

## Humana's Required Medicare Disclaimers for Third Party Marketing Organizations (TPMOs)

Based on the Federal Register Monday, April 23, 2024 / Rules and Regulations.

- The language in these disclaimers should be used as written and cannot be broken up throughout a document, unless noted as “example text”.
- Disclaimers must be prominently displayed on the material and readable by the average person and must be of similar font size and style as the rest of the content.
- Revised guidance is in red font.
- [Bracketed] information is intended to be variable and must be edited to fit specific materials. Brackets should be removed at time of publication.

The following does not encompass all required CMS disclaimers but displays the most commonly & frequently used Medicare Marketing disclaimers and other statements that Humana requires be included in certain scenarios.

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Source	Type of Disclaimer/Statement	When to Use	Disclaimer/Statement Language
42 CFR Section(s): 422.2267(e)(30) 423.2267(e) (32)	Multiplan Federal Contracting Statement for Sales Agencies / Medicare Advantage  (marketing)	Use on Multiplan Medicare Advantage MARKETING materials created by TPMOs. On call scripts that meet the definition of marketing, such as sales scripts and enrollment scripts, this statement must be verbally conveyed. Not required on ID cards, banners and banner-like ads, envelopes, outdoor advertising, text messages, and social media.  Bracketed content is variable.	<i>[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.</i>
42 CFR Section(s): 422.2267(e)(30) 423.2267(e) (32)	Federal Contracting Statement for Lead Companies  (marketing)	Use on Lead Companies’ multi-plan MARKETING materials used to generate Medicare Advantage leads that are sold to sales agent/agencies. On call scripts that meet the definition of marketing, such as sales scripts and enrollment scripts, this statement must be verbally conveyed. Not required on ID cards, banners, banner-like ads, envelopes, outdoor advertising, text messages, and social media.  Bracketed content is variable.	<i>Participating sales agencies represent Medicare Advantage [HMO, PPO and PFFS] organizations [and stand-alone PDP prescription drug plans] that are contracted with Medicare. Enrollment depends on the plan’s contract renewal.</i>
42 CFR Section(s): 422.2267(e)(32)	Accommodations Disclaimer  (marketing & communications)	Required on all advertisements and invitations to events (educational and marketing).	For accommodations of persons with special needs at meetings call <insert phone and TTY number>.
42 CFR Section(s): 422.2267(e)(35) 423.2267(e)(36)	Promoting Drawings, Prizes or Free Gifts  (marketing)	Required when promoting drawings, prizes, or free gifts. Convey that there is no obligation to enroll in a plan. Model content may be provided in disclaimer form or within the material.	<Describe free gift, drawing, prizes or giveaway item or service> with no obligation to enroll.  <b>Example:</b> “Eligible for a free drawing, gift, or prizes with no obligation to enroll.”  <b>Example:</b> “Free gift without obligation to enroll.”
Humana Legal Disclaimer	Allowance Disclaimer  (marketing & communications)	Use on any material that mentions benefit allowance such as OTC, Healthy Options, Flex allowance, Spending Card	Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.

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State Requirement	Florida DE SNP Mailing Statements (marketing & communications)	PY2026 FL DSNP shall display one of the four statements verbatim on the front of envelope, or if no envelope on the mailing itself on mailing materials to Enrollees.	(1) Advertising pieces – “This is an advertisement.” (2) DSNP information – “Important DSNP information” (3) Health and wellness information – “Health and wellness or prevention information” (4) Non-health or non-DSNP information – “Non-health or non-DSNP related information”
42 CFR Section(s): 422.2267(e)(32)	NEW: Special Supplemental Benefits for the Chronically Ill (SSBCI) Disclaimer (marketing)	<p>Must be used whenever PY2026 SSBCI benefits are mentioned.</p> <p>For television, online, social media, radio or other voice-based ads, either read the disclaimer at same pace, or display the disclaimer in same font size as the advertised phone number or other contact information.</p> <p>For Outdoor ads, display the disclaimer in same font size as phone number or other contact information.</p> <p>Materials with SSBCI benefits should be indicated with an asterisk to identify the benefit that this disclaimer may apply to.</p> <p><b>PY2025 SSBCI Benefits:</b> Chronic Condition Care Assistance, Healthy Options Allowance, Extra Debit Card (PR only), Music Therapy</p> <p><b>PY2026 SSBCI Benefits:</b> Chronic Condition Care Assistance, Healthy Options Allowance, Extra Debit Card (PR only), Music Therapy</p> <p>HUD disclaimer variable must be present when marketing allowances that would pay for utilities and/or rent.</p>	*[This spending allowance] [Extra Debit] [Chronic Condition Care Assistance] [Music Therapy] is a special program for members with specific health conditions. Qualifying conditions 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 conditions and other requirements apply. See the plan's Evidence of Coverage for details. [If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.]

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42 CFR Section(s): 422.2267(e) (41) 423.2267(e)(41)	Materials Developed by a Third-Party Marketing Organization (TPMO) Disclaimer  (marketing)	Required to be:  (ii) Verbally conveyed within the first minute of a sales call.  (iii) Electronically conveyed when communicating with a beneficiary through email, online chat, or other electronic means of communication.  (iv) Prominently displayed on TPMO websites.  (v) Included in any marketing materials, including print materials and television advertisements, developed, used, or distributed by the TPMO.	<p>If a TPMO <b>does not sell for all</b> MA organizations and/or Part D sponsors in the service area the disclaimer consists of the statement:</p> <p>We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1–800–MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.</p> <p>If the TPMO <b>sells for all</b> MA organizations and/or Part D sponsors in the service area the disclaimer consists of the statement:</p> <p>Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact Medicare.gov, 1–800–MEDICARE, or your local State Health Insurance Program (SHIP) for help with plan choices.</p>

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42 CFR Section(s): 422.2267(e)(31) 423.2267(e)(33)	Star Ratings Disclaimer (marketing)	<p>Use on material that reference star ratings. Any reference to a contract’s Star Rating must make it clear that the rating is “out of five (5) stars.” Letters, numbers, graphic representation, or any combination may be used.</p> <p><b>Note:</b> Plan cannot create its own gold star to convey a 5-star rating. Must clearly identify which Star Ratings contract year applies. Include in disclaimer form or within the material whenever Star Ratings are mentioned in marketing materials, with the exception of when Star Ratings are published on small objects (that is, give-away items such as pens or rulers). Because of the space limitations associated with electronic media such as search ads and social media, it is acceptable to provide the Star Ratings disclaimer to the viewer when they click on the ad.</p>	Every year, Medicare evaluates plans based on a 5-star rating system.
42 CFR Section(s): 422.2267(e)(38)	Part D Sponsors with Limited Access to Preferred Cost Sharing Pharmacies (marketing & communications)  Updated 4/16/2025	<p><b>Humana Specific</b></p> <p>Required on Plan year 2025 and 2026 materials to be used in coordination with the Humana Premier Rx Plan (PDP) and the Humana Value Rx Plan (PDP).</p> <p>This is not required for any other PDP plan or MAPD plan on Individual or Group Medicare</p>	The Humana Premier RX Plan (PDP) and the Humana Value RX Plan (PDP) Prescription Drug Plan pharmacy networks include limited lower-cost, preferred pharmacies in urban areas of AR, CT, DE, IA, IN, KY, MA, ME, MI, MN, MO, ND, NJ, NY, OH, RI, SD, WI; suburban areas of CT, DE, HI, IN, MA, MI, MN, MT, ND, NJ, NY, OH, PA, PR, RI, WI, WV; and rural areas of IA, MN, MT, ND, NE, SD, VT, WY. There are an extremely limited number of preferred cost share pharmacies in urban areas in the following states: DE, MI, MN, ND; suburban areas of MT and ND; and rural areas of ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Care at 1-800-281-6918 (TTY: 711) or consult the online pharmacy directory at Humana.com.

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42 CFR Section(s): 422.2262	Product Endorsement / Testimonial	<p>Use when a person gives an actor portrayal, or endorsement, that has been paid for. This disclaimer can only be used for actual member testimonials. The speaker must identify the Plan’s/Part D Sponsor’s product by name.</p> <ul style="list-style-type: none"><li>• Medicare beneficiaries endorsing or promoting a Plan/Part D Sponsor or a specific product must be current enrollees of that Plan/Part D Sponsor. If promoting agency services, must be an actual client</li><li>• If an individual is paid to endorse or promote the plan or product, this must be clearly stated (e.g., “paid endorsement”).</li><li>• If an individual, such as an actor, is paid to portray a real or fictitious situation, the ad must clearly state it is a “Paid Actor Portrayal.”</li><li>• An endorsement or testimonial by an individual cannot use any quotes by physicians or other health care providers.</li><li>• A contracted or employed physician or health care provider cannot provide an endorsement or testimonial.</li><li>• An endorsement or testimonial cannot use negative testimonials about other Plans/Part D Sponsors.</li></ul>	<p>[Actor Portrayal] [Endorsement paid for by [company]] [Paid Actor Portrayal] [Paid Endorsement]</p>
42 CFR Section(s): 422.2264 422.2267	Providing Materials in Different Media Types (marketing & communications)	<p>When requesting consent, the Plan/Part D Sponsor must specify to the beneficiary the media type and the documents to be sent in such media format. After giving consent for electronic mailings, the enrollee must be able to opt out and receive hard copy mailings again, upon request.</p>	<p>Include an "Opt-Out" or "Unsubscribe" option in email communications that include instruction or a link with instruction on how to opt out and receive hard copy mailings upon request. The unsubscribe link must be active and truly unsubscribe someone from the future email messages as described in the unsubscribe instructions.</p>

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45 CFR 164.520 HIPPA Privacy Rule	Privacy Statement (marketing & communications)	Use on scripts or any other format where health information is requested	Use the following <b>if health information is required</b> for eligibility determination:  You are not required to give any health related information; unless the information is needed to determine your eligibility to enroll in the [plan/program]. If you choose not to provide the health information that is necessary to determine enrollment eligibility, then you may not be able to enroll in the [plan/program].  Use in <b>all other situations</b> :  You are not required to give any health related information.
Humana Legal Disclaimer	Notice of Contact with a Licensed Agent Materials that include a phone number that will connect with an agent	Materials that include a phone number should clearly indicate that calling the agent number will direct an individual to a licensed sales agent. Use this statement when listing a number that dials a licensed sales agent directly.	Immediately prior to including the agency’s number or any number that will reach a sales agent, state that the number will dial a "licensed sales agent" or “licensed insurance agent”.
Humana Legal Disclaimer	Telemedicine Disclaimer	Use on any material that mentions the Telemedicine/Telehealth or Telepsychiatry benefit	Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

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42 CFR Section(s): 422.2274 423.2267	Lead Generation Activities (marketing & communications)	TPMOs conducting lead generating activities inform the beneficiary that his or her information will be provided to a licensed agent for future contact, or that the beneficiary is being transferred to a licensed agent who can enroll him or her into a new plan. This disclosure must be provided:  (A) Verbally when communicating with a beneficiary through telephone.  (B) In writing when communicating with a beneficiary through mail or other paper.  (C) Electronically when communicating with a beneficiary through email, online chat, or other electronic messaging platform.	<b>Examples:</b>  <b>Verbally:</b> "You are being transferred to a licensed agent who can enroll you into a new plan."  <b>Written:</b> "Your information will be provided to a licensed agent for future contact."
42 CFR Section(s): 422.2267(e)(37)	Out-of-Network/Non-Contracted Providers (marketing)	Required on all materials referencing out-of- network/non-contracted providers. Does not apply to standalone PDP plans.	Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call the Plan’s customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
Humana Requirement	Part B Giveback Disclaimer (marketing)	Any marketing material that mentions the Part B Giveback benefit.	The Part B Giveback Benefit pays part or all of your Part B premium and the amount may change based on the amount you pay for Part B.

Medicare Supplement Insurance Plan Disclaimers:

All Med Supp type marketing should at least have the following three disclaimers. They must be listed in order presented and in bold type. For materials utilized in New Hampshire, state regulation requires the highlighted text 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.