



PO Box 219359
Kansas City, MO 64121-9359

<Name>
<Address>
[<Address2>]
<City, State Zip>

This is an advertisement.

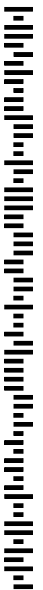
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If you have both Medicare and Medicaid, we have a health plan for you. The UnitedHealthcare Dual Complete®RP (Regional PPO SNP) plan is **the only plan in Florida** that lets you see doctors and dentists in and out of your network. That means you can choose the closest ones to you.

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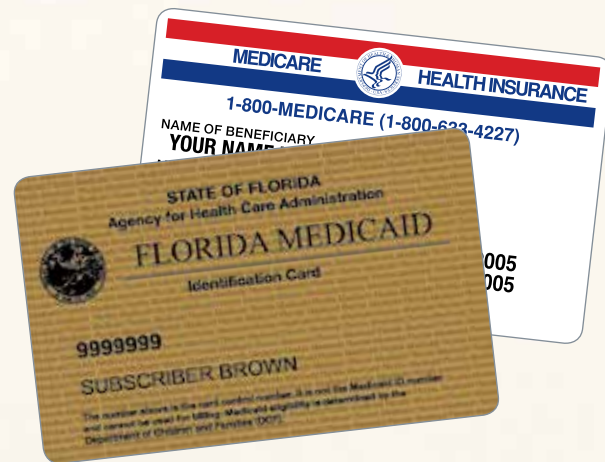
Additional benefits compared with Original Medicare.



\$0 plan premium.



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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the state Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is available to anyone who has both Medical Assistance from the State and Medicare. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. Premiums, co-pays, co-insurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-814-6894 (TTY: 711).

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Yes, I'd like a local agent to contact me to schedule an appointment. (We need a valid phone number or email address to contact you.)

**DB_FNAME DB_LNAME
DB_ADDLINE1 DB_ADDLINE2
DB_CITY, DB_STATE DB_ZIP4**

Phone Number _____

Email _____

By returning this card, you agree that an authorized representative or licensed insurance agent/producer from UnitedHealthcare Medicare Solutions may contact you by phone or email to answer your questions or provide additional information about Medicare Advantage or Part D plans. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. R7444_170124_163126 Accepted CST13410_1046890