

HMO

North Texas



For more information, call TexanPlus® HMO at

1-866-245-4143

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

Beneficiaries that decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for the change to take effect and until the transition takes place you 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."

TexanPlus® HMO is a Medicare-Approved Medicare Advantage plan offered through the following organization that contracts with the Federal government: SelectCare Health Plans, doing business as TexasFirst Health Plans®, a member of the Universal American family of companies.

TexanPlus® HMO

Medicare Advantage Health Plans

2010 Benefit Highlights

UNIVERSAL
AMERICAN

A Healthy CollaborationSM

UNIVERSAL
AMERICAN

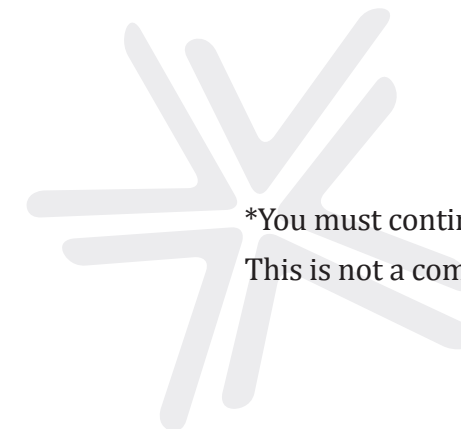
A Healthy CollaborationSM

2010 Benefit Highlights – Greater Dallas/Fort Worth Metroplex

Effective January 1, 2010 – December 31, 2010

	TexanPlus Classic powered by CCRx (HMO)	TexanPlus Premier powered by CCRx (HMO)
Monthly Plan Premium*	\$0	\$22.00
Maximum Out-of-Pocket	\$3,000	\$2,500
Primary Care Physician Office Visit	\$0 Copay	\$0 Copay
Specialist Office Visit	\$20 Copay	\$15 Copay
Hospital Inpatient	\$60 per day for days 1-7 \$0 per day for days 8-90	\$50.00 per day for days 1-7 \$0 per day for days 8-90
Outpatient Services/Surgery	\$75 Copay for ambulatory surgical center visit \$150 Copay for each outpatient hospital facility	\$50 Copay for ambulatory surgical center visit \$100 Copay for each outpatient hospital facility
Emergency Care Worldwide	\$50 Copay	\$25 Copay
Annual Physical/Preventive Care	\$0 Copay for routine exams. Limited 1 exam per year	\$0 Copay for routine exams. Limited 1 exam per year
Prescription Drugs		
Deductible	\$0	\$0
Prescription Coverage (Part D) (30 day/90 day)	You pay the following until total yearly drug cost reach \$2830: <ul style="list-style-type: none"> • \$5/\$12.50 Copay for generics which continue after the initial \$2830 limit • \$35/\$87.50 Copay for formulary preferred brand drugs • \$65/\$162.50 Copay for formulary non-preferred brand drugs • 33% Co-insurance for specialty drugs 	You pay the following until total yearly drug cost reach \$2830: <ul style="list-style-type: none"> • \$5/\$12.50 Copay for generics which continue after the initial \$2830 limit • \$35/\$87.50 Copay for formulary preferred brand drugs • \$65/\$162.50 Copay for formulary non-preferred brand drugs • 33% Co-insurance for specialty drugs
Additional Benefits		
Dental Benefits	\$15 Copay per visit (up to 2 per year) which includes exam, cleanings, and x-rays.	\$15 Copay per visit (up to 2 per year) which includes exam, cleanings, and x-rays. Plan offers comprehensive dental benefits.
Hearing Benefit	\$20 Copay for diagnostic hearing exams	\$15 Copay for diagnostic hearing exams
Vision Benefits	\$0 Copay for (1) pair of eyeglasses or contact lenses after cataract surgery. \$25 Copay for annual exam; Free eyewear every 2 years (up to \$100)	\$0 Copay for (1) pair of eyeglasses or contact lenses after cataract surgery. \$10 Copay for annual exam; Free eyewear every 2 years (up to \$125)

	TexanPlus Value (HMO)
Monthly Plan Premium*	\$0
Part D Premium Reduction*	\$50.90
Maximum Out-of-Pocket	\$3,000
Primary Care Physician Office Visit	\$0 Copay
Specialist Office Visit	\$20 Copay
Hospital Inpatient	\$75 per day for days 1-7 \$0 per day for days 8-90
Outpatient Services/Surgery	\$75.00 Copay for ambulatory surgical center visit \$150.00 Copay for each outpatient hospital facility
Emergency Care Worldwide	\$50 Copay
Annual Physical/Preventive Care	\$0 Copay for routine exams. Limited 1 exam per year
Prescription Drugs	
Prescription Coverage (Part D)	No Coverage. If you enroll in another company's Part D plan, you will automatically be disenrolled from TexanPlus Value (HMO).
Additional Benefits	
Dental Benefits	\$15 Copay per visit (up to 2 per year) which includes exam, cleanings, and x-rays.
Hearing Benefit	\$20 Copay for diagnostic hearing exams
Vision Benefits	\$0 Copay for one pair of eyeglasses or contact lenses after cataract surgery \$25 Copay for (1) routine eye exam. \$100 limit for eye wear 2 year.



*You must continue to pay your Medicare Part B premium.
This is not a complete description of benefits.