Assurity®

FAQ & Objection-Handling Guide

Selling **Accident Insurance** During ACA Enrollment

How to Use This Guide

Clients will have questions or hesitation, that’s normal. Use these responses to acknowledge the concern, keep things simple, and move the conversation forward. Keep it conversational and tied to the ACA health plan you just reviewed.

Simple way to think about it:

Your health plan covers the care. This helps with the costs around it.
The biggest impact comes from bringing this up consistently with every client.

TURN IT UP

Common Client Responses & How to Handle Them

1. I'll think about it.

What it usually means: The client doesn't feel urgency or hasn't seen enough value yet

How to respond

- *That makes sense. The main thing people think about here is what we just looked at with your health plan, the deductible and the out-of-pocket costs you'd be responsible for if something happens.*
- *Even a relatively minor accident can mean multiple visits, tests, and follow-up care. Those costs can add up quickly before your health plan starts to cover more of the expense.*
- *Most people add this so they're not stuck covering all of it on their own. That's usually what they take a second look at.*

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2. I'm healthy. I don't really need this.

What it usually means: They're thinking about health, not accidents

How to respond

- *That's great, and you want to stay that way. This really isn't about your current health, it's about the unexpected.*
- *Something as simple as a fall that results in a broken ankle can mean an ER visit, X-rays, follow-up care, and sometimes physical therapy or recovery time. And you're paying out-of-pocket before your plan really kicks in.*
- *On top of that, you could be dealing with time away from work, which adds another layer of financial stress.*
- *That's usually when people see the value in having coverage so they're not dealing with those costs on their own.*

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3. Doesn't my medical plan already cover accidents?

What it usually means: They don't understand the difference between coverage and out-of-pocket costs

How to respond

- *It does cover medical care. The part that catches people off guard is how much they're still responsible for before that coverage really helps.*
- *With the policy you chose, you've got your deductible and out-of-pocket costs, so you're paying into that first if something happens.*
- *What makes this different is it pays you cash directly. You can use that however you need, whether that's medical bills, rent, or just covering everyday expenses if you're out of work.*
- *This way, you're not trying to figure out how to cover everything at the same time.*

4. I can't afford anything extra right now.

What it usually means: Budget sensitivity or sticker shock

How to respond

- *I understand. A lot of people feel that way, especially when they're already looking at their monthly premium.*
- *What they usually look at next is the other side of it. With the policy you chose, you still have that deductible and out-of-pocket responsibility if something happens.*
- *Even a relatively small accident can turn into a few thousand dollars pretty quickly, especially when you factor in follow-up care or recovery time.*
- *That's why there are different coverage levels. Some people just start with a basic option, often around a dollar a day, so they have a way to handle those costs if something happens. This is how most people approach it.*

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5. Is this really necessary?

What it usually means: They're weighing value vs. cost

How to respond

- *It depends on your situation. Some people are comfortable taking on the out-of-pocket costs in their policy, like the deductible and copays if something happens.*
- *Others prefer a way to handle those costs, so an unexpected accident doesn't turn into a bigger financial hit.*
- *When you factor in follow-up care, recovery time, or time away from work, it can add up quickly.*
- *It really comes down to how you want to handle that risk.*

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6. I already have other coverage.

What it usually means: They may have something, but aren't sure how it works

How to respond

- *That's great. A lot of people already have some coverage.*
- *What we usually look at is how it works with your plan. Most coverage still leaves you with deductibles, copays, and out-of-pocket costs if something happens.*
- *What makes this different is it pays you cash directly, and you can use it however you need, whether that's medical bills or helping to cover expenses if you miss work.*
- *It's just another layer so everything doesn't fall back on you.*

7. I just want to focus on my health plan today.

What it usually means: They feel rushed or want to simplify the conversation

How to respond

- *Totally understand. We'll keep this quick.*
- *With the plan you chose, you've got that deductible and out-of-pocket costs if something happens. This is just a simple way to add a little extra protection on top of that.*
- *It's easy to get. No medical exams or health questions. You can think of it as an extension of your health plan.*
- *It only takes a minute to walk through.*

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8. This feels like a lot to decide all at once.

What it usually means: They're overwhelmed during enrollment

How to respond

- *I get that. There are a lot of decisions coming at you.*
- *The way most people handle this is to keep it simple. They'll choose a basic level of coverage to help with the deductible and out-of-pocket costs in their plan if something happens.*
- *It's easy to add. No medical exams or health questions. And since it pays cash directly to you, it gives you flexibility, whether that's covering your deductible or everyday expenses if you miss work.*
- *It doesn't have to be a big decision, just something simple to help protect you from a larger expense later.*

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9. I've never needed something like this before.

What it usually means: They're basing decisions on past experience

How to respond

- *That's great. Hopefully it stays that way.*
- *The reality is, most people will have some kind of accident at some point in their lives, even something small like a broken ankle. When that happens, you're still responsible for the deductible and out-of-pocket costs in your health plan before the coverage really kicks in.*
- *And it's usually more than just one visit. It can be follow-up care, physical therapy, or recovery time, and if you miss time from work, that's another layer to think about.*
- *This helps make sure you're not dealing with all of that on your own if it happens.*

10. How often does something like this really happen?

What it usually means: They're questioning likelihood

How to respond

- *More often than people expect. About 1 in 5 people need medical care for an injury each year.*
- *And it's usually everyday things, like a fall at home or a car accident.*
- *Even something like a broken ankle can lead to an ER visit, X-rays, follow-up care, and out-of-pocket costs before your health plan really kicks in.*
- *And if you miss time from work, that's another layer.*
- *It's why people choose this coverage, just to be prepared if it happens. That's what most people are looking for.*

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11. How does this actually pay out?

What it usually means: They don't understand how or when they receive money

How to respond

- *It's pretty straightforward. If you have a covered accident and receive treatment, you submit a claim and get paid cash benefits directly to you.*
- *That's based on the care you receive, things like the initial visit, X-rays or other tests, follow-up care, and sometimes recovery-related services.*
- *And you can use that money however you need, whether that's medical bills or everyday expenses.*

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12. What kinds of things does this actually cover?

What it usually means: They think it may only apply to major or rare accidents

How to respond

- *It covers a range of things tied to an accident. That includes the initial care like an ER or urgent care visit, diagnostic tests like X-rays, and then continued care like follow-up visits or physical therapy.*
- *So it's not just the injury itself, it's the care and recovery that come with it.*
- *That's usually where the costs start to add up.*

13. When would I actually use this?

What it usually means: They're struggling to picture a real-life situation where this applies

How to respond

- *Most people end up using it for everyday situations, things like a fall at home, a car accident, or something that happens at work or during activities.*
- *It's usually not something major, but those are the situations where you're dealing with out-of-pocket costs before your health plan really kicks in.*
- *That's where this tends to help.*

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14. Who can I include on this policy?

What it usually means: They're thinking about family needs and value

How to respond

- *You can choose what fits your situation. You can cover yourself, your family, or even just your kids depending on what makes the most sense.*
- *A lot of people like having that extra protection for their family, especially since kids and everyday activities tend to come with a higher chance of accidents.*

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15. How easy is it to get approved?

What it usually means: They're worried about underwriting, delays, or being declined

How to respond

- *It's very easy. There are no medical exams or health questions, so you don't have to go through any underwriting.*
- *It's designed to be simple to add during enrollment, which is why a lot of people choose to include it at the same time as their health plan.*

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16. How much does this cost?

What it usually means: They're evaluating affordability but may hesitate to ask directly

How to respond

- *It depends on the level of coverage you choose, but there are options that fit most budgets.*
- *Some people start with basic coverage just to have some level of protection, and others choose more coverage depending on their situation.*
- *The goal is to have something that fits comfortably so you're protected without stretching your budget.*

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