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Get a health plan that
helps you stay in tune.



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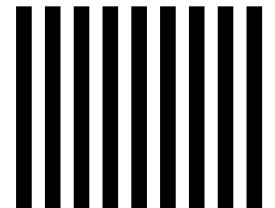
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UNITEDHEALTHCARE
PO BOX 219359
KANSAS CITY MO 64121-7287



Dear <Member Name>,

Our plan benefits may be music to your ears.

If you have both Medicare and TennCareSM cards, the UnitedHealthcare Dual Complete[®] (HMO SNP) plan could get you more benefits.

You get a catalog that gives you up to **\$700 in credits annually** to order health products, like vitamins, thermometers and much more, at no additional cost to you. You may also get:



Additional benefits compared with Original Medicare.



\$0 plan premium.



\$1,000 toward dental services.

Does your current plan compare? If not, give us a call.



See how we compare. Call today.



Call us at **1-855-896-3361, TTY 711**



Return the attached reply card.



Visit **www.TennHealthForYou.com**



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. Any additional Medicare benefit mentioned in this communication above Original Medicare is applicable to the Medicare benefit only and does not indicate increased Medicaid benefits. 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. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-814-6894 (رقم هاتف الصم والبكم: 1-855-814-6894).

H0251_170124_163629 Accepted

CST13412_1046892

Please detach before mailing.

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. H0251_170124_163629 Accepted CST13412_1046892