Medicare meeting or annuity conversation: one-page flow

For agents who sell Medicare Advantage (MA) or Part D plans and are thinking about annuities. Companion to the guide "Can Medicare Agents Sell Annuities?"

> *"Market non-health related products, such as annuities." 42 CFR 422.2264(c)(3)(iii)(C), personal marketing appointments [3]. The Part D regulation, 42 CFR 423.2264(c)(3)(iii)(C), carries the same bar [4].*

Allowed: marketing materials, plan applications and marketing presentations; a review of needs, financial concerns included. **Barred:** health products beyond the agreed scope, extra health lines without a separate Scope of Appointment, and non-health products such as annuities. A Scope of Appointment stays valid 12 months from signature or first request [3][4][55].

What changed in April 2026, and what did not. The 48-hour wait between the Scope of Appointment and the personal marketing appointment is gone, and so is the 12-hour gap between an educational and a marketing event. The new marketing rules apply from October 1, 2026. The annuities clause is unchanged [7][55].

If this happens	Say (the author's sample wording, not the rule's)	Do not	Do next
The client raises annuities	"I can't discuss annuities in this Medicare appointment. If you want to follow up, you can contact me separately after today."	Present, compare or recommend an annuity, rate or product. Keep annuity materials out of the room (the author's practice, not text)	Note the date in the Medicare file: client raised a non-health topic, not discussed. Any annuity meeting is its own appointment with its own file
The client talks about money worries (premiums, a surcharge, retirement income)	"I can listen and explain what Medicare charges. Questions about other products have to wait for a separate contact."	Turn the worry into a pitch	Answer the Medicare question only. Reviewing financial concerns is allowed under (c)(3)(ii)(D)
You want to raise annuities	Nothing about annuities.	Mention, hint at or show annuity material in the Medicare appointment	Contact the client separately, with a neutral invitation, through a channel that your plan contracts, 47 CFR 64.1200 and state law all allow. The text sets no gap, so use your firm's or plan's rule

Whether a sentence is marketing is a question for the plan's compliance contact. A Medicare Supplement-only client falls outside this CMS text, so check your state and the carrier. Flow last checked against eCFR on 2026-11-05 (version dated 2026-11-01). Amended at 91 FR 17583 (Part 422) and 91 FR 17592 (Part 423), April 6, 2026.

Sources last opened 2026-11-05. Educational, not legal or tax advice. Rules vary by state and carrier and change.

Sources (numbers match the article's Sources list)
[3] 42 CFR 422.2264 (eCFR, 2026-11-01 version). https://www.ecfr.gov/current/title-42/section-422.2264 (opened 2026-11-05)
[4] 42 CFR 423.2264 (the Part D regulation, same eCFR version). https://www.ecfr.gov/current/title-42/section-423.2264 (opened 2026-11-05)
[7] CMS final rule, 91 FR 17384 (April 6, 2026), FR Doc 2026-06600. https://www.govinfo.gov/content/pkg/FR-2026-04-06/html/2026-06600.htm (2026-11-05)
[46] 47 CFR 64.1200 (eCFR version dated 2026-11-01). https://www.ecfr.gov/current/title-47/section-64.1200 (2026-11-05)
[55] CMS, Center for Medicare, Medicare Drug & Health Plan Contract Administration Group, memo "Frequently Asked Questions Related to New Scope of Appointment Rules," May 26, 2026 (copy hosted by a law firm). https://webdocs.hallrender.com/wp-content/uploads/HPMS-Scope-of-Appointment-FAQs.pdf (2026-11-05)

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