

## Humana's Quick Reference Guide

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

Based on the **Federal Register/ Vol. 88, No. 70 / Monday, April 12, 2023 / Rules and Regulations**. The language in these disclaimers must be used **as written** and cannot be broken up throughout a document. 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.**

This list 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.**

<b>Type of Disclaimer/Statement</b>	<b>When to Use</b>	<b>Disclaimer/Statement language</b>
<b>Multiplan Federal Contracting Statement for Sales Agencies/Medicare Advantage (marketing)</b>	Use on Multiplan Medicare Advantage–MARKETING materials <b>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.</b> 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>
<b>Federal Contracting Statement for Lead Companies</b>	Use on <b>Lead Companies'</b> multi-plan MARKETING materials used to generate Medicare Advantage leads that are sold to sales agent/agencies. <b>On call scripts that meet the definition of marketing, such as sales scripts and enrollment scripts, this statement must be verbally conveyed</b>  Not required on ID cards, banners, banner-like ads, envelopes, outdoor advertising, text messages, and social media. Bracketed content is variable.	Participating sales agencies represent Medicare Advantage [HMO, PPO and PFFS] organizations <b>[and stand-alone PDP prescription drug plans]</b> that are contracted with Medicare. Enrollment depends on the plan's contract renewal.

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<p><b>1557 Non-Discrimination Requirements</b></p>	<p>Partner TPMO materials that are Humana-specific or branded, or that exclusively reference Humana Medicare plans, are considered significant, and must include the standard 1557 form.</p>	<p><i>Please request Humana's PDF version from your Account executive.</i></p> <div data-bbox="1541 285 1835 651" style="border: 1px solid black; padding: 5px;"> <p><b>Important!</b></p> <p><b>At Humana, it is important you are treated fairly.</b></p> <p>Humana Inc. and its subsidiaries comply with applicable federal, state and local laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion.</p> <p><b>English ATTENTION:</b> If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-326-1225 (TTY: 711).</p> <p><b>Spanish (Español) ATENCION:</b> Si habla español, tiene un servicio de asistencia gratuita de idiomas disponible. Llame al 1-877-326-1225 (TTY: 711).</p> <p><b>普通话 (Chinese):</b> 如需中文普通话服务，请致电 1-877-326-1225 (TTY: 711)。</p> </div>
<p><b>Humana's 1557 Non-Discrimination Language</b></p>	<p>Required on all significant publications and communications, covered entities must post a nondiscrimination statement in English and taglines in at least the top two languages spoken by individuals with LEP of the State(s) served.</p> <p>The following are not significant publications/communications under Section 1557 and do not require the short or long version of 1557 language:</p> <p>Radio or television ads, ID cards, appointment/business cards, banner/banner- like ads, envelopes, or outdoor advertising such as billboard ads.</p>	<p><i>Please request Humana's PDF version from your Account executive.</i></p> <div data-bbox="1541 786 1835 1151" style="border: 1px solid black; padding: 5px;"> <p><b>Important!</b></p> <p><b>At Humana, it is important you are treated fairly.</b></p> <p>Humana Inc. and its subsidiaries comply with applicable federal, state and local laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion.</p> <p><b>English ATTENTION:</b> If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-326-1225 (TTY: 711).</p> <p><b>Spanish (Español) ATENCION:</b> Si habla español, tiene un servicio de asistencia gratuita de idiomas disponible. Llame al 1-877-326-1225 (TTY: 711).</p> <p><b>普通话 (Chinese):</b> 如需中文普通话服务，请致电 1-877-326-1225 (TTY: 711)。</p> </div>
<p><b>All member-facing websites must include non-conspicuous verbiage relating to accessibility and non-discrimination</b></p>	<p>The following language is recommended be added to the footer of the website, which links to a page that contains all the required information.</p>	<p>The plans we represent do not discriminate on the basis of race, color, national origin, age, disability, or sex. To learn more about a plan's nondiscrimination policy, please click <a href="#">here</a>.</p>

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<p><b>Accommodations Disclaimer (communications and marketing)</b></p>	<p>Required on all advertisements and invitations to events (educational and marketing).</p>	<p>For accommodations of persons with special needs at meetings call &lt;insert phone and TTY number&gt;.</p>
<p><b>Promoting Drawings, Prizes or Free Gifts (marketing)</b></p>	<p>Required when promoting drawings, prizes, or free gifts. <b>Convey that there is no obligation to enroll in a plan. Model content may be provided in disclaimer form or within the material.</b></p>	<p>&lt;Describe free gift, drawing, prizes or giveaway item or service&gt; with no obligation to enroll.  <b>Example Text: "Eligible for a free drawing, gift, or prizes with no obligation to enroll."</b>  <b>Example Text: "Free gift without obligation to enroll."</b></p>
<p><b>Allowance Disclaimer (marketing and communications)</b></p>	<p>Use on any material that mentions benefit allowance such as OTC, Healthy Options, Flex allowance, Spending Card, and PR Extra Debit Card</p>	<p>Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.</p>

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<p><b>Materials Developed by a Third Party (marketing)</b></p>	<p>Required to be (ii) Verbally conveyed within the first minute of a sales call.</p> <p>(iii) Electronically conveyed when communicating with a beneficiary through email, online chat, or other electronic means of communication.</p> <p>(iv) Prominently displayed on TPMO websites.</p> <p>(v) Included in any marketing materials, including print materials and television advertisements, developed, used, or distributed by the TPMO.</p>	<p><b>2023:</b> <i>We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1–800–MEDICARE to get information on all of your options.</i></p> <p style="text-align: center;"><b><u>Use on all materials published after 9/30/23:</u></b></p> <p><b>If a TPMO does not sell for all MA organizations and/or Part D sponsors in the service area the disclaimer consists of the statement:</b></p> <p><i>“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.”</i></p> <p><b>If the TPMO sells for all MA organizations and/or Part D sponsors in the service area the disclaimer consists of the statement:</b></p> <p><i>“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.”</i></p>
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<p><b>Star ratings Disclaimer (marketing)</b></p>	<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. Note: 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, a give-away items such as a 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>	<p><i>Every year, Medicare evaluates plans based on a 5-star rating system.</i></p>
<p><b>Out-of-Network/Non-Contracted Providers (marketing)</b></p>	<p>Required on all materials referencing out-of-network/non-contracted providers. Does not apply to standalone PDP plans.</p>	<p><i>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.</i></p>
<p><b>Part D Sponsors with Limited Access to Preferred Cost Sharing Pharmacies (communications and marketing)</b>  <b>Updated 5/31/23</b>  <b>Added service areas are noted in red.</b></p>	<p style="text-align: center;">HUMANA SPECIFIC</p> <p>Required on <b>Plan year 2024</b> materials to be used in coordination with <del>the Humana Basic Rx Plan (PDP)</del>, the Humana Premier Rx Plan (PDP) and the Humana Walmart Value Rx Plan (PDP). This is not required for any other PDP plan or MAPD plan on Individual or Group Medicare.</p>	<p><i>The Humana Prescription Drug Plan (PDP) pharmacy network includes limited lower-cost, preferred pharmacies in urban areas of <b>AR, CT, DE, IA, IN, KY, MA, ME, MI, MN, MO, MS, NE, ND, NJ, NY, OH, PR, RI, SD, TN, VT, WI, WV</b>; suburban areas of <b>CT, HI, MA, ME, MI, MN, MT, ND, NH, NJ, NY, OH, PA, PR, RI, WV</b>; and rural areas of <b>IA, MN, MT, ND, NE, SD, VT, WY</b>. There are an extremely limited number of preferred cost share pharmacies in urban areas in the following states: <b>AR, DE, ME, MI, MN, MS, ND, NY, OH, RI, and SD</b>; suburban areas of <b>MT and ND</b>; and rural areas of <b>ND</b>. The lower costs advertised in our plan materials for these pharmacies may not be available to the general public. Do not distribute. For up-to-date information</i></p>

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		<p><i>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.</i></p>
<p><b>Product Endorsement / Testimonial</b></p>	<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> </ul> <p>An endorsement or testimonial cannot use negative testimonials about other Plans/Part D Sponsors.</p>	<p><i>&lt;Actor Portrayal / Endorsement&gt; paid for by &lt;company&gt;.</i>  <i><b>Paid Actor Portrayal</b></i>  <i><b>Paid Endorsement</b></i></p>

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<p><b>Providing Materials in Different Media Types (communications and marketing)</b></p>	<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><i>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.</i></p>
<p><b>Privacy Statement</b></p>	<p>Use on scripts or any other format where health information is requested</p>	<p><b><i>Use the following if health information is required for eligibility determination:</i></b>  <i>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].</i></p> <p><b><i>Use in all other situations:</i></b>  <i>You are not required to give any health related information.</i></p>
<p><b>Materials that include a phone number that will connect with an agent</b></p>	<p>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.</p>	<p><i>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".</i></p>
<p><b>Telemedicine Disclaimer (Humana Legal Disclaimer)</b></p>	<p>Use on any material that mentions the Telemedicine/Telehealth or Telepsychiatry benefit</p>	<p><i>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.</i></p>

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<b>Lead Generation Activities (marketing &amp; communications)</b>	<p>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.</p>	<p><i>Examples:</i></p> <p><i>Verbally: "You are being transferred to a licensed agent who can enroll you into a new plan."</i></p> <p><i>Written: "Your information will be provided to a licensed agent for future contact."</i></p>
<b>Part B Giveback Disclaimer (marketing)</b>	<p>Any marketing material that mentions the Part B Giveback benefit.</p>	<p><i>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.</i></p>

**Medicare Supplement Insurance Plan disclaimers-**

*All Med Supp type marketing should at least have these three disclaimers. We require in the order presented and in bold type:*

***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.***

***The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent/producer or insurance company.***

***Medicare Supplement insurance plans are not connected with or endorsed by the U.S. government or the federal Medicare program.***

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