

Aliera / Unity Call Center Sales Script

You can paraphrase the following: Everything in red must be reviewed with the client!

Mr. /Mrs. _____ I understand you are looking for health coverage for the upcoming year. Can you answer a few questions so I can find the best plan?

1. What state are you currently living in?
2. What zip code do you live in?
3. Are you looking for a plan from the exchange?
4. How many family members are you interested in enrolling?

*You can paraphrase the below language but you must reiterate that it is **NOT INSURANCE** and is not offered by an Insurance Company.*

Thank you! Based on the information you have provided, I'm going to put you on a brief hold and see which plan fits your needs best in your area.

I found a national health program that I believe could be a good fit for you. It is called AlieraCare which is **NOT INSURANCE and is not offered by an Insurance Company**. This program is comprised of two parts; one from Aliera Healthcare which provides your day-to-day healthcare and the other from Unity Healthshare which is a faith-based cost sharing program that provides the hospitalization coverage and is ACA exempt. This program was designed due to the challenges we are facing with the affordable care act and is available this year.

It's intended for people who cannot afford a comprehensive health plan due to the high premium increases for 2017 or who do not want to go onto the healthcare.gov exchange to buy healthcare.

The membership uses First Health a division of Aetna; one of the largest PPO networks in the country. If you travel or just stay local, you will have peace of mind knowing that you can always find a provider for your medical needs.

Depending on the membership you select, these programs share costs relating to:

- Primary Care
- Urgent Care
- Labs & Diagnostics at the primary or urgent care offices
- X-Rays at the urgent care
- Pediatrics for your child's preventive care needs
- Gynecology for women's preventive care
- In and outpatient surgery
- Hospitalization.
- Specialty Care
- Emergency Room
- Maternity
- End of Life situations

And best of all you have a choice of a \$5,000, \$7,500 or \$10,000 Member Shared Responsibility Amount

Now! The hospitalization portion of the membership which provides the ACA Exemption requires that all members agree to live by a Statement of Beliefs which are as follows:

1. You believe that your personal rights and liberties originate from God and are bestowed on us by God.
2. You believe every individual has a fundamental religious right to worship God in his or her own way.
3. You believe it is our moral and ethical obligation to assist our man when they are in need according to our available resources and opportunity.
4. You believe it is your spiritual duty to God and our ethical duty to others to maintain a healthy lifestyle and avoid foods, behaviors or habits that produce sickness or disease to ourselves or others.
5. You believe it is your fundamental right of conscience to direct our own healthcare, in consultation with physicians, family or other valued advisors.

Do you agree?

This membership provides REAL SOLUTIONS for your everyday needs. Plus, in the event you are hospitalized, up to \$1,000,000 per incident (with a \$1,000,000 lifetime maximum) are eligible for cost sharing, depending on which membership you select.

To use the membership it requires you to do the following:

- Activate your membership with Alera
- Activate your telemedicine membership, and use telemedicine as your first call
- To schedule an appointment with the doctor, Alera provides you with a personal concierge customer service representative. You will be required to use it.
- When you feel ill, call the 24/7 TELEDOC line first who will do the Triage and save you time and money! If telemedicine cannot help you, call 844-834-3456 for an appointment

REMEMBER your primary & urgent care medical services are pre-paid, just use it. There are no extra bills after the fact!

Typically 80- 90% of a member's day-to-day health care needs are eligible for health care sharing with this membership.

Now based on all this information, would this membership take care of you and your family's needs? (If YES, proceed with the next line)

This is a month to month membership for health care sharing, and is NOT insurance. It can be canceled with a 30-day notice, but if you cancel it, you could still be subject to the IRS tax penalty for not having health coverage.

A membership like this for you/ or your family would run you \$_____ a month. **The first month will include a one-time application fee of \$125.**

Also, your membership will be effective the first of the month. (if someone buys the membership between the 1st and 15th of the month, it is effective the first of the next month. Between the 15-30, effective date is the 15th of the next month.)

Go for the close!!!

It's a very simple process, all we have to do is verify your information and send you to the verification department for a brief recording. Once this is finished, you will get an email confirmation followed by a package to your house. Before we transfer you over to the verification department, please verify the following:

Verify this information	
First and last name _____ Address _____ Phone number _____	Email _____ DOB _____ SS Number _____

For the first month, did you want to lock this in by checking or credit?

Thank you for verifying this information, you are now ready to be transferred over. Please hold on for me as we prepare your transfer!