Aetna Individual Medicare 2027 Producer Guide

Helping you do business and grow with Aetna



For Producer Use Only. Distribution to consumers, other insurers, or any other person or company is strictly prohibited and may be grounds for termination of your Producer Agreement with Aetna.

To the extent there is any conflict between the descriptions in this guide and the terms of your Producer Agreement with Aetna, the terms of the Producer Agreement control.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Producers must be Ready to Sell – which means licensed in the applicable state, appointed by Aetna, certified, and contracted – prior to engaging in the sale of Aetna products. This communication is intended for use by Producers only and is not intended for distribution to Medicare beneficiaries. Any publication or distribution of this communication to unauthorized recipients without Aetna's approval is prohibited.

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This Guide is an easy-to-use reference tool providing a high-level overview of your Aetna Producer Agreement.

The following pages will help you better understand and comply with components of your Producer Agreement and can help answer any questions you may have.

We're always here to help. If you need additional information, please refer to Aetna's Producer World, your go-to site for more detailed information on doing business with Aetna.

You can also reach out directly to the Aetna Medicare Broker Services Department or your Aetna Medicare Sales team.

Introduction
- Welcome!
- Key Terms
- *Producer World*
- Aetna Medicare Broker Services

Ready to Sell
- Ready to Sell
- Certification
- Onboarding
- License and Appointment Processing
- State Requirements
- E&O Insurance
- Certification Checklist
- 2027 Plan Offerings

Marketing Materials
- Marketing Materials
- Using the Aetna Logo
- Co-Branding
- CMS Sales and Marketing Guidelines

The Enrollment Process
- The Enrollment Application
- Telephonic Enrollments

Compensation
- Compensation Resources
- Renewals
- Chargebacks & Compensation Recovery
- Payment Disputes

Upline Obligations & Administrative Services
- Upline Organizations & Obligations
- Administrative Services

Confidentiality & Record Retention
- Confidentiality
- Record Retention

Compliance & Agent Oversight
- The Importance of Compliance
- Fraud, Waste, & Abuse
- Section 1557 of the ACA
- Telephone Consumer Protection Act (TCPA)
- Third Party Marketing Organizations (TPMOs)
- Agent Oversight Program
- Termination of the Producer Agreement

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Welcome!

Welcome—and thank you for being part of Aetna Medicare.



As you begin offering our 2027 Individual Medicare products, we want to recognize the important role you play every day. Your guidance helps seniors navigate complex decisions with confidence, ensuring they find coverage that truly supports their health and well-being.

This is an important moment in our industry, and your partnership is more valuable than ever. At Aetna, a CVS Health company, we are focused on delivering consistent, dependable plans while continuing to evolve where it matters most. Your feedback and insights help shape our Medicare offerings, allowing us to better meet the needs of the people we collectively serve. Together, we are working toward a health care experience that is easier to navigate, more affordable, and centered around each individual member.

Inside this Producer Guide, you'll find the key information and resources needed to support your success—from enrollment and compliance to compensation and tools. Use the Table of Contents to quickly access what you need and make the most of what's available to you.

Thank you for the trust you place in Aetna and for the impact you make as a Medicare producer. Our team is here to support you every step of the way—please connect with Aetna Medicare Broker Services or your local Aetna Medicare Sales team whenever you need assistance.



Tracy Kosofsky
Vice President, IVL Medicare Sales Center of Excellence

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Key Terms

Aetna – Refers to Aetna, Inc. and each of its subsidiaries and affiliates that provide traditional and consumer-directed health insurance products and related services using the Aetna brand

Affordable Care Act (ACA) – The comprehensive health care reform law enacted in March 2010 that aims to: make affordable health insurance available to more people, expand the Medicaid program, and lower the cost of health care

Agent of Record (AOR) – A producer who has the legal authority to represent the beneficiary in maintaining, servicing, and enrolling in a Medicare Advantage (MA/MAPD) and/or PDP plan

America's Health Insurance Plans (AHIP) – The national association whose members provide coverage for health care and related services to Americans and improve and protect the health and financial security of consumers, families, businesses, communities, and the nation

Application Tracking Number (ATN) – Unique identifier located on the lower right-hand corner of the enrollment application

Book of Business (BoB) – The total of all accounts successfully underwritten by the company

Centers for Medicare and Medicaid Services (CMS) - A federal agency within the U.S. Department of Health and Human Services (DHHS) that administers the Medicare program

Certified – A status achieved based on completing the annual certification process and training, and successfully passing the related tests

Co-Branding – A relationship between two or more separate legal entities, one of which is an organization that sponsors a Medicare plan. Co-branding is when a Plan/Part D sponsor displays the name(s) or brand(s) of the co-branding entity or entities on its materials to signify a business arrangement

Compensation – Includes monetary and non-monetary remuneration relating to the sale or renewal of a policy including, but not limited to, commissions, bonuses, gifts, prizes, and awards

Complaint Tracking Module (CTM) – System used to track and document beneficiary complaints filed with CMS

Downline – A person or entity whose contract connects to one or more uplines; or a licensed-only agent (LOA)

Errors & Omissions (E&O) – A type of insurance policy designed to protect Aetna Medicare producers against claims arising from the sale and servicing of Life and Health insurance products, including Medicare Advantage plans

First Tier, Downstream, Related Entity (FDR) – A First Tier Entity is any party that enters a written arrangement acceptable to CMS with an MA organization, Part D plan sponsor, applicant to provide administrative services, or health care services to a Medicare- eligible individual under the MA or Part D program. Downstream Entity written arrangements continue down to the level of the ultimate provider of both health and administrative services. A Related Entity is any entity that is related to MA organization or Part D plan sponsor management functions under contract or delegation, furnishes services to Medicare enrollees under oral or written agreement, leases real property or sells materials to the MA organization or Part D plan sponsor at a cost of more than $2,500 during a contract period

Fraud, Waste & Abuse (FWA) – Fraud is knowingly and willfully executing, or attempting to execute, a scheme or to artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. Waste includes overusing services or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources. Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare program. Abuse involves payment for items or services when there is not legal entitlement to the payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

General Marketing Organization (GMO) – Moderately sized agency that operates in one or two submarkets and may have smaller agencies contracted in its downline.

Health Insurance Portability and Accountability Act (HIPAA) – Federal legislation which created national privacy, security, and administrative simplification standards to protect individuals' Protected Health Information (PHI). The HIPAA Privacy and Security Rules govern how Covered Entities (health plans, health care providers, and health care clearinghouses that transmit health information in electronic form in connection with transactions for which HIPAA standards have been adopted), and their Business Associates (person or organization that performs certain functions or activities on behalf of a covered entity) may use and disclose PHI and are required to protect and secure PHI.

Licensed Only Agent (LOA) – Any licensed insurance agent who is either employed by or under exclusive contract with an upline to sell or refer insurance products for the upline

"Like" Plan Enrollment – Enrollment into a new plan that is the same plan type as the previous enrollment (*i.e.,* PDP to PDP, MA to MA, MAPD to MAPD)

Local Marketing Organization (LMO) – Small agency that operates in a unique market.

Managing Marketing Organization (MMO) – Moderately sized agency that typically operates across several submarkets and often has smaller agencies contracted in its downline.

Market Specific Training (MST) – Required training program specific to the Medicare products and plans specific to the area(s) in which the producer will be selling

Medicare Advantage (MA) – Medicare plan that only includes medical benefits

Medicare Advantage with Prescription Drug (MAPD) – Medicare plan that includes both medical and prescription drug benefits

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Medicare Communications and Marketing Guidelines (MCMG) – Regulatory document that interprets and provides guidance on CMS marketing requirements and related provisions for MA, MAPD, and PDP plans, Employer/Union Sponsored Group health plans, Medicare-Medicaid plans (MMP), and Section 1876 Cost plans http://www.cms.gov/Medicare/HealthPlans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html; see Code of Federal Regulations, Parts 422 and 423

National Insurance Producer Registry (NIPR) – A resource for insurance professionals to obtain, renew, and manage producer licenses

New Issued Enrollment – An enrollment application that has been submitted to Aetna and approved by CMS

National Marketing Organization (NMO) – A large agency with a significant presence in multiple states. These partners employ significant support staff including marketers and a compliance officer. They will act as an upline for many agencies and will also be asked to serve in a consultative role to our sales management staff

Notice of Investigation (NOI) – A formal notice sent via email to producers who are being investigated related to receipt of a CTM complaint

Preferred Marketing Organization (PMO) – Our highest partner designation. Robust agencies that operate across our entire footprint. These partners employ significant support staff including marketers and a compliance officer. They will act as an upline for many agencies and will also be asked to serve in a consultative role to our sales management staff.

Protected Health Information (PHI) – Any individually identifiable health information held or transmitted by a Covered Entity (health care provider, health plan, or health care clearinghouse) or its business associate, in any form or media, whether electronic, paper, or oral. Individually identifiable health information is information, including demographic data, that relates to an individual's past, present, or future physical or mental health or condition; the provision of health care to the individual; the past, present or future payment for the provision of health care to the individual, and that identifies the individual or includes enough information about the individual so that there is a reasonable basis to believe that the information can be used to identify the individual

Personally Identifiable Information (PII) – Any data alone, or when combined with other information, that can be used to identify a person. This includes name, address, biometric records, date of birth, social security number, mother's maiden name, telephone number

Prescription Drug Plan (PDP) – Medicare Part D, a stand-alone prescription drug plan

Principal – The individual that is an employee, owner, member, or partner of an upline, appointed by the upline to act on behalf of the upline. Upline has granted such individual authority to legally bind upline

Producer – A licensed salesperson working for an insurance agency who is responsible for acquiring new customers and cross-selling new policies to existing customers of the agency

Producer World – Your go-to website for Aetna Individual Medicare information: https://www.aetna.com/producer/Login.do

Rapid Disenrollment – When an enrollee makes any plan change (regardless of parent organization) within the first three (3) months of enrollment

Ready to Sell (RTS) – When a producer has completed and maintains compliance with all Aetna, CMS, and applicable state law requirements for selling specified in the Producer Guide and has verified RTS status with us prior to making a sale in the applicable state

Regional Marketing Organization (RMO) – A large agency operating across multiple markets with significant support staff, marketers, downline agencies, and compliance staff.

Scope of Appointment (SOA) – A documented agreement between a Medicare producer and a beneficiary listing product(s) agreed upon for discussion with the beneficiary prior to a marketing appointment

Special Needs Plan (SNP) – A Medicare Advantage plan specifically designed for beneficiaries who are entitled to both Medicare and Medicaid (D-SNP), are institutional (I-SNP), or suffer from a severe or disabling chronic medical condition (C-SNP)

Telebroker – These producers perform marketing activities for Medicare products and/or engage in telephonic enrollment application services on behalf of Aetna as Medicare Distribution Telebrokers. In every case, per the terms of their Producer Agreement, they must be confirmed by Aetna as ready to sell prior to marketing Aetna Medicare products and comply with all CMS regulatory and Aetna requirements in accordance with the terms of the agreement

Telephone Consumer Protection Act (TCPA) – A federal consumer privacy statute enacted in 1991 which regulates and restricts the use of automated technology to call mobile phones. The statue applies to outbound telephone calls, including voice messages, pre-recorded or artificial voices, SMS text messages, and faxes

Third Party Marketing Organization (TPMO) – Organizations and individuals, including independent agents and brokers, who are compensated to perform lead generation, marketing, sales, and enrollment related functions as part of the chain of enrollment; may be an FDR entity, but may also be entities that are not FDRs but provide services to an MA plan or an MA plan's FDR

Top of Hierarchy (TOH) – An Aetna-approved entity that is contracted without an upline

"Unlike" Plan Enrollment – Enrollment into a new plan that is a different plan type as the previous enrollment (*i.e.,* PDP to MA/MAPD, MA/MAPD to PDP)

Upline – A firm, agency, organization, or person with downline(s)

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Aetna Producer World

This is your go-to site for information for Aetna Medicare Advantage (MA/MAPD) and PDP products.

Use the top menu to navigate through all the resources available to you. You can verify your "Ready-to-Sell" status, access marketing materials, check the status of your member applications, view reporting, manage your profile and more! If you're an agency principal, you can update your agency's profile and manage employee access to your agency's information.

Plan Information

- First Looks
- Plan guides and information
- Plan comparison tools
- Provider search tool

Requirements to Sell

- Certification
- Onboarding downlines
- Contract management
- Ready to sell status
- Market-specific training

Compensation

- How & when we pay
- Eligibility requirements
- Assignment of compensation
- AOR management
- Forms & guidance
- Termination codes

Reports & Search Tools

- Pending applications
- Medicare book of business
- Member search tool
- Loss of eligibility
- Compensation
- Ready to sell tools

Client Resources

- Sales presentations
- Forms & flyers
- Educational items
- Videos

Producer Resources

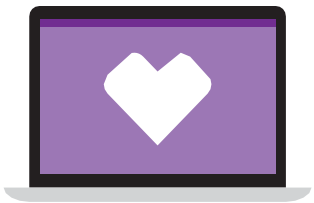
- Aetna Marketing Portal (AMP)
- Educational materials
- Podcasts
- Marketing guidance
- Retention playbook

Enrollment

- ThinkAgent app
- Enrollment kits
- Instructions
- Application uploads
- Forms & guidance

Network Resources

- Provider directories
- Pharmacies
- Provider search tools
- Dentists



Visit Aetna Producer World at
Aetna.com/Producer

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Aetna Medicare Broker Services

Contact us for assistance related to any of the below areas:

Certification

- Aetna certification site
- Group Medicare site
- Market-specific Training registering

Contract Management

- Submitting or checking the status of your onboarding
- Managing onboarding invitations
- Changing agent level or hierarchy
- Updating W-9 & direct deposit
- Agency principal changes
- Contract terminations

Ready to Sell Status

- Requirements and support
- Verifying your status or that of your downline
- Confirming license requirements or records

Enrollment Status

- Medicaid eligibility
- ThinkAgent support
- Checking enrollment status
- Re-ordering member ID cards

Benefit Information

- General plan coverage
- Locating online documents (Summary of benefits, Evidence of coverage, Annual Notice of Change)

Reports & Websites

- Medicare reports
- Aetna Producer World
- Aetna.com
- Aetnamedicare.com

Prescription Coverage & Provider Services

- Provider searches
- Drug pricing
- Formulary Guides
- Mail Order Pharmacy
- Over-the-counter benefits
- Diabetes testing suppliers

Compensation

- Payout schedule
- Aetna Producer World reports
- Reconciliations
- Direct deposit details

Marketing

- Aetna Marketing Portal (AMP) registration
- Marketing & compliance guidelines
- Sales kit ordering support
- Sales presentations & material

Contact Broker Services by phone, email, or on Producer World

Phone: 866-714-9301,
8am-8pm ET,
Monday through Friday

Email:
brokersupport@aetna.com

Online: our Contact Form on Aetna Producer World

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Ready to Sell

Prior to selling Medicare Products, agents, principals and payees must be “ready to sell” (RTS).

When are you RTS?

You’re RTS when you’ve completed, and are currently compliant with, all Aetna, CMS, and applicable state law requirements.

What does this include?

1. Having all appropriate licenses and being appointed by Aetna for the applicable products per state law and being certified for the plan year.
2. If you’re the principal of an agency, your agency must also be properly licensed per state guidelines.

You must actively verify your RTS status with us prior to selling in each state where you conduct business. Selling when you’re not ready to sell will result in forfeiture of your compensation for the life of the policy. You must cease all selling activities immediately and notify us in the event you do not meet the requirements.

The immediate upline of a licensed-only agent (LOA) must also be RTS in the state(s) where the LOA sells.

Becoming RTS enables you to:

- Market and sell Aetna Individual Medicare products
- Be eligible to earn compensation
- Order enrollment kits and access the ThinkAgent enrollment tool
- Access the Aetna Marketing Portal for customizable CMS-approved materials

How to become RTS and verify your status:

Complete initial onboarding

Only new agents must complete the onboarding process. Once onboarded, producers must maintain compliance with all Aetna, CMS, and applicable state law requirements.

Complete Annual Certification

To complete go to:
https://www.aetnaacademy.com/ui/home

Actively verify your RTS status

There are three ways to verify:

- Access Producer World and go to Individual Medicare Ready to sell
- Contact your recruiter
- Contact Aetna Medicare Broker Services at 866-714-9301 or brokersupport@aetna.com

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Certification is the first step to being ready to sell with Aetna.

Start your certification and onboarding journey here.

Annual Certification

You can access Aetna Academy directly to complete certification requirements.

We accept even more Medicare certification options for 2027 — including AHIP, Pinpoint, and NABIP. Visit Producer World for more details on our certification process.

Aetna Learning Plan

1. **Aetna Core Requirements** (Training and 10 question test)

   Review our Code of Conduct and important Medicare Compliance guidelines. Learn how to report potential issues and how to use our Producer Guide.

2. **Attestations** (Attest to compliance)
   - Aetna & CMS First Tier, Downstream or Related Entities
   - Completions of Aetna Market-Specific Training and/ or National Telebroker Training

3. **Product Training**
   - **Prescription Drug Plans** (Training and 10 Question Test)

     Learn about SilverScript Prescription Drug Plans and pharmacy options.
   - **Medicare Advantage** (Training and 10 Question Test)

     Learn about Aetna Medicare Advantage (HMO, PPO & SNP) plans.

You'll receive one certificate of completion after finishing your learning plan, which includes both MA/MAPD/SNP and PDP training.

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Onboarding Steps

For new producers or those wishing to re-contract:

Step 1: Complete annual certification

Step 2: Obtain an onboarding invitation from your recruiter

Step 3: Complete all required forms in our Medicare onboarding system

Step 4: Pass a background investigation* and regulatory review check (if applicable)

Step 5: Aetna Medicare Broker Services will process your onboarding case

*You are required to notify Aetna in writing of any criminal charges or convictions involving fraud, dishonesty, breach of trust, or theft that may occur after the background check is completed.

Onboarding Tips & Guidelines

Completion of the annual certification process is required before we can begin processing your onboarding application.

Notification of approval of your onboarding case does not mean you have achieved ready-to-sell (RTS) status. You must actively verify your RTS status prior to selling the applicable Medicare product(s) in each state where you sell.

We accept hierarchy and principal change requests when submitted in accordance with our guidelines.

Onboarding guidelines, forms, and other helpful resources are available on Aetna Producer World.

License & Appointment Processing

Newly Onboarding or Re-Contracting:

Your records will be retrieved from the National Insurance Producer Registry (NIPR) during the onboarding process to verify you have an active license with a valid line of authority for Medicare in your state of residence, as well as in any other state(s) in which you sell. We'll process appointments according to state guidelines.

We'll process appointments upon completion of your onboarding case for states that require them in advance to be considered ready to sell.

As permitted in certain states, appointments will be processed after the first beneficiary enrollment application is received for the state. This is referred to as "Just-in-Time" (JIT) appointing.

Existing Producers:

We'll receive alerts from NIPR for any changes to your license and/or appointment status.

If you obtain a new license, we'll automatically order appointments according to state guidelines if you have a valid line of authority for Medicare.

Be sure to verify your ready-to-sell status in any new state(s) before beginning to sell.

We encourage you to renew your state licenses in a timely fashion to ensure continuity of RTS status.

State Requirements

Per Medicare guidelines in the Medicare Communications and Marketing Guidelines (MCMG), and 42 CFR §§ 422.2274, 423.2274, Agent/Broker Requirements, compliance with state licensure and/or appointment laws is required.

Agents and brokers have the responsibility to maintain state licenses, continuing education, and all other state requirements.

Principals contracting their agency must ensure the agency is properly licensed and appointed.

Uplines must be contracted and have the proper licenses and appointments required by applicable law.

State license and appointment requirements for Medicare are available on Aetna Producer World.

You are required to notify Aetna of any expiration, termination, suspension, or other action affecting your licensing/appointment.

E&O Insurance Program

Aetna requires all producers always carry an Errors and Omissions (E&O) policy of at least $1,000,000 per claim and $1,000,000 aggregate to maintain appointment with Aetna.

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Certification Checklist

Aetna Learning Plan	Complete Aetna Learning Plan
FDR Attestation	Completion indicates you understand, and are compliant with, Aetna and CMS FDR requirements. Failure to maintain compliance with the Medicare FDR requirements may result in development of a corrective action plan (CAP), re-training, and/or termination of your Producer Agreement and relationship with Aetna.
MST Attestation	Completion indicates you'll complete the required market-specific training (online or in-person) for all states and markets where you plan to sell MA/MAPD and/or DSNP products. To sign up for MST, go to https://www.aetnamedicareagenttraining.com/
National Telebroker Training	For Call Center, LOA, and National Partners, access the 2027 National Telebroker Training at, https://www.aetnaacademy.com/ui/course/35962/enroll/true
Receive Notification of Completion	Upon completion of certification, you'll receive an email indicating that all steps of the Aetna certification process are complete.



2027 Plan Offerings

Aetna is proud to offer Medicare Advantage (MA) plans in **42 states, as well as Washington, D.C.,** for the 2027 plan year.

We do not offer MA plans in Alaska, Hawaii, Idaho, Maryland, Montana, New Mexico, Vermont, or Wyoming.



Product Availability and Commissionable Status

You must be "ready to sell" to receive commission for eligible products and plans. To be ready to sell for MA products, you must be contracted and complete annual certification requirements. **You can check your Ready-to-Sell status for different states on Producer World.**

You can find a list of commissionable plans on First Looks. To review current information on non-commissionable plans, refer to the non-commissionable plan section on Producer World.

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Marketing Materials



Producers may only use CMS- and Aetna-approved marketing materials when discussing Aetna Medicare plans. To be clear, you may only use materials that have been created by Aetna's marketing team, approved by Aetna, and, as necessary, filed with CMS by Aetna OR non-branded materials, approved by Aetna and filed with CMS by Aetna. This includes multi-plan materials (as described in the MCMG). Producers may not alter CMS-approved materials in any way, other than to add personal information like agent name, phone number, email, or event date, when permitted. **Find ready-to-use, CMS-approved Medicare marketing materials on *Aetna Producer World*.**

Co-Branding

Co-Branding refers to the use of the Aetna logo or other trademarked information in a marketing piece, or the joint development of marketing materials to promote Aetna Individual Medicare (MA/MAPD) products.

You must always obtain Aetna's advance written approval for co-branding. The request form can be found on Producer World or through contacting the team mailbox at AetnaLogoRequest@CVSHealth.com.

Upon approval to co-brand, the following requirements apply:

- It is in the best interest of Aetna and contracted producers to be jointly involved in the early stages of campaign, event, or activity development so that Aetna may conduct any necessary analysis and approve or disapprove of such campaign, event, or activity proposal before significant resources are expended by either party in its development
- You must coordinate directly with your upline or with your Aetna Individual Medicare Sales Relationship Manager
- The co-branded material is subject to Aetna and CMS filing and/or approval processes, as applicable
- Approved co-branded advertising and marketing may include permissible promotion of co-marketed educational and wellness programs for prospective or existing Aetna members
- All promotional and outreach activities undertaken, based on approved co-branding, must comply with applicable law, including, but not limited to, HIPAA and the CMS MCMG
- Aetna advertising and marketing materials (print and digital) are subject to ongoing monitoring and/or audit to ensure compliance with Aetna and CMS standards, as well as applicable law.

Top of Hierarchy partners should refer to the Co-Branded Partner Guidelines document provided by their Sales Director for additional information regarding co-branding requirements.

Using the Aetna Logo

Fill out the request form on Aetna.com:

- Click *About Us*, then *Contact*
- Sign off on the terms & conditions to use the logo
- Submit a sample layout showing how you want to use the logo (not required if you are including the Aetna logo on a website)
- Approval via email takes approximately 1-3 business days

Aetna only approves requests that appropriately reflect that Aetna is among the brands you sell. Aetna is unable to approve requests that imply exclusivity status to sell Aetna products. Also, logos should not be combined with another logo to create dual branding.

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CMS Sales and Marketing Guidelines

The following CMS requirements regarding communication and marketing materials are requirements that all producers and TPMOs must observe.

Plans, Plan Sponsors and TPMOs must adhere to Medicare regulatory guidelines as CMS rules are generally updated annually and subject to change.

- Authorized TPMOs must submit multi-plan materials to HPMS after pre-review by MA organizations.
- Superlatives may not be used in communications unless new requirements regarding supporting documentation are met. Examples include, but are not limited to, words like “best” or “most”.
- Do not use the Medicare name and CMS logo in a misleading way. Use of the Medicare ID card image must be authorized for use by CMS.
- Do not advertise plan benefits outside a service area.
- The MA organization name or marketing name(s) as listed in HPMS must be identified in the marketing of any products, plans, benefits or costs.
- Marketing communications may not include information regarding potential savings that are based on a comparison of typical expenses borne by uninsured individuals, unpaid costs of dually eligible beneficiaries, or other unrealized costs of a Medicare beneficiary.
- Visiting a beneficiary without an appointment is always prohibited, even when the beneficiary has expressed an interest in MA products.

CMS Sales & Marketing Activities

- Educational events- MA plans and agents/brokers participating in or hosting educational events may provide beneficiaries information by distributing communications materials and answering beneficiary-initiated questions related to MA plans. The MA plans and agents/brokers may provide contact information by distributing business cards. Beneficiaries are not required to provide their contact information; if they agree to be contacted, agents/brokers may collect their contact information, by having them complete Business Reply Cards and Scope of Appointment (SOA) forms. Beginning October 1, 2026, for plans effective in 2027, SOA may be collected at educational events.
- Events transitions - Beginning October 1, 2026, the 12-hour waiting period for a marketing event to take place in the same vicinity as an educational event is no longer required. If a marketing event directly follows an educational event, the beneficiary must be notified that the educational event is ending and that a marketing event will begin shortly and be given a sufficient opportunity to leave the educational event prior to the start of the marketing event.
- Personal Marketing Appointments and Scope of Appointment (SOA) - Beginning October 1, 2026, it is no longer required to wait 48 hours between the completion of the SOA and the start of the personal marketing appointment. The SOA is still required to be completed prior to starting a personal marketing appointment, and for in-person personal marketing appointments is required to be in writing.
- A Scope of Appointment, business reply card, or request to receive additional information is valid for 12 months following the date of the beneficiary’s signature or the date of the beneficiary’s initial request for information. If they request to be put on a do not call list prior, the request must be adhered to.
- The pre-enrollment checklist (PECL) must be provided prior to enrollment, including telephonic enrollments. "Effect of current coverage" has been added to the PECL.
- TPMO CMS Required Disclaimer. Effective October 1, 2026:
  - **Third-party marketing organization disclaimer.** This is standardized content. If a TPMO does not sell for all MA organizations in the service area the disclaimer consists of the statement: “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 or 1-800-MEDICARE to get information on all of your options.” If the TPMO sells for all MA organizations in the service area the disclaimer consists of the statement: “Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact Medicare.gov or 1-800-MEDICARE for help with plan choices.” The MA organization must ensure that the disclaimer is as follows:
  - (i) Used by any TPMO, as defined under § 422.2260, that sells plans on behalf of more than one MA organization.
  - (ii) Verbally conveyed during sales calls prior to the discussion of any benefits.
  - (iii) Electronically conveyed when communicating

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with a beneficiary through email, online chat, or other electronic means of communication.

- (iv) Prominently displayed on TPMO websites.
- (v) Included in any marketing materials, including print materials and television advertisements, developed, used or distributed by the TPMO.

- Beneficiary health plan needs must be reviewed prior to enrollment.
- TPMOs must record all marketing, sales, and enrollment calls, including the audio portion of calls via web-based technology, in their entirety.
- Effective July 10, 2023, CMS broadened the definition of “marketing” to include materials that mention any type of plan benefits. This requirement applies to all materials currently in use.
- Marketing is defined as “any material or activity that is distributed via any means (e.g., mailing, television, social media, etc.) that mentions any benefit will be considered marketing and must be submitted into HPMS.”
- To this end, TPMOs, including agents and brokers must determine if their communications meet the new definition of marketing and then submit materials for marketing review, as appropriate.
- TPMOs must also ensure that all multi-plan materials that include "intent" and mention benefit are provided to Aetna for pre-review and submitted to HPMS.
- Organizations must submit materials for approval in a timely manner prior to use. Please direct any questions regarding the multi-plan marketing material submission and review process to AgentOversight@aetna.com or your Aetna Medicare Broker Manager or Sales Director.

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The Enrollment Process

Before the Application:

- Confirm plan eligibility and verify/document the beneficiary's:
  - Medicare Advantage plans Medicare Part A and Part B coverage.
  - PDP plans Medicare Part A and/or B and D
  - For DSNP plans, also confirm Medicaid eligibility
  - For CSNP plans, also confirm CSNP condition
- Thoroughly explain the benefits, rules, and member rights; use the Aetna CMS- approved sales presentation to ensure you've covered all required information
- Disclose producer and product specific disclaimers
- Verify the beneficiary agrees to proceed with the enrollment
- Verify the plan the beneficiary selects are within his/her service area
- Verify the beneficiary has a valid election in order to enroll

Completing the Application:

To complete an enrollment application, remember:

- You may proceed with the enrollment only after thoroughly explaining all plan benefits, limitations, and rules to the beneficiary and receiving his/her consent.
- Ensure all required information is provided on the application and is accurate.
- A signed Medicare enrollment application must reach Aetna within two (2) calendar days of when the agent/broker receives it from the beneficiary.
- Inform the beneficiary that acceptance of enrollment is not guaranteed and is only confirmed by Aetna after review of the enrollment application.

Application Submission

MA/MAPD Enrollment

Aetna provides several easy-to-complete MA/MAPD enrollment application submission options depending on the Application Tracking Number (ATN), found on the lower right-hand corner of the application:

NG, JV, IS: 1-866-756-5514; P.O. Po Box 14088 Lexington, KY 40512

CS, JC: 1-844-749-2651; PO Box 14077 Lexington, KY 40512

US, QS: 1-844-984-0393; PO Box 14066 Lexington, KY 40512

Go to Aetna Producer World and click on: Quote and Enroll > Individual Medicare. Choose between ThinkAgent, Enrollment Kits, Sales Leave behind, and more.

PDP Enrollment

Aetna also offers these easy-to-complete options for PDP enrollment application submissions:

Email: enrollmentverification@CVSCaremark.com

Fax: 1-866-552-6205

Mail: SilverScript® Insurance Company

ATTN: Agent Processing

P.O. Box 30002

Pittsburgh, PA 15222-0330

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Telephonic Enrollments

Medicare Telebrokers

Upon contracting, you are automatically eligible to proceed with Aetna's Telebroker Onboarding process. If you're interested in learning more about becoming a Telebroker, speak with your dedicated Aetna Individual Medicare Sales Director.

- As First Tier, Downstream, and Related Entities (FDRs), Telebrokers are subject to CMS regulatory requirements for enrollment applications of Aetna MA/MAPD products.
- The agency principal and all Telebrokers must be confirmed as ready to sell.

Telebroker Requirements

- All producers participating in telephonic enrollments must have established accommodations for individuals with hearing and/or speech disabilities (including TDD services).
- No-cost translation services must be made available to all individuals who require it.
- All marketing and sales calls must be recorded and maintained for a minimum period of 6 years. For the first 3 years of the retention period records must be maintained in audio format. For years 4, 5, and 6 records may be maintained in either audio format or as complete and accurate transcript recordings.
- All telephonic enrollments must be recorded, include a complete Scope of Appointment (SOA) and be made available to Aetna/CMS upon request.
- All Telebrokers are required to use a CMS- or Aetna approved call script.
- If you're unable to provide a valid SOA upon request, you may be subject to changes in compensation.

Compensation Resources

Compensation

Licensed Producers are only entitled to compensation as outlined in the Producer Agreement and are not considered Aetna employees. The Aetna Medicare Agent Compensation and Upline Administrative Fee Schedule is a compensation schedule made binding under the Producer Agreement. How much Aetna pays is consistent with CMS requirements. Aetna may modify compensation and renewal rates from time to time in accordance with the terms of the Agreement.

Find more info available on Aetna Producer World:

- 1099, EFT & W-9
- Agent of Record (AOR) management
- Assignment of Compensation
- Compensation eligibility requirements
- How we pay
- How termination affects compensation
- Open Enrollment Period (OEP)
- Payout Schedules

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Renewals

- We may cease renewal payments immediately if you no longer meet the requirements or commit any act or omission which would have been considered non-compliant under the terms of the Agreement.
- Payments, including upline administrative fees, will cease if you become an employee of Aetna.
- If an LOA discontinues their association with their upline, we'll continue to pay the upline as long as the member remains continuously enrolled in their original plan, and all other eligibility requirements are met by the upline.

Chargebacks & Recovery

Rapid Disenrollments

Any disenrollment that occurs prior to the start of the fourth month after the policy effective date is considered a "rapid disenrollment".

- Voluntary rapid disenrollments (including OEP plan changes) result in a chargeback of the full compensation paid.
- Involuntary rapid disenrollments result in pro-rated compensation based on the number of months the beneficiary was active in the plan.

Disenrollments Outside the Three-Month Rapid Period

You retain the compensation earned for the length of time the policy was active. Aetna will charge back the unearned compensation, which will be reflected on your compensation statement.

Compensation Recovery

If Aetna pays compensation for a sale and a disenrollment occurs thereafter for which CMS requires compensation recovery, you're required to refund the payment to Aetna. Aetna may deduct the refund amount from amounts otherwise owed to you.

Payment Disputes

If you believe you were underpaid compensation or did not receive a compensation payment, you must notify Aetna Medicare Broker Services or your Broker Manager or Sales Director within twenty-four (24) months of either the receipt of the underpayment or the effective date of the policy for which payment was not received, as applicable.

Upline Obligations & Administrative Services

There are six (6) levels of upline Marketing Organization contracting:

- PMO – Preferred Marketing Organization
- NMO – National Marketing Organization
- RMO – Regional Marketing Organization
- MMO – Middle Marketing Organization
- GMO – General Marketing Organization
- LMO – Local Marketing Organization

If you are an upline at any Market Organization level, there are certain obligations you must fulfill as part of your Producer Agreement:

- Adhere to applicable laws & all Aetna written policies, rules, and field communications about Medicare products
- Maintain proper licensing in accordance with applicable laws in each state where selling occurs
- Notify Aetna if any license is suspended or revoked
- Ensure all agents and employees perform services in a manner that is compliant with the terms of the Producer Agreement
- Perform all services and responsibilities as identified within the Producer Guide

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Administrative Services

Uplines are required to provide certain administrative services and are compensated for such. The following chart indicates which administrative services are required for each contracting tier. If the RMO, MMO, GMO, or LMO is the Top of Hierarchy (TOH) upline, they are responsible for the other administrative services as well.

Required Activity	PMO	NMO	RMO	MMO	GMO	LMO
Compliance						
Comply with any and all First Tier, Downstream and Related entities (FDRs) CMS requirements.	X	X	X	X	X	X
Assure compliance & develop related policies & procedures	X	X	X			
Maintain records & reinforce appropriate selling practices	X	X	X	X	X	X
Reinforce policy updates, compliance alerts, & other communications with agents	X	X	X			
Aid in the collection of agent responses when necessary	X	X	X	X	X	X
Review actionable information from Aetna, monitor compliance statistics, identify negative trends, & take proactive action	X	X	X	X	X	X
Establish agent recruitment standards, including agent code of ethics	X	X	X	X	X	X
Ensure completion of annual training, including CMS Fraud, Waste, & Abuse	X	X	X	X	X	X
Ensure agent marketing/advertising oversight	X	X	X	X	X	X
Facilitate annual certification procedures	X	X	X	X	X	X
Implement complaint/inquiry handling procedures	X	X	X	X	X	X
Enforce disciplinary action	X	X	X	X	X	X
Office Administration Related to Medicare Sales/Enrollment & Marketing Oversight						
Administrative support of agents	X	X	X			
Facilitate distribution & disposition of leads generated by Aetna	X	X				
Maintain accurate phone, email, & address information for agents	X	X	X	X	X	X
Website development & maintenance for agent support/service	X	X				
Manage telephonic marketing in compliance with the terms of your Producer Agreement, including CMS rules regarding unsolicited telephone calls	X	X	X	X	X	X
Facilitate agent record-keeping of Scope of Appointment forms & related enrollment materials	X	X	X	X	X	X
Ensure adherence to applicable laws, including MCMG & related CMS guidance	X	X	X	X	X	X
Ensure compliance with CMS & Aetna requirements for any public-facing and/or third-party websites	X	X	X	X	X	X
Ensure use of compliant direct mail pieces	X	X	X	X	X	X
Use of lead vendors in compliance with applicable law	X	X	X	X	X	X
Partner with Aetna leadership to jointly market Medicare products	X	X	X	X	X	X
Agent Recruiting & Training						
Identify, educate, interview, & pre-qualify agents for selling/referring	X	X	X	X	X	X
Coordinate contracting with independent agents	X	X	X	X	X	X
Coordinate & assist with appointment efforts between upline, agents, and Aetna	X	X	X	X	X	X
Ensure proper licensing, appointment, certification, & ready-to-sell status	X	X	X	X	X	X

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Confidentiality & Record Retention

Confidentiality

All information related to Aetna business, products, plans, policies, techniques, strategies, methods, systems, and price books is confidential. Producers are prohibited from sharing this information with other parties not included within the Producer Agreement.

Beneficiary information (*i.e.,* Personally Identifiable Information [PII] and/or Protected Health Information [PHI]) is confidential and should be protected by the producer as applicable under both the Producer Agreement and the Health Insurance Portability and Accountability Act (HIPAA). Beneficiary information cannot be shared with anyone, including, but not limited to, employees, agents, or subcontractors outside of the United States.

For additional information regarding Offshore services, please refer to *Aetna Producer World*.

Record Retention

- This includes, but is not limited to, enrollment applications, Scope of Appointment (SOA) forms, and Permission to Contact forms.
- Producers are required to keep copies of all marketing and sales call recordings and maintain them for a minimum period of 6 years. For the first 3 years of the retention period records must be maintained in audio format. For years 4, 5, and 6 records may be maintained in either audio format or as complete and accurate transcript recordings.
- Producers are required to comply with any requests from Aetna, during regular business hours, to review and/or copy any records regarding Aetna business
- Aetna will provide a reasonably-timed prior notice if such a request is needed.
- This review and/or copying of records will be performed at no cost to Aetna.
- Producers must assist Aetna in providing documentation to support compliance with all applicable laws, rules, and regulations related to Aetna Medicare business.
- Producer shall preserve records applicable to Medicare Members and to Company's Medicare Products, including its compliance with applicable laws and the Producer Agreement, for the longer of (i) the period of time required by state and federal law, or (ii) ten (10) years.

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Compliance & Agent Oversight

The Importance of Compliance

As an Aetna producer representing our Individual Medicare plans and products (MA/MAPD/PDP), you must follow Aetna's policies and the Centers for Medicare and Medicaid Services (CMS) regulations and guidelines* in your daily Medicare activities. You are responsible for knowing the rules and complying with them.

Potential consequences of engaging in inappropriate or prohibited marketing activities include disciplinary actions, termination, and forfeiture of compensation. This section is an overview of the Medicare Communications and Marketing Guidelines (MCMG) and compliance program requirements from Aetna and CMS. It is not all inclusive.

* Chapter 42 of the Code of Federal Regulations, Part 422 Subpart V – Medicare Advantage Communication Requirements & Part 423 Subpart V – Part D Communication Requirements

How to Stay Compliant

- Review our CMS MCMG Do's and Don'ts Agent Summary document, located in the CMS marketing guidelines section of Aetna Producer World. It highlights specific rules and regulations you need to know and follow from the CMS MCMG. Print a copy and carry this portable list with you as a reference tool when selling Medicare products.
- Always follow and refer to the complete and current Medicare Communications and Marketing Guidelines (MCMG) and Code of Federal Regulations, Parts 422 and 423.
- You're required to read and abide by the *Aetna Medicare Marketing Code of Conduct*. It outlines prohibited activities for agents selling Medicare products. In addition, you must comply with the *Aetna/CVS Code of Conduct* and *FDR Medicare Compliance Guide*, or with a comparable ethical code and program policy.
- Ensure timely completion of required Medicare training and testing, as well as any training and testing specific to the Aetna plan types you would like to sell.



Health Care Provider Affiliation

Any relationship or affiliation a Producer has with a health care provider must not impact decision making or influence a Producer's recommendation on which Medicare Product is in the best interest of a prospective or current Medicare member. If Producer is affiliated with any health care provider, such affiliations must be disclosed to Aetna and to any prospective or current Medicare member being advised by Producer about Medicare Products.



Fraud, Waste, & Abuse

As a producer contracted to sell our Individual Medicare products, you are required to prevent and report suspected or actual non-compliance and/or fraud, waste, & abuse (FWA).You can report your concerns in these ways:

- Call EthicsLine® 1-877-287-2040, which is available 24/7
- Visit EthicsLine® Online www.CVSHealth.com/EthicsLine
- In Writing: David Falkowski
  Chief Compliance Officer
  CVS Health
  One CVS Drive
  Woonsocket, RI 02895

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Section 1557 of the ACA

Affordable Care Act

On May 13, 2016, the U.S. Department of Health and Human Services (DHHS) and the Office of Civil Rights issued a Final Rule implementing Section 1557 of the Affordable Care Act (ACA). The new regulations prohibit discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities. The law establishes new protections and applies to any health programs funded by DHHS, including Medicare Advantage, Medicare Part D, and the Marketplace. The law strictly prohibits discrimination on the basis of sex, pregnancy, false pregnancy, termination of pregnancy, or recovery therefrom, childbirth or related medical conditions, sex stereotyping, and gender identity. Please review the Section 1557 guidance.

Producers for Aetna's covered programs are required to comply with ACA Section 1557 regulations as of July 18, 2016. Any producer who engages in prohibited discrimination in connection with the marketing of an Aetna-covered program(s) will be subject to disciplinary action, including termination "with cause" of their Producer Agreement.

Telephone Consumer Protection Act

The Telephone Consumer Protection Act (TCPA) and other laws regulate telemarketing calls to consumers using automated systems. Completion of a TCPA Attestation as part of annual certification with Aetna may be required.

"Telemarketing" refers to all forms of telemarketing subject to state or federal regulation including, but not limited to, telemarketing as regulated under the Telephone Consumer Protection Act (TCPA), 47 U.S.C. §227. This includes use of automatic telephone dialing systems, artificial or pre-recorded voice messages, SMS text messages, and fax machines, as well as live calls that may be subject to any applicable law, regulation, or ordinance limiting, for example, the hours of such calls or contacting persons on any Do Not Call (DNC) registry.

TCPA rules and regulations apply to outbound telephone calls to or from any individual or entity with respect to marketing of any Aetna Medicare products. Therefore, Aetna-contracted producers must comply with all federal, state, and municipal laws, regulations, and administrative guidance pertaining to:

- The recording and/or monitoring of telephone calls
- Auditable notice requirements regarding the recordation and/or monitoring of telephone calls (including notifying such individual or entity at the inception of the call that such calls will be recorded and monitored)
- Obtaining consent at the inception of such call to the recordation and/or monitoring of telephone calls
- The storage, privacy, security, and destruction of any recorded phone calls

If producers engage in telemarketing with respect to any Aetna Medicare products or services under TCPA, you must:

- Maintain a Do Not Call list for your organization, with supporting documented procedures that ensure your organization scrubs all phone numbers against federal, state, and internal Do Not Call lists in accordance with applicable law daily
- Maintain records regarding compliance with call abandonment rates in accordance with all telemarketing laws and regulations that now or hereafter govern telemarketing
- Obtain consent at the beginning of recording and/or monitoring of telephone calls
- Not utilize any unsolicited telephone number(s) to engage in telemarketing obtained without legally sufficient consent of the recipient (e.g., telephone numbers obtained via a third party), including text messages and electronic voice messages

To access the Do Not Call Registry, go to www.telemarketing.donotcall.gov. To learn more, the FTC maintains a FAQ Website for Telemarketers.

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Third Party Marketing Organizations



Third Party Marketing Organizations (TPMOs) are any organizations or individuals, including independent agents and brokers, who are compensated to perform lead generation, marketing, sales, and enrollment related functions as a part of the chain of enrollment (the steps taken by a beneficiary from becoming aware of an MA plan(s) to making an enrollment decision).

TPMO Oversight

When doing business with a TPMO, either directly or indirectly through a downstream entity, Aetna is required to implement oversight activities, in addition to any applicable FDR requirements, which ensure that the TPMO:

- Adheres to any requirements that apply to the MA plan;
- Uses all required disclaimers when conducting lead generation activities, either directly or indirectly, as required under §422.2267(e)(41) and §423.2267(e)(41);
- Discloses any subcontracted relationship(s) used for marketing, lead generation, and enrollment;
- Records and saves all Marketing, Sales, and Enrollment calls with beneficiaries in their entirety; and
- Reports monthly to Aetna any staff disciplinary actions or violations of any requirements that apply to the MA plan associated with beneficiary interaction.

TPMO Disclosures

When conducting lead generation activities, either directly or indirectly, TPMOs must disclose to the beneficiary, when applicable:

- His or her information will be provided to a licensed agent for future contact. This disclosure must be provided as follows:
  - Verbally when communicating with a beneficiary via telephone
  - In writing when communicating with a beneficiary through mail or other paper
  - Electronically when communicating with a beneficiary through email, online chat, or other electronic messaging platform
  - He or she is being transferred to a licensed agent who can enroll him or her into a new plan.

For more detailed information on all TPMO requirements, please visit the *Learn about compliance & oversight* in *Aetna Producer World*.

Beginning October 1, 2024, personal beneficiary data collected by a TPMO for marketing or enrolling them into an MA plan may only be shared with another TPMO when prior express written consent is given by the beneficiary. Prior express written consent from the beneficiary to share the data and be contacted for marketing or enrollment purposes must be obtained through a clear and conspicuous disclosure that lists each entity receiving the data and allows the beneficiary to consent or reject to the sharing of their data with each individual TPMO.

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Subcontracted Relationship Disclosure

In accordance with CMS guidance § 423.2274(i), Third Party Marketing Organizations (TPMOs) are required to disclose any subcontracted relationships used to perform Medicare Advantage and Part D marketing, lead generation, and enrollment activities. This includes, but is not limited to, any entities that are compensated to perform these functions for your organization or your downlines, such as lead-generation vendors. **You are responsible for ensuring that you, your downlines and any affiliated agents understand and meet all CMS requirements. You must report (or ensure reporting) TPMO subcontracted relationships to Aetna on a monthly basis in accordance with CMS requirements.**

If you or your downlines and/or affiliated agents currently engage any subcontracted entities that perform these functions (including any new or terminated relationships) and have not yet disclosed this information to Aetna, you must use the link below to submit each relationship. **You are also required to keep this information current on an ongoing basis as your relationships change.**

You must provide the following information for each subcontracted relationship:

- Your organization's name (for example, TOH name, downline agency/agent name, etc.)
- Your organization's NPN
- Subcontracted entity name
- TPMO functions performed – marketing, lead generation, enrollment activities
- Contract effective date
- Date contract ended, if applicable
- Use of offshore functions, if applicable

You are required to maintain accurate and timely reporting by submitting updates using the same link whenever changes occur (for example, establishing new subcontracted relationships or terminating existing ones).

Subcontracted Relationship Disclosure

TPMO Disciplinary Action Reporting

Pursuant to CMS regulations § 423.2274(i), and our Producer Agreement, Third Party Marketing Organizations (TPMOs) are required to submit a monthly report to us detailing any agent or staff disciplinary actions, as well as any violations of CMS requirements that occur during Medicare beneficiary interactions. Failure to submit this monthly report, or failure to report required actions, constitutes a breach of contract and may result in immediate disciplinary action, up to and including termination of your Producer Agreement – Medicare Addendum.

The following actions are required by your organizations:

- TOH's, NMO's, and PMO's have oversight responsibility for their downline agent and agencies including:
  - Responsible for collecting all disciplinary actions taken for any of their contracted employees/contracted agents and downline agents/agencies
  - Submit the reports via Producer World by the 15th of the month for the previous month's information. (For example, October actions due by 11/15. November actions due by 12/15. December actions due by 1/15, etc.)

Please note, you MUST report by the 15th of every month any disciplinary actions identified, and the actions taken by your organization and downlines.

Examples of violations associated with Medicare beneficiary interactions include, but are not limited to:

- Enrolled no consent
- Illegal behavior - i.e., theft from a Medicare beneficiary, stealing a beneficiary. protected health information, acts of violence toward a Medicare beneficiary.
- Fraud - i.e., forging a beneficiary signature on an enrollment application, receiving kickback payments.
- High pressure sales tactics
- Non-compliance with CMS marketing guidelines

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- - i.e., conducting cold calling or door to door solicitation, providing cash or cash equivalent gifts.
- Egregious behavior- i.e., knowingly providing inaccurate information only to entice a beneficiary to enroll in a plan, threatening or abusive behavior.
- Extremely aggressive, very rude, intimidating, manipulative or abusive towards the enrollee
- Unethical behavior - i.e., violations of Aetna's and/or organizations Code of Conduct/Ethical Standards.
- Non-compliance with CMS enrollment guidelines - i.e., using invalid Special Enrollment Periods, not obtaining an electronic or paper-beneficiary signature.

Examples of disciplinary actions include, but are not limited to the following:

- Verbal warning
- Written warning
- Suspension of agent activities
- Formal retraining
- Formal performance improvement plan
- Termination of agent employment

If you have questions, contact Agent Oversight at AgentOversight@aetna.com.

In addition, any/all terminations resulting from disciplinary action or violations of an agent or staff member require the immediate submission of the appropriate Aetna *termination form* to BrokerSupport@aetna.com.

If no disciplinary actions or violations have occurred for that reporting period, you do not need to submit a monthly report.

To submit a TPMO Disciplinary Report, navigate to the Learn tab in Producer World, and select ***Learn about compliance & oversight,*** and select TPMO disciplinary reporting.

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Agent Oversight Program

CMS holds Aetna responsible for the actions of all producers representing Aetna Medicare plans or products. As a result, Aetna has a dedicated Agent Oversight Program to monitor the activities of producers contracted or employed to market and sell Aetna Medicare products.

Producer Monitoring

Aetna routinely monitors producer performance against both internal and CMS standards. Aetna's Agent Oversight Program monitors:

- Rapid Disenrollment Rates
- Producer CTM Complaints
- Producer Grievance Complaints
- Secret Shopper Surveillance Programs
- Complaints & Marketing Incidents/Allegations
- Submission of Enrollment Applications
- Call Monitoring
- Unsolicited enrollment applications
- Not Ready to Sell
- Report Monitoring

Complaints & Marketing Incidents/ Allegations

Disciplinary or corrective action may include:

- Focused training or monitoring sessions
- Increased surveillance
- Coaching
- Full re-training and re-testing
- Suspension or probationary period, with or without compensation
- Completion of a remediation and/or corrective action plan
- Contract and appointment termination, with cause, without cause, or without cause – do not rehire
- Formal reporting to applicable state Department(s) of Insurance

Producer complaints, grievances, and CTM complaints are processed through the Medicare Complaints, Grievances, & Appeals department.

The Agent Oversight team monitors agent complaints through a variety of monitoring activities, such as the Watch Lists.

Complaints against producers and marketing incidents include alleged or actual infractions, misrepresentations, and member dissatisfaction during sales events, individual/face-to-face appointments, and other interactions with Medicare beneficiaries. A full investigation is conducted in response to every complaint received, and disciplinary actions are imposed when needed.

Complaints & Marketing Incidents/Allegations Process

- Full cooperation is required throughout the complaint review process. Upon receipt of a complaint or marketing incident involving one of Aetna's Medicare producers, the below process is followed:
- Notice of Investigation (NOI) letter is sent to the involved producer and/or upline agency
- Producer must not contact the member during investigation
- Full investigation is completed
- Determination made that complaint is either substantiated or unsubstantiated, with recommended disciplinary or corrective actions

Failure to respond within the required timeframe to Aetna, CMS, and/or State Department of Insurance (DOI) requests for information may result in holds in compensation and/or suspension or termination of a producer's ability to market, sell, and receive compensation.

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Producer Agreement Termination

There are certain scenarios where a Producer Agreement may be terminated by either party for any reason. A written notice should be provided based upon your contract's terms. When a producer is terminated, the producer cannot market or sell Aetna products. Visit Producer World to obtain a Termination Form if you wish to request termination for yourself, your agency, or your downline producer(s).

Termination by Aetna

The Producer Agreement can be terminated with Cause, terminated Without Cause, or terminated Without Cause – do not rehire. When required by CMS, Aetna reports on the termination of a producer to CMS and/or the state(s) where the producer is appointed in accordance with applicable law. All termination decisions are made on a case-by-case basis under the authority of Aetna's Agent Oversight Committee and/or per regulatory notice.

Any Producer who fails a background check may be terminated immediately.

Termination without Cause

If you were terminated due to nonresponse to our Agent Oversight team, or to our Complaints, Grievances & Appeals team, you'll need to wait 60 days after the effective date of your termination to submit a new onboarding request. Contact your recruiter for an onboarding invitation. If you've been terminated without cause by Aetna, you may request reconsideration within 30 days. Submit your request to BrokerSupport@aetna.com or contact Aetna Medicare Broker Services at 866-714-9301.

If it's been more than 30 days: You will need to submit a new onboarding request. Contact your recruiter for an onboarding invitation

Termination with Cause

We may terminate the Producer Agreement for cause immediately upon written notice at any time due to several reasons and actions by you, including but not limited to these points:

- Breach of obligations under the Agreement
- Breach of trust, fraudulent, dishonest or illegal act
- Violation of any of the laws, rules or regulations of any governmental authority with jurisdiction over you
- Failure to cooperate with our investigation of a complaint that involves you
- Failure to pay any amount owed to us
- Acting in a manner detrimental to us or our employees
- Causing an unacceptable number of complaints
- Noncompliance or violation of our code of conduct or policies
- Failure to implement a corrective action plan as directed by us and to our satisfaction
- Being terminated for cause by one of our affiliates under another agreement with us or our affiliates

Please refer to the terms of your agreement for complete termination language. If you've been terminated with cause by our Agent Oversight Committee, you may request reconsideration. Submit your request to AgentOversight@aetna.com or Aetna Medicare Broker Services 2222 Ewing Road, Moon Township, PA 15108

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Investigation & Suspension

If you're under investigation for potential termination, Aetna reserves the right to suspend your Ready-to-sell status until completion of the investigation. During suspension, you may not market/sell Aetna products, nor receive any compensation.

If a suspension is lifted, you may then continue to market/sell Aetna products. You'll be paid any pending compensation accrued during the suspension.

If it is determined by Aetna to terminate for-cause, you'll no longer receive compensation, including pending compensation accrued during the suspension.

Aetna reserves the right to withhold approval for book of business transfers, as outlined in Section B.3 of the Agreement, involving Aetna Medicare members by brokers who have been terminated for cause by Aetna or one of its affiliates.

Automatic Producer Terminations

The Producer Agreement will automatically terminate, and all future compensation will cease, for the following reasons:

- Upon the death of an individual producer
- Upon the disbanding of a legal-entity producer
- Upon Aetna's direct employment of the producer

To ensure members continue to have an active servicing agent, update the Agent of Record (AOR) on file with Aetna and/or transfer the Book of Business (BoB) prior to the termination of the Producer Agreement. For more information on managing the Agent of Record, including producer death or incapacitation, visit *Aetna Producer World*.

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Thank You

Here’s to a successful 2027 plan year.

We appreciate your partnership and commitment to serving Aetna Medicare members.

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