



COMPLIANCE POLICIES AND PROCEDURES

Website Guidance – Web Content for MA & PDP Products



COMPLIANCE POLICIES AND PROCEDURES

- I. SCOPE:** These policies and procedures apply to all licensed agents contracted to sell Medicare Advantage (“MA”) and Part D Prescription Drug (“PDP”) plans through YourPlanChoice, LLC (“YPC” or “Company”) who maintain a consumer-facing website.
- II. POLICY STATEMENT:** This policy is designed to address complying with applicable CMS rules concerning web content for MA and PSP products. The following sections of 42 CFR: §422.2265 Websites; §422.2261 Submission, review, and distribution of materials; §422.2262 General communications materials and activities requirements; §422.2263 General marketing requirements. See for full CMS’s Medicare Communications and Marketing Guidelines <https://www.cms.gov/medicare/health-drug-plans/managed-care-marketing/medicare-guidelines> and applicable sections of the 2026 CMS Agent Broker Training and Testing Guidelines [Agent and Broker Training and Testing Guidelines](#)
- III. DEFINITIONS:**
- CMS:** Centers for Medicare and Medicaid Services
- HPMS:** Health Plan Management System
- SMID:** Standardized Material Identification, which is a unique code used for tracking approved Medicare marketing materials and other materials used with beneficiaries.
- TPMO:** Third-party Marketing Organization, which is an organization or individual, including an independent agent or broker, which is compensated to perform lead generation, marketing, sales, or enrollment-related functions as part of the chain of enrollment (the steps taken by a beneficiary from becoming aware of an MA plan or plans to making an enrollment decision). A TPMO may be a first tier, downstream or related entity (FDR), as defined in CMS regulations, but may also be an entity that is not an FDR but provides services to an MA plan or an MA plan's FDR.
- Marketing:** A subset of communications and must, unless otherwise noted, adhere to all communication requirements. To be considered marketing, communications materials must meet both intent and content standards. In evaluating the intent of an activity or material, CMS will consider objective information including, but not limited to, the audience, timing, and other context of the activity or material, as well as other information communicated by the activity or material. The organization's stated intent will be reviewed but not solely relied upon.
- Intent
- Material or activities that CMS determines, as described above, are intended to:



- Draw a beneficiary's attention to a plan or plans,
- Influence a beneficiary's decision-making process when making a plan selection, or
- Influence a beneficiary's decision to stay enrolled in a plan (retention-based marketing).

Content

Materials or activities that include or address content regarding:

- The plan's benefits, benefits structure, premiums, or cost sharing,
- Measuring or ranking standards (for example, Star Ratings or plan comparisons), or
- Rewards and incentives as defined under 42 CFR § 422.134(a) (for MA and section 1876 cost plans only).

Communications: Means activities and use of materials created or administered by the plans or any downstream entity to provide information to current and prospective enrollees. All activities and materials aimed at prospective and current enrollees, including their caregivers, are “communications” within the scope of the regulations at 42 CFR Parts 417, 422, and 423.

Note: Where the term enrollee is used, whether a current or prospective enrollee, the term encompasses representatives of the enrollee who are authorized to act on the enrollee’s behalf.



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IV. POLICIES AND PROCEDURES:

All consumer-facing, agent or agency websites, both branded and generic, must meet the requirements contained in this policy and all applicable CMS regulations for MA and PDP plans.

A. GENERAL PROCEDURES

1. All websites that contain plan-specific content and meet CMS' definition of "Marketing" must obtain applicable carrier and CMS approval PRIOR TO USE.
 - a) If a website's content meets CMS' definition of Marketing, the website must be reviewed and approved by all applicable carriers and CMS prior to use. It is the agent's and/or agency's responsibility to follow carrier-specific procedures for submitting content for review and approval. For carriers with which you are contracted through YPC, you may submit the website content to the Ad Approval team at YPC Compliance which will review the content and obtain carrier and CMS approval. If you do not submit your website content to the Ad Approval team at YPC Compliance, you are responsible for obtaining approval from all applicable carriers and CMS prior to use. Work through your upline and your respective AmeriLife Affiliate to submit materials to the Ad Approval team.
 1. If you submit your web site to the Ad Approval team at YPC Compliance, after they obtain approval from all applicable carriers, YPC Compliance will submit the website content to the HPMS Marketing Module for CMS review and approval.
 2. Marketing materials and carrier-branded materials can only be used after receiving approval from all applicable carriers and CMS. All CMS-approved websites must include the assigned MULTIPLAN SMID code on the piece.
2. Agents and agencies are strictly prohibited from publicizing or disseminating any website that contains plan-specific content without obtaining appropriate approval.
3. Generic websites that are considered "Communications" under CMS regulations do not require prior carrier and CMS approval. Individual agents and agencies are responsible to ensure their websites meet applicable regulatory requirements for websites that are deemed "Communications."

B. GENERAL WEBSITE REQUIREMENTS per [eCFR :: 42 CFR 422.2265 -- Websites](#)



1. The following requirements apply to any consumer-facing website that markets or contains information related to Medicare Advantage (MA) or Prescription Drug Plan (PDP) products, regardless of whether the content is considered Marketing or Communications under CMS regulations.

Agencies or entities contracted only to market or sell Medicare Supplement products are not subject to the CMS website approval requirements, as Medigap products are regulated at the state level and not subject to CMS's MA/PDP marketing rules.

(Note: This is not an all-inclusive list).

- a) Include or provide access to (for example, through a hyperlink) applicable notices, statements, disclosures, or disclaimers with corresponding content. Overarching disclaimers, such as the Federal Contracting Statement, are not required on every page. Please refer to carrier provided references for required Medicare disclaimers.
- b) Keep Medicare Advantage content separate and distinct from other lines of business, including Medicare Supplemental Plans.
- c) Prominently display the TPMO disclaimer in 42 CFR § 422.2267(e)(41) at [eCFR :: 42 CFR 422.2267 -- Required materials and content](#).

There are 2 different disclaimers, depending on your specific situation.

- a. If you DON'T sell all MA and/or Part D plans within a service area: 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.
- b. If you DO sell all MA and/or Part D plans within a service area: 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.

The disclaimer must be specific to the beneficiary's service area.

- d) Obtain carrier approval prior to displaying a carrier logo or plan name prior to posting.
- e) Obtain CMS approval if the Medicare card image is present.
- f) Include a TTY number if a phone number is listed.
- g) Refrain from using the phrase "Medicare recipient". CMS prefers the term Medicare beneficiary instead of Medicare recipient.

- h) Do not use terms like “free” to describe zero-dollar premiums, reduction in premiums (including Part B buydown), reduction in deductibles or cost-sharing, LIC, or cost-sharing for individuals for dual eligibility.
- i) The SMID on the website must match the SMID in HPMS.
- j) Be aware of carrier-specific requirements in addition to regulatory requirements.

Examples from carrier guidelines include the following:

- a. When describing Medicare, you should be more specific than just saying “Medicare”. It is preferable to say, “Original Medicare”.
- b. Refrain from using the term “senior” or imply that plans are only available to “seniors”. Plans are available to all Medicare Beneficiaries.
- c. Prominently display, preferably at the top of the webpage, that the agency is not affiliated with the federal government
- d. Website must include a TTY and days and hours of operation with a phone number.
- e. Marketing and Communications created by Artificial Intelligence (AI) must have human oversight before sending for review and during the publishing process.
- f. AI should not be used to simulate an actual person or celebrity without their express consent.
- g. If either the voice and/or on-screen talent has been generated by AI, an on-screen disclaimer should indicate:
 - i. AI-generated voice and actor or
 - ii. AI-simulated actor portrayal.
- h. Use caution when using “Medicare” in a URL. Carriers expect agents to consult their own legal counsel for advice on federal, state, and local laws that may restrict the use of “Medicare” in a URL.
- i. Agent/Agency websites may provide a chat feature to direct consumers to an agent. Contact using a chat feature must be consumer initiated, and there must be a clear statement that the consumer will be contacting a licensed sales agent. Chat forms gathering consumer contact information must have a permission to contact statement
- j. If you list 1-800-MEDICARE or the Medicare TTY number on your agent-created business website, you must list, at least once, the hours and days of operation (i.e., 24 hours a day, 7 days a week).

2. Consumer-facing agent or agency websites that contain Medicare information may **not** do any of the following. See [eCFR :: 42 CFR 422.2265 \(a\) \(2\)-- Websites.](#):



- a) Require beneficiaries to enter any information other than zip code, county, or state for access to non-beneficiary-specific website content. Requesting a social security number is strictly prohibited. (e.g., cannot require a consumer to enter data to access a website unless the website contains beneficiary-specific information like a provider portal)
 - b) Provide links for foreign drug sales, including advertising links.
 - c) Include any symbols, images, graphics, and/or colors that resemble or imply a connection with Medicare or the U.S. federal government (such as a flag, etc.).
3. Consumer-facing agent or agency websites that contain a permission to contact form must ensure compliance with carrier and Federal and State requirements, including but not limited to CMS's one-to-one consent requirements related to the sharing of consumer information between TMPOs. See Limiting the Distribution of Personal Beneficiary Data by Third-Party Marketing Organizations at [Contract Year 2025 Medicare Advantage and Part D Final Rule \(CMS-4205-F\) | CMS](#)
- a. Certain carriers require review and approval of all permission to contact forms, even if they would otherwise be defined as Communications,
 - b. CMS requires express WRITTEN one-to-one consent to share a consumer's data between TPMOs.
- NOTE: If the agents in your agency are 1099 independent contractors (versus W-2 employees), you cannot list your agency name on a permission to contact form and meet the CMS one-to-one consent requirements. Each individual agent is, by definition, a TPMO, and therefore, the consumer must give express written consent for that individual agent to make outreach regarding an MA or PDP product, no matter the method of outreach.

YPC requires the following oversight processes to be in place for agents/agencies who are in the YourPlanChoice, LLC hierarchy:

Audits and Attestations:

The Company and the carriers may require agents/agencies to complete attestations and/or may perform periodic audits to ensure agents/agencies comply with carrier requirements, federal and state regulations, and Company policies and procedures.

Any non-compliance identified by either YPC or the carrier will require immediate remediation. Failure to make immediate remediation and any continued non-compliance will result in further corrective action, up to and including termination.