

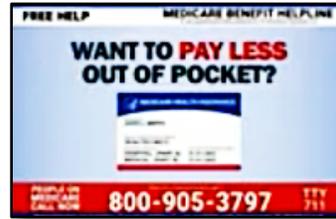
MISLEADING AND FRAUDULENT ADVERTISING (from a webinar of the Medicare Rights Center, Oct 2025)

<https://www.youtube.com/watch?v=edtUNoLkno4>

Main takeaways start at 21:03. Here are some key points.

No. 10 below is interesting for the behavioral science behind the marketing . . .

1. Using a picture of the Medicare card in ads is rampant – they make it seem it's from the government.
2. Ads advertise a hotline OTHER than 1-800-Medicare.
3. Misuse of the Medicare name.
4. Language used suggests people “miss out” if they're not in a MAP.
5. Misleading offers (e.g, "you're now entitled to eliminate copays," extra benefits, money back in your Soc. Sec., free massage therapy, a Flex card for groceries, etc.)
6. Benefits for people in poor health or with disabilities are marketed substantially less often.
7. A quarter of the MAP ads showed active seniors. People engaging in activities demand a pretty high degree of fitness. Few ads include people with visible disabilities or serious illness.



8. People get enrolled in a plan without their knowledge or consent -- some thought they were talking to Medicare or that the broker was just gathering info. And once they've got someone signed up, some states don't let people get the Medigap back that they just dropped in favor of the MAP.
9. The ads from brokers tend to look different from the ads from health insurance companies. Broker ads are kind of “cheesy,” corporate ads are more polished and showing active seniors.
10. **Ads have different goals.** Some are “call to action” ads: they want you to call, sign up right away. Others are “Lead generation” ads: by making something urgent and repetitive, you'll pick up the phone and share some of your contact information. They're then going to *resell* these details to entities that may want your information. In other words: “If the product is free, YOU are the product.” They're collecting your info, not selling you the actual plan.

They use males, either aged former sports stars or TV actors, people who you'd be hard pressed to align with any sort of world view or politics.

They also use **shortcuts or tricks to imply things**, for ex.: a simple red, white, blue screen becomes a kind of surrogate for the Medicare card. If it's super low tech, you might think the ad is from the government (which people know doesn't have a real budget for ads).

The repetition in these ads is the “**exposure effect**” in behavioral science – it's been proven the more you repeat something, the more people believe it, for smart people also. It's hard for people to see the nuance: that the ad is from the private sector, not Medicare or the IRS. Once a person hears “Medicare,” they assume it's all one thing, and that one thing is from the government.

The creators are hoping that people listening to a 30-sec ad will feel something or do something. The celebrities being older is called the “**rosy retrospection**” bias, nostalgia marketing (like the way we go back to our HS reunions even if we hated those people in HS). With retrospection and nostalgia, we become more fond and distorted about things. We're all wired as being either more “promotion-” or “**prevention-focused**” individuals. Prevention ones are worried about harm, they want to get things right. These people pause and evaluate, don't actually call the numbers in the ad. But if they're primed with an upbeat ad, they're more prone to take action. Promotion-focused people are about leveling up and doing the next thing.

11. Why are there fewer Medigap ads? The fact they're state run means the ads would have to be state-specific (I'm paraphrasing here).



Protecting Yourself from Marketing Violations

 Plans can	 Plans cannot
<ul style="list-style-type: none"> ✓ Send you mail ✓ Have educational exhibits at public events ✓ Call or email you about other health plans and products, as long as you are already a plan member and haven't asked them not to call or email ✓ Schedule an appointment to discuss plan options with you, but <ul style="list-style-type: none"> • Before the appointment, you must formally decide which topics will be discussed • The appointment must occur 48 hours or more after it is scheduled (unless you walk into their office or it's the very end of OEP) • The plan agent must stick to the topics you have agreed on in advance • The plan agent may not use your appointment or the time before or after to market or sell plans to other people in your building or neighborhood 	<ul style="list-style-type: none"> ✗ Call, send text messages, or leave voicemail messages, unless you are already a plan member or you gave the plan permission ✗ Email you or call you (even if you are a plan member) if you opt out of this communication ✗ Ask for your personal information or try to sell you a plan at an educational exhibit ✗ Approach you in public areas, such as a parking lot, hallways, or sidewalks ✗ Give you prizes or gifts worth over \$15 <ul style="list-style-type: none"> • Cannot be in the form of cash • Cannot require enrollment or an appointment to get the gift ✗ Conduct promotional activities worth over \$15 per expected event attendee (for example, a raffle prize at an event for 10 people must be valued at or below \$150) ✗ Provide full meals at sales / marketing events

IN ADDITION

Plans must provide you *annually* and *in writing* with the option to opt out of communications about Medicare products.

Also, before enrolling you, plan representatives must explain the plan's effect on your current coverage. For example, if you have a Medigap, a plan representative must explain how you will lose that Medigap if you enroll in Medicare Advantage.