Medicare Collective
Basic Tenets

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Developed by experienced professionals within NAIFA's Medicare Collective, these basic tenets reflect a shared commitment to ethical marketing, responsible compensation practices, and client-first Medicare planning. Grounded in real-world experience and informed by the evolving regulatory environment, the tenets establish clear standards that protect beneficiaries, uphold the integrity of the agent channel, and reinforce trust in the Medicare marketplace. The tenets are:

1. Obtaining clear consent to be contacted is essential. Cold calling of any type is not allowed including robo-dialing and artificial intelligence applications.
2. Internet-based leads should have internet protocol tracking and should never originate from offshore lead generators.
3. Co-op marketing means Co-op Marketing. Marketing expenses must be actually incurred with co-op covering up to 50% of such expenses. Co-op marketing should not be profit-center for the producer or used as commissions or compensation.
4. Beneficiary consent should have an expiration date and should not be pursued past the expiration date. Examples of consent include Permission to Contact, Lead Consent and Scope of Appointment.
5. Commissions must be structured in a manner that emphasizes the client's needs, discourages churning and encourages servicing the client. Levelized commissions accomplish this while Point of Sale Commission Financing (aka Heaping) and Multi-Year Commission Advancing are transactional and should be avoided.
6. Agents should use industry-standard software tools that compare multiple options along with approved scripts to ensure plan selection meets the client's needs.
7. While a Medicare Advantage product offering may have a variety of attractive extra benefits, agents' primary focus in plan recommendation should be ensuring limited out-of-pocket expenses for healthcare, in-network access to preferred providers and that drugs are covered by the formulary.

About the Medicare Collective

The NAIFA Medicare Collective was formed to address the growing need for stronger advocacy and representation for Medicare-focused professionals. We educate policymakers, industry leaders, and beneficiaries about the vital role Medicare brokers and FMOs play in delivering quality guidance and maintaining strong compliance standards while helping Americans navigate complex healthcare decisions. Through collaboration and advocacy, we work to protect consumer access to trusted guidance while advancing the integrity and long-term success of the Medicare industry.