

Typically, you may enroll in a Medicare Advantage plan during the annual enrollment period between November 15 and December 31 of each year. In addition, you can join a Medicare Advantage plan during the open enrollment period between January 1 and March 31 of each year, as long as you don't add or drop your prescription drug coverage (i.e. if you have Medicare prescription drug coverage you can only change to another plan with Medicare prescription drug coverage; if you don't have Medicare prescription drug coverage you can only change to another plan without Medicare prescription drug coverage). Additionally, there are exceptions that may allow you to enroll in a Medicare Advantage plan outside of these periods.

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.

- I am new to Medicare.
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) .
- 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 (insert date) .
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) .
- I recently left a PACE program on (insert date) .
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) .
- I am leaving employer or union coverage on (insert date) .
- I belong to a pharmacy assistance program provided by my state.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) .
- None of these statements applies to me.*

* Please contact Universal Health Care, Inc., Universal Health Care Insurance Company, Inc. or Universal HMO of Texas at 1-866-690-4842 (TTY users should call 1-800-617-0177) to see if you are eligible to enroll. We are open 8 AM to 11 PM Eastern, November 15 through March 31, 7 days a week, and 8 AM to 9 PM Eastern, April 1 through November 14, Monday through Friday.

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

The Any, Any, Any® (PFFS) Plan 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.

The Any, Any, Any® (PFFS) Plan 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 the Any, Any, Any® (PFFS) Plan coverage in place of Medicare. This gives your provider the right to choose whether or not to accept the Any, Any, Any® (PFFS) Plan terms and conditions of payment for treating you. Providers have the right to decide if they will accept the Any, Any, Any® (PFFS) Plan each time they see you. This is why you must show your Any, Any, Any® (PFFS) Plan ID card every time you visit a health care provider.

If your provider agrees to the Any, Any, Any® (PFFS) Plan terms and conditions of payment

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

If your provider does not agree to the Any, Any, Any® (PFFS) Plan terms and conditions of payment

A provider may decide not to accept the Any, Any, Any® (PFFS) Plan's terms and conditions of payment. If this happens, you will need to find another provider that will. You may contact us at 1-866-690-4842, 8 AM to 11 PM Eastern, November 15 through March 31, 7 days a week, and 8 AM to 9 PM Eastern, April 1 through November 14, Monday through Friday 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 the Any, Any, Any® (PFFS) Plan's 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 the Any, Any, Any® (PFFS) Plan 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 website <http://www.cms.hhs.gov/PrivateFeeforServicePlans/>. If you have questions about the Any, Any, Any® (PFFS) Plan, please call our Member Services department at 1-866-690-4842, 8 AM to 11 PM Eastern, November 15 through March 31, 7 days a week, and 8 AM to 9 PM Eastern, April 1 through November 14, Monday through Friday. TTY users should call 1-800-617-0177.

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

The Any, Any, Any® (PFFS) Plan 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.univhc.com, and if you have questions, then you can call us at 1-866-690-4842, 8 AM to 11 PM Eastern, November 15 through March 31, 7 days a week, and 8 AM to 9 PM Eastern, April 1 through November 14, Monday through Friday. TTY users should call 1-800-617-0177. Enrollees must inform you, before obtaining services from you, that they have purchased the Any, Any, Any® (PFFS) Plan for their Medicare coverage. This gives you the right to choose to accept Any, Any, Any® (PFFS) Plan enrollees. You have a right to make that choice each time service is needed by an Any, Any, Any® (PFFS) Plan enrollee. You do not have to sign a contract to see Any, Any, Any® (PFFS) Plan enrollees.

If you decide to accept the Any, Any, Any® (PFFS) Plan terms and conditions of payment

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat an Any, Any, Any® (PFFS) Plan enrollee. If you decide to treat an Any, Any, Any® (PFFS) Plan enrollee, you will be subject to our plan's terms and conditions of payment and must bill the Any, Any, Any® (PFFS) Plan for covered services. However, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat the Any, Any, Any® (PFFS) Plan enrollees. You may learn our terms and conditions of payment and other information about our plan on our website at www.univhc.com or by calling us at 1-866-690-4842, 8 AM to 11 PM Eastern, November 15 through March 31, 7 days a week, and 8 AM to 9 PM Eastern, April 1 through November 14, Monday through Friday. TTY users should call 1-800-617-0177.

If you decide not to accept the Any, Any, Any® (PFFS) Plan terms and conditions of payment

If you decide not to treat an Any, Any, Any® (PFFS) Plan 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 the Any, Any, Any® (PFFS) Plan for covered health care services. You must collect from the enrollee only the appropriate Any, Any, Any® (PFFS) Plan 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 an Any, Any, Any® (PFFS) Plan enrollee.

We will follow CMS requirements for timely payment of claims. You may learn our billing requirements on our website at www.univhc.com or by calling us at 1-866-690-4842, 8 AM to 11 PM Eastern, November 15 through March 31, 7 days a week, and 8 AM to 9 PM Eastern, April 1 through November 14, Monday through Friday. TTY users should call 1-800-617-0177.

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 the Any, Any, Any® (PFFS) Plan, please call our Member Services department at 1-866-690-4842, 8 AM to 11 PM Eastern, November 15 through March 31, 7 days a week, and 8 AM to 9 PM Eastern, April 1 through November 14, Monday through Friday. TTY users should call 1-800-617-0177.

3. Please Fill Out the Following

I am currently a member of

- CHOOSE ONLY ONE**
- Medicare Masterpiece® (HMO)
 - Medicare Masterpiece® MA Only (HMO)
 - Universal IP (HMO)
 - Universal DP (HMO)
 - Medicare Masterpiece® Plus (HMO-POS)
 - Medicare Masterpiece® (HMO-POS)
 - Medicare Masterpiece® MA Only (HMO-POS)
 - Medicare Masterpiece® SNP – Diabetes (HMO)
 - Medicare Masterpiece® SNP – Dementia (HMO)
 - Medicare Masterpiece® SNP – COPD (HMO)
 - Medicare Masterpiece® Premier (HMO)
 - Medicare Masterpiece® (PPO)
 - Medicare Masterpiece® MA Only (PPO)
 - Medicare Masterpiece® SNP – Diabetes (PPO)
 - Medicare Masterpiece® SNP – Dementia (PPO)
 - Medicare Masterpiece® SNP – COPD (PPO)
 - Medicare Masterpiece® Premier (PPO)
 - Any, Any, Any® Gold (PFFS)
 - Any, Any, Any® Platinum (PFFS)
 - Any, Any, Any® MA Only (PFFS)

in

- CHOOSE ONLY ONE**
- Universal Health Care, Inc.
 - Universal Health Care Insurance Company, Inc.
 - Universal HMO of Texas, Inc.

with a monthly premium of \$ _____.

I would like to change to

- CHOOSE ONLY ONE**
- Medicare Masterpiece® (HMO)
 - Medicare Masterpiece® MA Only (HMO)
 - Universal IP (HMO)
 - Universal DP (HMO)
 - Medicare Masterpiece® Plus (HMO-POS)
 - Medicare Masterpiece® (HMO-POS)
 - Medicare Masterpiece® MA Only (HMO-POS)
 - Medicare Masterpiece® SNP – Diabetes (HMO)
 - Medicare Masterpiece® SNP – Dementia (HMO)
 - Medicare Masterpiece® SNP – COPD (HMO)
 - Medicare Masterpiece® Premier (HMO)
 - Medicare Masterpiece® (PPO)
 - Medicare Masterpiece® MA Only (PPO)
 - Medicare Masterpiece® SNP – Diabetes (PPO)
 - Medicare Masterpiece® SNP – Dementia (PPO)
 - Medicare Masterpiece® SNP – COPD (PPO)
 - Medicare Masterpiece® Premier (PPO)
 - Any, Any, Any® Gold (PFFS)
 - Any, Any, Any® Platinum (PFFS)
 - Any, Any, Any® MA Only (PFFS)

in

- CHOOSE ONLY ONE**
- Universal Health Care, Inc.
 - Universal Health Care Insurance Company, Inc.
 - Universal HMO of Texas, Inc.

I understand that this plan has different health benefits and a monthly premium of \$ _____.

Please choose the name of your Primary Care Physician (PCP) (if applicable):

Doctor's Name:

Phone Number: () - PCP ID#:

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:

- Spanish Braille Audio Tape Large Print

Please contact Universal Health Care, Inc., Universal Health Care Insurance Company, Inc., or Universal HMO of Texas, Inc. at 1-866-690-4842 if you need information in another format or language than what is listed above. Our office hours are 8 AM to 11 PM Eastern, November 15 through March 31, 7 days a week, and 8 AM to 9 PM Eastern, April 1 through November 14, Monday through Friday. TTY users should call 1-800-617-0177.

4. Your Payment Options (If Applicable)

If you have a plan premium AND/OR if we determine that you owe a late enrollment penalty, we need to know how you would prefer to pay it. You can pay by Electronic Funds Transfer (EFT), by credit card, or by mail. You can also choose to pay your premium by automatic deduction from your Social Security benefit check each month.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more 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 qualify 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 should call 1-800-325-0778. You can also apply for extra help online at <http://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 doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

Electronic Funds Transfer (EFT) from your bank account each month. Please enclose a VOIDED check and provide the following:

Account holder name:

Bank routing number: Bank account number:

Account type: Checking Savings

Bill credit card monthly. Please provide the following information:

Type of card: VISA Mastercard Discover American Express

Name of account holder as it appears on card:

Account number:

Expiration date: /

Get a bill monthly.

Automatic deduction from your monthly Social Security benefit check. (The Social Security deduction may take two or more months to begin. In most cases, the first deduction from your Social Security benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.)

5. Please Read This Important Information



PFSS Plans Only

PFSS Plans Only

Any, Any, Any® (PFSS), a Medicare Advantage Private-Fee-For-Service plan, works differently than a Medicare supplement plan and other Medicare Advantage plans. Your doctor or hospital isn't required to accept the plan's terms and conditions, and may choose not to treat you, except in emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. You should verify that your provider(s) will accept Any, Any, Any® (PFSS) before each visit. Providers can find the plan's terms and conditions on our website at www.univhc.com.

Once Universal Health Care Insurance Company, Inc. has your enrollment form, a plan representative will call you. 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 Any, Any, Any® (PFSS). If Universal Health Care Insurance Company, Inc. isn't able to reach you by telephone, then you will get a letter by mail that contains similar information.

6. Please Read and Sign Below

Medicare Masterpiece® (HMO), Medicare Masterpiece® Premier (HMO), Medicare Masterpiece® Plus (HMO-POS), Medicare Masterpiece® SNP (HMO), Universal DP (HMO), Universal IP (HMO), Medicare Masterpiece® (PPO), Medicare Masterpiece® Premier (PPO), Medicare Masterpiece® SNP (PPO), Medicare Masterpiece® (HMO-POS) and Any, Any, Any® (PFFS) are plans that have a contract with the Federal government.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Universal Health Care, Inc., Universal Health Care Insurance Company, Inc., or Universal HMO of Texas, Inc., he/she may be paid based on my enrollment in Universal Health Care, Inc., Universal Health Care Insurance Company, Inc., or Universal HMO of Texas, Inc.

Release of 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 health care operations. I also acknowledge that Universal Health Care, Inc., Universal Health Care Insurance Company, Inc., or Universal HMO of Texas, Inc. will release my information, including my prescription drug event data to Medicare (if applicable), 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 people with Medicare aren't covered under Medicare while out of the country except for limited coverage near the U.S. border.

ALL Plans Except
PFFS MA Only

I understand that beginning on the date Universal Health Care, Inc., Universal Health Care Insurance Company, Inc., or Universal HMO of Texas, Inc. coverage begins, I must get all of my health care from Universal Health Care, Inc., Universal Health Care Insurance Company, Inc., or Universal HMO of Texas, Inc., except for emergency or urgently-needed services or out-of-area dialysis services. Services authorized by Universal Health Care, Inc., Universal Health Care Insurance Company, Inc., or Universal HMO of Texas, Inc. and other services contained in my Universal Health Care, Inc., Universal Health Care Insurance Company, Inc., or Universal HMO of Texas, Inc.'s Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE PLAN WILL PAY FOR THE SERVICES.**

ALL Plans Except
PFFS MA Only

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 by Universal Health Care, Inc., Universal Health Care Insurance Company, Inc., or Universal HMO of Texas, Inc. or by Medicare.

SIGNATURE:

TODAY'S DATE:

If you are the authorized representative, you must sign above and provide the following information:

Name:

Address:

Phone Number:

Relationship to Enrollee: