

Golden Plan Choice (GPCA) Code of Conduct

Golden Plan Choice (GPCA INC.) is dedicated to operating with integrity and transparency in its dealings with Medicare beneficiaries, carriers, providers, competitors, and our regulatory agencies.

GPCA INC. takes any Marketing misconduct allegation, overall non-compliance and fraud, waste and abuse (FWA) seriously; we will conduct thorough investigations, take swift, decisive actions to remediate, as appropriate, along with notifying our Health Plan partners(carriers) of all findings.

By complying with this code, you are attesting that you will comply with the conditions of this Code of Ethics and failure to do so will have consequences as outline in this code.

1. I shall conduct myself in an ethical manner with courtesy and dignity and with respect for the rights and reasonable request of consumers and health plan members at all times.
2. I agree that I shall not partake in door to door solicitations or cold calling consumers.
3. I shall not distribute incorrect enrollment material or unapproved marketing material.
4. I understand that GPCA INC. Health Plan partners meet government qualifications shown in the code of Federal Regulations, as approved by the appropriate government recommending bodies. However, I will not imply to consumers or health plan members that their enrollment is in anyway sponsored by or endorsed by or shared by any particular state or federal government agency.
5. I promise to apply my knowledge and professional ethics to the sales process as I assist my clients in choosing the right health care plan for their needs.
6. I will treat each sales interaction as if I were assisting a friend or family member.
7. I will use no form of coercion, deception, sympathy appeal or other high-pressure tactics to enroll consumers in a product.
8. I will always give clear accurate information regarding my relationship with the Health plan and avoid the use of false, contextually misleading or exaggerated statements.
9. I will follow the Scope of appointment requirements and be sure to fill the form out completely.
10. I will present the health plan in its entirety, using the summary of benefit, flip chart, provider directory, referral process, formulary, explaining all co-pays including part D and the coverage gap, and what the consumer can expect to happen next, such as verification calls, welcome packets, membership cards
11. I will make sure that all information on the application is completed and filled in by the consumer, their legal representative or by me, the agent, in their presence.

12. I will qualify the consumer by asking if they meet all CMS eligibility requirements for the Medicare Advantage Plan; have Medicare part A and B; reside permanently within the plan 's service area and does not have End-Stage Renal Disease (ESRD)

13. I will not ask a consumer to sign an incomplete enrollment application or hold that application on behalf of the consumer. I will promptly submit the enrollment with the scope of appointment within 24 hours of the consumer's signature to the Health Plan.

14. I will use only the identification number issued to me by the Health Plan on enrollment applications. I will not use the identification number of another agent on enrollment applications nor will I permit another agent to use my identification number or my signature on an application that I did not complete or sell.

15. I will protect the privacy of consumers and members and preserve the confidentiality of their records in accordance with GPCA INC, the Health Plan's, and HIPAA regulations and guidelines.

16. I shall not offer gifts or other financial incentives as an inducement to enroll consumers into a plan. I shall not arrange to split any payment or commission, or otherwise allow myself to be influenced or coerced in any way into conducting business.

17. I shall not discriminate by reason of race, creed, color, sex, age, national origin or economic status. Enrollments in any product shall not be predicated on age or medical condition, except as provided by federal rules of access to Medicare. I understand that discrimination based on health status or disability is prohibited, and that marketing materials and sales meetings must be accessible to the disabled.

18. I understand to sell for GPCA INC. and their HealthCare partners I must keep my insurance license, appointment, and E &O current. I must also complete the annual certification requirements for each plan that I am appointed to sell with.

19. I understand that I must report any identified issues of non-compliance and /or FWA promptly to GPCA INC., and/or the appropriate carrier contact, the MEDIC and law enforcement as appropriate without fear of retribution or retaliation. Such issues can be reported anonymously to the carrier to further protect the identity of the reporting party. You may report Health Care Plan issues directly to our Health Care Plan Partners (HCPP), by calling, emailing, or by mailing written correspondence to our head of compliance (Melissa Zamora)

20. Anti-money laundry training will be completed as needed and/or required by the insurance carrier.

21. I understand that I must abide by GPCA INC. documented policies and Procedures (P&Ps) and this Code of ethics as well as the applicable state and federal requirements including but not limited to:

- Federal and state False Claims Acts
- Anti-kickback Statute
- Prohibition on inducements to beneficiaries
- Health Insurance Portability and Accountability Act

- Other applicable criminal statutes
- Code of Federal Regulations-specifically, 42 C.F.R. 400, 403, 411, 417, 422, 423, 1001, and 1003
- All sub-regulatory guidance produced by CMS for Part D such as manuals, training materials, and guides
- Applicable Civil Monetary Penalties and Exclusions
- Applicable provisions of the Federal Food, Drug and Cosmetic Act
- Applicable State laws and P&Ps for all carriers I am contracted to do business with.

21. I understand that any breach of the above could jeopardize the contractual relationship between the GPCA INC. and its carriers and may result in the immediate termination of my contract under GPCA INC. and such breach of this Code of Ethics may cause the immediate suspension of any commissions and GPCA INC. may report any breach of this Code of Ethics to the appropriate carrier and regulatory agency.

GPCA INC. Code of Ethics Acknowledgement Form

By signing this, Acknowledgement form I, _____ confirm that I have received the Golden Plan Choice (GPCA INC.) Code of Ethics and will abide by all requirements within. I also attest that I have read each statement of GPCA INC. Code of Ethics and understand them completely and agree to abide by the guidelines they establish. I agree that if at any time I am uncertain about any portion of the GPCA INC. Code of Ethics I will consult GPCA INC. for clarification and guidance.

Employee, Temporary Employee, Employee Agent, Contracted Agent/Broker

Date