

PacificSource Community Health Plans 2965 NE Conners Avenue, Bend OR 97701 541.385.5315 888.863.3637 Medicare.PacificSource.com

## **Checklist for Agent Created Advertising Materials**

Please complete this checklist and submit to PacificSource with your proposed advertising material. Please ensure you have included all the required CMS disclaimers (as described below) before submitting your proposed advertising materials for approval.

Submit completed checklists with your materials a **minimum of two weeks** prior to the date needed to <u>GovernmentCommunicationsReview@PacificSource.com</u> for review and approval. We will provide you with final approval and a code to include at the bottom of your material.

Font Size:
☐ Minimum of Verdana 10 or Times New Roman 12.
Include if PacificSource Medicare logo and/or name are included:
☐ PacificSource Community Health Plans, Inc. is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal.
☐ Document code that PacificSource provides on the bottom of the document.  (Example: Y0021_MRK2031_CMS Accepted)
Include if benefits are mentioned:
☐ The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copays, and restrictions may apply. Benefits, premium, copays, or coinsurance may change on January 1 of each year.
Include if plan premiums are mentioned:
☐ You must continue to pay your Medicare Part B premium.
Include if advertising a seminar or sales presentation:
$\Box$ A sales person will be present with information and applications. For accommodation of persons with special needs at sales meetings call [insert agent phone number] or TTY 711.
☐ An independent, licensed agent. (include next to phone number that is the agent's)
Include if promoting a free gift or giveaway:
☐ Free drawing without obligation.
Include if referencing plan ratings:
$\square$ Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.
Include (on the outside of the postcard or envelope) if mailed:
$\square$ This is an advertisement.
<ul> <li>□ Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.</li> <li>Include (on the outside of the postcard or envelope) if mailed:</li> </ul>

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. Y0021 MISC2760 Plan Approved 08202014