

## EARN AN EXTRA \$25 FOR EACH ENROLLMENT WHILE HELPING YOUR CLIENT!

You can now earn an additional \$25 per enrollment when you educate your new clients and sign them up to receive electronic communications from SCAN.

### **HOW DOES IT WORK?**

- **STEP 1:** Educate your clients on the availability and perks of receiving plan information electronically from SCAN
- STEP 2: Enter the member's email address on the enrollment application
- **STEP 3:** AND make sure your clients check the box to opt-in to receive electronic communications (this is your member's consent).

#### **Paper Enrollment Opt-In:**

Email Opt-In:	Email Address:	
I want to get the following materials via email:  By providing my email address, I agree to receive my SCAN materials online rather than by U.S. Mail. I understand this would include documents such as the Part C and Part D Explanation of Benefits (EOB), Annual Notice of Change (ANOC) and other materials. I can change back to U.S. mail at any time.		

#### **Electronic Enrollment Opt-In:**

Email Address (Optional)			
Would you like to receive your Part C Explanation of Benefits (EOB) and Annual Notice of Change (ANOC) online, rather than by U.S. mail? You will receive an e-mail each time one of these documents is available. You can change back to U.S. mail at any time. * Required	○ Yes ○ No		

# The following requirements needs to be met to receive a one-time fee of \$25 per new enrollee for each completed and CMS approved enrollment application:

- The client (who is enrolling in SCAN) must provide their valid email address and written consent to receive electronic communications on the completed SCAN enrollment application. Invalid or inaccurate member email addresses are not eligible for compensation.
- This incentive is for enrollments with January 2026 effective date or later.
- Agent must have an active contract with SCAN and be certified to sell for 2026.
- Agent must educate their clients (who are enrolling in SCAN) on the availability and advantages of receiving plan information electronically from SCAN.

The following terms and conditions apply: To be eligible for payment, a contracted agent must be in good standing with SCAN, receive their commission payment directly from SCAN, and be certified to enroll the member. No payment will be made and a contracted agent will be subject to disciplinary action for engaging in any conduct that pressures, coerces or misleads Enrollees into consenting to receive electronic communications from SCAN. Contracted agents will inform Enrollees that they have the choice whether to provide their email address and consent to receive electronic communications. Contracted agents will also inform Enrollees that SCAN will provide them with the same information in hard copy if they do not elect to receive electronic communications and that their consent to receive electronic communications is not a condition of their enrollment in SCAN or of receiving any service from SCAN. Payments due under this program will be made in accordance with the agent's Contracted Agent Agreement.

Contracted agents will not be entitled to any payment under the program, and SCAN reserves the right to recoup previous payments made to a contracted agent under the program, if:

- i. The enrollment application contains an incomplete, incorrect, or invalid email address;
- ii. The Enrollee revokes their consent to receive electronic communications within [60 days from SCAN enrollment effective date];
- iii. The Enrollee falls under the category of a Rapid Disenrollment (disenrollment within 90 days of enrollment effective date); or
- iv. The Enrollee's email address and/or consent was obtained in violation of any program terms or conditions described herein.

Each contracted agent's participation in the program is subject to all the terms and conditions of the agent's Contracted Agent Agreement, and participation in the program will terminate upon the termination of the Contracted Agent Agreement. Payments for this program will be made beginning in March 2026. If you do not wish to participate in this program or do not agree to abide by these terms, please email **brokerincentive@scanhealthplan.com.**