

#### If you have these cards, you could be getting \$1,400 a year to buy health care products you use every day!

<First Name> <Last Name> <Address 1> <Address 2> <City>, <State> <ZIP Code> ACCESS ACCESS

Get the extra benefits you

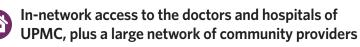
Dear <First Name> <Last Name>:

If you have Medicare and Medicaid, we want to make sure you're getting all the benefits you deserve. UPMC *for Life* Complete Care (HMO SNP) is designed to work with your Medicaid plan. That means you can keep your Medicaid benefits and get extra benefits that Original Medicare doesn't cover —**all for a \$0 monthly plan premium.** 



\$0 copay for prescriptions\*

\$0 copay for primary care provider and specialist visits



Extra benefits, including vision and dental coverage, transportation services, a free gym membership, and an allowance to buy health care products



Personal help and support from our Health Care Concierge team

### **Request a FREE information kit today.**

Get the information you need to compare your Medicare plan options. There is no cost or obligation for requesting this information.



Call us at **1-844-793-1208 (TTY: 711).**<sup>\*\*</sup> Our licensed and knowledgeable Medicare Advisors are ready to provide you with personal help and support as you make your plan choice.



Visit **<upmchp.online/XXXX.XXX>,** or scan this code  $\rightarrow$ 

Complete the form below and return in the postage-paid envelope we've provided.

We look forward to speaking with you.

Sincerely,

Paul M. Contine

Paul M. Carbone Senior Director, Medicare Marketing

#### Call today or complete and return this form to request FREE INFORMATION!

<first name=""> <last name=""> <address 1=""> <address 2=""> <city>, <state> <zip code=""></zip></state></city></address></address></last></first>	Yes! Send me this <b>FREE</b> information with no obligation.
Telephone:	
Email:	

By returning this form, I give my permission for a UPMC *for Life* representative to contact me to answer my questions and discuss my options.

# UPMC for Life

[<Additional2>]



**\$5,000 yearly allowance** for dental services

**\$400 yearly allowance** for glasses or contact lenses

**50 one-way trips** to planapproved locations

> [<Bar code>] [<Bar code output>]

\*Copays are based on the level of Extra Help you receive.

<sup>\*\*</sup>You can call us Oct. 1 through Dec. 31 seven days a week from 8 a.m. to 8 p.m. From Jan. 1 through Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 3 p.m.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO SNP, and PPO plans. The HMO SNP plans have a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal.

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## The fastest way to get your FREE UPMC for Life Complete Care information kit:



Call us toll-free at **1-844-216-1002 (TTY: 711)** seven days a week from 8 a.m. to 8 p.m.\*\*



Visit <**upmchp.online/XXXXX.XXX**>, or scan this code  $\rightarrow$ 

[<Additional2>]