

The Florida Office of Insurance Regulation (Office) developed the following worksheet to assist companies in drafting and submitting Medicare Supplement advertisements and cover letters for review by the Office. The Office encourages, but does not require, the company to download, complete, scan, and upload this form as part of the form filing as it will expedite the review process. **The Office offers this worksheet as guidance only and it should not be considered a directive by the Office. The worksheet does not contain all of the requirements for Medicare Supplement advertisement filings, but instead incorporates guidance for points of law frequently overlooked in the filings.**

### Medicare Supplement Advertisement Worksheet

Statute/Rule	Description	Yes	No	N/A	Page #
69O-149.021(6)(b)	Review filing for correct product codes, properly completed UDL, inclusion of all required documents for a complete review and other requirements. Incorrect product codes and incomplete filings will be returned as incomplete with a letter of explanation.				
69O-149.021	Required information to be submitted in the filing (see page 3)				
69O-149.021(6)(c)	Provide the Office with the form numbers, dates of approval, Florida file log numbers, (e.g. FLH 19-234560), and type of coverage of all policies, Outlines of Coverage & applications or other related forms to be used or issued in connection with the forms submitted.				
69O-156.102(3)	Advertisements shall be identified by form numbers or other identifying means and shall be sufficient to distinguish from any other advertising material or forms.				
69O-156.103(7), or (9), or (10)	Specify advertisement as an Institutional Advertisement or Invitation to Contract or Invitation to Inquire, per definitions.				
Specific Advertisement Type Requirements					
69O-156.103(10)	An <u>Invitation to Inquire</u> shall: <ol style="list-style-type: none"> <li>1. Create a desire to inquire about a health insurance policy,</li> <li>2. Contain a provision regarding the policy's exclusions, limitations and/or reductions.</li> </ol>				
69O-156.103(10)	An <u>Invitation to Inquire</u> shall not: <ol style="list-style-type: none"> <li>1. Employ devices designed to create undue anxiety;</li> <li>2. Exaggerate the value of the benefits available under the marketed health benefit plan;</li> <li>3. State premium cost.</li> </ol>				
69O-156.106	<u>Invitation to Contract</u> – Agent Certification Form Required (when applicable)				
69O-156.107(8)	<u>Invitation to Contract</u> content shall be from agent and include the name of the FL licensed agent if solicitation insures a FL resident and be from agent.				
69O-156.108(2)	<u>Invitation to Contract</u> shall disclose exceptions, reductions, and limitations of the policy.				
69O-156.108(3)	<u>Invitation to Contract</u> shall disclose pre-existing conditions of the policy.				
69O-156.109	<u>Invitation to Contract</u> shall disclose renewability, cancellability, and termination of the policy.				

Statute/Rule	Description	Yes	No	N/A	Page #
69O-156.115(1)	<u>Invitation to Contract</u> shall state the form number or numbers of the policy or policies advertised.				
	All Advertisements				
69O-156.104	Information shall be set out conspicuously so that it is not minimized, rendered obscure or presented in an ambiguous manner or fashion or intermingled with the context of the advertisement so as to be confusing or misleading.				
69O-156.105(1)	Unfair or deceptive practice: cannot fail to reflect the actual role of the agent.				
69O-156.105(2)	Cannot make a misrepresentation or incomplete comparison of policies to induce replacement.				
69O-156.105(4)	All sales materials or presentations must disclose that an insurance product is involved.				
69O-156.107(1)	The advertisement shall be complete and clear to avoid deception, or the capacity to mislead, or deceive. Words whose meanings are clear only by the consumer's familiarity with insurance terminology shall not be used.				
69O-156.108(1)	The advertisement shall not include deceptive words, phrases or illustrations.				
69O-156.107(3)	The advertisement shall clearly identify the Medicare Supplement insurance policy/plan as an insurance policy/plan.				
69O-156.111	Sources of any statistic shall be accurately identified in the actual advertisement.				
69O-156.113	Advertisements may not make disparaging, unfair, or incomplete comparisons and/or statements of other insurer's benefits or policies.				
69O-156.115(1)	The name of the actual insurer shall be stated in each advertisement.				
69O-156.115(7)	No advertisement shall be used that fails to include a disclaimer to the effect: "Not connected with or endorsed by the U.S. Government or the Federal Medicare Program."				
69O-156.115(9)	Name of the actual insurer must be presented in same size & type as letters, initials or symbols of corporate name or trademark.				
69O-156.115(10)	Name of the actual insurer must be presented in same size & type as agency name				
69O-156.0086 MACRA	No policy or certificate that provides coverage for the Medicare Part B deductible may be <u>advertised</u> , solicited, delivered or issued for delivery in Florida as a Medicare supplement policy or certificate to individuals newly eligible for Medicare on or after January 1, 2020. (PLANS C & F ARE NO LONGER AVAILABLE FOR NEWLY ELIGIBLE BENEFICIARIES)				

Please upload all documents with document titles that accurately reflect their contents including specific form numbers in the "Forms To Be Reviewed" section of the Universal Standard Data Letter.

## **Cover Letter Guidelines: Rule 690-149.021, Florida Administrative Code (F.A.C.)**

### **A. Type of Filing/Coverage:**

1. Provide a description of the type of filing, state the title of the submitted forms(s) and explain any feature(s) or benefit(s).
2. State whether the filing is new or a resubmission. If this is a re-submission, please explain why the original filing was not approved and provide the Florida filing number of the previous submission.
3. State whether the form(s) replace any previously approved form(s). If so, clearly identify the form(s) being replaced, the Florida filing number in which the previous version of the form was approved and explain all revisions/updates.
4. State whether the form(s) will be used with any other form(s). Provide a list of all forms to be used with the submitted form(s). Include the dates of approval and the Florida filing number(s). (Include Links Charts for Web pages and E-mail forms.)

### **B. Target Population:**

1. List the type of individual or group to be solicited. If marketing to groups, please identify the type of group(s) with the corresponding statutory authority.

### **C. Marketing Methods/Distribution:**

1. State how the form(s) will be used or sold.
2. If sold by an agent in a face-to-face setting, please provide details of agent processes.
3. If sold by direct mail, please provide details of direct mail processes.
4. If sold via the Internet or other electronic means:
  - Provide the online application and/or enrollment forms;
  - Certify compliance with the Uniform Electronic Transaction Act (UETA), Sections 668.50 (5) and (8), F.S.;
  - Explain how compliance with the Licensed Agent statute is achieved, Section 624.428, F.S.

### **D. Other Cover Letter Requirements:**

1. Statement of Variability: Bracket all variable material and for each provide a Statement of Variability (SOV) that states all language possibilities, ranges of dates, time frames and benefit amounts.
2. Provide details of any style changes on the form(s) and certify the font size will never be less than 10 points, pursuant to Sections 627.602 and 627.452(4), F.S.
3. If a third party is filing for the company, provide a currently dated letter on company letterhead, signed by a company officer, certifying that the third party is authorized to submit the filing on the company's behalf.