Medicare

A practical briefing, intake guide and calling script.

Medicare is federal health insurance generally associated with age 65, with earlier eligibility in certain disability and medical situations. Original Medicare, Medicare Advantage, prescription drug coverage and supplemental insurance serve different functions. Initial interest is not enrollment or a coverage recommendation.

Original Medicare

Part A principally covers hospital services and Part B covers medical services. Cost sharing and uncovered services remain; confirm providers and coverage before discussing a change.

Medicare Advantage

An alternative way to receive Part A and Part B benefits through a plan, often with drug coverage. Networks, service areas, authorizations and benefits vary.

Drug & supplemental coverage

Part D concerns outpatient prescription drugs. Medigap supplements specified Original Medicare costs and is not the same as Medicare Advantage.

Costs and estimates

For 2026, the standard Part B premium is $202.90 monthly and its annual deductible is $283; higher-income adjustments and penalties can apply. Most people qualify for premium-free Part A. Advantage, Part D and Medigap costs vary. A $0 plan premium does not mean all care is free or that the Part B obligation disappears.

Age and decision-making authority

Often age 65 or older, but some younger people qualify. Confirm current Part A/Part B status, location and applicable enrollment opportunity with a licensed agent; do not use age alone as the decision.

Intake & qualification

Potential fit for review

- Beneficiary-initiated inquiry or properly documented permissible contact
- Requested product topic within the authorized scope
- Licensed agent can assess service area and enrollment rules

Stop, disqualify or refer

- Unsolicited Medicare plan cold calling, referral-only calls without permission, or an opt-out
- Promises of benefits based on a ZIP alone
- Steering based on health status or claiming government affiliation

Information to collect

- Documented permission-to-contact source or beneficiary-initiated request
- ZIP/county, current Medicare status and product topic requested
- Current coverage and enrollment timing for agent review
- Preferred providers and prescriptions only through an appropriate secure needs-review process
- Permission and required disclosures for the specific receiving agent; do not collect a Medicare number at initial screening

Training material, not legal, medical, financial or insurance advice. The campaign owner must obtain current professional compliance approval before use, including calling permissions, suppression, state rules, licensing, disclosures and recipient identity. Never call after an opt-out. Never invent consent, source history, prices, health facts or eligibility. Do not collect payment credentials, Social Security or Medicare numbers in initial screening.

Frontier calling script

REQUESTED CALLBACK / INBOUND ONLY. Unsolicited Medicare plan cold calling is not permitted. Verify the documented request and required scope.

01 Greetings & introduction

• Hello, my name is [Agent first name] with Leads Cell. You requested contact about Medicare options through [verified request source]. Is now still convenient? Use this wording only when the request is genuine and documented.

02 Reason for the call

• I can ask a few brief questions about your interest in medicare and, if you wish, connect you with a licensed insurance agent. I cannot confirm eligibility, prices or outcomes.

03 Permission to continue

• Would you like to continue? You can decline or ask us not to contact you. Wait for an affirmative response; if declined, stop. This question does not cure an unlawful initial call.

04 Eligibility / needs questions

• You requested a conversation about Medicare options; is now still convenient?

• What would you like to understand about your current coverage?

• What ZIP and county do you live in?

• Do you currently have Part A and Part B?

• Are you looking ahead to an enrollment date or a recent change?

• May the licensed agent review the permitted topics and any required appointment disclosures with you?

Transfer & verifier

05 Permission & disclosure before transfer

• With your permission, I can connect you now to [actual receiving person or organization], a licensed insurance agent, about medicare. May I share the answers you just provided for that conversation? There is no obligation to purchase or engage a service. Wait for a clear response and record it through the approved process.

• Identify the real recipient before transfer. Use the approved campaign-specific disclosures, recording notice and applicable consent process. Do not claim that a spoken yes overrides a Do Not Call request.

06 Warm handoff

• To receiving team: I have [Prospect first name] in [state], interested in medicare. With permission, here is the relevant summary: [accurate answers]. Are you available to take the conversation?

• To prospect: [Receiving person] is now on the line. They will explain their role and review the details directly. Thank you for your time. Do not tell the prospect to falsely say they initiated the call.

07 Verifier follow-through

• Thank you for staying on the line. I am [Verifier first name] with Leads Cell. You have been connected to discuss [confirmed topic]. Is that correct?

• Confirm the minimum facts, the actual receiving destination and permission. Do not repeat unnecessary sensitive questions or turn verification into pressure. Stop or return for clarification if answers differ.

If a direct transfer is approved instead of a warm transfer, identify the actual destination, obtain permission, explain any hold and confirm that the receiving team is available. Never instruct the prospect to misrepresent how the call began.

Rebuttals & references

Not interested

Understood. Thank you for your time. End the pitch; do not cycle through rebuttals after a refusal.

Do not call me

Understood. I will record your request not to receive further marketing calls from us. End the call and promptly update the suppression process.

I am busy

Of course. Would you prefer to end here, or choose a specific time for a permitted follow-up? Do not schedule without agreement.

How did you get my number?

State the actual documented source and permission accurately. If you cannot verify it, do not invent an explanation; stop and escalate the record.

I already have help or coverage

That may already meet your needs. There is no need to change it for this call. Would you like to end here? Do not interfere with existing legal representation.

What will this cost?

The receiving professional must explain the actual quote or fee agreement. I cannot promise a rate, saving, payout or approval.

I will not share personal details

That is fine. Do not provide account numbers, passwords or sensitive records on this screening call. You may verify the receiving professional and use their approved secure process.

Is this a government program?

Leads Cell is a private business, not a government agency. Explain the actual service without suggesting government endorsement.

Reference reading

2026 Medicare costs

Beneficiary-contact requirements

Calling safeguards