



# Compliance Guidelines Overview

A professional compliance reference for Medicare marketing and educational materials used by agents and staff.

**Inside:**

**Compliance principles, communications-vs-marketing review, claim language guidance, publishing checklist, and source notes.**

Updated for 2026. Prepared for educational use by INS Marketing Systems.

**Educational resource only. Not connected with or endorsed by the U.S. government or the federal Medicare program. Benefits, costs, networks, formularies, and enrollment rules vary by plan and area. Always verify current details at [Medicare.gov](https://www.Medicare.gov), [CMS.gov](https://www.CMS.gov), [SocialSecurity.gov](https://www.SocialSecurity.gov), and plan documents before enrolling.**

# 1. Compliance Mindset for Medicare Materials

Use this overview as a training aid before publishing flyers, social posts, presentations, event invitations, or follow-up emails.

| Principle                    | Professional standard                                                                                                                                     |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accuracy</b>              | Use current, documented facts and verify year-specific costs, dates, and plan details before distribution.                                                |
| <b>Clarity</b>               | Use plain language and avoid terms or claims that could confuse Medicare beneficiaries.                                                                   |
| <b>No endorsement claims</b> | Do not state or imply that CMS, Medicare, HHS, or the U.S. government recommends or endorses your agency, plan, or material.                              |
| <b>Plan-specific caution</b> | When discussing benefits, premiums, formularies, networks, star ratings, or cost sharing, use current carrier-approved material and required disclosures. |
| <b>Recordkeeping</b>         | Keep copies of distributed materials, approval records, event assets, attendance records, and follow-up documentation.                                    |

**Simple test: If a reasonable beneficiary could interpret a piece as encouraging enrollment in or retention of a particular plan, treat it with the highest level of compliance review.**

## 2. Communications vs. Marketing - Practical Review

Medicare rules distinguish general communications from marketing based on intent and content. Intent may be evaluated using audience, timing, context, and the full surrounding message. Materials that discuss plan benefits, premiums, cost sharing, plan comparisons, ratings, or retention may require additional review before use.

| Material example                                         | Risk level | Review action                                                                       |
|----------------------------------------------------------|------------|-------------------------------------------------------------------------------------|
| <b>Educational Medicare 101 flyer with no plan names</b> | Lower      | Check for accuracy, disclaimers, and no misleading statements.                      |
| <b>Event invitation for a Medicare education seminar</b> | Moderate   | Review event positioning, RSVP process, disclosures, and follow-up procedures.      |
| <b>Plan comparison handout</b>                           | Higher     | Use current, approved plan information and required disclaimers; document approval. |
| <b>Social post mentioning benefits or savings</b>        | Higher     | Avoid unsupported claims; verify whether carrier/CMS review is required.            |
| <b>Enrollment form or plan-specific sales piece</b>      | Highest    | Use only approved materials and follow carrier, CMS, and organizational procedures. |

### 3. Words and Claims to Review Carefully

| Claim area                     | Use caution                                                                                                                    |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Government relationship</b> | Do not imply endorsement, recommendation, or government sponsorship. Educational disclaimers should be clear.                  |
| <b>Free or \$0</b>             | Avoid using "free" in a way that misrepresents premiums, cost sharing, subsidies, or required payments. Explain costs clearly. |
| <b>Savings</b>                 | Do not promise savings. Explain that costs vary by plan, pharmacy, drugs, providers, income, and usage.                        |
| <b>Network and access</b>      | Avoid broad statements like "keep your doctor" unless verified against current plan network data.                              |
| <b>Drug coverage</b>           | Avoid saying a drug is covered without confirming formulary, tier, pharmacy, and restrictions.                                 |
| <b>Best plan</b>               | Avoid subjective superlatives unless supported by approved, current, and complete comparative information.                     |

**Approval reminder: A clean design does not make a piece compliant. Copy, audience, timing, distribution method, and plan-specific content all matter.**

## 4. Before You Publish Checklist

| Check                                                                                                  | Yes/No |
|--------------------------------------------------------------------------------------------------------|--------|
| The piece has the correct year and current cost/date references.                                       | [ ]    |
| All plan-specific statements match approved carrier materials.                                         | [ ]    |
| The piece avoids government endorsement claims and misleading Medicare card/logo use.                  | [ ]    |
| Claims about savings, benefits, or coverage are documented and qualified.                              | [ ]    |
| Disclaimers are visible, readable, and accurate.                                                       | [ ]    |
| The approval record, file version, and distribution date are saved.                                    | [ ]    |
| Event and lead capture processes follow permission-to-contact and appointment documentation practices. | [ ]    |

### Recommended file naming

Use a file name that includes the year, product or topic, version, approval status, and date. Example:  
2026-medicare-101-flyer\_approved\_v1\_2026-06-25.pdf.

# Source Notes and Compliance Reminder

This resource was prepared using official Medicare, CMS, and federal regulation references. Because plan availability, costs, formularies, networks, and compliance requirements can change, always verify current details before distribution or enrollment discussions.

| Source                                                        | URL                                                                                                                                                                                                   |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 42 CFR Part 422 Subpart V - MA Communication Requirements     | <a href="https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-V">https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-V</a>                       |
| 42 CFR Part 423 Subpart V - Part D Communication Requirements | <a href="https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-423/subpart-V">https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-423/subpart-V</a>                       |
| Medicare & You 2026                                           | <a href="https://www.medicare.gov/publications/10050-medicare-and-you.pdf">https://www.medicare.gov/publications/10050-medicare-and-you.pdf</a>                                                       |
| Your Medicare in 2026                                         | <a href="https://www.medicare.gov/publications/12229-your-medicare-in-2026-what-you-need-to-know.pdf">https://www.medicare.gov/publications/12229-your-medicare-in-2026-what-you-need-to-know.pdf</a> |

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