

Thank you for your interest in applying for the Today's Options Medicare Advantage plan.

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date.

Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th 2011. This will give you a January 1st 2012 effective date for your new plan. Applications must be signed and dated on, or between October 15th and December 7th 2011. If they are signed prior to October 15th they will be returned to you with a new application. If they are received after December 7th, you will not be able to change plans until the next AEP for January 2013.

This application needs to be reviewed and signed by an Agent before it can be submitted to Today's Options. You may email, fax or mail it in to CDA Insurance:

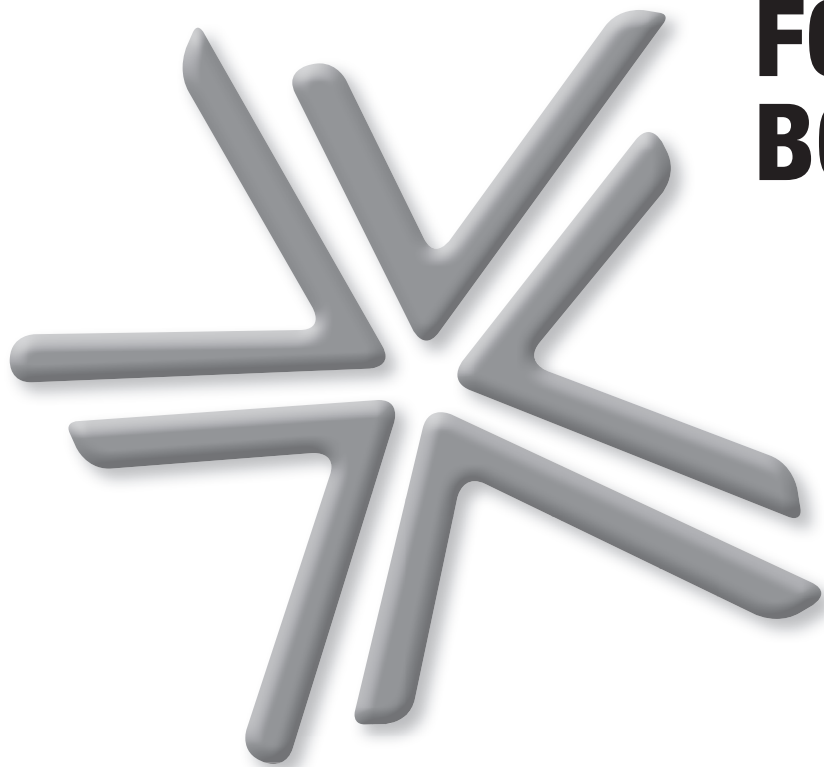
- Fax: 1.541.284.2994
- Email: dann@lowinsure.com
- Mail: CDA Insurance LLC
2160 W 11th Ave
Eugene, Oregon 97402

If you should have any questions on the application, please call us at 1.800.884.2343 or 1.541.434.9613.

Today's Options[®] PFFS

Medicare Advantage Health Plans

2012 **FORMS BOOKLET**



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Today's Options® PFFS

Medicare Advantage Health Plans



Hello,

Today's Options® PFFS is providing this Forms Booklet to you so that you have all the pre-enrollment information you will need together in one resource. Your booklet contains important plan information to keep for your personal records as well as the Enrollment Form and New Member Form for you to complete and return to Today's Options PFFS*.

Mailing your Today's Options PFFS Enrollment Form (please see page 1-7)

Please detach and complete the enclosed Enrollment Form. Write as clearly as you can and answer each question accurately. When you are finished, please sign and date your form. When complete, simply place it in the enclosed postage-paid envelope.

Mailing Your 2012 New Member Form (please see page 8-9)

Before you mail your Enrollment Form, we ask that you also complete the enclosed New Member Form as well. When you have finished filling out this form, simply place it in the same envelope with your Enrollment Form, seal and mail. No postage is necessary.

For Your Records

Your booklet also contains important plan-related materials that will help you better understand how the enrollment process works, what to expect after your enrollment and Medicare-related plan information. These materials include:

- Enrollment Form
- New Member Form
- Next Steps Form
- Consumer Receipt
- Member Appeals and Grievances
- Copy of the New Member Form
- Member and Provider Leaflet
- Request for Provider Information

After you have mailed your Enrollment Form and New Member Form, please keep the remainder of your booklet for your personal records. Thank you for your interest in Today's Options PFFS. We look forward to the opportunity of welcoming you as our new member.

**Note: as an alternative to mailing your Enrollment Form and New Member Form, see your booklet for information about agent-assistance enrollment, online enrollment and telephone enrollment directly through Today's Options PFFS.*

Today's Options® PFFS

Medicare Advantage Health Plans



2012 Enrollment Form

Follow these easy steps to enroll in a Today's Options® Private Fee-for-Service plan.

1. Each applicant must fill out a separate enrollment form.
2. Have your Medicare card ready. You will need to fill in the requested information EXACTLY as it appears on your Medicare card to avoid delays with your enrollment.
3. Sign and date the enrollment form. Your enrollment form is not complete without a signature.

There are three easy ways to submit your enrollment:



Local sales agent:

Contact your local sales agent to help you choose the right plan for you and to complete your enrollment.



Enroll online:

You have the option to enroll online at our website:

www.Universal-American-Medicare.com



or Mail:

Fill out this paper enrollment form and mail it, along with any other required documentation, to us in the enclosed envelope to:

Today's Options PFFS

P.O. Box 740445

Houston, TX 77274



Call us:

If you have any questions, call us at 1-800-996-8867, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-800-975-8089) 7 days a week. We'll be glad to help.

Your agent may fax your completed enrollment form to **1-866-903-8235**.

Please do not submit your enrollment information more than once to avoid delays with your enrollment.

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2012 Today's Options[®] PFFS

Individual Enrollment Request Form

Where did you get this form? Online Event Agent Retail Pharmacy Requested by phone

Section 1: To Enroll in Today's Options PFFS Please Provide the Following Information (You can find your plan premium in the enclosed Summary of Benefits)

Please check which plan you want to enroll in:

- Today's Options Premier 200 (PFFS) (MA-Only) \$ _____ . _____ per month
- Today's Options Premier 400 (PFFS) (MA-Only) \$ _____ . _____ per month
- Today's Options Premier Plus 250A (PFFS) (MA-PD) \$ _____ . _____ per month
- Today's Options Premier Plus 450C (PFFS) (MA-PD) \$ _____ . _____ per month

Section 2: Please Complete The Information Below Exactly As It Appears On Your Medicare Card

MEDICARE HEALTH INSURANCE	
SAMPLE ONLY	
Last Name	Suffix
First Name	MI
Medicare Claim Number	
Is Entitled to Hospital Insurance (Part A)	Effective Date
Medical Insurance (Part B)	

Please take out your Medicare Card to complete this section.

- Please fill in these blanks so they match your red, white, and blue Medicare card.

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan, such as Today's Options PFFS.

An incorrect or incomplete Medicare claim number may cause a delay or denial of coverage.

To Enroll in Today's Options PFFS, Please Provide the Following Information

Birth Date: ____ / ____ / ____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Primary Phone Number: (____) ____ - ____
M M / D D / Y Y Y Y		Cell Phone Number: (____) ____ - ____

Permanent Residence Street Address Line 1: (May not be a P.O. Box)

Street Number	Street Name
_____	_____

Permanent Residence Street Address Line 2: (Apt/Suite/Unit)	County:
_____	_____

City:	State:	ZIP Code:
_____	_____	_____

Same as permanent address

Mailing Street Address Line 1:

Street Number	Street Name or P.O. Box Number
_____	_____

Mailing Street Address Line 2: (Apt/Suite/Unit)	County:
_____	_____

City:	State:	ZIP Code:
_____	_____	_____

E-mail Address: _____

By providing your e-mail address, you agree to receive electronic correspondence from the plan.

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Section 3: Paying Your Plan Premium

You can pay your Medicare Advantage plan monthly premium, including any late enrollment penalty you currently have or may owe, by mail, by Automatic Bank Draft Withdrawal, or by automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay Today's Options PFFS the Part D-IRMAA. **If you have selected a \$0 premium plan without prescription drug coverage, you do not need to fill out this section.**

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. (TTY users call 1-800-325-0778). You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

How would you like to pay your monthly Medicare Advantage plan premium? If you don't select a payment option, you will get a bill each month. Please check the appropriate box:

- Automatic Bank Draft Withdrawal. Please send us a VOIDED check and fill in the requested information, which allows us to deduct your monthly payment from your bank account.
By selecting Automatic Bank Withdrawal, I authorize the bank or financial organization named below to pay my premium through electronic bank withdrawal payable to The Pyramid Life Insurance Company. The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received.

Please choose one of the following: Checking Savings

Name on Account: _____

Financial Institution: _____

Routing Number: _____

Account Number: _____

Name _____ 2008
Address _____
City, State Zip _____ Date _____
Pay to the order of _____ \$ _____ Dollars
Memo _____
1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0
Routing Number Account Number

Account Holder Signature _____

- Monthly payments by personal check. You will be mailed a premium invoice each month.
Do not send payment with this enrollment form.
- Social Security benefit check deduction.
- Railroad Retirement Board (RRB) benefit check deduction.

Please note: The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

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Section 4: Please Read and Answer These Important Questions

1. Do you have End Stage Renal Disease (ESRD)? Yes No
If you have had a successful kidney transplant and/or you do not need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you do not need dialysis, otherwise we may need to contact you to obtain additional information.

2. Are you a resident in a long-term care facility, such as a nursing home? Yes No
If "yes," please provide the following information:

Name of Institution: _____

Address of Institution (number and street):

City: _____ **State:** _____ **ZIP Code:** _____

Phone Number: _____-_____-_____

3. Are you enrolled in your state Medicaid program? Yes No
If "yes," please provide your Medicaid number: _____

4. Are you or your spouse employed? Yes No

Please complete this section if you have selected a MA-PD plan.

5. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or state pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to a Today's Options PFFS plan? Yes No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of Coverage: _____

ID# for This Coverage: _____

Group# for This Coverage: _____

6. Please check this box if you would prefer information in Spanish.

If you need information in another format or language, please contact Today's Options PFFS at 1-866-568-8921, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-907-2986) 7 days a week.



Section 5: Please Read This Important Information



Today's Options PFFS, a Medicare Advantage Private Fee-for-Service plan, works differently than a Medicare supplement plan as well as other Medicare Advantage plans. Your doctor or hospital is not required to agree to accept our plan's terms and conditions, and may choose not to treat you, except in emergencies. You should verify that your provider(s) will accept Today's Options PFFS before each visit. Providers can find the plan's terms and conditions on our website at: www.TodaysOptions.com

Once Today's Options PFFS has your enrollment form, you will get a call from a plan representative. This call is to make sure that you understand how a Private Fee-for-Service plan works and to confirm your intent to enroll in Today's Options PFFS. If Today's Options PFFS is not able to reach you by telephone, then you will get a letter by mail that contains similar information.

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Section 5 (continued): Please Read This Important Information

If you currently have health coverage from an employer or union, joining Today's Options PFFS could affect your employer or union health benefits. If you have health coverage from an employer or union, joining Today's Options PFFS may change how your current coverage works. You or your dependents could lose your other health or drug coverage completely and not get it back if you join Today's Options PFFS. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Section 6: Please Read and Sign on Page 6

By completing this enrollment application, I agree to the following: Today's Options PFFS is a Medicare Private Fee-for-Service plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I understand that this plan is a Medicare Advantage Private Fee-for-Service plan and I can be in only one Medicare health plan at a time. I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or Medicare prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I choose a Today's Options PFFS plan without prescription drug coverage, I may get coverage from another Medicare prescription drug plan. If I have not selected a plan that includes prescription drug coverage, and if I do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available (Example: Annual Enrollment Period from October 15 – December 7 of every year), or under certain special circumstances.

As a Medicare Private Fee-for-Service plan, Today's Options PFFS works differently than a Medicare supplement plan as well as other Medicare Advantage plans. Today's Options PFFS pays instead of Medicare, and I will be responsible for the amounts that Today's Options PFFS does not cover, such as copayments and co-insurances. Original Medicare will not pay for my healthcare while I am enrolled in Today's Options PFFS.

Before seeing a provider, I should verify that the provider will accept Today's Options PFFS. I understand that my healthcare providers have the right to choose whether to accept Today's Options PFFS payment terms and conditions every time I see them. I understand that if my provider does not accept Today's Options PFFS, I will need to find another provider who will.

Today's Options PFFS serves a specific service area. If I move out of the area that Today's Options PFFS serves, I need to notify Today's Options PFFS so I can disenroll and find a new plan in my new area. Once I am a member of Today's Options PFFS, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage from Today's Options PFFS when I get it to know which rules I must follow to get coverage with this Private Fee-for-Service plan. I understand that people with Medicare are not usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Today's Options PFFS he or she may be paid based on my enrollment in Today's Options PFFS.

Authorization to release information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. I also acknowledge that Today's Options PFFS will release my information, including my prescription drug event data if applicable, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that:

- 1) This person is authorized under State law to complete this enrollment and
- 2) Documentation of this authority is available upon request from Medicare.

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Section 6 (continued): Please Read and Sign Below

Typically, you may enroll in a Medicare Advantage plan only during the Annual Election Period from October 15 through December 7 of each year.

There are exceptions, called Special Election Periods, that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

Please indicate your enrollment period:

- Annual Election Period (AEP)
- Initial Coverage Election Period (ICEP) - I am new to Medicare
- Initial Election Period (IEP) - I had Medicare due to disability, and am now turning 65

If Special Election Period (SEP), please choose one of the reasons below:

- I am new to Medicare, but not 65.
- I am turning 65, but am not new to Medicare.
- I recently moved outside of the service area for my current plan. I moved on ____/____/____.
- I recently moved and this plan is a new option for me. I moved on ____/____/____.
- I have both Medicare and Medicaid, or my state helps pay for my Medicare premiums.
- I get Extra Help paying for Medicare prescription drug coverage.
- I no longer qualify for Extra Help paying for my Medicare prescription drugs. I stopped receiving Extra Help on ____/____/____.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home, a Special Needs Care facility or other institution). I moved/will move into/out of the facility on ____/____/____.
- I recently left a PACE program on ____/____/____.
- I no longer qualify for Special Needs assistance.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on ____/____/____.
- I am leaving employer or union coverage on ____/____/____.
- I belong to a pharmacy assistance program provided by my state.
- My current plan is ending its Medicare contract, or Medicare is ending its contract with my plan on ____/____/____.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on ____/____/____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on ____/____/____.
- I am eligible for coverage through the Department of Veteran Affairs.
- Other _____.*

*If none of these statements applies to you or you are not sure if you are eligible to enroll, please contact Today's Options PFFS at 1-800-996-8867, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-800-975-8089) 7 days a week.

Applicant's Signature

Your Signature:	Today's Date: ____/____/____
------------------------	--

Print Name:

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Section 7: Power of Attorney/Authorized Representative

If you are legally authorized to represent the enrollee, you must provide the following information (not for agent use):

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____-_____-_____

Relationship to Enrollee: Child Friend Spouse Other _____

Signature: _____ Today's Date: ____/____/____

Agent Use Only

Agent Name: _____

Proposed Effective Date: ____/____/____ Agent ID Number: _____

Agent Signature: _____

If you are submitting this application through the AgentLink process, remember to print and complete the cover sheet, indicating the subscriber ID. Fax or mail in the cover sheet along with a copy of this application and your scope of appointment confirmation or paper scope of appointment form **within 24 hours of receipt of AgentLink confirmation**. Fax number and mail address can be found on the front cover of this form.

Scope of Appointment information:

Phone Confirmation # _____ Paper (Please fax along with application)

Agent Use Only — Please Complete

How did you meet this applicant?

- Approved lead card
- Personal marketing appointment
- Sales event/Seminar
- In pharmacy
- Pharmacy marketing material
- Web lead
- DRTV
- Physician marketing
- Other _____

Lead number: _____ Primary Spouse

Internal Office Use Only

Initial Receipt Date: ____/____/____ PBP #: _____

A health plan with a Medicare contract.

Today's Options® PFFS is offered by the following organization that contracts with the Federal government: The Pyramid Life Insurance Company, a member of the Universal American family of companies.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your provider is not required to agree to accept the plan's terms and conditions of payment, and thus may choose not to treat you, with the exception of emergencies. If your provider does not agree to accept our terms and conditions of payment, they may choose not to provide health care services to you, except in emergencies. If this happens, you will need to find another provider that will accept our terms and conditions of payment. Providers can find the plan's terms and conditions of payment on our website at: www.TodaysOptions.com.

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Today's Options® PFFS

Medicare Advantage Health Plans



2012 New Member Form

Date: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's City: _____ State: _____ ZIP: _____

I have reviewed the Today's Options® PFFS plan with my agent and understand the following about my Medicare Advantage plan:

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. I understand that the Today's Options® PFFS plan is a Medicare Advantage PFFS plan.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. I understand this plan is not a Medicare Supplement policy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. I understand that my claims will be paid by my plan rather than Original Medicare Parts A and B.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. I understand that my proposed effective date for this plan is _____.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. I understand I will receive a letter confirming my acceptance of enrollment by Medicare.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. I understand that my healthcare providers have to accept the plan's terms and conditions.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. My provider can choose whether or not to accept the Terms and Conditions of payment each time I need service.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. I understand that I am responsible for a monthly plan premium, if applicable in addition to my monthly Part B premium.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. I understand that I may be responsible for certain copayments/coinsurance and deductibles for covered services.
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. My agent left me a copy of the Summary of Benefits booklet.
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. I understand I can receive a hard copy of the Pharmacy Directory by calling Member Services or visiting www.TodaysOptions.com .
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. My sales agent provided me his/her contact information (name, phone number or business card).
For MA-PD plans only:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. My sales agent explained the coverage gap, sometimes referred to as the doughnut hole.
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. I understand that if I have limited income and resources that I may be able to get Extra Help to pay for my prescription drug premiums and costs. I understand that this Extra Help only applies to the portion of my plan premium related to prescription drug coverage.

(over please)

Mail back with your Enrollment Form

You must use network pharmacies to access your prescription drug benefit, except in non-routine circumstances, and quantity limitations and restrictions may apply. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY 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 7:00 a.m. to 7:00 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or your State Medicaid Office.

Today's Options® PFFS is a Medicare-approved PFFS 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 provider is not required to agree to accept the plan's terms and conditions of payment, and thus may choose not to treat you, with the exception of emergencies. If your provider does not agree to accept our terms and conditions of payment, they may choose not to provide health care services to you, except in emergencies. If this happens, you will need to find another provider that will accept our terms and conditions of payment. Providers can find the plan's terms and conditions of payment on our website at: www.TodaysOptions.com



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Today's Options® PFFS

Medicare Advantage Health Plans



2012 Next Steps Form

Next Steps After Enrollment

STEP	HOW YOU RECEIVE THIS	WHY YOU RECEIVE THIS
 Verification phone call	We'll call you	We will call you to make sure you understand the Medicare Advantage plan you enrolled in and how it works.
 Confirm receipt of your enrollment	Letter mailed to you	We will mail you an Acknowledgement letter with your ID card letting you know that we received your enrollment application.
 Your Member ID Card	ID card mailed to you	Keep this handy at all times, and bring it with you whenever you visit a doctor, hospital or pharmacy.
 Medicare's notice to confirm your enrollment	Letter mailed to you	Once Medicare approves your enrollment, we will mail you a letter that your enrollment is approved.
 Your Today's Options® PFFS Welcome Kit	Documents that arrive in the mail	As a member, we will send you a Welcome Kit that contains important plan information.
 Welcome call	We'll call you	Welcome to our plan! We'll confirm you've received all your enrollment materials and answer any questions you may have before you begin using your plan benefits. We'll also ask some general health questions to learn how we can best serve your health needs.

Have questions, comments, or concerns?

Call your agent, or give us a call at 1-866-568-8921, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-907-2986) 7 days a week. Or you can visit us online at www.Universal-American-Medicare.com.

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Today's Options® PFFS

Medicare Advantage Health Plans



2012 Consumer Receipt

Thank you for enrolling in Today's Options® PFFS Medicare Advantage Health Plans. There are several steps to the approval process.

Here's what you can expect next:



1. A call to verify the plan was fully explained.



2. A letter by mail acknowledging we have received your request to enroll in Today's Options PFFS.



3. Your 2012 Today's Options PFFS Membership ID.



4. A Welcome Kit containing your:

- Welcome Letter
- Copy of Application
- Welcome Brochure
- Evidence of Coverage
- Privacy Notice
- Pharmacy Directory, if applicable
- Abridged Formulary, if applicable

Please review the materials in your welcome kit to maximize your benefits.

If you have any questions, you can call Member Services at 1-866-568-8921, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-907-2986) 7 days a week.

For more information about Today's Options PFFS, please visit us at www.Universal-American-Medicare.com.

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Member Appeals and Grievances

Today's Options® PFFS allows members to submit complaints to the plan which become either appeals or grievances.	<ul style="list-style-type: none">• If a member is dissatisfied with the services provided, such as sales, enrollment, or service processes, the member has the right to file a grievance with the plan. The plan will review the grievance, take corrective action as necessary, and notify the member. A grievance does not involve an appeal.
	<ul style="list-style-type: none">• Members have the right to file an appeal with the plan to request a reversal of a decision not to provide benefits or services. The member may file the appeal with the plan and has additional options to expedite the appeal.
	<ul style="list-style-type: none">• Value-added items and services (VAIS) included with the plan do not have appeal rights; however, members may file grievances regarding services received.
For more information about the appeals and grievances policies and procedures, please contact Today's Options PFFS at 1-866-568-8921, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-907-2986) 7 days a week.	

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A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your provider 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 provider does not agree to accept our payment terms and conditions of payment, they may choose not to provide health care services to you, except in emergencies. If this happens, you will need to find another provider that will accept our payment terms and conditions. Providers can find the plan's terms and conditions on our website at www.TodaysOptions.com.



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Today's Options® PFFS

Medicare Advantage Health Plans



2012 New Member Form *(Member's copy to keep)*

Date: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's City: _____ State: _____ ZIP: _____

I have reviewed the Today's Options® PFFS plan with my agent and understand the following about my Medicare Advantage plan:

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. I understand that the Today's Options® PFFS plan is a Medicare Advantage PFFS plan.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. I understand this plan is not a Medicare Supplement policy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. I understand that my claims will be paid by my plan rather than Original Medicare Parts A and B.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. I understand that my proposed effective date for this plan is _____.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. I understand I will receive a letter confirming my acceptance of enrollment by Medicare.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. I understand that my healthcare providers have to accept the plan's terms and conditions.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. My provider can choose whether or not to accept the Terms and Conditions of payment each time I need service.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. I understand that I am responsible for a monthly plan premium, if applicable in addition to my monthly Part B premium.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. I understand that I may be responsible for certain copayments/coinsurance and deductibles for covered services.
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. My agent left me a copy of the Summary of Benefits booklet.
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. I understand I can receive a hard copy of the Pharmacy Directory by calling Member Services or visiting www.TodaysOptions.com .
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. My sales agent provided me his/her contact information (name, phone number or business card).
For MA-PD plans only:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. My sales agent explained the coverage gap, sometimes referred to as the doughnut hole.
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. I understand that if I have limited income and resources that I may be able to get Extra Help to pay for my prescription drug premiums and costs. I understand that this Extra Help only applies to the portion of my plan premium related to prescription drug coverage.

(over please)

You must use network pharmacies to access your prescription drug benefit, except in non-routine circumstances, and quantity limitations and restrictions may apply. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY 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 7:00 a.m. to 7:00 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or your State Medicaid Office.

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Today's Options® PFFS

Medicare Advantage Health Plans



What People on Medicare need to know about Private Fee-for-Service plans

Today's Options® PFFS is a Medicare Advantage private fee-for-service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS). A PFFS plan is different than Original Medicare or an HMO, PPO, or Medicare supplement plan.

Today's Options PFFS gives you the ability to choose your health care provider. However not all providers may accept this plan, even Medicare providers may not accept this plan. If you choose this plan, it is very important that all the providers you choose know, before providing services to you, that you have Today's Options PFFS coverage in place of Medicare. This gives your provider the right to choose whether or not to accept Today's Options PFFS terms and conditions of payment for treating you. Providers have the right to decide if they will accept Today's Options PFFS each time they see you. This is why you must show your Today's Options PFFS ID card every time you visit a health care provider.

If your provider agrees to Today's Options PFFS terms and conditions of payment

If your provider decides to accept the Today's Options PFFS plan, they must follow our plan's terms and conditions for payment. They must thereafter bill Today's Options PFFS for those services. However, providers have the right to decide if they will accept Today's Options PFFS each time they see you.

Today's Options PFFS has direct contracts with some providers who have already agreed to accept our terms and conditions of payment. Today's Options PFFS is contracted with Primary Care Physicians (PCPS) and Specialists that can handle your care for all Medicare-approved benefits. Confirmation of contracted providers can be obtained by calling 1-866-568-8921, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-907-2986) 7 days a week, by using our provider look-up tool at www.Universal-American-Medicare.com, or by consulting our provider directories. You can still get care from other providers who do not contract with Today's Options PFFS as long as those providers agree to accept our terms and conditions of payment. You do not have additional copayment or coinsurance responsibilities for obtaining services from non-contracted providers as long as the providers accept our terms and conditions.

If your provider does not agree to Today's Options PFFS terms and conditions of payment

A provider may decide not to accept Today's Options PFFS' terms and conditions of payment. If this happens, you will need to find another provider that will. You may contact us at 1-866-568-8921, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-907-2986) 7 days a week for assistance locating another provider in your area willing to accept our plan's terms and conditions of payment.

What happens if a provider declines to accept Today's Options PFFS' terms and conditions of payment?

1. They should not provide services to you except for emergencies.
2. If they choose to provide services, they may not bill you. They must bill Today's Options PFFS for your covered health care services. You must pay the appropriate copays or coinsurance at the time of service.

For more information about PFFS plans see Beneficiary Qs & As at CMS's web site <http://www.cms.hhs.gov/PrivateFeeforServicePlans/>. If you have questions about Today's Options PFFS, please call our Member Services department at 1-866-568-8921, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-907-2986) 7 days a week.

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What Healthcare Providers need to know about Private Fee-for-Service plans

Today's Options PFFS is a Medicare Advantage private fee-for-service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS). A PFFS plan is different than an HMO, PPO, or Medicare supplement plan.

A beneficiary who enrolls in a Medicare Advantage PFFS plan is free to use any provider willing to treat the enrollee and accept our plan's terms and conditions of payment. You can view our terms and conditions of payment by visiting our website at www.Universal-American-Medicare.com, and if you have questions, then you can call us at 1-866-568-8921. Enrollees must inform you, before obtaining services from you, that they have purchased Today's Options PFFS for their Medicare coverage. This gives you the right to choose to accept Today's Options PFFS enrollees. You have a right to make that choice each time service is needed by a Today's Options PFFS enrollee. You do not have to sign a contract to see Today's Options PFFS enrollees.

Today's Options PFFS has direct contracts with some providers who have already agreed to accept the plan's terms and conditions of payment. Today's Options PFFS is contracted with Primary Care Physicians (PCPS) and specialists that can handle care for all Medicare-approved benefits. Enrollees of Today's Options PFFS can still get care from other providers who do not contract with Today's Options PFFS as long as those providers agree to accept the plan's terms and conditions of payment. Enrollees do not have additional copayment or coinsurance responsibilities for obtaining services from non-contracted providers as long as the providers accept our terms and conditions.

If you decide to accept Today's Options PFFS terms and conditions of payment

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat a Today's Options PFFS enrollee. If you decide to treat a Today's Options PFFS enrollee, you will be subject to our plan's terms and conditions of payment and must bill Today's Options PFFS for covered services. However, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat Today's Options PFFS enrollees. You may learn our terms and conditions of payment and other information about our plan by calling us at 1-866-568-8921.

If you decide not to accept Today's Options PFFS terms and conditions of payment

If you decide not to treat a Today's Options PFFS enrollee, you should not provide services to the enrollee, except for emergencies.

If you choose to provide services, then you have by default agreed to our terms and conditions of payment and you must bill Today's Options PFFS for covered health care services. You must collect from the enrollee only the appropriate Today's Options PFFS copays or coinsurance at the time of service. You may at any time, on a patient-by-patient and visit-by-visit basis, decide that you do not want to treat a Today's Options PFFS enrollee.

We will follow CMS requirements for timely payment of claims. You may learn our billing requirements on our website at www.Universal-American-Medicare.com or by calling us at 1-866-568-8921.

For more information about PFFS plans see Provider Qs & As at CMS's web site <http://www.cms.hhs.gov/PrivateFeeforServicePlans/>. If you have questions about Today's Options PFFS, please call our Provider Services department at 1-866-568-8921.

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Medicare Advantage Health Plans



Request for Provider Information

Use this form if you would like to share the names of your doctors and hospitals. You are not obligated to complete the information below. Completing the form will have no bearing on your enrollment in the plan. However, doing so will ensure that we can educate your providers on the Today's Options® PFFS plan.

Please fill out this form if you would like to provide us with the names of your doctors or hospitals. This will allow us to include them in outreach to our local healthcare partners. Completing this form is optional; it will have no bearing on your enrollment in our plan.

Please return this form along with your completed enrollment application in the envelope provided in your Today's Options PFFS Enrollment Kit.

Name: _____		
Agent Name: _____		
Agent ID #: _____		
Provider Name: _____	Specialty: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Contact Name: _____	
Provider Name: _____	Specialty: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Contact Name: _____	
Provider Name: _____	Specialty: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Contact Name: _____	
Provider Name: _____	Specialty: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Contact Name: _____	

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Today's Options[®] PFFS

Medicare Advantage Health Plans

Member Services Center

It would be our privilege to have you as our member.

Call today at **1-800-996-8867**,
8:00 a.m. to 8:00 p.m. in your local time zone
(TTY users call **1-800-975-8089**) 7 days a week.

www.TodaysOptions.com

Today's Options[®] PFFS is a Medicare-approved PFFS 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.

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I authorize American Progressive Life & Health Insurance Company of New York or The Pyramid Life Insurance Company and my financial institution to initiate entries to my savings/checking account. This authority will remain in effect until I notify American Progressive Life & Health Insurance Company of New York or The Pyramid Life Insurance Company and my financial institution in writing to cancel at least 30 days before my account is to be charged. I understand that if the necessary funds are not on deposit in my account on the day designated to execute the automatic entry, American Progressive Life & Health Insurance Company of New York or The Pyramid Life Insurance Company will send me a past due notice outlining my options.

Signature _____

Printed Name _____

Date _____ Member ID _____

If other than applicant, Power of Attorney (or other legal authority), documentation must be attached.

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Today's Options® PFFS

Medicare Advantage Health Plans



2012 Consumer Receipt

Thank you for enrolling in Today's Options® PFFS Medicare Advantage Health Plans. There are several steps to the approval process.

Here's what you can expect next:



1. A call to verify the plan was fully explained.



4. A Welcome Kit containing your:

- Welcome Letter
- Copy of Application
- Welcome Brochure
- Evidence of Coverage
- Privacy Notice
- Pharmacy Directory, if applicable
- Abridged Formulary, if applicable



2. A letter by mail acknowledging we have received your request to enroll in Today's Options PFFS.



3. Your 2012 Today's Options PFFS Membership ID.

Please review the materials in your welcome kit to maximize your benefits.

If you have any questions, you can call Member Services at 1-866-568-8921, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-907-2986) 7 days a week.

For more information about Today's Options PFFS, please visit us at www.Universal-American-Medicare.com.

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