

# Medicare Private Health and Drug Plan Marketing Rules

Have you found yourself a part of one of the following situations?

- A. You are sitting at home and someone knocks on your door. You answer it to find an insurance agent you have never met who wants to come inside and talk to you about purchasing a Medicare Prescription Drug Plan.
- B. You retrieve your mail and find an envelope that looks very “official”. In fact, it looks like a mailing from the federal government—perhaps even the Social Security Administration. It has notes on the outside warning “Don’t throw this away”.
- C. You receive a phone call from someone who asks if you would like to purchase Medicare health insurance coverage and if they could just have your social security number . . . .

If any of these situations has happened to you, take heart and take control!

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## 1. Do Medicare private plans have to follow any rules when they market their products?

**Yes.** Companies that offer Medicare private health and drug plans must follow certain rules when promoting their products. The guidelines are meant to prevent plans from deceiving you—through marketing materials or through someone representing the plan—about what the plan offers and how much it costs. That is called **marketing fraud**.

Plans can market their plan through direct mail and radio, television and print advertisements. Plans can even call your house (telemarketing). However, agents for Medicare private plans must follow certain rules.

### **Plans cannot**

- **enroll you over the telephone if they called you.** If you would like to enroll, you should call the plan back yourself;

- **ask for your financial or personal information if they call you.** Beware if you are asked for your Social Security or Medicare number or your bank information;
- **request payment over the telephone;**
- **visit you in your home or nursing home room without an invitation.** You can ask the plan to send someone to your house, but they cannot just knock on your door uninvited;
- **provide gifts or prizes worth more than \$15 to encourage you to enroll.** Gifts or prizes that are worth more than \$15 must be made available to the general public, not just to people with Medicare);
- **disregard the National Do-Not-Call Registry and “do not call again” requests.** Plans must comply with federal and state consumer protection laws for telemarketing. You can register online for the National Do-Not-Call Registry or by calling from the number you wish to register.

**To register for the Do-Not-Call Registry,  
call 1-888-382-1222 (TTY call 1-866-290-4236)**

- **send you unsolicited e-mails.** You must have specifically requested information in order for a plan to e-mail you;
- **compare their plan to another plan by name** in advertising materials;
- **include the term “Medicare Endorsed” or suggest that it is a preferred Medicare drug plan.** Plans can use “Medicare” in their names as long as it follows the plan name (for example, the Acme Medicare Plan) and the usage does not suggest Medicare endorses that particular plan above any other Medicare plan;
- **use information that they have obtained from you to market non-health-related products** and services without your written consent. Plans cannot use information about you (such as your name and address) that they got by providing you Medicare services to try to sell you other products, like auto insurance.

## **2. How do I know if a plan or broker is giving me misleading information about a Medicare health or drug plan?**

It is not always easy to tell. You should double-check everything a plan or broker tells you. For example, if a broker tells you that your doctor is part of the plan’s network, call your doctor to verify.

There are some things that are sure signs you are being misled. A broker or plan is misleading you illegally (committing fraud) if you have Medicare and they tell you that

- you must sign up for a Medicare private health plan, like an HMO or PPO to get Medicare drug coverage (in reality, you can keep Original Medicare and simply sign up for a stand-alone drug plan—a PDP);
- you will lose your **Medicaid** benefits unless you sign up for a certain plan;
- you will pay a higher Medicare Part B premium unless you sign up for a certain plan (some plans help pay your Part B premiums, but your Part B premium will not go up if you don't join a plan);
- the only way to sign up for a plan is if a plan representative comes to your home;
- the only way to get information about the plan is if a plan representative comes to your home;
- the plan covers drugs that are specifically excluded from Medicare coverage by law (such as benzodiazepines or barbiturates) when it does not;
- the doctors, hospitals and pharmacies you see regularly are in the plan's network, when they are not;
- the plan offers additional benefits, such as dental or vision, that are actually covered by Medicaid, not the health plan;
- the plan covers certain services and make it sound like it is an additional benefit of the plan, when it is actually a Medicare-covered service (like mammography screenings);
- the plan offers drug coverage through the coverage gap (“doughnut hole”) when it does not;
- you can always return to Original Medicare if you are dissatisfied with the plan, without advising you about **strict enrollment periods** when you can change Medicare health and drug plans.

**Remember:** Brokers are often paid a large fee for getting you to sign up for a Medicare private health plan like an HMO or PPO.

You can avoid marketing fraud by understanding your Medicare coverage, your health and drug coverage and your rights to this coverage. In addition, it is important to understand the rules that Medicare private health and drug plans must follow when they market their products to you.

Make sure you understand what a plan is offering you, how it affects all of your Medicare and other health benefits (like Medicaid or your retiree/union coverage) and whether it covers the drugs you need **before you enroll**. Make sure that all of the plan's claims are provided **in writing** and that you double-check all their claims.

You can tell the plan you will call them back once you have made a decision. You should **never feel pressured** to join any plan.

If you feel an insurance agent has not followed the rules listed above, you should save all documented proof (such as an agent's business card or marketing materials) and report the activity to your State Insurance Department or State Attorney General Consumer Helpline. [1-800-771-7755]

**Note:** If you find out that your plan has made fraudulent claims about your health or drug coverage **after the enrollment period has ended**, you may be able to get a Special Enrollment Period (SEP) to disenroll from your plan and switch to another one.

Remember, if someone knocks on your door, calls you, or if you receive mail describing Medicare health or drug plans, and you have concerns or questions, please call Lifelong 273-1511 or the County Office For the Aging 274-5482 to schedule an appointment to discuss the issues further. Tompkins County HIICAP (Health Insurance Information Counseling Assistance Program) counselors are available to assist you with your health insurance questions.