

«FLName»

«Address»

Dear «Greeting»,

<Agent/Agency Name> would like to take this opportunity to provide you with information on the health insurance Open Enrollment Period (OEP). This year's Open Enrollment Period spans November 1, 2023-January 15, 2024. **Outside of this enrollment period you will need a qualifying event (ex: marriage, birth, involuntary loss of credible coverage) to obtain coverage or make a plan change.** Contact our office and we can help you determine if a life event allows you to acquire coverage or make a change outside of the OEP.

Additionally, there have been recent changes in the individual health insurance market that may affect you. New subsidy eligibility guidelines may positively impact how much you pay for health insurance through the Marketplace at Healthcare.gov. As of now, current legislation enforcing these increased subsidy amounts applies through tax year 2025.

- **If you currently have a plan OFF the Marketplace,** you can stay on your current plan but you may want to consider a Marketplace plan. You may have increased savings available to you by enrolling through Healthcare.gov. Plans on Healthcare.gov have increased tax credits which lower your monthly premium and create possible cost-share reductions. These tax credits now apply to higher income earners that previously may not have qualified for premium subsidies.
- **If you currently have a plan ON the Marketplace,** you may want to review your plan options to see if another Marketplace plan provides lower out-of-pocket costs or better suits your needs in 2024. Additionally, you may now qualify for cost-share reductions and need to consider switching into a cost-share reduction eligible plan.

Each person's situation is unique, so we encourage you to reach out to our office to review how these changes may affect you and your health insurance costs. We are here to help you understand your health insurance options and implement updates if needed.

Thank you for your continued business!

Sincerely,

<Agent/Agency Name>

«FLName»

«Address»

Dear «Greeting»,

Another year has passed and the Annual Enrollment Period (AEP) for Prescription Drug Plans, Cost Plans, and Medicare Advantage Plans is here. This year **AEP is October 15th, 2023 through December 7th, 2023** and we can begin discussing your options as soon as October 1st. During AEP you can keep your current plan or switch to something different. Any changes you make will go into effect January 1st, 2024.

Each year, insurance companies are able to make changes to their plan's premium, deductible, cost sharing, and covered prescription drugs. For this reason, you are encouraged to watch for your current plan's Annual Notice of Change (ANOC) mailing which will outline plan changes for 2024.

We recommend comparing your current prescription drug list with all 2024 plan options to ensure you are enrolled in the most cost-effective plan available for your situation. We would be happy to review your updated prescription drug list and make a recommendation for a plan change, if needed.

To schedule an analysis of available 2024 plans please complete the steps below:

- 1. Complete/sign the enclosed SCOPE OF APPOINTMENT (SOA) FORM and return to <Agent/Agency Name> in the enclosed prepaid envelope. If the enclosed SOA is not received at least 48 hours prior to your scheduled appointment we may have to ask you to reschedule due to new federal guidelines.**
- 2. Call our office at <phone number> or <phone number> to schedule an appointment.**

Any drug lists received after December 1st are not guaranteed to be reviewed prior to the December 7th deadline. Thank you for your continued business!

Sincerely,

<Agent/Agency Name>

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

«FLName»

«Address»

Dear «Greeting»,

Another year has passed and the Annual Enrollment Period (AEP) for Prescription Drug Plans, Cost Plans, and Medicare Advantage Plans is here. This year **AEP is October 15th, 2023 through December 7th, 2023** and we can begin discussing your options as soon as October 1st. During AEP you can keep your current plan or switch to something different. Any changes you make will go into effect January 1st, 2024.

Each year, insurance companies are able to make changes to their plan's premium, deductible, cost sharing, and covered prescription drugs. For this reason, you are encouraged to watch for your current plan's Annual Notice of Change (ANOC) mailing which will outline plan changes for 2024.

We recommend comparing your current prescription drug list with all 2024 plan options to ensure you are enrolled in the most cost-effective plan available for your situation. We would be happy to review your updated prescription drug list and make a recommendation for a plan change, if needed.

Our team is prepared to service you virtually or in-person, depending on your specific needs.

To schedule an analysis of available 2024 plans during this limited timeframe, please call our office at <phone number> or <phone number>. Any drug lists received after December 1st are not guaranteed to be reviewed prior to the December 7th deadline.

Thank you for your continued business!

Sincerely,

Agent/Agency Name

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

«FLName»

«Address»

Dear «Greeting»,

Another year has passed and the Annual Enrollment Period (AEP) for Prescription Drug Plans, Cost Plans, and Medicare Advantage Plans is here. This year **AEP is October 15th, 2023 through December 7th, 2023** and we can begin discussing your options as soon as October 1st. During AEP you can keep your current plan or switch to something different. Any changes you make will go into effect January 1st, 2024.

Each year, insurance companies are able to make changes to their plan's premium, deductible, cost sharing, and covered prescription drugs. For this reason, you are encouraged to watch for your current plan's Annual Notice of Change (ANOC) mailing which will outline plan changes for 2024.

We recommend comparing your current prescription drug list with all 2024 plan options to ensure you are enrolled in the most cost-effective plan available for your situation. We would be happy to review your updated prescription drug list and make a recommendation for a plan change, if needed.

To schedule an analysis of available 2024 plans please complete the steps below:

- 1. Complete/sign the enclosed SCOPE OF APPOINTMENT (SOA) FORM and return to <Agent/Agency Name> in the enclosed prepaid envelope. If the enclosed SOA is not received at least 48 hours prior to your scheduled appointment we may have to ask you to reschedule due to new federal guidelines.**
- 2. Call our office at <phone number> or <phone number> to schedule an appointment.**
- 3. *Optional:* To facilitate an accurate review of your prescription drug list, it will help to create a Medicare.gov account if you do not have one already. Please complete the enclosed Medicare.gov Consent Slip and include it in the prepaid envelope.**

Any drug lists received after December 1st are not guaranteed to be reviewed prior to the December 7th deadline. Thank you for your business!

Sincerely,

<Agent/Agency Name>

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

MEDICARE.GOV ACCOUNT CONSENT FORM

To facilitate an accurate review of your prescription drug list, it will help to create a Medicare.gov account. Please check the box below that meets your preference and return in the enclosed prepaid envelope.

I give <Agent/Agency Name> permission to retrieve my medication list from Medicare.gov and, if needed, create/update an account for me. We will then review my medication list from Medicare.gov during my scheduled appointment.

I plan to schedule an appointment and will provide my medication list at that time.

Printed Name: _____ **Phone:** _____

Signature: _____ **Date:** _____

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Scope of Sales Appointment Confirmation Form

This form is required prior to a one-on-one marketing appointment to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person who has Medicare or their authorized representative.

Place a check mark in the box next to the type of products you want the agent to discuss. (See helpful descriptions on the next page.)

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Advantage plans (Part C) and Medicare Cost plans

Medicare Health Maintenance Organization (HMO) plan, Medicare Preferred Provider Organization (PPO) plan, Medicare Private Fee-For-Service (PFFS) plan, Medicare Special Needs Plan (SNP), Medicare Medical Savings Account (MSA) plan, or Medicare Cost plan

Other health-related plans

Dental/vision/hearing products, supplemental health products, Medicare Supplement (Medigap) products

Signing this form does **not** obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in the plans discussed.

Note: The person who will discuss the products is either employed or contracted by a Medicare plan. They don't work directly for the federal government. This person may also be paid based on your enrollment.

Beneficiary or authorized representative signature and signature date:

Signature: _____ Date: _____

If you are the authorized representative, sign above and print below:

Representative name: _____

Your relationship to the beneficiary: _____

To be completed by agent:

Agent name:	Agent phone:
Agent address:	
Beneficiary name:	Beneficiary phone:
Beneficiary address:	
Initial method of contact (indicate here if beneficiary was a walk-in):	
Agent signature:	
Plans the agent represented during this meeting:	
Date of appointment:	
Provide explanation why SOA was not documented prior to meeting (if applicable):	

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent: Fax this side.

Helpful terms

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private-Fee-for-Service plans and Medicare Medical Savings Account plans.

Medicare Advantage plans (Part C) and Medicare Cost plans

Medicare Health Maintenance Organization (HMO) plan: A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) plan: A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) plan: A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Point of Service (POS) plan: A type of Medicare Advantage plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Special Needs Plan (SNP): A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) plan: MSA plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost plan: In a Medicare Cost plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.

Medicare Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

Medicare Supplement (Medigap) products: Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Supplemental health products: Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

Dental/vision/hearing products: Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

Agent instructions

You **must** complete this form and have the beneficiary or their authorized representative sign it **before** your sales appointment. The beneficiary **cannot** agree to the scope of your appointment over the phone, then sign the form later. During your appointment, you may only discuss the previously agreed upon plan products. Otherwise, you must create a new Scope of Appointment form. If you're sending us an enrollment application, you must send this signed, completed form to us, too.

Agent: Do not fax this side.