

CONFIDENTIALITY STATEMENT

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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.

CONFIDENTIAL — FOR AGENT USE ONLY**NOT INTENDED FOR THE INSURANCE-BUYING PUBLIC**

TODAY'S OPTIONS®

| SAMPLE BENEFITS | VALUE | | VALUE powered by CCRx | |
|--|--|--|--|--|
| | American Progressive | Pyramid Life | American Progressive | Pyramid Life |
| Out-of-Pocket Limit | \$3,000 | \$3,000 | \$3,000 | \$3,000 |
| Inpatient Hospital Care | \$195 each day for days 1-5; \$0 each day for days 6-90; no additional co-pays; covered for unlimited days per hospital admission. | \$195 each day for days 1-5; \$0 each day for days 6-90; no additional co-pays; covered for unlimited days per hospital admission. | \$195 each day for days 1-5; \$0 each day for days 6-90; no additional co-pays; covered for unlimited days per hospital admission. | \$195 each day for days 1-5; \$0 each day for days 6-90; no additional co-pays; covered for unlimited days per hospital admission. |
| PCP Co-pay | \$20 co-pay per visit for Medicare -covered benefits | \$20 co-pay per visit for Medicare -covered benefits | \$20 co-pay per visit for Medicare -covered benefits | \$20 co-pay per visit for Medicare -covered benefits |
| Specialist Co-pay | \$35 co-pay per visit for Medicare-covered benefits | \$35 co-pay per visit for Medicare-covered benefits | \$35 co-pay per visit for Medicare-covered benefits | \$35 co-pay per visit for Medicare-covered benefits |
| Outpatient Surgery - Ambulatory/Hospital | \$100 for each visit to a Medicare-covered ambulatory surgical center; \$200 for each visit to a Medicare-covered outpatient hospital facility | \$100 for each visit to a Medicare-covered ambulatory surgical center; \$200 for each visit to a Medicare-covered outpatient hospital facility | \$100 for each visit to a Medicare-covered ambulatory surgical center; \$200 for each visit to a Medicare-covered outpatient hospital facility | \$100 for each visit to a Medicare-covered ambulatory surgical center; \$200 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. | \$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. | \$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. | \$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; \$25,000 limit for emergency services outside the U.S. every year. | \$50 for each Medicare-covered ER visit; \$25,000 limit for emergency services outside the U.S. every year. | \$50 for each Medicare-covered ER visit; \$25,000 limit for emergency services outside the U.S. every year. | \$50 for each Medicare-covered ER visit; \$25,000 limit for emergency services outside the U.S. every year. |
| 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. | \$35 for each Medicare-covered urgently needed care visit. |
| Preventive Services | No copayment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening | No copayment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening | No copayment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening | No copayment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening |
| Chiropractic and Podiatry Services | \$35 for each Medicare covered visit | \$35 for each Medicare covered visit | \$35 for each Medicare covered visit | \$35 for each Medicare covered visit |
| Diabetic Monitoring and Testing Supplies Coinsurance | 0% for Formulary Supplies, 20% for Non-Formulary Supplies | 0% for Formulary Supplies, 20% for Non-Formulary Supplies | 0% for Formulary Supplies, 20% for Non-Formulary Supplies | 0% for Formulary Supplies, 20% for Non-Formulary Supplies |
| Part D Co-pay | N/A | N/A | Copays: 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 | Copays: 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 | \$2,700 |
| Part D - Donut Hole Coverage | N/A | N/A | No | No |
| Part D Deductible | N/A | N/A | None | None |

| SAMPLE BENEFITS | VALUE | | VALUE powered by CCRx | |
|-----------------|----------------------|--------------|-----------------------|--------------|
| | American Progressive | Pyramid Life | American Progressive | Pyramid Life |
| Rating Tier 1 | \$0.00 | \$0.00 | \$18.40 | \$20.20 |
| Rating Tier 2 | \$0.00 | \$0.00 | \$18.40 | \$20.20 |
| Rating Tier 3 | \$10.00 | \$15.00 | \$28.40 | \$35.20 |
| Rating Tier 4 | \$25.00 | \$30.00 | \$43.40 | \$50.20 |
| Rating Tier 5 | \$40.00 | \$50.00 | \$58.40 | \$70.20 |
| Rating Tier 6 | \$55.00 | \$65.00 | \$73.40 | \$85.20 |

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| PREMIER | PREMIER powered by CCRx |
|--|--|
| \$2,500 | \$2,500 |
| \$350 per Medicare-covered stay; \$875 maximum out of pocket. | \$350 per Medicare-covered stay; \$875 maximum out of pocket. |
| \$10 co-pay per visit for Medicare -covered benefits | \$10 co-pay per visit for Medicare -covered benefits |
| \$25 co-pay per visit for Medicare-covered benefits | \$25 co-pay per visit for Medicare-covered benefits |
| \$75 for each visit to each Medicare-covered ambulatory surgical center; \$100 for each visit to a Medicare-covered outpatient hospital facility | \$75 for each visit to each Medicare-covered ambulatory surgical center; \$100 for each visit to a Medicare-covered outpatient hospital 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. | \$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. |
| \$50 for each Medicare-covered ER visit; \$25,000 limit for emergency services outside the U.S. every year. | \$50 for each Medicare-covered ER visit; \$25,000 limit for emergency services outside the U.S. every year. |
| \$35 for each Medicare-covered urgently needed care visit. | \$35 for each Medicare-covered urgently needed care visit. |
| No copayment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening | No copayment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening |
| \$25 for each Medicare covered visit | \$25 for each Medicare covered visit |
| 0% for Formulary Supplies, 20% for Non-Formulary Supplies | 0% for Formulary Supplies, 20% for Non-Formulary Supplies |
| N/A | Copays: 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 |
| N/A | \$2,700 |
| N/A | Yes - generics only |
| N/A | None |

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.

| PREMIER | | PREMIER powered by CCRx | |
|----------------------|--------------|------------------------------------|--------------|
| American Progressive | Pyramid Life | American Progressive | Pyramid Life |
| \$0.00 | \$0.00 | \$43.60 | \$57.10 |
| \$29.00 | \$39.00 | \$68.60 | \$76.60 |
| \$49.00 | \$49.00 | \$91.60 | \$100.00 |
| \$69.00 | \$69.00 | \$107.60 | \$111.30 |
| \$84.00 | \$89.00 | \$122.60 | \$137.00 |
| \$99.00 | \$99.00 | \$137.60 | \$152.00 |

| CLUSTERS | VALUE | VALUE powered by CCRx | PREMIER | PREMIER powered by CCRx |
|---|---------|--------------------------|---------|----------------------------|
| Oklahoma City, OK Counties: Canadian, Cleveland, Creek, Lincoln, Logan, McClain, Mayes, Oklahoma, Osage, Pottawatomie, Rogers, Seminole, Tulsa, Wagoner | \$40.00 | \$60.20 | \$78.00 | \$115.80 |
| Houston, TX Counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller | \$15.00 | \$35.20 | \$35.00 | \$72.00 |
| North TX Counties: Collin, Dallas, Denton, Rockwall | \$15.00 | \$35.20 | \$54.40 | \$91.40 |
| Milwaukee, WI Counties: Milwaukee, Ozaukee, Racine, Waukesha | \$30.00 | \$50.20 | \$69.70 | \$106.70 |
| Tarrant, TX County: Tarrant | \$15.00 | \$35.20 | \$54.40 | \$91.40 |

*Offered through Pyramid Life Insurance Company only.

ADDITIONAL SERVICES FOR MEMBERS:

| NO ADDITIONAL COST TO MEMBERS | DISCOUNTED RATES TO MEMBERS |
|---|---|
| Health And Wellness Service <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 | Life Line Screening™ <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: 1-866-568-8921
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.