



Agent retention guide

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How to use this guide

This guide walks you through four key phases of member engagement during Medicare's Annual Enrollment Period (AEP): pre-AEP, the plan preview period, AEP and late AEP. You'll find example responses to member questions (including customizable statements) and an action timeline to help you succeed. We've also included a step-by-step conversation framework and tips for responding to risk signals.

What members need:

- Clarity during plan changes
- Confidence in their coverage
- A simple path forward

Your role is to:

- Guide a smooth transition
- Protect trusted relationships
- Help members enroll between Oct. 15–Dec. 7

Creating clarity and confidence

Medicare Advantage updates are normal from year to year. If a member has concerns about plan updates, you can provide reassurance and assistance using phrases like:

- *"If a plan change applies to you, I'll guide you through updates and your Special Enrollment Period."*
- *"You're not on your own. I can help you with next steps at the right time."*

Action timeline

Staying connected to members helps you build trust before the Annual Enrollment Period (AEP), reduce confusion during notices and prevent last-minute plan switching. Your partnership drives higher retention, more referrals and better member experiences.

What to do during:

Pre-AEP (July–September):

- 1 Send light touchpoints such as mail or emails or give members a quick phone call to check in.
- 2 Highlight current plan benefits, in-network providers and the value of your agent/member relationship.

Plan preview period (Oct. 1–Oct. 14):

- 1 Encourage registration for educational events at align.sanfordhealthplan.com/events.
- 2 Offer help to members as they shop and compare plans.
- 3 Remind members to enroll on or after Oct. 15.

AEP (Oct. 15–Dec. 7):

- 1 Schedule meetings with members.
- 2 Continue promoting educational events.
- 3 Keep members on existing plans – or provide one or two plan recommendations.
- 4 Complete enrollment starting Oct. 15.

Late AEP (November–December):

- 1 Follow up on incomplete enrollments.
- 2 Close with confidence by saying: “Let’s make sure you’re covered for next year.”
- 3 Make sure members are enrolled by Dec. 7.

Responding to members

If a member reaches out before Oct. 1 (pre-AEP):

Do not disclose specific plan changes. Instead, answer questions clearly and let them know official updates are on the way.

DO

- Set expectations and reduce confusion
- Answer questions clearly, without encouraging shopping or plan comparisons
- Let them know that official updates will come later in the AEP

DON'T

- Discuss specific plan changes
- Offer new plan options
- Give plan recommendations

Reassure members using statements like:

- “Medicare sends plan updates each year. This is a normal part of the process.”
- “*You may receive information mailed to you in October. We’ll review anything that applies to you together.*”
- “*There’s nothing you need to do right now.*”
- “*If you choose to enroll in a new plan, the enrollment window is Oct. 15 to Dec. 7.*”

If a member reaches out after Oct. 1 (during the AEP):

This is the right time to support plan review, comparisons and enrollment decisions, when applicable.

DO

- Help members understand plan materials and timelines
- Assist with enrollment steps as needed
Expect members to self-enroll
- Ensure members feel guided and not overwhelmed by their choices

DON'T

- Assume members know their deadlines
- Present an overwhelming amount of plan options at once

Encourage reenrollment using the following phrases:

- “*Your current plan is changing, and I can help you understand your next steps.*”
- “*Your care and providers can remain the same.*”
- “*Based on your needs, I recommend this option to keep your coverage consistent.*”
- “*Your enrollment window is from Oct. 15 to Dec. 7 and I’m here to walk you through the process.*”

Reenrollment conversation framework

- 1 Normalize plan changes.**
"Updates happen every year."
- 2 Provide reassurance.**
"Your providers and care team will stay the same."
- 3 Reframe changes to their plan.**
"This is a plan update, not a loss of coverage."
- 4 Recommend a plan personalized to their needs.**
"Based on your needs, this is the plan I would recommend."
- 5 Complete enrollment.**
"I can help you complete next steps today."



How to respond to risk signals

If a member mentions cost:

- 1 Acknowledge their concerns.
- 2 Guide them within their plan family.
"Let's make sure your next plan continues to support your needs."

If a member seems unsure:

Simplify their decision.
"I can guide you through your options and help simplify the process."

If a member mentions shopping for other plans:

Redirect them back.
"You currently receive care from your local health system. I can help you find coverage to stay connected to care from the providers you already know and trust."

If there is a service issue:

- 1 Resolve it quickly.
- 2 Reinforce them.
"We'll make sure that your coverage continues to support your needs."

Contact US

Together, we can make annual plan updates easy for members. If you have any questions, contact our consumer sales team.

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