical Expenses (Part B)										
Medical expense deductible	\$203	\$203	\$203	\$0	\$0 after plan ded.	\$203	\$203	\$203	\$203	\$203
Medical expenses after deductible	20%	\$0	\$0	\$0	\$0 after plan ded.	\$0	\$0 after plan ded. and Part B ded.	5%	0%	OV up to \$20 ER up to \$50
Excess charges above Medicare approved amounts	100%	100%	100%	\$0	\$0 after plan ded.	\$0	\$0 after plan ded. and Part B ded.	100%	100%	100%
Other Expenses										
Foreign country emergency care (beginning during the first 60 days of each trip outside the USA)	100%	100%	100%	20%	\$250 ded. after plan ded., then 20%	\$250 ded., then 20%	\$250 ded. after plan ded., then 20%	100%	\$250 ded., then 20%	\$250 ded., then 20%

Dollar amounts shown are the 2021 deductibles, copayment and coinsurance. These amounts may change on January 1, 2022.
 *With **High-Deductible Plan F and High-Deductible Plan G** there is an annual plan deductible of \$2,370. For High Ded Plan F, after you meet the \$2,370 annual plan deductible, you pay \$0. For High Ded Plan G, Part B deductible counts towards meeting the \$2,370 deductible. If the \$2,370 deductible is met with all Part A expenses and Part B deductible expenses are then incurred, the beneficiary must pay the Part B deductible for these expenses to be covered. **With **Plan L**, there is an out-of-pocket limit of \$3,110; After you meet \$3,110 in out-of-pocket expenses, you pay \$0. *** And amounts over a \$50,000 lifetime max.

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Mary's Inpatient Stay – Medicare Part A

- Mary was admitted to the hospital for an inpatient stay for a full 150 consecutive days within the same benefit period.
- With Original Medicare with no Medicare Supplement plan, Mary would pay:
 - Days 0 – 60 Mary pays the member deductible (**\$1,484**)
 - Days 61 – 90 Mary pays a coinsurance (**\$371/day**) for each day she is in the hospital
 - Days 91 – 150 Mary pays a coinsurance (**\$742/day**) for each day she is in the hospital

Original Medicare – No CareFirst MedPlus

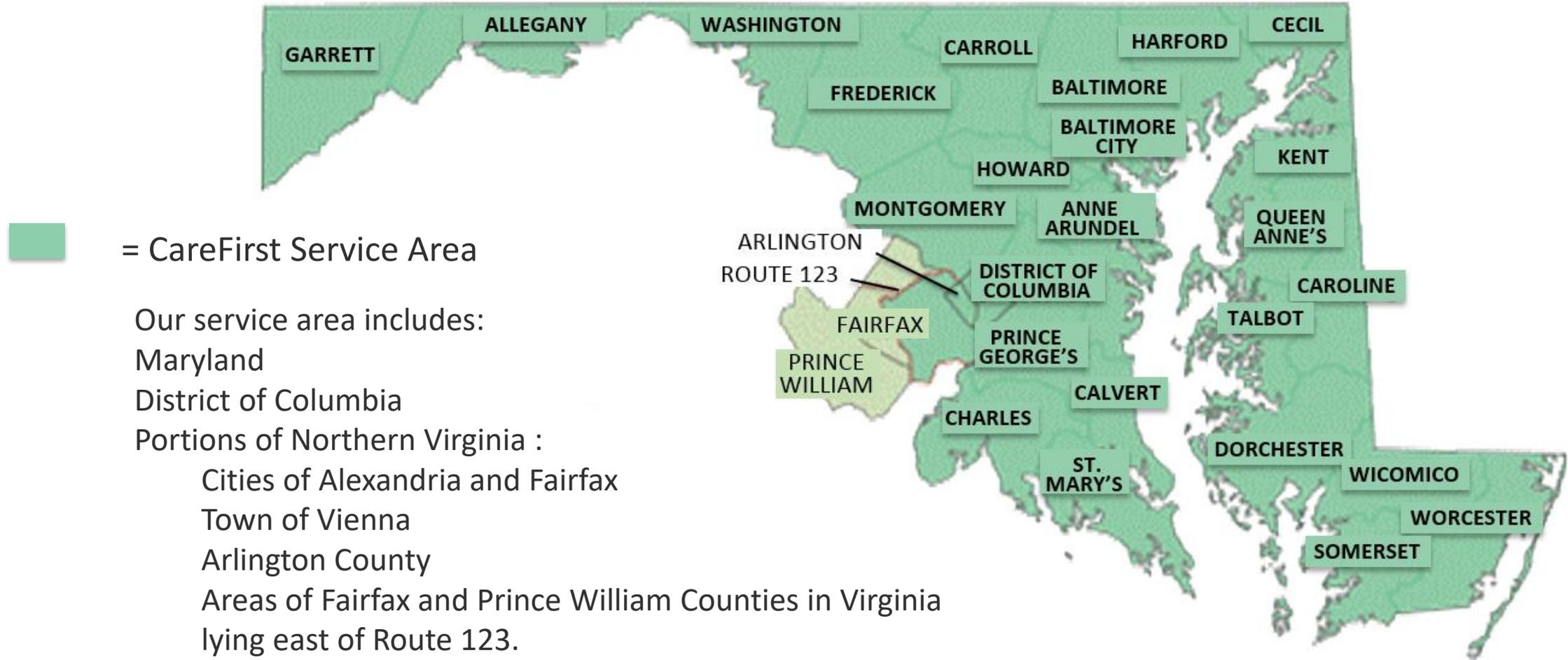


Original Medicare and CareFirst MedPlus Plan G



*Total out-of-pocket costs were based on an individual staying a full 150 consecutive days as an inpatient in the hospital, within the same benefit period. The out-of-pocket costs an individual will pay can vary, depending on where they are within a benefit period. To determine out-of-pocket costs, an individual should pay close attention to the benefit period cycle. **Keep in mind the individual would be responsible for \$203 deductible of Medicare B for inpatient physician charges.. Inpatient physicians are paid under the Medicare Part B .**

CareFirst Service Area Map



CareFirst MedPlus Rating Methodology

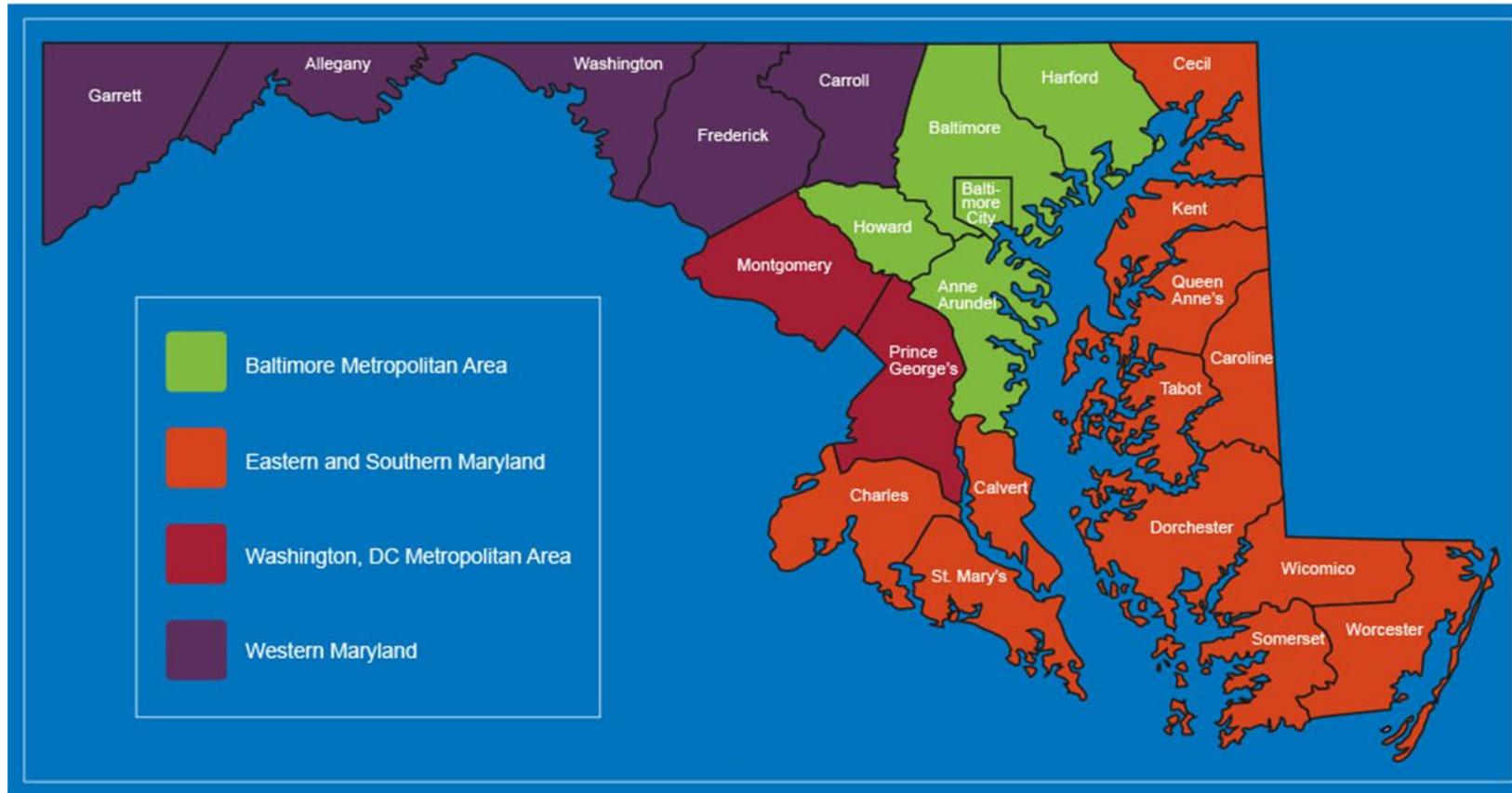
Premiums are based on:

- Gender
- Age
- Enrollment date in Medicare Part B
- Guaranteed Issue Period
- Plan selected
- Geographical location (MD only)
- Tobacco use (ONLY if applying more than six months past Medicare Part B effective date and are not applying during a Guaranteed Issue Period)
- Review of medical history through medical underwriting (ONLY if applying more than six months past Medicare Part B effective date and are not applying during a Guaranteed Issue Period)
- CareFirst MedPlus Level 1 rating of qualified applicants has been expanded for individuals applying 7 months to up to 9 years, 364 days from their Part B effective date.

NOTE: Rates increases occur annually on January 1.

CareFirst MedPlus Geographical Rating in Maryland

The ability for CareFirst MedPlus to geographically rate allow for more flexibility in market growth and with future business.



CareFirst MedPlus Value — Household Discount

CareFirst MedPlus subscribers will be eligible for a **10%** discount off the monthly premium when they initially enroll or at the time of their plan renewal.

Since CareFirst MedPlus policies are individual contracts, subscribers will be identified as being in the same household meeting the following criteria:

- Two enrollees per household are required (they do not need to be married).
- Both must be enrolled in a CareFirst MedPlus plan.
- The two enrollees must reside at the same residence.

CareFirst MedPlus Value - SilverSneakers Fitness Program

Through SilverSneakers¹, CareFirst MedPlus gives members a way to get healthy and have fun – **at no additional cost!** SilverSneakers works to improve overall well-being, fitness, and strength and gives members the chance to socialize, make new friends and connect with the community.

CareFirst MedPlus and SilverSneakers offer:

- Membership at more than 14,000+ gyms and fitness locations in the United States
- Members can enroll at multiple locations at any time
- Specially-designed, signature exercise classes led by certified instructors for all fitness levels²
- Members have access to facilities, classes, pools, free weights, fitness equipment, tennis courts and walking tracks³
- The SilverSneakers website offers online resources including gym locations, articles and videos
- More than 60% of respondents surveyed by CareFirst agree that a free fitness membership is appealing when shopping for Medicare Supplement plans.



1 – SilverSneakers is a product owned by Tivity Health, Inc., an independent company that is solely responsible for their products and provides services to CareFirst MedPlus members. Tivity Health does not sell BlueCross or BlueShield products. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries. SilverSneakers is not a benefit guaranteed through the beneficiary's Medigap insurance Policy. It is, however, a health program option made available outside of the Policy to CareFirst MedPlus members.

2 – Classes not offered at all locations.

3 – Amenities vary by location.

SilverSneakers — enrolling couldn't be easier!



- Members are automatically enrolled in SilverSneakers once they become a CareFirst MedPlus member.
- The SilverSneakers member ID card along with the closest 3 locations is mailed to new members
- CareFirst also ensures members understand the SilverSneakers by making an outreach Welcome call to new members!

* Amenities included in a basic membership vary by location

Blue365 Program Overview

- Blue365 is an online wellness discount program designed to give members access to discounts on products and services for a well balanced and healthy lifestyle.
- All CareFirst members have access to this program.
- Members create an account and agree to the Blue365 terms and conditions.
- Blue365 provides CareFirst members with a wide range of savings from top health and wellness brands including Jenny Craig, LasikPlus, TruHearing, etc.
- There are weekly “Featured Deals” and long term “Ongoing Deals” on healthy products, along with discounts on health and fitness clubs, weight-loss programs, healthy travel experiences, financial health, etc.
- Personal care was ranked by 1/3 of respondents in a survey conducted by CareFirst as the #1 category of interest. Current discounts in this category include: LasikPlus, TruHearing, LensCrafters, Glasses.com, etc.



The screenshot shows the Blue365 website interface. At the top, there is a navigation bar with the CareFirst logo, the Blue365 logo, and links for "Browse All Deals", "How It Works", and "Register/Login". Below this is a dark blue banner with the text "Because Health is a big deal®" and "Blue365 offers access to health and wellness deals exclusive to Blue members." The main content area features a large image of people exercising on a gym floor. Overlaid on this image is a promotional card for "TIVITY HEALTH® FITNESS YOUR WAY" by Tivity Health, which offers a \$29 monthly fee for access to a network of 10,000+ gyms nationwide. Below the main image, there is a section titled "Check Out Some Other Great Deals:" with a "Browse All Deals" link. This section contains three deal cards: "CONTACTSDIRECT" (Save on Contacts plus Free Express Air Shipping), "THE ORGANWISE GUYS" (10% Off Kid's Monthly Nutrition Education Program plus Free Shipping), and "THE WEARABLES STORE-NUHEARA" (Save \$50 on Nuheara IQbuds Intelligent Wireless Earbuds). Each card has a "VIEW DETAILS" button. To the right of these cards is a sidebar with the text "Interested in discounts for your company? Learn about our employer offerings." and a "LEARN MORE" button.

Blue365 is not a benefit guaranteed through your Medigap insurance Policy. It is, however, a health program option made available outside of the Policy to CareFirst MedPlus members.

CareFirst MedPlus Value – Blue365 Discount Program

Join Blue365 and start saving today!

With Blue365, great deals are yours for every aspect of your life – like 20% off at Reebok.com, discounted products through Jenny Craig, or a gym membership for only \$25 a month.

Register now at www.carefirst.com/wellnessdiscounts to take advantage of Blue365. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your Blue Cross and Blue Shield member ID card handy. In a couple of minutes, you will be registered and ready to shop. Every week, we will send a special deal straight to your email inbox.

Check out these top brands with discounts just for you:



Discounts available that are very important to seniors!

- Medical Emergency Bracelets – 30% discount
- TruHearing – 30-60% off hearing aids
- Beltone- free hearing screening and set discounted pricing on hearing aids
- Vitamins and Supplements – 50% off the retail price

WELLNESS



INVITE HEALTH
Save 50% Off the Retail Price of Vitamins and non-GMO Supplements

[VIEW DETAILS](#)

PERSONAL CARE



BELTONE
Free Hearing Screening and Set Discounted Prices on Hearing Aids

[VIEW DETAILS](#)

PERSONAL CARE



TRUHEARING
Save 30% to 60% on Hearing Aids

[VIEW DETAILS](#)

PERSONAL CARE



HOPE PAIGE MEDICAL
30% Discount on Medical Emergency Bracelets

[VIEW DETAILS](#)

CareFirst MedPlus Payment Methods

Members may receive an additional \$2 off per month by electing automated monthly payment or \$24 off for making an annual payment (available with CareFirst MedPlus in MD, DC and VA).

My Account	Phone	CheckFreePay	Mail
A secure, personalized member web site on www.carefirst.com . Make a payment or set up recurring payments	Members may call Member Services at 1-800-722-2467	Pay by cash at select Walmart locations. Go to: www.checkfreepay.com/info/payinperson To find a participating location.	Members may mail a check or money order (made out to CareFirst BlueCross BlueShield) and invoice stub to: CareFirst BlueCross BlueShield P.O. Box 70250 Philadelphia, PA 19176-0250

MEDPLUS MEDICAL UNDERWRITING

- A prospective applicant who applies for a CareFirstMedPlus product is subject to medical underwriting if they meet one of the following
 - Outside of the Guarantee Issue or Open Enrollment Period
 - Disabled and under the age of 65
- Under age 65 disabled individuals who are eligible for Medicare and turn 65 will be eligible for a 6 month Guaranteed Issue Period and qualify for Level 1 rates during this period.
- Section 4A – answering “yes” disqualifies the application for coverage as noted on the application.
- Section 4B, 4C, 4D, 4E – answering “yes”, medical underwriting would review the complexity of the condition.
- If an existing CareFirst MedPlus subscriber wishes to change their CareFirst MedPlus plan, then medical underwriting would apply if they want to move to a richer plan.
- All pre-CareFirst MedPlus members (prior to launch of CareFirstMedPlus 2016) must undergo medical underwriting to apply for a CareFirst MedPlus plan.
- The member should NOT terminate their original coverage until the results of medical underwriting for the new plan are known.

IS MEDICAL UNDERWRITING REQUIRED?									
MOVING FROM MEDPLUS PLAN:	MOVING TO MEDPLUS PLAN:								
	High Ded G	High Ded F	A	N	L	B	M	G	F
High Ded Plan G	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
High Ded Plan F	No	N/A	Yes						
Plan A	No	No	N/A	Yes	Yes	Yes	Yes	Yes	Yes
Plan N	No	No	No	N/A	Yes	Yes	Yes	Yes	Yes
Plan L	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Plan B	No	No	No	No	No	N/A	Yes	Yes	Yes
Plan M	No	No	No	No	No	No	N/A	Yes	Yes
Plan G	No	No	No	No	No	No	No	N/A	Yes
Plan F	No	No	No	No	No	No	No	No	N/A

Guaranteed Issue Period/ Open Enrollment Period*	
If a member applies within six months of their Medicare Part B effective date, or during a Guaranteed Issue Period*, they will receive:	Level 1 Rate Highly Competitive!
Outside of Guaranteed Issue/Open Enrollment Period Rates Based on Tobacco Use and Review of Medical History	
If a member applies over six months past their Medicare Part B effective date, and are not applying during a Guaranteed Issue Period, they will receive:	Level 1 Non-Tobacco Rate, within 7 Months to less than 10 years past their Part B effective date Level 2 Tobacco or Non-Tobacco Rate, Level 3 Tobacco or Non-Tobacco Rate or Denial

***Open enrollment/Guaranteed Issue:** Within 6 months of turning age 65 and enrolling in Medicare Part B; under age 65 and within 6 months of enrolling in Medicare Part B; within 6 months of turning age 65 (with Medicare Parts A & B); lost other health coverage and has less than a 63-day break in coverage; or meets one of the other exceptions which allow for Special Enrollment.

NOTE: Medicare disabled under age 65 can **ONLY** enroll in Medigap Plan A and can receive Level 1 rates during Guarantee Issue Period only. A person in the Open Enrollment or in a Guaranteed Issue Period does **NOT** have to be medically underwritten, regardless of their current plan.

CareFirst MedPlus Level 1 Rate Expansion

- If a member applies over six months past their Medicare Part B effective date, and are not applying during a Guaranteed Issue Period, they could receive a Level 1 rate by medical underwriting if;
 - They are non- smoker and;
 - Have high blood pressure or high cholesterol with no other medical conditions and;
 - Take up to only 1 medication

CareFirst Underwriting			
Time since Medicare Part B effective date due to turning 65	Smoker	Medical underwriting	Rating Level
0 to < 7 Months	N/A	Guaranteed Issue	Level 1
7 Months to less than 10 years, (9 years, 364 days)	No	Hypertension or Hypercholesterolemia Disorder and no other medical conditions (with none to 1 medication)	Level 1
		Minor medical issue or Hypertension or Hypercholesterolemia Disorder (with 2 medications)	Level 2
		Major medical issue	Level 3
		Extreme medical issue	Denied
	Yes	No/Minor medical issue	Smoker Level 2
		Major medical issue	Smoker Level 3
		Extreme medical issue	Denied
10 Years or More	No	No/minor medical issue	Level 2
		Major medical issue	Level 3
		Extreme medical issue	Denied
	Yes	No/minor medical issue	Smoker Level 2
		Major medical issue	Smoker Level 3
		Extreme medical issue	Denied

WHY CAREFIRST MEDPLUS?

BlueCross BlueShield Medicare National Awareness Campaign

To increase national awareness of Blue Cross Blue Shield Medicare solutions, the Blue Cross Blue Shield Association launched the first-ever national Medicare awareness campaign, that Blue Cross Blue Shield companies offer Medicare solutions.



GET THE BENEFIT OF BLUE.SM

Explore the different types of Medicare plans offered by Blue Cross and Blue Shield companies and find coverage that fits your healthcare needs.

PRODUCT FEATURES	
✓ 1 Year Age Bands	✓ Geographically Rated in Maryland
✓ Payment Discount (Monthly or Annual EFT Payment)	✓ 9 Plans Offered A, B, F, High F, G, L, M & N High G
✓ Competitive 10% Household Discount	✓ FirstHelp* No cost nurse advice line available 24/7 And Blue 365 Wellness Discounts
✓ SilverSneakers® Fitness Program No additional cost	✓ Tools & Resources www.carefirst.com/livinghealthy

*FirstHelp is not a benefit guaranteed through the member’s Medigap insurance Policy. It is, however, a health program option made available outside of the Policy to CareFirst MedPlus members.

MedPlus Value	
✓ Freedom to see any doctor who participates with Medicare*	✓ Separate dental and vision plans with easy enrollment and no waiting periods for coverage
✓ Large hospital network Over 50 hospitals in Maryland including Hopkins, University of Maryland, MedStar Health	✓ All MedPlus plans are available to applicants whether during the GI period or SEP period.
✓ No pre-existing condition waiting period	✓ Unlimited lifetime renewals
✓ No separate application fee	✓ Level commission that does not decrease \$20 per month per subscriber

*This is a feature inherent in all Medicare Supplement plans.

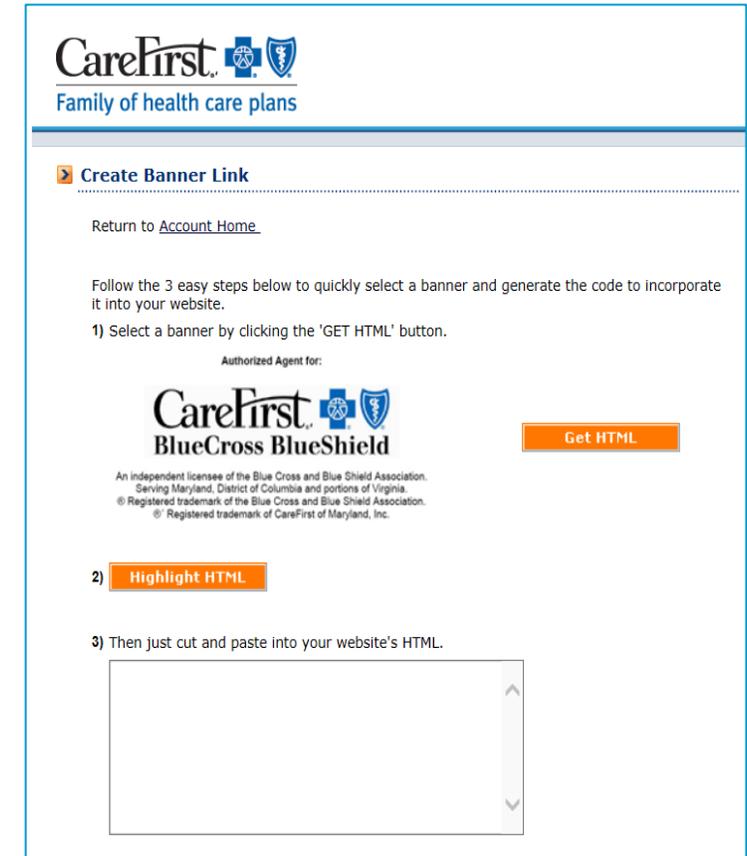
MedPlus Online Presence

Many older adults spend significant time online researching their options. They will come to you to learn the details about CareFirst MedPlus.

- ❑ Be sure your website information is up to date and links are working properly. We can help you review MedPlus information.
- ❑ Include the CareFirst iStore URL link on your website. Speed up enrollment without ever leaving your office!
- ❑ Utilize the CareFirst Broker Badge on your website and e-mail signature.



iStore Banner Link Creation tool



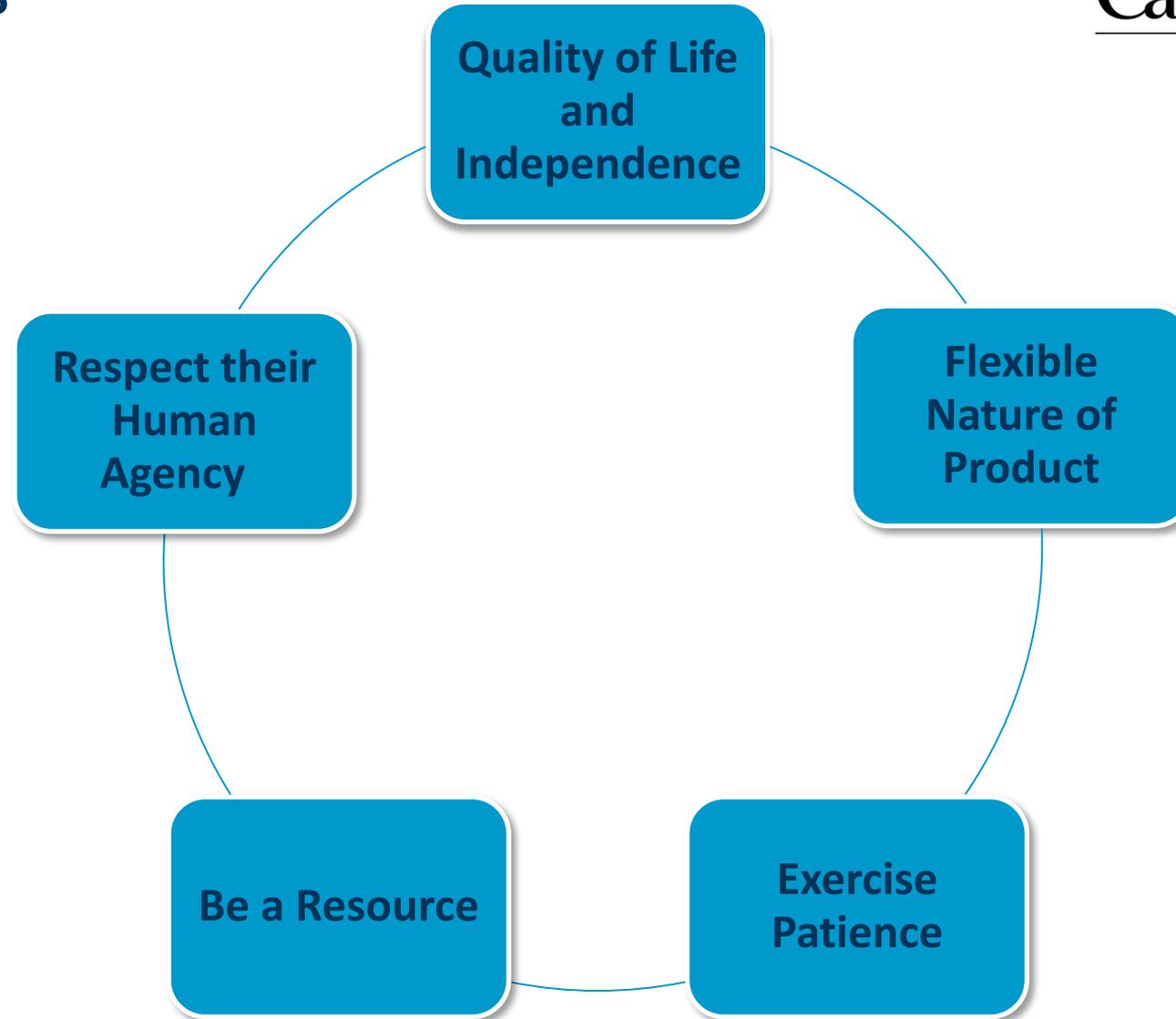
The screenshot shows a web interface for creating a banner link. At the top, it displays the CareFirst logo and the text 'Family of health care plans'. Below this, there is a section titled 'Create Banner Link' with a sub-link 'Return to Account Home'. The main instruction reads: 'Follow the 3 easy steps below to quickly select a banner and generate the code to incorporate it into your website.' Step 1 is 'Select a banner by clicking the 'GET HTML' button.' This step shows a preview of the CareFirst BlueCross BlueShield logo with a 'Get HTML' button to its right. Below the preview is a block of small text: 'An independent licensee of the Blue Cross and Blue Shield Association. Serving Maryland, District of Columbia and portions of Virginia. © Registered trademark of the Blue Cross and Blue Shield Association. © Registered trademark of CareFirst of Maryland, Inc.' Step 2 is 'Highlight HTML' and Step 3 is 'Then just cut and paste into your website's HTML.' A large empty text box is provided for pasting the HTML code.

STRATEGIES FOR SUCCESSFUL COMMUNICATION

Core Communication Factors



Key communication factors that may influence a buying decision



Quality of Life – *Say it to Seniors*, 27-8; “8 Ways to Successfully Sell to Seniors”; Flexible Nature – *Say it to Seniors*, 102-3
Exercise patience – *Say it to Seniors*, 151-2; Be a resource – “8 Ways to Successfully Sell to Seniors”
Respect – *Say it to Seniors*, 26; “Successfully Marketing to Seniors (65 and Over)”

Quality of Life and Independence

What does it mean?

Seniors understand their health will change, and want to keep their quality of life and autonomy

What should you look for?

Unease about 'the right plan for them'
Intimidated by change and the unknown

What should you do?

Ask light questions about lifestyle; give examples and clarification in easy terms (no jargon)

Flexible Nature of Product

What does it mean?

Seniors often 'know what they like,' and place value in services that are tailored to their specific needs

What should you look for?

Inquiring on specific services or features
Interest in alternatives and buy-ups

What should you do?

Lay out options plainly, focusing on their differences; play up voluntary value-adds (e.g. wellness features)

Exercise Patience

What does it mean?

Seniors are not attuned to the countless details of insurance, can be prone to uncoupling altogether

What should you look for?

Unconcerned with key deadlines (e.g. eligibility)
Becoming frustrated, quiet, detached, ambivalent

What should you do?

Rephrase request, reaffirming their control;
don't assume, anticipate or predict next steps

Be a Resource

What does it mean?

Customers may rely on you to be both their expert and their point of contact, trusting your word and assistance

What should you look for?

Reluctant to follow up later or with another person
Becoming more friendly, talkative or open

What should you do?

Do not rush with them, if possible; be flexible with your help;
offer friendly recommendations; outline resources

Respect their Human Agency



What does it mean?

Clients have a lifetime of experience to draw from, and are sensitive to ignoring of abilities



What should you look for?

Growing disinterested in the information
Becoming more derisive, dismissive or abrupt



What should you do?

Reexamine your approach; be more open and attentive; don't take a bad reaction personally





Medicare

- Phone: 800-MEDICARE (633-4227)
- Hours: 24 hours/day, 7 days/week
- Web address: www.medicare.gov

Medicare.gov

- Medicare & You (updated each year by CMS)
- Web address: www.medicare.gov/medicare-and-you

Social Security Administration

- Phone: 800-772-1213
- Hours: 7am – 7pm, Mon. – Fri. (automated service is available 24 hours/day, 7 days/week)
- Web address: www.ssa.gov



THANK YOU

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