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Your receipt of the information contained herein constitutes (1) your consent to maintain the information in strict confidence and (2) your acknowledgement that the information is nonpublic, is pending the approval of CMS and therefore may be inaccurate, incomplete and unreliable, and is the sole and exclusive property of Universal American Corp. and may not be used, reproduced in any way, transmitted or otherwise communicated, in whole or in part, without the prior written consent of Universal American Corp.

Today's Options is a Medicare-approved Medicare Advantage plan offered through American Progressive Life & Health Insurance Company of New York and Pyramid Life Insurance Company, members of the Universal American family of companies.

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TODAY'S OPTIONS[®]

SAMPLE BENEFITS	Select	Select	Select powered by CCRx
	In-Network	Out of Network	In-Network
Out-of-Pocket Limit	\$2,500	N/A	\$2,500
Annual Deductible	\$0	\$500	\$0
Inpatient Hospital Care	\$195 per admission. \$600 out-of-pocket limit.	\$800 per Medicare-covered stay. No out-of-pocket limit.	\$195 per admission. \$600 out-of-pocket limit.
PCP Co-pay	\$10 co-pay per visit for Medicare -covered benefits	\$35 co-pay per visit for Medicare -covered benefits	\$10 co-pay per visit for Medicare -covered benefits
Specialist Co-pay	\$25 co-pay per visit for Medicare-covered benefits	\$35 co-pay per visit for Medicare-covered benefits	\$25 co-pay per visit for Medicare-covered benefits
Outpatient Surgery - Ambulatory/Hospital	\$75 for each visit to a Medicare-covered ambulatory surgical center; \$100 for each visit to a Medicare-covered outpatient hospital facility	30% coinsurance for each visit to a Medicare-covered ambulatory surgical center; 30% coinsurance for each visit to a Medicare-covered outpatient hospital facility	\$75 for each visit to a Medicare-covered ambulatory surgical center; \$100 for each visit to a Medicare-covered outpatient hospital facility
Skilled Nursing Facility	\$0 each day for days 1-20; \$100 each day for days 21-100; covered for 100 days per benefit period. No prior hospital stay is required.	30% coinsurance; covered for 100 days per benefit period. No prior hospital stay is required.	\$0 each day for days 1-20; \$100 each day for days 21-100; covered for 100 days per benefit period. No prior hospital stay is required.
Emergency Care	\$50 for each Medicare-covered ER visit; no network coverage outside the U.S.	\$50 for each Medicare-covered ER visit; \$25,000 limit for emergency services outside the U.S. every year, limited to 60 days.	\$50 for each Medicare-covered ER visit; no network coverage outside the U.S.
Urgently Needed Care	\$35 for each Medicare-covered urgently needed care visit.	\$35 for each Medicare-covered urgently needed care visit.	\$35 for each Medicare-covered urgently needed care visit.
Preventive Services	No co-payment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening	No co-payment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening	No co-payment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening
Chiropractic Services	\$20 for each Medicare covered visit	\$35 for each Medicare covered visit	\$25 for each Medicare covered visit
Podiatry Services	\$20 for each Medicare covered visit	\$35 for each Medicare covered visit	\$25 for each Medicare covered visit
Part D Co-pay	N/A	N/A	Co-pays: Generic-\$5 for one-month supply, \$15 for three-month supply. Preferred Brand-\$30 for one-month supply, \$90 for three-month supply. Non-Preferred Brand-\$60 for one-month supply, \$180 for three-month supply. Specialty-25% coinsurance for one-month supply
Part D Initial Coverage Limit	N/A	N/A	\$2,700
Part D Donut Hole Coverage	N/A	N/A	Yes – Generics Only
Part D Over the Counter Prescription Drug Coverage	N/A	N/A	N/A

¹ME, MT, NY, PA (Williamsport), WI, WV

²IN, NE, PA (York, Erie)

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Select powered by CCRx	Complete¹ powered by CCRx	Complete¹ powered by CCRx	Complete² powered by CCRx	Complete² powered by CCRx
Out of Network	In-Network	Out of Network	In-Network	Out of Network
N/A	\$3,000	N/A	N/A	N/A
\$500	\$0	\$500	N/A	N/A
\$800 per Medicare-covered stay. No out-of-pocket limit.	\$250 Days 1-5, per day, \$0 Days 6-90. No out-of-pocket limit.	\$800 per Medicare-covered stay. No out-of-pocket limit.	Medicare FFS benefits. No out-of-pocket limit.	Medicare FFS benefits. No out-of-pocket limit.
\$35 co-pay per visit for Medicare -covered benefits	\$0 co-pay per visit for Medicare -covered benefits	\$35 co-pay per visit for Medicare -covered benefits	Medicare FFS benefits.	Medicare FFS benefits.
\$35 co-pay per visit for Medicare-covered benefits	\$25 co-pay per visit for Medicare-covered benefits	\$35 co-pay per visit for Medicare-covered benefits	Medicare FFS benefits.	Medicare FFS benefits.
30% coinsurance for each visit to a Medicare-covered ambulatory surgical center; 30% coinsurance for each visit to a Medicare-covered outpatient hospital facility	\$100 for each visit to a Medicare-covered ambulatory surgical center; \$150 for each visit to a Medicare-covered outpatient hospital facility	30% coinsurance for each visit to a Medicare-covered ambulatory surgical center; 30% coinsurance for each visit to a Medicare-covered outpatient hospital facility	Medicare FFS benefits.	Medicare FFS benefits.
30% coinsurance; covered for 100 days per benefit period. No prior hospital stay is required.	\$0 each day for days 1-20; \$105 each day for days 21-100; covered for 100 days per benefit period. No prior hospital stay is required.	30% coinsurance; covered for 100 days per benefit period. No prior hospital stay is required.	Medicare FFS benefits. No prior hospital stay is required.	Medicare FFS benefits. No prior hospital stay is required.
\$50 for each Medicare-covered ER visit; \$25,000 limit for emergency services outside the U.S. every year, limited to 60 days.	\$50 for each Medicare-covered ER visit; no network coverage outside the U.S.	\$50 for each Medicare-covered ER visit; \$25,000 limit for emergency services outside the U.S. every year, limited to 60 days.	Medicare FFS benefits.	Medicare FFS benefits.
\$35 for each Medicare-covered urgently needed care visit.	\$35 for each Medicare-covered urgently needed care visit.	\$35 for each Medicare-covered urgently needed care visit.	Medicare FFS benefits.	Medicare FFS benefits.
No co-payment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening	No co-payment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening	No co-payment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening	Medicare FFS benefits.	Medicare FFS benefits.
\$25 for each Medicare covered visit	\$30 for each Medicare covered visit	\$35 for each Medicare covered visit	Medicare FFS benefits.	Medicare FFS benefits.
\$25 for each Medicare covered visit	\$25 for each Medicare covered visit	\$35 for each Medicare covered visit	Medicare FFS benefits.	Medicare FFS benefits.
Co-pays: Generic-\$5 for one-month supply, \$15 for three-month supply. Preferred Brand-\$30 for one-month supply, \$90 for three-month supply. Non-Preferred Brand-\$60 for one-month supply, \$180 for three-month supply. Specialty-25% coinsurance for one-month supply	Coinsurance: Generic-25%. Preferred Brand-25% Non-Preferred Brand-N/A Specialty-25%	Coinsurance: Generic-25%. Preferred Brand-25% Non-Preferred Brand-N/A Specialty-25%	Coinsurance: Generic-25%. Preferred Brand-25% Non-Preferred Brand-N/A Specialty-25%	Coinsurance: Generic-25%. Preferred Brand-25% Non-Preferred Brand-N/A Specialty -25%
\$2,700	No	No	No	No
Yes – Generics Only	No	No	No	No
N/A	\$20 Monthly Allowance	\$20 Monthly Allowance	\$10 Monthly Allowance	\$10 Monthly Allowance

Premiums and benefits are pending approval from CMS. Product availability and benefits may vary by state and by county. Always check the Today's Options Summary of Benefits in your selling county for the correct premium.

*Part D drug co-pay and coinsurance payments do not count toward the maximum out-of-pocket limit.

Today's Options PPO Select

State	PPO Market	Premium	Insurance Carrier	State	PPO Market	Premium	Insurance Carrier
ME	Portland	\$15.00	American Progressive	OK	Tulsa	\$29.00	Pyramid Life
NY	Syracuse/Watertown	\$0.00	American Progressive	TX	Houston/Beaumont	\$0.00	Pyramid Life
PA	Erie	\$53.00	American Progressive	TX	Dallas/Fort Worth	\$0.00	Pyramid Life
PA	York	\$27.00	American Progressive	TX	Tyler	\$39.00	Pyramid Life
PA	Williamsport	\$0.00	American Progressive	IN	Indianapolis	\$55.00	Pyramid Life
WV	Charleston	\$0.00	American Progressive	WI	Milwaukee	\$19.00	Pyramid Life
NE	Omaha	\$59.00	Pyramid Life	WI	Green Bay	\$0.00	Pyramid Life
MT	Billings	\$39.00	Pyramid Life				
OK	Oklahoma City	\$29.00	Pyramid Life				

Today's Options PPO Select powered by CCRx

State	PPO Market	Premium	Insurance Carrier	State	PPO Market	Premium	Insurance Carrier
ME	Portland	\$39.00	American Progressive	TX	Houston/Beaumont	\$29.00	Pyramid Life
NY	Syracuse/Watertown	\$15.00	American Progressive	TX	Dallas/Fort Worth	\$35.00	Pyramid Life
PA	Erie	\$85.00	American Progressive	TX	Tyler	\$69.00	Pyramid Life
PA	York	\$59.00	American Progressive	IN	Indianapolis	\$85.00	Pyramid Life
PA	Williamsport	\$19.00	American Progressive	WI	Milwaukee	\$49.00	Pyramid Life
WV	Charleston	\$19.00	American Progressive	WI	Green Bay	\$15.00	Pyramid Life
NE	Omaha	\$89.00	Pyramid Life				
MT	Billings	\$69.00	Pyramid Life				
OK	Oklahoma City	\$59.00	Pyramid Life				
OK	Tulsa	\$69.00	Pyramid Life				

Today's Options PPO Complete powered by CCRx

State	PPO Market	Premium	Insurance Carrier	State	PPO Market	Premium	Insurance Carrier
ME	Portland	\$0.00	American Progressive	NE	Omaha	\$0.00	Pyramid Life
NY	Syracuse/Watertown	\$0.00	American Progressive	MT	Billings	\$22.00	Pyramid Life
PA	Erie	\$0.00	American Progressive	IN	Indianapolis	\$22.20	Pyramid Life
PA	York	\$0.00	American Progressive	WI	Milwaukee	\$0.00	Pyramid Life
PA	Williamsport	\$0.00	American Progressive	WI	Green Bay	\$0.00	Pyramid Life
WV	Charleston	\$0.00	American Progressive				

ADDITIONAL SERVICES FOR MEMBERS:

NO ADDITIONAL COST TO MEMBERS	DISCOUNTED RATES TO MEMBERS
<p>Health And Wellness Service</p> <ul style="list-style-type: none"> • Free to members by phone 24/7 • Individualized guidance from nurses, social workers and more • Team approach coordinates with caregivers and providers • Offers: health coaching and assessments; annual medication reviews 	<p>Life Line Screening™</p> <ul style="list-style-type: none"> • Major provider of mobile vascular screening services in the U.S. • Offers non-invasive health screening • Convenient neighborhood locations • Helps people lead healthier lives by identifying risk factors for stroke, cardiovascular disease and osteoporosis • See more information at: www.lifelinescreening.com



For additional information
please contact us at: 1-866-422-5009
www.todaysoptions.com

Universal American is a family of speciality insurance and service companies dedicated to improving the wellness and financial security of our members. We offer a broad array of health insurance, managed care products and prescription drug benefits to the growing senior population. Our family of companies has 200 years of combined insurance experience. Each year, we serve millions of Medicare beneficiaries.