

PPO

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

**1-866-422-1967**

8 a.m. to 8 p.m. in your local time zone,  
(TTY users call 1-800-958-2692)  
every day 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/7 days 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® PPO 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.

# Today's Options® PPO

Medicare Advantage Health Plans

## 2010 Benefit Highlights

Effective January 1, 2010 – December 31, 2010

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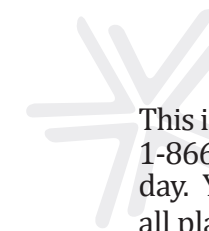
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# 2010 Benefit Highlights

	Today's Options Advantage 1 powered by CCRx (PPO)		Today's Options Advantage 2 powered by CCRx (PPO)		Today's Options Advantage 3 powered by CCRx (PPO)	
Monthly Plan Premium	As low as \$0*		As low as \$9*		\$34-\$143*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Out-of-Pocket Limit	\$3,250	N/A	\$3,400		\$3,250	
Inpatient Hospital						
<i>Initial coverage, you pay</i>	\$175 per day (days 1-5)	\$1,000 each hospital stay	\$300 per day (days 1-5)	\$300 per day (days 1-5)	\$200 per day (days 1-5)	\$200 per day (days 1-5)
<i>Additional days (6 to unlimited), you pay</i>	\$0 per day	\$0 per day	\$0 per day	\$0 per day	\$0 per day	\$0 per day
Primary Care Physician Services	\$10-\$35	20% coinsurance	\$10-\$35	\$20-\$35	\$0-\$35	\$10-\$35
Physician Specialist Services	\$35	20% coinsurance	\$45	\$45	\$35	\$35
Outpatient Surgery - Ambulatory/Hospital:						
<i>Ambulatory surgical center visit</i>	\$75	20% coinsurance	\$145	\$145	\$75	\$75
<i>Outpatient hospital facility visit</i>	\$150	20% coinsurance	\$245	\$245	\$150	\$150
Skilled Nursing Facility: Initial Coverage						
<i>each day (days 1 - 20), you pay</i>	\$0	\$0	\$0	\$0	\$0	\$0
<i>Additional days (21 - 100) each day you pay</i>	\$100	\$130	\$100	\$100	\$100	\$100
Emergency Care: Each ER visit, you pay	\$50 worldwide coverage		\$50 worldwide coverage		\$50 worldwide coverage	
Annual Preventive Services:						
<i>Bone Mass Measurement, Colorectal Screening Exam, Pneumonia &amp; Flu Vaccine, Screening Mammogram, Pap Smear &amp; Pelvic Exam, Prostate Screening</i>	\$0	20% coinsurance	\$0	\$0	\$0	\$0

	Today's Options Advantage 1 powered by CCRx (PPO)		Today's Options Advantage 2 powered by CCRx (PPO)		Today's Options Advantage 3 powered by CCRx (PPO)	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Prescription Drug Coverage						
Phase 1: Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Initial Coverage	30 day/90 day supply, you pay		30 day/90 day supply, you pay		30 day/90 day supply, you pay	
Generics	\$5/\$15	\$5	\$5/\$15	\$5	\$5/\$15	\$5
Preferred Brands	\$35/\$105	\$35	\$35/\$105	\$35	\$35/\$105	\$35
Non-Preferred Brands	\$65/\$195	\$65	\$65/\$195	\$65	\$65/\$195	\$65
Specialty	33% coinsurance		33% coinsurance		33% coinsurance	
In the Coverage Gap	30 day/90 day supply, you pay		30 day/90 day supply, you pay		30 day/90 day supply, you pay	
Generics	100% of cost	100% of cost	100% of cost	100% of cost	\$5/\$15	\$5
Preferred Brands	100% of cost	100% of cost	100% of cost	100% of cost	100% of cost	100% of cost
Non-Preferred Brands	100% of cost	100% of cost	100% of cost	100% of cost	100% of cost	100% of cost
Specialty	100% of cost	100% of cost	100% of cost	100% of cost	100% of cost	100% of cost
Catastrophic Coverage	30 day/90 day supply, you pay		30 day/90 day supply, you pay		30 day/90 day supply, you pay	
Generics (and certain brand drugs)	The greater of 5% coinsurance or \$2.50		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		The greater of 5% coinsurance or \$6.30	



This is a partial listing of Benefits. For more information about plan benefits, please call 1-866-422-1967, 8 a.m. to 8 p.m. in your local time zone (TTY 1-800-777-9083) every day. 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.