

Use this checklist to ensure a complete plan presentation and compliant marketing/sales event.

Prior to your event:

EVENT REPORTING

- Report event to UnitedHealthcare via a NEW Event Request Form 7 or more calendar days prior to event
- Verify event details to ensure reporting accuracy
- Report event changes to UnitedHealthcare via a CHANGE Event Request Form 1 or more business days prior to event

REFRESHMENTS and GIVEAWAYS

- Provide only light snacks/beverage (if allowed by venue)
- Combined retail value of giveaways and food items must not exceed \$15 per person
- Clearly indicate or state that giveaways are available with no obligation to enroll
- Obtain permission from UnitedHealthcare prior to planning a drawing, prize, or raffle

VENUE (In-Person or Online) and LOGISTICS

- Event is accessible to consumers with disabilities, including accommodations requested by consumers attending an online event
- Event is open to all consumers who want to attend
- Consumers are not required to pay a fee to attend event
- Event is not conducted in patient care areas
- Make sure consumer can find your event. Use directional signage (if allowed by venue) for in-person events, advise venue personnel of your event so they can direct consumers
- Ensure any provider participating in an event is aware of compliance guidelines
- Start your event on time
- For an informal event, be present for the entire reported time and post signage if you momentarily step away to indicate when you will return
- Observe all health and wellness safety protocols required by UnitedHealthcare, venue, and government entities

During your event:

CONSUMER CONTACT INFORMATION

- Use Contact Tracing Form as required and according to instructions
- Only use approved sign-in sheet and lead cards
- State to consumers that providing completing a sign-in sheet or lead card is completely optional

Do not:

- Use an RSVP roster or Contact Tracing Form as a sign-in sheet
- Require consumers to provide contact information to participate in a drawing or raffle

MATERIALS

- Use approved and compliant materials for the applicable plan year
- Provide an Enrollment Guide to each consumer who requests one or who enrolls

Do not:

- Modify consumer materials in any way (e.g., add sticker or content, remove pages, write on)
- Use materials for a different plan year than is being presented
- Sign and/or date an enrollment application prior to consumer completion
- Sign an enrollment application on behalf of a consumer

Helpful hints when presenting the items listed on Page 2

Consumers are often confused not because you did not mention an important detail about the plan, but because they did not understand what you said or how you said it. To help ensure a consumer's understanding:

- Avoid acronyms or technical terms
- Speak slowly as the information may be new to your audience
- Rephrase information by offering an alternate explanation

PRESENTATION

- At the start of your event, state your name, the carrier you represent, and the plan(s) you are presenting
- Provide your contact information
- Use the Clarity Guide and Clarity Presentation, if possible, when providing general Medicare and Part D education

The following general Medicare education is covered in the Clarity Guide and Presentation:

- A Medicare Advantage plan is not a Medicare supplement insurance plan; describe the differences between them
- Any plan premium; that members must continue to pay their Part B premium
- Member ID cards must be used when obtaining plan-covered services
- How other coverage might be affected if the consumer enrolls in the plan
- For HMO plans, that in-network providers must be used to receive benefits except in emergencies
- For HMO-POS and PPO plans, that using in-network providers usually costs less than out-of-network providers
- Enrollment election periods
- Enrollment eligibility requirements

The following general Part D education is covered in the Clarity Guide and Presentation:

- Low Income Subsidy (i.e. Extra Help)
- Late enrollment penalty: Explain what it is and creditable coverage attestation process
- Cost sharing: Copayments, coinsurance, and drug pricing
- Formulary, drug tiers, quantity limits, step therapy, prior authorization, and where to find additional information
- Coverage stages including: deductible, initial coverage, coverage gap, and catastrophic coverage
- Pharmacy network, preferred pharmacies, and cost sharing impacts

Do not:

- Use absolute and superlative (including qualified) statements and/or disparage a plan, competitor, or federal or state program, such as UnitedHealthcare is one of the largest Medicare Advantage plans or the state Medicaid program is a disaster
- State you represent Medicare or any government agency
- State that plans are endorsed, sponsored, or recommended by Medicare, CMS, or the federal government
- Compare a UnitedHealthcare plan to a competitor plan unless you are credentialed with both carriers or are using pre-approved plan comparison materials
- Use high-pressure/scare tactics or intimidating behavior
- Describe the plan as “free” if it has a \$0 premium or use the term “free” in reference to a filed benefit unless the benefit is at zero cost share for all members
- State there are no claim forms, paperwork, or similar
- Present non-health related products, such as final expense or life insurance

Cover in detail at time of enrollment:

- Plan eligibility and any additional eligibility requirements based on plan type
- Summary of Benefits, including ancillary benefits and associated cost sharing
- Provider network including limitations, referral requirements, in-network and out-of-network cost sharing, network benefits for routine care and emergency care
- Star Rating:
 - State the plan’s Star Rating, clearly identifying the applicable Star Ratings contract year
 - Direct consumer to the plan’s Enrollment Guide and/or Medicare.gov for additional Star Rating information
- Appeals and grievance rights (refer to Evidence of Coverage)
- Steps to cancel and withdraw application and disenroll from plan
- Network status of each provider consumer uses and formulary status of each prescribed medication

After your event:

- Make sure any item containing consumer Protected Health Information/Personally Identifiable Information (PHI/PII) is secure
- Sign, date, and submit completed enrollment applications within 24 hours of receipt

For a complete listing of all marketing and event guidelines, refer to the Agent Guide available on Jarvis > Knowledge Center > Agent Guides and Handbooks

Questions: Contact your UnitedHealthcare Agent Manager or submit questions to Compliance_Questions@uhc.com