

\*\*\* Medicare Advantage Plans \*\*\*  
for Eligible Beneficiaries

Please Respond

NAME

EMAIL

PHONE (w/Area Code)

Does your income qualify you for the Federal **Extra Help Program** with prescription drugs from Social Security?

There may be Medicare Advantage plans in your area that include prescription drug coverage and offer additional benefits and services beyond what Medicare alone covers. Not all plans offer all benefits.

To learn more, return this card in the postage-paid envelope and a licensed insurance agent can help you find a plan that meets your needs.

<Sequen> <Sack and Pa Opt# Endorsement Line Vis>  
<FullName>  
<Address>  
<City> <State> <Zip9>  
<IMB>

☐ **YES**, by submitting this information I agree to be contacted by a licensed insurance agent with <AgencyName> by phone to discuss my options.



<LeadID>

<CARDCODE>

# SAMPLE

By returning this mailer, I consent to being contacted by a licensed insurance agent <with AgencyName> via telephone, email or text message even if my number is currently listed on any state, federal, local or corporate Do Not Call list, regarding my Medicare options including Medicare Advantage and Prescription Drug Plans. We do not offer every plan available in your area. Currently we represent <OrgNumber> organizations which offer <PlanNumber> products in your area. Please contact Medicare.gov, 1-800-MEDICARE (TTY users:1-877-486-2048) 24 hours a day/7 days a week, or your local State Health Insurance Program (SHIP) to get information on all of your options. This is a solicitation for insurance. Not affiliated with or endorsed by the US government or federal Medicare program.

# ★★★ Important <Year> Information for <State> Residents ★★★

There may be NEW Medicare Advantage Plans available in your county that offer ***additional benefits beyond what's available with original Medicare.*** If you are not currently claiming the additional benefits and would like to find out if they are available to you, complete and return this postage-paid card. The information is at no cost and there is no obligation.

Do you have Medicaid? ☐

Do you have Medicare? ☐

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

(phone # required for proper routing)

Email \_\_\_\_\_

Age \_\_\_\_\_

<Sequen> <Sack and Pa Opt# Endorsement Line Vis>

<FullName>

<Address>

<City> <State> <Zip9>

<IMB>

<CARDCODE>



<LeadID>

# Your Questions Answered

It's as Easy as 1, 2, 3

- 1) Complete the other side of this card.
- 2) Return the **completed card** in the postage-paid envelope.
- 3) You will receive information via telephone or email with no cost or obligation.

By returning this mailer, I consent to being contacted by a licensed insurance agent <with AgencyName> via telephone, email or text message even if my number is currently listed on any state, federal, local or corporate Do Not Call list, regarding my Medicare options including Medicare Advantage and Prescription Drug Plans. We do not offer every plan available in your area. Currently we represent <OrgNumber> organizations which offer <PlanNumber> products in your area. Please contact Medicare.gov, 1-800-MEDICARE (TTY users: 1-877-486-2048) 24 hours a day/7 days a week, or your local State Health Insurance Program (SHIP) to get information on all of your options. This is a solicitation for insurance. Not affiliated with or endorsed by the US government or federal Medicare program.

## MEDICARE PLANS FOR <COUNTY> RESIDENTS

Please Respond

NAME

AGE

EMAIL

PHONE (w/Area Code)

You may be eligible for Medicare Advantage plans with up to <Amount> per month for **groceries and over the counter health products**.

In addition, you may receive **comprehensive dental coverage, vision coverage, transportation, and more**. Not all plans offer all benefits. Plans are offered through the following Carriers: <Carriers>. Complete and return this postage paid card today for a no-cost, no-obligation review of these money-saving benefits.

SAMPLE

☐ **YES**, I'd like to be contacted by a licensed insurance agent <with AgencyName> by phone to learn about these benefits.

<Sequen> <Sack and Pa Opt# Endorsement Line Vis>  
<FullName>  
<Address>  
<City> <State> <Zip9>  
<IMB>

<CARDCODE>



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\*\*\* MEDICARE INFORMATION \*\*\*  
FOR <STATENAME> RESIDENTS

Please Respond

NAME

AGE

PHONE (w/Area Code)

EMAIL

Are you eligible to have your **Medicare Part B premium paid for by the state?** If so, there may be Medicare Advantage plans in your area that allow you to receive **money back** into your Social Security check.

Plans may provide benefits for prescription drugs, as well as **Dental, Vision, Hearing, Transportation, and FREE over the counter Health Products**. Not all plans offer all benefits. As independent advisors, we represent these companies: <Carriers>

<Sequen> <Sack and Pa Opt# Endorsement Line Vis>  
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<IMB>

☐ **YES**, I'd like to be contacted by a licensed insurance agent <with AgencyName> by phone to learn about these benefits.

<CARDCODE>



<LeadID>

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\*\*\* **MEDICARE SUPPLEMENT RATE COMPARISON** \*\*\*  
**FOR <COUNTY> RESIDENTS**

Please Respond by <ResponseDate>

NAME

AGE

EMAIL

PHONE (w/Area Code)

Do you understand the benefits of Medicare Supplement insurance plans versus the risk of paying out-of-pocket expenses with \$0 Premium plans? Don't overpay for your healthcare, or settle for a plan that doesn't fully cover your needs. New Medicare Supplement plans may be available in your area. Benefits vary, but can include:

- **No Deductibles**
- **No Restrictive "Networks"**
- **No CoPays**
- **No Remaining Bills to Pay**

Complete and return this card to receive a complimentary review of your benefits and your personalized rate comparison.

<Sequen> <Sack and Pa Opt# Endorsement Line Vis>  
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<City> <State> <Zip9>  
<IMB>



<LeadID>

<CARCODE>

# SAMPLE

By returning this mailer, I consent to being contacted by a licensed insurance agent <with AgencyName> via telephone, email or text message even if my number is currently listed on any state, federal, local or corporate Do Not Call list, regarding my Medicare Supplement insurance plan options. This is a solicitation for insurance. Not affiliated with or endorsed by the US government or federal Medicare program.

## MEDICARE SUPPLEMENT INSURANCE PLAN CHANGES THAT AFFECT <COUNTY> RESIDENTS!

Please Respond by <ResponseDate>

NAME

AGE

EMAIL

PHONE (w/Area Code)

Medicare wasn't designed to cover all medical-related expenses. Medicare Part B only covers 80% of outpatient Medical Expenses. Changes in Medicare Supplement insurance plans over the last few years include new plans and modified benefits that can cover more expenses and may save you thousands in out-of-pocket costs. You have more choices. We can provide **no-cost information** that will help you understand:

- Medicare Coverage Limitations
- Available Medicare Supplement Benefits
- Your Options for Drug Coverage

Please complete and return this postage-paid card to receive this free information.

<Sequen> <Sack and Pa Opt# Endorsement Line Vis>  
<FullName>  
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<City> <State> <Zip9>  
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<CARDCODE>

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## MEDICARE SUPPLEMENT INSURANCE PLAN CHANGES THAT AFFECT <COUNTY> RESIDENTS!

Please Respond by <ResponseDate>

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- Medicare Coverage Limitations
- Available Medicare Supplement Benefits
- Your Options for Drug Coverage

Please complete and return this postage-paid card to receive the free "Guide to Health Insurance for People with Medicare" developed by the Centers for Medicare & Medicaid Services (CMS) and the National Association of Insurance Commissioners.

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