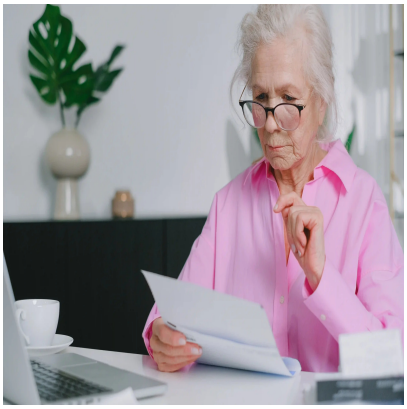

Aged Medicare Leads vs. Real-Time Medicare Leads During AEP

Description

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By James Schulze

This article discusses the differences between aged and real-time Medicare leads and the benefits each lead type offers agents. It also touches on the need to ensure compliance and how agencies can select the best blend of Medicare leads to increase their enrollments during AEP.

The Medicare Annual Enrollment Period (AEP) creates one of the busiest marketing seasons of the year for insurance agents. Between October 15th and December 7th, millions of Medicare beneficiaries have an opportunity to review their current coverage and make changes for the coming year. For agents, that means opportunity â?? but also competition.

One of the most important decisions when building an AEP marketing strategy is whether to purchase aged Medicare leads, real-time Medicare leads, or a combination of both. The answer is not that one type of Medicare lead is inherently better than the other. They are different products with different costs, sales processes, and advantages (read our blog, â??What Are Health Insurance Leads? Medicare vs. ACA Leads Explainedâ?•).

For many agencies, the strongest AEP strategy may be understanding how to use both. The Leads Warehouse is able to provide expert advice on which leads will perform best based on operational abilities. The Leads Warehouse is also skilled at helping companies understand the tech requirements for posted real-time Medicare leads.

What are aged Medicare Leads?

Aged Medicare leads are consumers who previously expressed interest in Medicare information but whose original inquiry occurred sometime in the past. Depending on the lead, that could mean weeks or months ago. The lead buyer chooses the age of the lead.

Aged Medicare leads might initially sound like a disadvantage. But during AEP, Medicare has an important characteristic that makes Medicare aged leads different from aged leads in many other industries: **the consumer has a new reason to shop again.**

Plans, premiums, benefits, provider networks, prescription drug coverage, and individual circumstances can change from year to year. A consumer who explored Medicare options months ago may now become a relevant prospect again when AEP arrives.

AEP effectively creates a new marketing opportunity with an existing pool of Medicare prospects. Aged Medicare leads provide the most volume for the money for an agent, and more volume generally equals more opportunity.

Why aged Medicare leads can work during AEP

The biggest advantages of aged Medicare leads are cost and volume. Aged leads can generally be purchased for considerably less than newly generated real-time Medicare leads (read our blog, â??How Much Do Medicare And ACA Leads Cost In 2026?â?•). That allows an agent or agency to acquire a much larger prospecting universe for the same marketing budget. For example, an agency trying to keep a team of outbound agents busy throughout AEP may benefit more from thousands of lower-cost aged Medicare leads than from a much smaller number of higher-cost real-time leads.

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But aged Medicare leads need to be worked to make contact. The Leads Warehouse has a suggested dialing, texting, and emailing cadence to reactivate leads. Automation is key. High-volume auto-dialers are a necessity. Consumer response to quality SMS messages is a proven way to reactivate leads, and platforms like SalesGodCRM are a dynamite means to contact consumers. Email is very effective; just check domain strength to ensure deliverability rather than hitting spam.

An agent should not call a consumer months after the original inquiry and speak as though the person just requested information. That can immediately damage credibility. The Leads Warehouse provides a proven aged leads script with every order.

AEP itself provides a natural reason to reconnect. The objective is to reactivate the consumer, determine whether they are interested in reviewing their Medicare options for the coming year, and move interested consumers into the appropriate sales process.

What are real-time Medicare leads?

Real-time Medicare leads are generated when consumers respond to marketing and indicate an interest in receiving Medicare information. Once the consumer completes the lead process, their information can be *immediately* delivered electronically to the agency.

The primary advantage is obvious: **recency**. The consumer has just taken an action related to Medicare. During AEP, when consumers are actively reviewing their coverage, that can be particularly valuable. However, the agency pays more for that recency. Real-time Medicare leads typically carry a significantly higher cost per lead than aged Medicare leads.

The economics depend heavily on what happens after the lead arrives. A real-time Medicare lead needs to be called within **8 seconds** to ensure the greatest connection rates. SMS remains central to real-time Medicare lead activation. Coupling real-time Medicare leads to SalesGodCRM with SMS and calls doubles the number of contacts. A winning SMS message ties it to the call and asks the consumer to look out for the call and pick it up. SMS and calls together create legitimacy for the consumer.

The cost difference changes the strategy

Aged and real-time Medicare leads should not be compared simply by looking at conversion rates. Consider an agency that can purchase substantially more aged Medicare leads for the same amount it would spend on a smaller real-time campaign. The real-time leads may produce a higher contact or conversion rate, but the aged campaign may generate more total opportunities because of its scale.

The opposite can be true. An agency without the technology, dialing capacity, or follow-up infrastructure to work large aged-lead volumes may achieve better economics by purchasing fewer real-time leads.

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The relevant metric is ultimately not just cost per lead. It is **cost per acquisition.** If a more expensive real-time Medicare lead produces customers efficiently, it may be the better investment. If inexpensive aged Medicare leads can be worked efficiently at scale, they may produce an excellent acquisition cost despite lower individual conversion rates. In either case, the sales process and tech stack need to be optimized for the type of Medicare lead.

Finally, scripting is paramount. Beginning an aged Medicare leads consumer conversation with â??you just appliedâ?• is not an effective script. With real-time Medicare leads, a well-vetted closing script must be ready. Real-time Medicare leads are requesting a call in real-time. The consumer expects the agent to be on point.

Aged Medicare leads require persistence

Real-time leads benefit from recency. Aged leads depend more heavily on process. A consumer may not remember the original inquiry. They may not answer the first call. They may already have Medicare coverage and have given little thought to changing it.

That means aged Medicare lead campaigns generally require multiple contact attempts and a disciplined reactivation strategy. A Medicare agency using aged leads must remember that multiple contact attempts can create a â??spam likelyâ?• label on caller IDs. DID remediation processes must be part of a Medicare agencyâ??s best practices.

For agencies with outbound dialing teams, this can be an advantage rather than a problem. Aged Medicare leads can provide enough volume to keep agents consistently prospecting throughout AEP instead of waiting for new real-time opportunities to arrive. The economics are built around **volume, persistence, and efficient outreach.**

Real-time Medicare leads require capacity too

Real-time Medicare leads create a different capacity problem. An agency may be able to afford 1,000 real-time leads in a day, but that doesnâ??t mean its agents can effectively work 1,000 new leads while

also following up with yesterdayâ??s prospects, completing appointments, answering inbound calls, and handling existing customers. AEP compresses an enormous amount of activity into seven weeks, so lead volume should be matched to actual agent capacity.

Purchasing more real-time Medicare leads than an agency can immediately work can turn an expensive marketing asset into an expensive backlog. There is a solution. Using technology and automation can increase the volume of leads worked. Again, tech like SalesGodCRM and email automation allows more contact. Proper dispositioning of leads is also a critical and overlooked best practice. Proper dispositioning of leads keeps a Medicare agency focused on the consumers most likely to close and sets proper follow-up rules for consumers that need more time.

Compliance applies to both lead types

Whether a Medicare lead is aged or real-time, agencies need to understand the rules governing how consumers can be contacted and how Medicare products can be marketed. AEP 2027 also arrives with the Centers for Medicare and Medicaid (CMS) changes that affect the Medicare sales environment, including changes involving Scope of Appointment (SOA) procedures and Third-Party Marketing Organizations (TPMOs). For more information on CMS changes, read our blog, â??AEP 2027 Is Coming â?? What Medicare Agents Should Be Doing Right Now.â?•

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Lead age does not eliminate compliance obligations. Agencies should understand how leads were generated, what consumer permissions were obtained, what communication methods are appropriate, and how current CMS requirements affect the sales process. Compliance should be built into both the marketing strategy and the agent workflow before AEP begins.

Why a blended Medicare lead strategy can make sense

For many agencies, the choice does not need to be aged **or** real-time leads. A blended strategy can allow each product to serve a different role.

- **Aged Medicare leads** can provide the base prospecting volume that keeps outbound agents working throughout the day.
- **Real-time Medicare leads** can provide fresh opportunities that receive priority when they enter the CRM.

So, an agency might have agents working aged leads continuously while automatically moving newly generated real-time leads to the front of the contact queue. This can help balance cost, volume, and recency. It also offers flexibility. If real-time lead costs or availability change during AEP, the agency still has an aged lead pipeline to work. If the agency develops additional capacity, real-time volume can potentially be increased.

Lastly, at The Leads Warehouse, we tell our clients that todayâ??s real-time Medicare leads are tomorrowâ??s aged Medicare leads. The real-time Medicare leads should be worked on a long-term cadence. Research from SiriusDecisions (now part of Forrester) found that up to 80% of prospects disqualified or discarded by sales eventually buy something within **18 to 24 months**. This confirms that a massive majority of leads require far longer than a standard 30- to 60-day window to make a purchasing decision, and that sales teams routinely mark them as â??deadâ?• opportunities too early.

Which Medicare leads are better during AEP?

Neither aged Medicare leads nor real-time Medicare leads are automatically better. They solve different marketing problems.

- **Aged Medicare leads** can be particularly effective for agencies that want lower-cost volume and have the dialing, staffing, and follow-up infrastructure to reactivate older prospects.
- **Real-time Medicare leads** can be particularly effective for agencies willing to pay more for recent consumer interest and capable of contacting those consumers quickly.

The mistake is purchasing one product while operating a sales process designed for the other. An aged Medicare lead should not be treated like a fresh inquiry. A real-time Medicare lead should not sit in a dialing queue for hours.

Conclusion

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AEP creates a limited window in which Medicare consumer interest, agent activity, and marketing competition all increase. The agencies positioned to take advantage of that window are not necessarily those purchasing the most expensive leads or the greatest number of leads. They are the agencies that are matching their lead strategy to their actual sales operation. For some, that means using aged Medicare leads to create scale. For others, it means focusing on real-time Medicare leads and rapid response. And for many larger agencies, the best approach may be combining both.

The goal during AEP should not be to decide whether aged Medicare leads or real-time Medicare leads win the comparison. The goal is to determine which combination produces the lowest sustainable customer acquisition cost for your agency â?? and then scale what works. Are you ready to talk about how you can grow your Medicare sales pipeline for AEP?

About the author

James Schulze is the President and CEO of The Leads Warehouse, a marketing data company with over 20 years of experience in bringing lead generation solutions to companies selling into the home, automotive, financial, insurance, health and life, and legal sectors. He works directly with clients to optimize conversion strategies and ROI across multiple verticals.

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If you are serious about growing your Medicare business, the right mix of leads is important. Our team works with agencies to maximize their ROI on health insurance sales leads. Call **1-800-884-8371** or visit The Leads Warehouse to get started.

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