

Reasons Clients Switch Medicare Plans During AEP

Cost of Coverage



One of the primary roles of a Medicare insurance agent is to help beneficiaries compare plans to ensure they have the coverage that makes the most sense. If you're a new Medicare agent, try asking your Medicare beneficiaries questions like:

- Does your current Medicare health plan charge a monthly premium in addition to your Part B premium?
- How much do you pay in copays?
- Does your current Medicare health plan have an annual deductible?
- What's your maximum out-of-pocket cost?
- Is your network restricted?
- Are your preferred doctors in your current network?
- Do you have a prescription drug plan? If so, are your current prescriptions covered?
- Are there any additional benefits on your current Medicare health plan that you must-have if you switch?



Changing Needs

Sometimes your beneficiary's healthcare needs may change, requiring different coverage. During the AEP your beneficiaries have the freedom to make the following changes to their Medicare Health plan:

- Change to a Medicare Advantage plan (Medicare Part C) from Original Medicare (Parts A and B)
- Change from a Medicare Advantage plan (Medicare Part C) to Original Medicare (Parts A and B)
- Enroll in a Medicare Supplement (also known as a Medigap policy) to pair with Original Medicare Part A & Part B
- Change Medicare Advantage plans (Medicare Part C)
- Enroll in a new stand-alone Part D plan
- Change to a different stand-alone Part D Plan
- Opt-out of a prescription drug plan (PDP), if they have enrolled in a new Medicare Advantage (MAPD) plan which includes prescription drug coverage

Star Ratings



The star rating system is in place to help beneficiaries determine where their current plan and prospective plans rank on a scale of 1 to 5 stars. Medicare insurance agents can help beneficiaries by looking at star ratings and explaining what they mean. When you review this information with your beneficiaries, it may reveal better quality coverage is available in their plan's area.

- The accuracy of plan pricing
- Customer service
- Frequency of problems and amount of complaints
- Member experience
- If members with chronic conditions received the recommended tests and treatments to manage their health



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