YourPlanChoice, LLC

WEBSITE POLICY

Effective Date: September 2026
Review Frequency: Annual or as regulations change
Version: 1

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1. Purpose

This policy establishes standards and procedures governing the creation, publication, maintenance, and monitoring of websites and landing pages related to Medicare products and services.

The purpose of this policy is to ensure compliance with:

- Centers for Medicare & Medicaid Services (CMS) regulations
- CMS Medicare Communications & Marketing Guidelines
- 42 CFR Part 422 Subpart V - Medicare Advantage Communication Requirements
- 42 CFR Part 423 Subpart V - Part D Communication Requirements
- Telephone Consumer Protection Act (TCPA)

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2. Scope

This policy applies to all licensed insurance agents and brokers who are contracted to sell Medicare Advantage or Part D Prescription Drug plans through YourPlanChoice LLC (YPC) who create or use:

- A corporate website and/or landing page
- A Personal URL (PURL)
- Permission to Contact forms

3. Definitions

3.1 CMS

Centers for Medicare & Medicaid Services.

3.2 TPMO

Third-Party Marketing Organization - an organization or individual, including an independent agent or broker, that is compensated to perform **lead generation, marketing, sales, or enrollment-related functions** as part of the enrollment process for health plans, particularly in the Medicare context.

3.3 Communication Materials

Any materials used to provide information to beneficiaries about Medicare. Communication materials cannot reference specific plan benefits or include images of them.

3.4 Marketing Materials

Any materials intended to draw a beneficiary's attention to a Medicare plan, product, or service and/or influence a beneficiary's decision when selecting a plan, and the material addresses plan specific content. *Examples include mentioning specific benefits (e.g., dental, vision, and/or hearing) or premiums/copays*.

3.5 Standardized Material Identification (SMID)

A unique code used to track approved Medicare marketing materials.

3.6 Beneficiary Data

Any consumer information collected through website forms, cookies, analytics tools, calls, chats, or enrollment systems.

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4. Website Content Standards

4.1 Basic Requirements

All websites subject to this Policy must:

- Be truthful and not misleading

- Display company name and/or logo, along with a statement that it is a non-government entity
- Display company phone number, TTY option (TTY: 711), and hours of operation
- Use the term ‘Medicare beneficiaries’ - NOT ‘Seniors’ or ‘Medicare recipient’.
- Refer to agents as ‘Licensed Insurance Agents’ or ‘Licensed Sales Agents’
- Clearly identify type of product(s) being offered
- Keep Medicare Advantage content separate and distinct from other lines of business, including Medicare Supplemental Insurance Plans.
- If Marketing, display the SMID in bottom left corner
- During Non-AEP periods, display Special Enrollment Period (SEP) qualifiers, early and often (Ex: New to Medicare, Turning 65, On Medicare and recently moved, Medicare eligible and lost health coverage)

4.2 Prohibited Content

CMS prohibits misleading marketing practices and deceptive communications.
The following phrases, concepts, and images are prohibited, unless specifically substantiated and approved:

- “Guaranteed savings”
- Misleading urgency tactics
- False government affiliation and/or “Official Medicare website”
- Use of red/white/blue, American flag, or Medicare card, without CMS approval
- Misrepresentation of benefits
- Deceptive countdown timers
- Requirement that beneficiaries enter anything other than zip code, county, or state for access to non-beneficiary specific website content
- Unapproved superlative claims – e.g., “Best Medicare plan”

4.3 Required Website Disclosures

The following disclosures must appear in at least 12pt font, where applicable:

Non-Government Affiliation Disclosure

"[COMPANY NAME] is a privately owned and operated agency and is not affiliated with or endorsed by the U.S. government or the federal Medicare program."

TPMO Disclaimer (areas in yellow requires the agency or agent to enter the applicable information)

"We do not offer every plan available in your area. Currently we represent [NUMBER] organizations which offer [NUMBER] products in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all your options."

Federal Contracting Statement

[Partner/Agency] represents Medicare Advantage [HMO, PPO and PFFS] organizations [and stand-alone PDP prescription drug plans] that have a Medicare contract. Enrollment depends on the plan's contract renewal.

Medicaid for DSNP - Plans are insured by a Medicare Advantage [HMO, PPO and PFFS] organization [and a stand-alone PDP prescription drug plan] with a Medicare contract and/or a Medicare-approved Part D sponsor. Dual Eligible Special Needs [HMO SNP, PPO SNP] plans have a contract with Medicare and a contract with the state Medicaid program. Enrollment depends on the plan's contract renewal.

Special Enrollment Period

[Enrollment in a plan may be limited to certain times of the year unless you qualify for a Special Enrollment Period or you are in your Medicare Initial Enrollment Period.]

SSBCI

*[The benefits mentioned][This spending allowance] [Chronic Condition Care Assistance] [Music Therapy] [Humana cell phone benefit] is a special supplemental benefit program for members with specific chronic conditions who require intensive care coordination and are at a high risk of hospitalization or other adverse health outcomes. Qualifying conditions may include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. [Some plans require at least two chronic conditions.] See the plan's Evidence of Coverage/Member Handbook for details. [If you use this program for rent or utilities,

Housing and Urban Development (HUD) requires it to be reported as income. Contact your local HUD office with questions.]

For PY 2027- UHC Additional disclaimers for D-SNP and C-SNP plans are required after the SSBCI disclaimer.

[For UnitedHealthcare **D-SNP plans**, the [healthy food] [and] [utilities] benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified chronic conditions not listed.]"

[For UnitedHealthcare **C-SNP plans**, the healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria.]

Aetna: The benefit(s) mentioned are part of special supplemental benefits for the chronically ill (SSBCI). SSBCI conditions include but are not limited to: hypertension, hyperlipidemia, diabetes, cardiovascular disorders, and chronic lung disorders. Eligibility is determined by whether you have a chronic condition associated with the benefit(s) and you meet all other criteria. Even if you have a listed chronic condition, you may not necessarily receive the benefit because other eligibility and coverage criteria may apply. Standards and conditions vary for each benefit. Contact us to confirm the specific SSBCI condition requirements for the benefit(s) for this plan and determine your eligibility.

Wellcare: Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan's Evidence of Coverage/Member Handbook.

If the piece features Devoted Health or the Food & Home Card: Please swap in Devoted's exact, approved CMS disclaimer:

"The Food & Home Card is a special supplemental benefit offered on certain plans and available only to chronically ill members with conditions like diabetes, chronic heart failure, cardiac arrhythmias, coronary artery disease, or peripheral vascular disease; qualifying conditions vary by plan. All applicable plan coverage criteria must be met and other conditions are eligible. Not all members qualify."

For Devoted - If this is a generic Multi-Plan piece (no specific carriers or card names mentioned):

*"**[This spending allowance]** is a special supplemental benefit program for members with specific chronic conditions. Qualifying conditions may include diabetes mellitus, cardiovascular disorders, chronic lung disorders, or chronic heart failure, among others; qualifying conditions vary by plan. All applicable plan coverage criteria must be met. Not all members qualify."*

General Benefits

Not all plans offer all of these benefits. Benefits may vary by carrier and location. Limitations and exclusions may apply. [Partner/Agency] not connected/endorsed by government entity.

Part B

The Part B Premium Reduction or Giveback benefit pays part of your Part B premium and the amount may change based on the amount you pay for Part B. It may take several months before the giveback appears in your social security check. Actual Part B premium reduction could be lower.

Star Rating

Every year, Medicare evaluates plans based on a 5-star rating system.

Licensing Disclosure

"Licensed Insurance Agency."

Carrier Disclosure

Carrier names must always appear on Marketing websites, but ***NOT*** listed within the disclaimer section.

Sample: Plans are offered by our partners: [carrier 1,] [carrier 2,] [and carrier 3].

5. Permission to Contact Requirements

5.1 Consent Standards

All lead collection/permission to contact forms must:

- Clearly identify the marketing purpose
- Only require the following fields: zip code, county, and state. All other fields must be marked as optional and skippable.
- Require affirmative consumer consent
- Inform consumers that a licensed insurance agent will contact them before form completion.
- Meet the written one-to-one consent requirements:
    - *For 1099 independent contractors, each agent is considered a TPMO.
        - Ex: Two independent field agents (1099 agents) who work for the same agency are not allowed to share beneficiary contact data without prior express written consent. However, CMS allows the sharing of beneficiary contact data between two employee agents (W-2 agents) within the same organization.
- Identify communication methods (i.e., automated technology, SMS/MMS messages, AI generated voice, and pre-recorded and/or artificial voice messages)
- Include TCPA-compliant consent language
- Prohibit pre-checked consent boxes
- For multiple lines of business, consumers must be able to select which line of business they want information about and ONLY be contacted about selection(s).
- Include opt-out information
- Sample:
    - *By providing my information above, I am providing my express written consent to permit [specific name of licensed insurance agent or agency] [to contact me or to have a licensed insurance agent contact me] at the number provided for marketing purposes, including through the use of automated technology, SMS/MMS messages, AI generated voice, and pre-recorded*

and/or artificial voice messages. Message and data rates may apply. Your consent applies even if your telephone number is currently listed on any federal, state, or internal Do Not Call registry. The consumer can change his or her permission preferences at any time by contacting [Agency name]. I acknowledge my consent is not required to obtain any good or service and to be connected without providing consent I can call [xxx-xxx-xxxx]."

☐ I verify that the contact information entered is correct and is my personal information and that I am over 18 years of age.

5.2 Data Sharing Restrictions

Consumer data may not be:

- Sold or shared beyond disclosed parties
- Used for unrelated marketing purposes

5.3 Record Retention

The organization shall maintain:

- Consent records, including but not limited to, IP logs and timestamp records
- Form submissions

Retention periods shall comply with CMS and applicable state requirements.

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6. Website Monitoring & Review

6.1 Compliance Review

All licensed insurance agents and/or agencies should perform their own review of Medicare related website content before publication to ensure they meet the standards contained herein. See Appendix C.

Review areas include:

- Marketing vs. Communications
    - Once your review is complete, and if the website contains marketing content, then you must follow the marketing compliance review process.

- CMS disclosures
- CMS prohibited content
- Permission to Contact forms
- Approved branding usage
    - You are responsible for obtaining carrier logo approval on communication websites

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7. Marketing Material Approval Process

7.1 Submission Requirements

Materials requiring review may include:

- Websites/Landing pages
- Permission to Contact forms
    - If your Humana contract is through YPC, any asset that includes a Permission to Contact form must be submitted to Humana for review. Please work with your upline and AmeriLife affiliate partner to submit all required materials.

Materials are only approved for each Plan Year. Websites that will be used to market sales that will be sold through YourPlanChoice must be resubmitted to AmeriLife Marketing Compliance and approved for every Plan Year. Plan Year runs every year from October 1 – September 30 of the following year.

Websites must also be reapproved any time material changes are made to the approved website.

7.2 CMS/Carrier Approval

Where applicable:

- All marketing materials shall be submitted through Health Plan Management System (HPMS). Please work with your upline and AmeriLife affiliate partner to file all required materials.
- Carrier approvals must be documented - if your marketing materials are submitted to HPMS through YPC, then YPC will retain documentation. If you submit the

marketing materials to HPMS you are required to maintain documentation for a minimum of ten years.

- CMS material identification numbers (SMIDs) must be identified on all approved Marketing websites
- Carrier logos require carrier approval
    - You are responsible for obtaining carrier logo approval on communication websites

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8. Third-Party Oversight

All agencies, TPMOs, and affiliates must:

- Follow this policy
- Submit all materials through your respective affiliate partner to the YPC Marketing Compliance team for review and approval
- Maintain required records
- Cooperate during audits

Any non-compliance identified by YPC or a carrier will require immediate correction; failure to remediate an identified issue may result in further action, up to and including contract termination.

Appendix A — Required Footer Example

[COMPANY NAME] is a privately owned and operated agency and is not affiliated with or endorsed by the U.S. government or the federal Medicare program.

We do not offer every plan available in your area. Currently we represent [NUMBER] organizations which offer [NUMBER] products in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all your options.

[Partner/Agency] represents Medicare Advantage [HMO, PPO and PFFS] organizations [and stand-alone PDP prescription drug plans] that have a Medicare contract. Enrollment depends on the plan's contract renewal.

[Enrollment in a plan may be limited to certain times of the year unless you qualify for a Special Enrollment Period or you are in your Medicare Initial Enrollment Period.]

Appendix B – Supplement Insurance plans

Agencies or entities contracted only to market or sell **Medicare Supplement Insurance** products are not subject to the CMS website approval requirements, as Medigap products are regulated at the state level.

For all Medicare Supplement member or prospect-facing materials refer to the NAIC Model 660 – Rules Governing Advertisements of Medicare Supplement Insurance for general guidelines.

- Identify as a Medicare Supplement Insurance plan
- The differences between a Medicare Advantage plan and Medicare Supplement Insurance plan should be explained clearly and accurately.
- Make clear that beneficiaries must choose either a Medicare Supplement plan or a Medicare Advantage plan, as enrollment in both at the same time is not permitted.
- In plan comparison/shopping websites, Medicare Supplement Insurance plans and Medicare Advantage plans and related content should be in separate sections and clearly be distinguished from each other.
- Limit use of the term "Medigap" in materials about Medicare Supplement Insurance Plans.
- Materials with the intent to promote and solicit the sale of a Medicare Supplement Insurance plan should contain the following disclaimers. For materials utilized in New Hampshire, state regulation requires the *italicized* text below to be prominently displayed immediately at the top of a piece or on the front of an envelope.

    - PLEASE NOTE: Medicare Supplement insurance is available to those age 65 and older enrolled in Medicare Parts A and B and, in some states, to those under age 65 eligible for Medicare due to disability or End-Stage Renal disease.
    - Medicare Supplement insurance plans are not connected with or endorsed by the U.S. government or the federal Medicare program.
    - *The purpose of this communication is the solicitation of insurance. Contact will be made by a licensed insurance agent/producer or insurance company.*

Appendix C — Website Compliance Checklist

Requirement	Status
TPMO disclaimer present	☐
FCS disclaimer present	☐
Other CMS disclosures present	☐
TCPA consent language included	☐
SMID or Red Oak ID on webpages, if applicable	☐
Carrier approvals documented	☐
Company name/logo	☐
Phone number, TTY, hours	☐
If Marketing, content written out in a Word document with screen shots	☐
Non-AEP use – SEP qualifiers present	☐

Recommended Official Resources

- CMS Medicare Marketing Guidelines
- YourPlanChoice Medicare Annual Enrollment Period and Prescription Drug Guidance