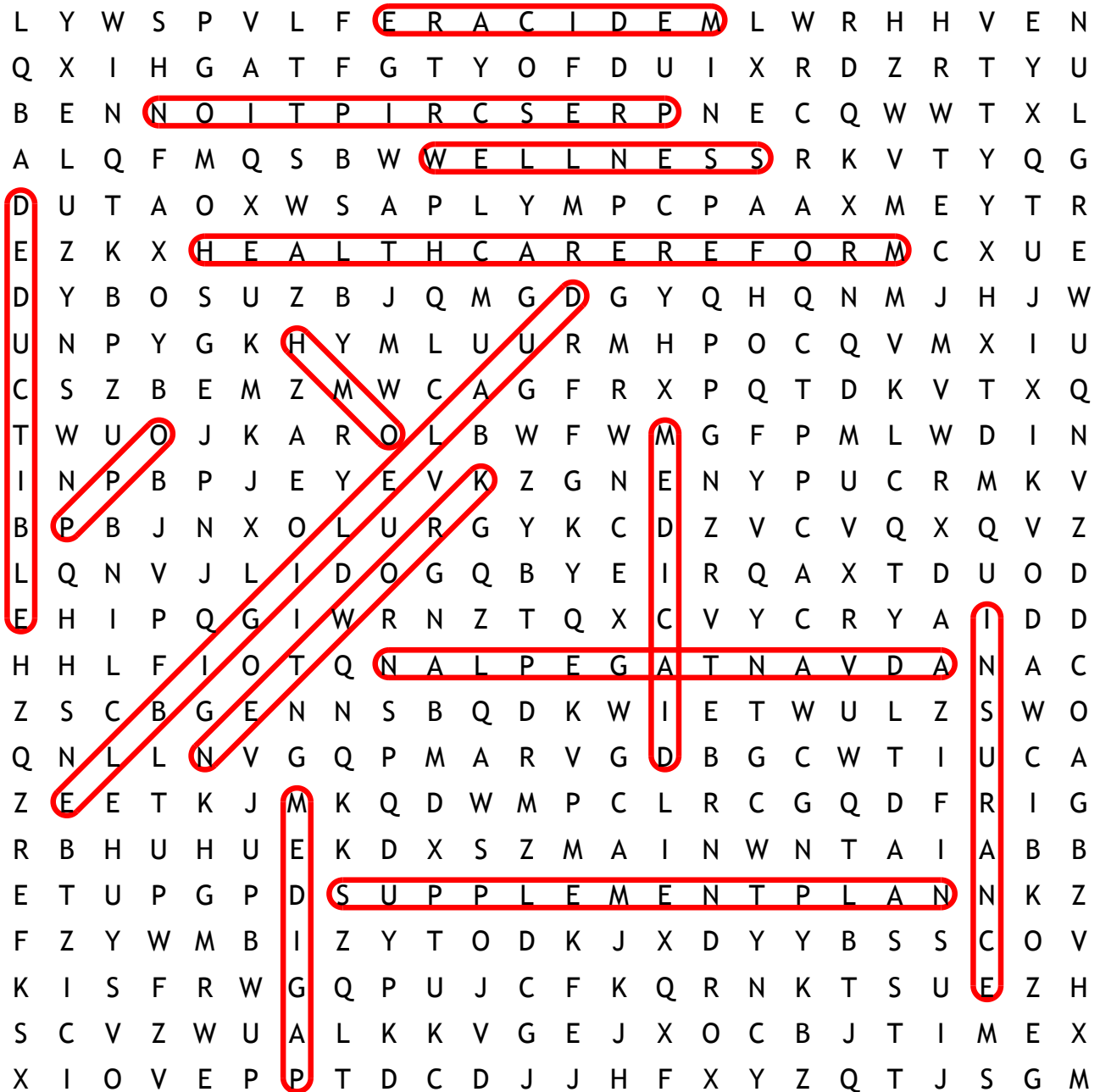


Name: _____

Medicare/Medicaid



HEALTH CARE REFORM
DUAL ELIGIBLE
INSURANCE
WELLNESS
HMO

ADVANTAGE PLAN
PRESCRIPTION
MEDICAID
Medigap
PPO

SUPPLEMENTPLAN
DEDUCTIBLE
MEDICARE
NETWORK