

HMO

Southeast Texas



For more information, call TexanPlus® HMO at

**1-866-556-4607**

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 of Texas, L.L.C., a member of the Universal American family of companies.

# TexanPlus® HMO

Medicare Advantage Health Plans

2010 Benefit Highlights

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A Healthy Collaboration<sup>SM</sup>

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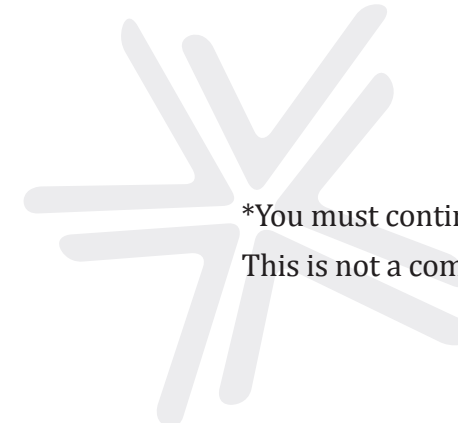
A Healthy Collaboration<sup>SM</sup>

# 2010 Benefit Highlights – Southeast Texas

Effective January 1, 2010 – December 31, 2010

	<b>TexanPlus Classic powered by CCRx (HMO)</b>	<b>TexanPlus Premier powered by CCRx (HMO)</b>
<b>Monthly Plan Premium*</b>	\$0	\$0
<b>Maximum Out-of-Pocket</b>	\$3,000	\$2,500
<b>Primary Care Physician Office Visit</b>	\$0 Copay	\$0 Copay
<b>Specialist Office Visit</b>	\$25 Copay	\$15 Copay
<b>Hospital Inpatient</b>	\$250 Copay per each stay \$0 Copay for additional hospital days	\$125 Copay per each stay
<b>Outpatient Services/Surgery</b>	\$100 Copay for ambulatory surgical center visit \$150 Copay for each outpatient hospital facility	\$75 Copay for ambulatory surgical center visit \$125 Copay for each outpatient hospital facility
<b>Emergency Care Worldwide</b>	\$50 Copay per visit	\$40 Copay per visit
<b>Annual Physical/Preventive Care</b>	\$0 Copay for routine exams. Limited 1 exam per year	\$0 Copay for routine exams. Limited 1 exam per year
<b>Prescription Drugs</b>		
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"> <li>• \$0/\$0 Copay for generics</li> <li>• \$35/\$87.50 Copay for formulary preferred brand drugs</li> <li>• \$65/\$162.50 Copay for formulary non-preferred brand drugs</li> <li>• 33% Co-insurance for specialty drugs</li> </ul>	You pay the following until total yearly drug cost reach \$2830: <ul style="list-style-type: none"> <li>• \$5/\$12.50 Copay for generics which continue after the initial \$0 limit</li> <li>• \$35/\$87.50 Copay for formulary preferred brand drugs</li> <li>• \$65/\$162.50 for formulary non-preferred brand drugs</li> <li>• 33% Co-insurance for specialty drugs</li> </ul>
<b>Additional Benefits</b>		
Dental Benefits	\$15 Copay (up to 2 per year) which includes exam, cleaning and x-rays. Plan offers comprehensive dental benefits.	\$5 Copay (up to 2 per year) which includes exam, cleaning and x-rays. Plan offers comprehensive dental benefits.
Hearing Benefit	\$25 Copay for diagnostic hearing exams	\$25 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 every year. \$100 limit for eye wear 2 years.	\$0 Copay for one pair of eyeglasses or contact lenses after cataract surgery \$10 Copay for exams to diagnose and treat diseases and conditions of the eye, (1) routine eye exam, every year \$125 limit for eye wear 2 years.
Transportation Benefit	\$0 Copay for up to 24 one-way plan approved trips	\$0 Copay for up to 24 one-way plan approved trips

	<b>TexanPlus Value (HMO)</b>
<b>Monthly Plan Premium*</b>	\$0
<b>Part B Premium Reduction*</b>	\$69
<b>Maximum Out-of-Pocket</b>	\$3,000
<b>Primary Care Physician Office Visit</b>	\$0 Copay
<b>Specialist Office Visit</b>	\$25 Copay
<b>Hospital Inpatient</b>	\$300 Copay per stay
<b>Outpatient Services/Surgery</b>	\$100 Copay for ambulatory surgical center visit \$150 Copay for each outpatient hospital facility
<b>Emergency Care Worldwide</b>	\$50 Copay
<b>Annual Physical/Preventive Care</b>	\$0 Copay for routine exams. Limited 1 exam per year
<b>Prescription Drugs</b>	
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).
<b>Additional Benefits</b>	
Dental Benefits	\$15 Copay per visit (up to 2 per year) which includes exam, cleanings, and x-rays. Plan offers comprehensive dental benefits.
Hearing Benefit	\$25 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 years.
Transportation Benefit	\$0 copay for up to 24 one-way plan approved trips



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