

PFFS

Benefit Package 2



For more information, call Today's Options® PFFS at

1-800-996-8867

8 a.m. to 8 p.m. in your local time zone,
(TTY users call 1-800-777-9083)
everyday or visit us on the web at

www.Universal-American-Medicare.com

If you decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for it to take effect and you will remain responsible for those premiums.

"You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for getting Extra Help, call:

1-800-MEDICARE (1-800-633-4227). TTY or TDD users should call 1-877-486-2048, 24 hours a day/7days a week; The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY or TDD users should call, 1-800-325-0778; or Your State Medical Assistance (Medicaid) Office."

Today's Options® PFFS is a Medicare-approved Medicare Advantage plan offered by the following organizations that contract with the Federal government: American Progressive Life & Health Insurance Company of New York and The Pyramid Life Insurance Company, members of the Universal American family of companies.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at www.todaysoptions.com.

Today's Options® PFFS

Medicare Advantage Health Plans

2010 Benefit Highlights

**UNIVERSAL
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A Healthy CollaborationSM

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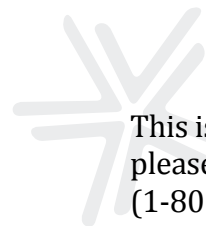
2010 Benefit Highlights – Benefit Package 2

Effective January 1, 2010 – December 31, 2010

Medical Coverage

Compare the savings on medical services among our four plans to find the benefits that fit your needs.

| | Today's Options Value (PFFS) | Today's Options Premier (PFFS) |
|---|--|--|
| Monthly Plan Premium | As low as \$0* | As low as \$0* |
| Medical Benefits | | |
| Annual Out-of-Pocket Limit | \$3,400 | \$3,400 |
| Inpatient Hospital Care | Days 1-5: \$350 co-pay /day Days 6-90: \$0 co-pay/day | Days 1-5: \$250 co-pay/day, Days 6-90: \$0 co-pay/day |
| Annual-out-of-pocket maximum | N/A | N/A |
| Primary Care Physician (PCP) Copay | \$25 minimum per visit | \$15 minimum per visit |
| Specialist Copay | \$50 per visit | \$40 per visit |
| Outpatient Surgery - Ambulatory/Hospital | | |
| Ambulatory surgical center visit | \$145 | \$75 |
| Outpatient hospital facility visit | \$245 | \$150 |
| Skilled Nursing Facility | | |
| Initial Coverage days (1-20) each day, you pay | \$0 | \$0 |
| Additional days (21-100) each day, you pay | \$100 | \$100 |
| Emergency Care | \$50 \$250 deductible | \$50 \$250 deductible |
| Annual Preventive Services | | |
| Bone Mass Measurement, Colorectal Screening Exams, Pneumonia & Flu Vaccines, Screening Mammograms, Pap Smear & Pelvic Exams, Prostate Screening | \$0 copay | \$0 copay |



This is a partial listing of benefits. For more complete information on plan benefits, please call 1-800-996-8867, 8 a.m. to 8 p.m. in your local time zone (TTY users call (1-800-777-9083) everyday. You may also refer to the 2010 Summary of Benefits for a detailed description of all plan benefits.

*You must continue to pay your Medicare Part B premium.

Medical and Prescription Drug Coverage All in One Plan.

Get comprehensive medical benefits along with award-winning prescription drug coverage “powered by CCRx”. Use the chart below to select the plan that fits your needs.

| | Today's Options Value powered by CCRx (PFFS) | Today's Options Premier powered by CCRx (PFFS) |
|--|--|--|
| Monthly Plan Premium | As low as \$23 | As low as \$44 |
| Medical Benefits | | |
| Annual Out-of-Pocket Limit | Same Medical Benefits as Value plan (see prior page) | Same Medical Benefits as Premier plan (see prior page) |
| Inpatient Hospital Care | | |
| Primary Care Physician (PCP) Copay | | |
| Specialist Copay | | |
| Outpatient Surgery - Ambulatory/Hospital | | |
| Skilled Nursing Facility | | |
| Emergency Care | | |
| Annual Preventive Services | | |
| Part D Prescription Drug Coverage | | |
| Phase 1: Deductible | \$0 | \$0 |
| Phase 2: Initial Coverage | Amount paid for prescriptions by both you and the plan until the combined total (copay plus coinsurance) reaches \$2,830. | |
| You pay | 30 day/ 90 day supply | |
| Generics | \$5 / \$15 | \$5 / \$15 |
| Preferred Brands | \$35 / \$105 | \$35 / \$105 |
| Non-Preferred Brands | \$65 / \$195 | \$65 / \$195 |
| Specialty Drugs | 33% coinsurance | 33% coinsurance |
| Phase 3: Coverage Gap | Amount you pay for prescriptions between the Initial Coverage and until you reach \$4,550 in out-of-pocket covered prescription drug costs | |
| You pay | 30 day/ 90 day supply | |
| Generics | 100% of cost | \$5 / \$15 |
| Preferred Brands | 100% of cost | 100% of cost |
| Non-Preferred Brands | 100% of cost | 100% of cost |
| Specialty Drugs | 100% of cost | 100% of cost |
| Phase 4: Catastrophic Coverage | Amount you pay for prescriptions after you reach \$4,550 in out-of-pocket covered prescription drug costs | |
| You pay | 30 day/ 90 day supply | |
| Generics | The greater of 5% coinsurance or \$2.50 | The greater of 5% coinsurance or \$2.50 |
| Brands | The greater of 5% coinsurance or \$6.30 | The greater of 5% coinsurance or \$6.30 |