2026 OBJECTION HANDLING SHEET (OBJECTIONS ONLY)

“I GOT IT TAKEN CARE OF.”

I hear you — I’m sure you’ve gotten a ton of calls. I’ll go ahead and close out your file. Just so I update it correctly, who did you end up going with: **Blue Cross, United, Cigna, or Aetna?**

And was that through your **employer**, the **marketplace**, or the **private market**?

“WHY DOES THAT MATTER?” / “THAT’S NONE OF YOUR BUSINESS.”

I only ask because you mentioned getting a lot of calls. I’d love to help slow those down. Right now it shows you may not have active coverage, so just to confirm — who did you end up going with: **Blue Cross, United, Cigna, or Aetna?**

And was that employer, marketplace, or private?

“I’M ON A MARKETPLACE PLAN.”

Got it. Were you able to qualify for a subsidy?

Okay, and what is that plan running you per month?

If the cost is high:
That usually doesn’t make sense unless there are major pre-existing conditions. Have you ever heard of **private, medically underwritten insurance**?

If you qualify, those plans often offer **lower rates and stronger benefits** for people in good health.

“I HAVE EMPLOYER COVERAGE.”

That makes sense — employers usually cover at least part of the premium, and the coverage is solid.

From my experience, costs tend to increase quickly when spouses or dependents are added. Is that your situation?

“I’M BUSY.”

Totally understand. You’re probably getting a lot of calls — and I’m guessing you may have already taken care of this, haven’t you?

If yes:
Just so I can close out your file properly, who did you end up going with: **Blue Cross, United, Cigna, or Aetna?**

If no:
Since I have you for a second — what originally had you looking for coverage?

“CALL ME LATER / I DON’T HAVE TIME.”

No problem. I have access to every plan in the state, so I’ll prepare options for you.

Would **later today** or **tomorrow** work better?

“I HAVE A SHORT-TERM PLAN.”

That explains why your file is still open. Short-term plans can be affordable and keep a PPO network, but they don’t have a true max out-of-pocket and can reset every 30–90 days.

What’s that plan running you per month?

For about the same cost, many healthy individuals qualify for **full coverage with better benefits**.

“I’M ON A HEALTH SHARING PLAN.”

That makes sense — many people choose those because they’re more affordable.

A lot of people aren’t aware there are **health-based plans** that offer full coverage for a similar cost.

What’s that plan running monthly, and how many people are on it?

“WHO DO YOU WORK FOR?”

Great question. I’m licensed through the state and contracted with all major carriers like **Blue Cross, United Healthcare, Cigna, and Aetna**.

My role is to narrow down your options and help you understand what actually makes sense for your situation.

“EMAIL ME THE INFORMATION.”

Absolutely — I just want that email to be useful.

There are dozens of plans available, so if we take another minute or two, I can narrow it down to **1–3 options** that fit what you’re looking for.

“WHO PAYS YOU?”

I don’t get paid by the client. I’m compensated by the insurance company after helping place clients into the right plan.

Internal Reminder (2026):
• Do not ask income unless required
• Pivot to health-based qualification when appropriate
• Keep responses calm, short, and confident