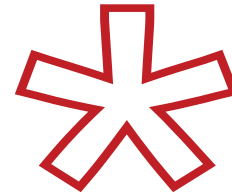


MEDICARE HEALTHCARE



leadconcepts 
RESULTS | GUARANTEED

MEDICARE HEALTHCARE

Lead Concepts has almost 30 years of data that we use to inform and adjust our market recommendations. We use this data to maximize and guarantee results for our clients. Our high performing leads have also benefited from our many years of experience. Small tweaks and sometimes outright changes have improved the performance of our mailpieces. This is a practice that we continue to this day.

We have many options available for Medicare Advantage mailers and all of them fall within CMS compliance guidelines. There can be severe consequences for not following CMS instructions and we make sure that what you mail is (to the best of our knowledge) in-line with those guidelines.

Lead Concepts, Inc. was founded in 1991 with the mission to provide our customers with the best service and products to grow their business. Our experience and longevity in the lead generation industry is what sets us apart from our competition. We are all a part of something here at Lead Concepts: “to build something that will outlast us all”. – Chris Weir

RESULTS  GUARANTEED

OUR GUARANTEE*

We guarantee that you will receive the quoted number of qualified leads – or we will make it right. Our industry knowledge combined with market analytics and historical data allow us to guarantee specific results for each of our lead gen programs. Projected results will be communicated prior to your mailing.

**The GUARANTEE applies only to programs that follow our recommendations*

*Chris Weir
Owner of Lead Concepts*



ANATOMY OF YOUR MAILER

Our leads are specific and powerful, but we want to make sure that you are able to maximize their potential. Knowing how to analyze the different aspects of your mailers and the resulting leads, and using this to decide which mailer is right for you, could be the difference between failure and success. Below, you will find an explanation of the various portions of your mailers.

SAMPLE MAILER – 8.5" x 11"

<<YEAR>> MEDICARE HEALTH PLAN UPDATE
RETURN REPLY REQUESTED

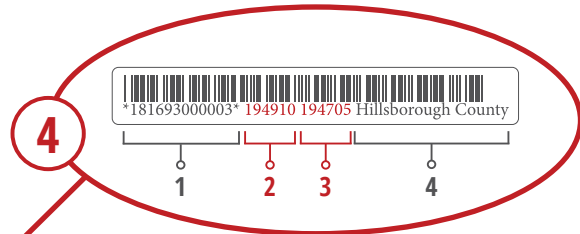
NAME: _____
CWE-MAP-D-275

REQUEST FOR INFORMATION
Please see that I receive all the benefits for which I am eligible.
 I have a Medicare card, I have a Medicaid card.
Name: _____
Spouse Name: _____
Phone: (____) _____

PROSPECT NAME
PROSPECT ADDRESS
CITY, ST, ZIP

2981-3 [Please verify address—Complete and mail today]

Message: <<YEAR>> Medicare Health Plan Update
If you are enrolled in Medicare and Medicaid you may qualify for new programs in <<YEAR>> that can expand your benefits.
Complete and return the attached free card to find out if you currently receive all the benefits you are eligible to receive.
Dental, Vision, Hearing Aids, Gym memberships, Transportation Benefits and more!!
There is no obligation and all the information is FREE!
Not affiliated with any government agency. An agent may contact you. Insurance related solicitation. This is an advertisement.



- 1 Unique Identifier
- 2 Date of Birth
- 3 Spouse's DOB (IF AVAILABLE)
- 4 County Being Mailed

LEADING THE WAY

People these days are hesitant to fill out forms that include their Date of Birth... this is why we have integrated them into our barcodes. By doing this we are eliminating the recipient from having to fill out more than they are comfortable with, and you have their DOB right on the lead.

1 **Mailer Code**
Name of the particular mailpiece.

2 **Fold Lines**
Places where mailer will be folded and/or perforated.

3 **Keycode**
Your client code and sequence number.

4 **Barcode**
Used internally for tracking your leads. Also provides information about the person being mailed to.



MEDICARE DUAL-ELIGIBLE

8.5 x 11" | MA-D-27

<<YEAR>> MEDICARE HEALTH PLAN UPDATE
RETURN REPLY REQUESTED

*****AUTO**MIXED AADC 75197 T1 P1
PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP
|||

MA-D-27

REQUEST FOR INFORMATION
Please see that I receive all the benefits for which I am eligible.
 I have a Medicare card. I have a Medicaid card.
Name: _____
Spouse Name: _____
Phone: (_____) _____
Email: _____
PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP

Barcode* DOB Spouse DOB County Spt

Please verify address---Complete and mail today

Message: <<Year>> Medicare Health Plan Update
If you are enrolled in Medicare and Medicaid you may qualify for new programs in <<Year>> that can expand your benefits.

Complete and return the attached free card to find out if you currently receive all the benefits you are eligible to receive.

Dental, Vision, Hearing Aids, Gym memberships, Transportation Benefits and more!!!

There is no obligation and all the information is FREE!

Not affiliated with any government agency. An agent may contact you. Insurance related solicitation. This is an advertisement.

PRINT STD
US POSTAGE
PAID
PERMIT 170
76651

Date of Birth and Spouse Date of Birth included in barcode when available.

TARGETED DEMOGRAPHICS

***3-5% Response** Ages 55-85 | Income \$0-15k

*Response rates vary by state 800.283.0187 | leadconcepts.com



MEDICARE ADVANTAGE

8.5 x 11" | MA-D-8

<<YEAR>> MEDICARE ADVANTAGE HEALTH PLAN UPDATE
 RETURN REPLY REQUESTED

PROSPECT NAME
 PROSPECT ADDRESS
 CITY, ST ZIP

*****AUTO**MIXED AADC 75197 T1 P1

PROSPECT NAME
 PROSPECT ADDRESS
 CITY, ST ZIP

MA-D-8

REQUEST FOR INFORMATION

Please see that I receive all the Medicare Advantage benefits for which I am eligible.

Name: _____ Spouse Name: _____
 Phone: (_____) _____
 Email: _____
 Signature: _____

PROSPECT NAME
 PROSPECT ADDRESS
 CITY, ST ZIP

Barcode* DOB Spouse DOB County Spt

Please verify address---Complete and mail today

Message: <<Year>> Medicare Advantage Health Plan Update

You may not be getting all the Medicare Advantage benefits for which you are eligible. There are new plans for <<Year>> that you should be aware of.

You may be missing out on what you are eligible to receive.

- What changes in Medicare Advantage are in store for the new year?
- Are you paying too much for your Medicare Advantage coverage?

Complete and return the attached free card to find out if you currently receive all the benefits eligible to you.

There is no obligation and all the information is FREE!

This solicitation is insurance related. Not affiliated with any government agency. An agent may contact you. This is an advertisement.

FIRST STD
US POSTAGE
PAID
PERMIT 170
76651

Date of Birth and Spouse Date of Birth included in barcode when available.

TARGETED DEMOGRAPHICS

***3-4% Response** Ages 64-85 | Income \$0-30k

*Response rates vary by state 800.283.0187 | leadconcepts.com



MEDICARE COVERAGE

8.5 x 11" | S-D-7

<<YEAR>> MEDICARE HEALTH PLAN UPDATE
RETURN REPLY REQUESTED

*****AUTO**MIXED AADC 75197 T1 P1
PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP
|||

S-D-7

REQUEST FOR INFORMATION

Please see that I receive all the Medicare benefits for which I am eligible.

Name: _____ Spouse Name: _____
Home Phone: (_____) _____
Cell Phone: (_____) _____
Email: _____

PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP

Barcode* DOB SpouseDOB County Rpt

Please verify address---Complete and mail today

Message: <<Year>> Medicare Health Plan Update

You may not be getting all the Medicare benefits for which you are eligible. There are new plans for <<Year>> that you should be aware of.

You may be missing out on what you are eligible to receive.
Complete and return the attached free card to find out if you currently receive all the benefits for which you are eligible.

There is no obligation and all the information is FREE!

Not affiliated with any government agency. An agent may contact you. Insurance related solicitation.

<<Year>>
Health
Plan
Update

Date of Birth and Spouse Date of Birth included in barcode when available.

TARGETED DEMOGRAPHICS

***3-4% Response**

Ages 64-85 | Income \$15k+

*Response rates vary by state 800.283.0187 | leadconcepts.com



MEDICARE SUPPLEMENT WITH DENTAL & VISION

8.5 x 11" | S-D-DV

<<YEAR>> MEDICARE HEALTH PLAN UPDATE
RETURN REPLY REQUESTED

U.S. POSTAGE PAID PERMIT 170
PRESORT STANDARD MAIL

*****AUTO**MIXED AADC 75197 T1 P1
PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP
|||

S-D-DV

REQUEST FOR INFORMATION

Please see that I receive all the Medicare benefits for which I am eligible.

Name: _____ Spouse Name: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Email: _____

PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP

Barcode* DOB-SpouseDOB-County Spt

Please verify address---Complete and mail today

Message: <<Year>> Medicare Health Plan Update

You may not be getting all the Medicare benefits for which you are eligible. There are new plans for <<Year>> that you should be aware of.

You may be missing out on what you are eligible to receive. Dental and Vision Benefits!

Complete and return the attached free card to find out if you currently receive all the benefits for which you are eligible.

There is no obligation and all the information is FREE!

Not affiliated with any government agency. An agent may contact you. Insurance related solicitation.

<<Year>>
Health
Plan
Update

Date of Birth and Spouse Date of Birth included in barcode when available.

TARGETED DEMOGRAPHICS

***3-4% Response**

Ages 65-85 | Income \$0-100k

*Response rates vary by state 800.283.0187 | leadconcepts.com



MEDICARE SUPPLEMENT PREMIUM SAVINGS

8.5 x 11" | S-D-13

<<Year>> MEDICARE HEALTH PLAN UPDATE

RETURN REPLY REQUESTED

*****AUTO**MIXED AADC 75197 T1 P1

PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP

U.S. POSTAGE PAID PERMIT 170

U.S. ZIP CODE

POSTAGE STANDARD

S-D-13

REQUEST FOR INFORMATION

Please see that I receive all the Medicare benefits for which I am eligible.

Name: _____

Spouse Name: _____

Phone: (_____) _____

Email: _____

PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP

Barcode* DOB Spouse DOB County Rpt

Please verify address---Complete and mail today

Message: <<Year>> Medicare Health Plan Update

You may not be getting all the Medicare benefits for which you are eligible. There are new plans for <<Year>> that you should be aware of.

You may be missing out on what you are eligible to receive.

- What changes in Medicare are in store for the new year?
- Are you paying too much for your Medicare Supplement coverage?

Complete and return the attached free card to find out if you currently receive all the benefits for which you are eligible. Policies A - G, M & N are available. You may be able to qualify for premium savings from \$200 - \$500 per year.

There is no obligation and all the information is FREE!

Not affiliated with any government agency. An agent may contact you. Insurance related solicitation.

<<Year>>
Healthcare
Plan
Update

Date of Birth and Spouse Date of Birth included in barcode when available.

TARGETED DEMOGRAPHICS

***2-3% Response**

Ages 67-72 | Income \$30-125k+

*Response rates vary by state 800.283.0187 | leadconcepts.com



MEDICARE SUPPLEMENT LOSING COVERAGE

8.5 x 11" | S-D-14


<<YEAR>> MEDICARE HEALTH PLAN UPDATE

RETURN REPLY REQUESTED

PSRRT STD
 US POSTAGE
PAID
 PERMIT 170
 76051

*****AUTO**MIXED AADC 75197 T1 P1

PROSPECT NAME
 PROSPECT ADDRESS
 CITY, ST ZIP



S-D-14

REQUEST FOR INFORMATION

Please see that I receive all the Medicare benefits for which I am eligible.


Name: _____

Spouse Name: _____

Phone: (_____) _____

Email: _____

PROSPECT NAME
 PROSPECT ADDRESS
 CITY, ST ZIP



Please verify address---Complete and mail today

Message: <<Year>> Medicare Health Plan Update

You may not be getting all the Medicare benefits for which you are eligible. There are new plans for <<Year>> that you should be aware of.

You may be missing out on what you are eligible to receive.

- What changes in Medicare are in store for the new year?
- **Are you losing your current plan?**
- Are you paying too much for your Medicare Supplement coverage?

Complete and return the attached free card to find out if you currently receive all the benefits for which you are eligible. There is no obligation and all the information is FREE!

<<Year>>
 Healthcare
 Plan
 Update

Not affiliated with any government agency. An agent may contact you. Insurance related solicitation.

Date of Birth and Spouse Date of Birth included in barcode when available.

TARGETED DEMOGRAPHICS

***2-3% Response**

Ages 66-75 | Income \$30-150k

*Response rates vary by state 800.283.0187 | leadconcepts.com



MEDICARE TURNING 65

8.5 x 11" | IE-D-4

MEDICARE INITIAL ELECTION UPDATE
RETURN REPLY REQUESTED

*****AUTO**MIXED AADC 75197 T1 P1
PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP
|||

PSRST STD
US POSTAGE
PAID
PERMIT 170
76651

IE-D-4

REQUEST FOR INFORMATION

Please provide information about my Initial Election Period and the benefits that may be available to me.

Name: _____
Spouse Name: _____
Phone: (_____) _____
Email: _____

PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP

Barcode* DOB Spouse DOB County Spt

Please verify address---Complete and mail today

MEDICARE INITIAL ELECTION PERIOD REQUEST CARD

Message: You will soon be in a unique position when you turn 65. You will be in your "Initial Election" period. This means you can choose any Medigap plan, Part D or take advantage of any new plans, without medical questions. The right choices can save you hundreds of dollars each year. Don't delay, you only have one "Initial Election." Take advantage of this free review of your healthcare benefits and information about Medicare programs for little or no premium cost.

INITIAL ELECTION ENROLLMENT PERIOD

Not affiliated with any government agency. An agent may contact you. Insurance related solicitation.

Date of Birth and Spouse Date of Birth included in barcode when available.

TARGETED DEMOGRAPHICS

***2-4% Response** Aging into Medicare

*Response rates vary by state 800.283.0187 | leadconcepts.com



CLIENT RETENTION POSTCARD

6 x 4.25" | AEP-PC-1

ANNUAL POLICY REVIEW

Hello <<FirstN>>,

I greatly appreciate your trust and confidence, and I hope you are satisfied with your current insurance policy.

It is time for your Annual Policy Review to discuss what you like and what could be better with your health coverage. Please contact me so we can schedule a time to review your policy.

Let's assess your current plan, discuss new opportunities, and ensure you are receiving all the benefits you are eligible for.

Call (800) 000-0000 to discuss your current plan. It is important to review your plan each year.

Agent
Image or
Logo

Best regards,
<<AgentName>>
*Your Personal Guide to
Medicare Coverage*

<<AgentName>> is recognized for <<his/her>> Medicare expertise by individuals and communities in the <<City>> area.

Do you have questions or concerns regarding your current insurance policy or the upcoming 2019 Medicare enrollment period? **I am here to help.**

Give me a call at
800.000.0000
agent@email.com

<<AgentName>>
<<Address>>
<<City, ST Zip>>

PSRST STD
US POSTAGE
PAID
PERMIT 170
76051

<<Current Client Name>>
<<Address>>
<<City, ST Zip>>

Agent
Image
or Logo

<<AgentName>>
Your Personal Guide to Medicare Coverage
(800) 283-0187
agent@mail.com

TARGETED DEMOGRAPHICS

Recommended to send to all clients

800.283.0187 | leadconcepts.com



LEADLINK

MANAGE, ASSIGN, AND TRACK SUCCESS

Once your leads are mailed back, our team scans them into our system. The scanned images are then emailed to the client, and placed in their personalized portal. Each client is supplied with a login and password to manage, assign, and track success.

CLIENT.LEADCONCEPTS.COM



HIGH LIGHTS OF LEADLINK

- Agent Overview
- Assign Leads
- Track Metrics
- View New Leads
- View Historical Data
- Export Responses/Leads





NOTES



LISTEN

Sharpening our skills to **listen** to our clients needs



EDUCATE

Properly **educating** them on market trends



ALIGN

Consider variables and **align** into executable plan



DELIVER

We **deliver** upon our promise

CONTACT US

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