

## Are you getting all the benefits you deserve?

If you have MEDICAID and MEDICARE Parts A and B, now is the time to FIND OUT what you might be missing.

### Plans can change each year

NOW AVAILABLE: 2016 plan information! Plans may include DENTAL and VISION coverage; help with prescription drug costs, transportation to and from doctor and hospital visits, and free health products! Even if you already have these benefits, you could be eligible for additional support!

### Get the peace of mind you deserve!

Mail the attached card back today or for faster service call Licensed Agent, <Agent Name> at <Agent phone number>.

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PLEASE contact me regarding the latest Medicare/Medicaid options in my area.

Name \_\_\_\_\_ Age \_\_\_\_\_

Spouse \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*If you are eligible for Medicare and have a low income, you may be eligible for a special needs plan. Return this postage-paid card to see if you qualify. For faster service call <Agent Name> at <Agent phone number>.*

By providing this information above, I grant permission for a licensed sales agent to contact me by phone, email or mail to discuss my Medicare/Medicaid plan options.