

# 2010 Summary of Benefits



## Today's Options® PFFS

Medicare Advantage

Private Fee-for-Service Plan

Benefit Package 2

January 1, 2010—December 31, 2010

UNIVERSAL  
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A Healthy Collaboration™

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# Section I—Introduction to Summary of Benefits



Thank you for your interest in Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS). Our plan is offered by AMERICAN PROGRESSIVE LIFE/HLTH INS./ Universal American and PYRAMID LIFE INSURANCE COMPANY/Universal American, a Medicare Advantage Private Fee-for-Service. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) and ask for the "Evidence of Coverage".

## **YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare plan. Another option is a Medicare Advantage Private Fee-for-Service plan, like Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by

CCRx (PFFS). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **HOW CAN I COMPARE MY OPTIONS?**

You can compare Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers.

We also offer more benefits, which may change from year to year.

## **WHERE IS Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) AVAILABLE?**

The complete service area for Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) is listed on page 46.

You must live in one of these areas to join the plan. There is more than one plan listed in this summary of benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

## **WHO IS ELIGIBLE TO JOIN Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS)?**

You can join Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) if you are entitled to

Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) unless they are members of our organization and have been since their dialysis began.

### **CAN I CHOOSE MY DOCTORS?**

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital 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 doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide healthcare services to you, except in emergencies.

### **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

Today's Options Value (PFFS) and Premier (PFFS) do cover Medicare Part B prescription drugs. Today's Options Value (PFFS) and Premier (PFFS) do NOT cover Medicare Part D prescription drugs.

Today's Options Value powered by CCRx (PFFS) and Premier powered CCRx (PFFS) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

### **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.todaysoptions.com>. Our customer service number is listed at the end of this introduction.

### **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at <http://www.todaysoptions.com>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?**

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/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose

Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement

Organization (QIO) for your state. Please refer to page 55 for the organization located in your state.

As a member of Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your

problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to page 55 for the organization located in your state.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) for more details.

### **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.

- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

#### **PLAN RATINGS**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-866-568-8921, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-800-958-2692) to obtain a copy of the plan ratings for this plan.

Please call Universal American for more information about Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS).

**Visit us at [www.todaysoptions.com](http://www.todaysoptions.com) or, call us:**

**Customer Service Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8 p.m. in your local time zone

**Current members should call toll-free**

(866)-568-8921 for questions related to the Medicare Advantage and Part D Prescription Drug programs.  
(TTY users call (800)-958-2692)

**Prospective members should call toll-free**

(800)-996-8867 for questions related to the Medicare Advantage and Part D Prescription Drug programs.  
(TTY users call (800)-777-9083)

**Current members should call locally**

(866)-568-8921 for questions related to the Medicare Advantage Part D Prescription Drug programs.  
(TTY users call (800)-958-2692)

**Prospective members should call locally**

(800)-996-8867 for questions related to the Medicare Advantage and programs.  
(TTY users call (800)-777-9083)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).  
TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

## Section II—Summary of Benefits Important Information

Benefit	Original Medicare	Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157	Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155	Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158	Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156
<b>IMPORTANT INFORMATION</b>					
1 – Premium and Other Important Information	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b> \$0–\$50 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p>\$3,400 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>	<p><b>General</b> \$0–\$84 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p>\$3,400 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>	<p><b>General</b> \$23–\$66 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p>\$3,400 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>	<p><b>General</b> \$44–\$146 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p>\$3,400 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
1 – Premium and Other Important Information (cont'd)	Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.				

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
2 – Doctor and Hospital Choice (For more information, see Emergency–#15 and Urgently Needed Care–#16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.	You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.	You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.	You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.
<b>INPATIENT CARE</b>					
3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	In 2009 the amounts for each benefit period were: Days 1–60: \$1,068 deductible Days 61–90: \$267 per day Days 91–150: \$534 per lifetime reserve day These amounts will change for 2010.	<b>General</b> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment except in emergencies.  For Medicare-covered hospital stays:  Days 1–5: \$350 copay per day  Days 6–90: \$0 copay per day	<b>General</b> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment except in emergencies.  For Medicare-covered hospital stays:  Days 1–5: \$250 copay per day  Days 6–90: \$0 copay per day	<b>General</b> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment except in emergencies.  For Medicare-covered hospital stays:  Days 1–5: \$350 copay per day  Days 6–90: \$0 copay per day	<b>General</b> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment except in emergencies.  For Medicare-covered hospital stays:  Days 1–5: \$250 copay per day  Days 6–90: \$0 copay per day

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
<p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services) (cont'd)</p>	<p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.</p>	<p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p>	<p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p>

If you have any questions about this plan’s benefits or costs, please call Today’s Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services) (cont'd)	You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.				
4 – Inpatient Mental Healthcare	Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).  190 day lifetime limit in a Psychiatric Hospital.	For Medicare-covered hospital stays:  Days 1–5: \$350 copay per day  Days 6–90: \$0 copay per day  You get up to 190 days in a Psychiatric Hospital in a lifetime.	For Medicare-covered hospital stays:  Days 1–5: \$250 copay per day  Days 6–90: \$0 copay per day  You get up to 190 days in a Psychiatric Hospital in a lifetime.	For Medicare-covered hospital stays:  Days 1–5: \$350 copay per day  Days 6–90: \$0 copay per day  You get up to 190 days in a Psychiatric Hospital in a lifetime.	For Medicare-covered hospital stays:  Days 1–5: \$250 copay per day  Days 6–90: \$0 copay per day  You get up to 190 days in a Psychiatric Hospital in a lifetime.

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
<p>5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1-20: \$0 per day Days 21-100: \$133.50 per day. These amounts will change for 2010. 100 days for each benefit period.  A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.</p>	<p>For SNF stays: Days 1-20: \$0 copay per day Days 21-100: \$100 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required.</p>	<p>For SNF stays: Days 1-20: \$0 copay per day Days 21-100: \$100 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required.</p>	<p>For SNF stays: Days 1-20: \$0 copay per day Days 21-100: \$100 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required.</p>	<p>For SNF stays: Days 1-20: \$0 copay per day Days 21-100: \$100 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required.</p>

If you have any questions about this plan’s benefits or costs, please call Today’s Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility) (cont'd)	You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.				
6 – Home Healthcare (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	20% of the cost for each Medicare-covered home health visit.	15% of the cost for each Medicare-covered home health visit.	20% of the cost for each Medicare-covered home health visit.	15% of the cost for each Medicare-covered home health visit.
7 – Hospice	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

Benefit	Original Medicare	Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157	Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155	Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158	Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156
<b>OUTPATIENT CARE</b>					
8 – Doctor Office Visits	20% coinsurance	<p><b>General</b> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p> <p>See "Physical Exams," for more information.</p> <p>\$25 to \$35 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$50 copay for each specialist visit for Medicare-covered benefits.</p>	<p><b>General</b> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p> <p>See "Physical Exams," for more information.</p> <p>\$15 to \$35 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$40 copay for each specialist visit for Medicare-covered benefits.</p>	<p><b>General</b> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p> <p>See "Physical Exams," for more information.</p> <p>\$25 to \$35 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$50 copay for each specialist visit for Medicare-covered benefits.</p>	<p><b>General</b> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p> <p>See "Physical Exams," for more information.</p> <p>\$15 to \$35 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$40 copay for each specialist visit for Medicare-covered benefits.</p>

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
9 – Chiropractic Services	Routine care not covered  20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	\$50 copay for each Medicare-covered visit.  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	\$40 copay for each Medicare-covered visit.  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	\$50 copay for each Medicare-covered visit.  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	\$40 copay for each Medicare-covered visit.  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
10 – Podiatry Services	Routine care not covered.  20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	\$50 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	\$40 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	\$50 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	\$40 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.

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11 – Outpatient Mental Healthcare	45% coinsurance for most outpatient mental health services.	50% of the cost for each Medicare-covered individual or group therapy visit.	50% of the cost for each Medicare-covered individual or group therapy visit.	50% of the cost for each Medicare-covered individual or group therapy visit.	50% of the cost for each Medicare-covered individual or group therapy visit.
12 – Outpatient Substance Abuse Care	20% coinsurance	50% of the cost for Medicare-covered individual or group visits.	50% of the cost for Medicare-covered individual or group visits.	50% of the cost for Medicare-covered individual or group visits.	50% of the cost for Medicare-covered individual or group visits.
13–Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	\$145 copay for each Medicare-covered ambulatory surgical center visit. \$245 copay for each Medicare-covered outpatient hospital facility visit.	\$75 copay for each Medicare-covered ambulatory surgical center visit. \$150 copay for each Medicare-covered outpatient hospital facility visit.	\$145 copay for each Medicare-covered ambulatory surgical center visit. \$245 copay for each Medicare-covered outpatient hospital facility visit.	\$75 copay for each Medicare-covered ambulatory surgical center visit. \$150 copay for each Medicare-covered outpatient hospital facility visit.
14 – Ambulance Services (medically necessary ambulance services)	20% coinsurance	\$150 copay for Medicare-covered ambulance benefits.	\$150 copay for Medicare-covered ambulance benefits.	\$150 copay for Medicare-covered ambulance benefits.	\$150 copay for Medicare-covered ambulance benefits.

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<p>15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor  20% of facility charge, or a set copay per emergency room visit  You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.  NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.  \$25,000 limit for emergency services outside the U.S. every year.  If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.  \$25,000 limit for emergency services outside the U.S. every year.  If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.  \$25,000 limit for emergency services outside the U.S. every year.  If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.  \$25,000 limit for emergency services outside the U.S. every year.  If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>

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16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> Cost sharing is the same as Doctor Office Visit cost sharing.	<b>General</b> Cost sharing is the same as Doctor Office Visit cost sharing.	<b>General</b> Cost sharing is the same as Doctor Office Visit cost sharing.	<b>General</b> Cost sharing is the same as Doctor Office Visit cost sharing.
17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	\$50 copay for Medicare-covered Occupational Therapy visits.  \$50 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	\$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	\$50 copay for Medicare-covered Occupational Therapy visits.  \$50 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	\$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>					
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	20% of the cost for Medicare-covered items.	20% of the cost for Medicare-covered items.	20% of the cost for Medicare-covered items.	20% of the cost for Medicare-covered items.

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19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	20% of the cost for Medicare-covered items.	20% of the cost for Medicare-covered items.	20% of the cost for Medicare-covered items.	20% of the cost for Medicare-covered items.
20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	\$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 0% to 20% of the cost for Diabetes supplies.	\$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 0% to 20% of the cost for Diabetes supplies.	\$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 0% to 20% of the cost for Diabetes supplies.	\$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 0% to 20% of the cost for Diabetes supplies.

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21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare.</p>	<p>0% of the cost for Medicare-covered lab services.</p> <p>0% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$25 to \$50 may apply.</p>	<p>0% copay for Medicare-covered lab services.</p> <p>0% copay for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$15 to \$35 may apply.</p>	<p>0% of the cost for Medicare-covered lab services.</p> <p>0% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$25 to \$50 may apply.</p>	<p>0% copay for Medicare-covered lab services.</p> <p>0% copay for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$15 to \$35 may apply.</p>

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21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services (cont'd)	Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.				
<b>PREVENTIVE SERVICES</b>					
22 – Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	\$0 copay for Medicare-covered bone mass measurement	\$0 copay for Medicare-covered bone mass measurement	\$0 copay for Medicare-covered bone mass measurement	\$0 copay for Medicare-covered bone mass measurement

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23 – Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	\$0 copay for Medicare-covered colorectal screenings.	\$0 copay for Medicare-covered colorectal screenings.	\$0 copay for Medicare-covered colorectal screenings.	\$0 copay for Medicare-covered colorectal screenings.
24 – Immunizations (Flu vaccine, Hepatitis B vaccine–for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.	\$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.
25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance No referral needed.	\$0 copay for Medicare-covered screening mammograms.	\$0 copay for Medicare-covered screening mammograms.	\$0 copay for Medicare-covered screening mammograms.	\$0 copay for Medicare-covered screening mammograms.

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25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older) (cont'd)	Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.				
26 – Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears  Covered once every 2 years. Covered once a year for women with Medicare at high risk.  20% coinsurance for Pelvic Exams	\$0 copay for Medicare-covered pap smears and pelvic exams.	\$0 copay for Medicare-covered pap smears and pelvic exams.	\$0 copay for Medicare-covered pap smears and pelvic exams.	\$0 copay for Medicare-covered pap smears and pelvic exams.

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27 – Prostate Cancer Screening Exams  (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam.  \$0 for the PSA test; 20% coinsurance for other related services.  Covered once a year for all men with Medicare over age 50.	\$0 copay for Medicare-covered prostate cancer screening	\$0 copay for Medicare-covered prostate cancer screening	\$0 copay for Medicare-covered prostate cancer screening	\$0 copay for Medicare-covered prostate cancer screening
28 – End-Stage Renal Disease	20% coinsurance for renal dialysis  20% coinsurance for Nutrition Therapy for End-Stage Renal Disease  Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney	\$50 copay for renal dialysis  \$0 copay for Nutrition Therapy for End-Stage Renal Disease	\$50 copay for renal dialysis  \$0 copay for Nutrition Therapy for End-Stage Renal Disease	\$50 copay for renal dialysis  \$0 copay for Nutrition Therapy for End-Stage Renal Disease	\$50 copay for renal dialysis  \$0 copay for Nutrition Therapy for End-Stage Renal Disease

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28 – End-Stage Renal Disease (cont'd)	transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.				
29 – Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including	<b>Drugs covered under Medicare Part B</b> <b>General</b> Most drugs not covered.  20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.	<b>Drugs covered under Medicare Part B</b> <b>General</b> Most drugs not covered.  20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.	<b>Drugs covered under Medicare Part B</b> <b>General</b>  20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.	<b>Drugs covered under Medicare Part B</b> <b>General</b>  20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.

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29 – Prescription Drugs (cont'd)	prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<b>Drugs covered under Medicare Part D</b> <b>General</b> This plan does not offer prescription drug coverage.	<b>Drugs covered under Medicare Part D</b> <b>General</b> This plan does not offer prescription drug coverage.	<b>Drugs covered under Medicare Part D</b> <b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.todaysoptions.com">http://www.todaysoptions.com</a> on the web.  Different out-of-pocket costs may apply for people who – have limited incomes, – live in long term care facilities, or – have access to Indian/Tribal/Urban (Indian Health Service).	<b>Drugs covered under Medicare Part D</b> <b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.todaysoptions.com">http://www.todaysoptions.com</a> on the web.  Different out-of-pocket costs may apply for people who – have limited incomes, – live in long term care facilities, or – have access to Indian/Tribal/Urban (Indian Health Service).

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29 – Prescription Drugs (cont'd)				<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition</p>	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition</p>

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29 – Prescription Drugs (cont'd)				<p>before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Today's Options Value powered by CCRx (PFFS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network.</p>	<p>before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Today's Options Premier powered by CCRx (PFFS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network.</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
29 – Prescription Drugs (cont'd)				<p>These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Today's Options Value powered by CCRx (PFFS) approves the exception, you will</p>	<p>These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Today's Options Premier powered by CCRx (PFFS) approves the exception, you will</p>

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
29 – Prescription Drugs (cont'd)				<p>pay Non-Preferred Brand cost-sharing for that drug. \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,830:</p> <p><b>Retail Pharmacy Generic</b> \$5 copay for a one-month (30-day) supply of drugs in this tier \$15 copay for a three-month (90-day) supply of drugs in this tier</p>	<p>pay Non-Preferred Brand cost-sharing for that drug. \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,830:</p> <p><b>Retail Pharmacy Generic</b> \$5 copay for a one-month (30-day) supply of drugs in this tier \$15 copay for a three-month (90-day) supply of drugs in this tier</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
29 – Prescription Drugs (cont'd)				<p><b>Preferred Brand</b> \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$105 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Non-Preferred Brand</b> \$65 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$195 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Specialty</b> 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	<p><b>Preferred Brand</b> \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$105 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Non-Preferred Brand</b> \$65 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$195 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Specialty</b> 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
29 – Prescription Drugs (cont'd)				<p><b>Long Term Care Pharmacy</b></p> <p><b>Generic</b> \$5 copay for a one-month (34-day) supply of drugs in this tier</p> <p><b>Preferred Brand</b> \$35 copay for a one-month (34-day) supply of drugs in this tier</p> <p><b>Non-Preferred Brand</b> \$65 copay for a one-month (34-day) supply of drugs in this tier</p> <p><b>Specialty</b> 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p>	<p><b>Long Term Care Pharmacy</b></p> <p><b>Generic</b> \$5 copay for a one-month (34-day) supply of drugs in this tier</p> <p><b>Preferred Brand</b> \$35 copay for a one-month (34-day) supply of drugs in this tier</p> <p><b>Non-Preferred Brand</b> \$65 copay for a one-month (34-day) supply of drugs in this tier</p> <p><b>Specialty</b> 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p>

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

Benefit	Original Medicare	Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157	Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155	Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158	Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156
29 – Prescription Drugs (cont'd)				<p><b>Coverage Gap</b> After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p><b>Coverage Gap</b> The plan covers many generics (65%–99% of formulary generic drugs) through the coverage gap. You pay the following:</p> <p><b>Retail Pharmacy</b></p> <p><b>Generic</b> \$5 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>\$15 copay for a three-month (90-day) supply of all drugs covered in this tier</p>

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

Benefit	Original Medicare	Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157	Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155	Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158	Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156
29 – Prescription Drugs (cont'd)					<p><b>Long Term Care Pharmacy</b></p> <p><b>Generic</b> \$5 copay for a one-month (34-day) supply of all drugs covered in this tier</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
29 – Prescription Drugs (cont'd)				<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal</p>	<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal</p>

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Benefit	Original Medicare	Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157	Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155	Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158	Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156
29 – Prescription Drugs (cont'd)				<p>cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Today's Options Value powered by CCRx (PFFS).</p> <p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p>	<p>cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Today's Options Premier powered by CCRx (PFFS).</p> <p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p>

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Benefit	Original Medicare	Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157	Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155	Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158	Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156
29 – Prescription Drugs (cont'd)				<p><b>Generic</b> \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Preferred Brand</b> \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Non-Preferred Brand</b> \$65 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Specialty</b> 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	<p><b>Generic</b> \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Preferred Brand</b> \$35 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Non-Preferred Brand</b> \$65 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Specialty</b> 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>

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29 – Prescription Drugs (cont'd)				<p><b>Out-of-Network Coverage Gap</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Today's Options Value powered by CCRx (PFFS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Today's Options Value powered by CCRx (PFFS) so we</p>	<p><b>Out-of-Network Coverage Gap</b> You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p><b>Generic</b> \$5 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p><b>Preferred Brand</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach</p>

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

Benefit	Original Medicare	Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157	Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155	Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158	Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156
29 – Prescription Drugs (cont'd)				can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.	<p>\$4,550. You will not be reimbursed by Today's Options Premier powered by CCRx (PFFS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Today's Options Premier powered by CCRx (PFFS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Non-Preferred Brand</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
29 – Prescription Drugs (cont'd)					charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Today's Options Premier powered by CCRx (PFFS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Today's Options Premier powered by CCRx (PFFS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

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29 – Prescription Drugs (cont'd)					<p><b>Specialty</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Today's Options Premier powered by CCRx (PFFS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Today's Options Premier powered by CCRx (PFFS) so we can add the amounts</p>

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Benefit	Original Medicare	Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157	Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155	Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158	Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156
29 – Prescription Drugs (cont'd)				<p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>- A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul>	<p>you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>- A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
30 – Dental Services	Preventive dental services (such as cleaning) not covered.	\$0 copay for Medicare-covered dental benefits  In general, preventive dental benefits (such as cleaning) not covered.	\$0 copay for Medicare-covered dental benefits  In general, preventive dental benefits (such as cleaning) not covered.	\$0 copay for Medicare-covered dental benefits  In general, preventive dental benefits (such as cleaning) not covered.	\$0 copay for Medicare-covered dental benefits  In general, preventive dental benefits (such as cleaning) not covered.
31 – Hearing Services	Routine hearing exams and hearing aids not covered.  20% coinsurance for diagnostic hearing exams.	Hearing aids not covered.  \$25 copay for Medicare-covered diagnostic hearing exams  \$25 copay for up to 1 routine hearing test(s) every year	Hearing aids not covered.  \$25 copay for Medicare-covered diagnostic hearing exams  \$25 copay for up to 1 routine hearing test(s) every year	Hearing aids not covered.  \$25 copay for Medicare-covered diagnostic hearing exams  \$25 copay for up to 1 routine hearing test(s) every year	Hearing aids not covered.  \$25 copay for Medicare-covered diagnostic hearing exams  \$25 copay for up to 1 routine hearing test(s) every year

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32 – Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>\$25 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$25 copay for up to 1 routine eye exam(s) every year</p>	<p>\$25 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$25 copay for up to 1 routine eye exam(s) every year</p>	<p>\$25 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$25 copay for up to 1 routine eye exam(s) every year</p>	<p>\$25 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$25 copay for up to 1 routine eye exam(s) every year</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Today's Options Value PFFS Plan #s 106, 114, 122, 141, 149, 157</b>	<b>Today's Options Premier (PFFS) Plan #s 104, 112, 120, 139, 147, 155</b>	<b>Today's Options Value powered by CCRx (PFFS) Plan #s 107, 115, 123, 142, 150, 158</b>	<b>Today's Options Premier powered by CCRx (PFFS) Plan #s 105, 113, 121, 140, 148, 156</b>
33 – Physical Exams	20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage  When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.	\$0 copay for routine exams.  Limited to 1 exam(s) every year.	\$0 copay for routine exams.  Limited to 1 exam(s) every year.	\$0 copay for routine exams.  Limited to 1 exam(s) every	\$0 copay for routine exams.  Limited to 1 exam(s) every year.

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Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	The plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nursing Hotline</li> <li>- Other Wellness Benefits</li> </ul> \$0 copay for each Medicare-covered smoking cessation counseling session.	The plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nursing Hotline</li> <li>- Other Wellness Benefits</li> </ul> \$0 copay for each Medicare-covered smoking cessation counseling session.	The plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nursing Hotline</li> <li>- Other Wellness Benefits</li> </ul> \$0 copay for each Medicare-covered smoking cessation counseling session.	The plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nursing Hotline</li> <li>- Other Wellness Benefits</li> </ul> \$0 copay for each Medicare-covered smoking cessation counseling session.
Transportation (Routine)	Not covered	This plan does not cover routine transportation.	This plan does not cover routine transportation.	This plan does not cover routine transportation.	This plan does not cover routine transportation.
Acupuncture	Not covered	This plan does not cover Acupuncture.	This plan does not cover Acupuncture.	This plan does not cover Acupuncture.	This plan does not cover Acupuncture.

If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

# Premiums Table—State/County Level

## *Today's Options PFFS Service Areas*

Today's Options PFFS plans are available in the following states. The monthly plan premium is listed below. This is the amount you will pay each month if you enroll in the Today's Options Value (PFFS), Premier (PFFS), Value powered by CCRx (PFFS) and Premier powered by CCRx (PFFS) plans.

Just locate your state and county in the table below. Then, find the amount you will pay each month. The plan number found next to this amount identifies our contract with Centers for Medicare & Medicaid Services (CMS).

State	County	Value PFFS	Premier PFFS	Value powered by CCRx (PFFS)	Premier powered by CCRx (PFFS)
Alabama	Russell, Shelby	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Bibb, Lowndes	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Macon, Montgomery	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Arkansas	Newton, Searcy	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Bradley	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Lee, Perry	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Arizona	Graham, Santa Cruz	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Cochise, Pima	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146

State	County	Value PFFS	Premier PFFS	Value powered by CCRx (PFFS)	Premier powered by CCRx (PFFS)
California	Madera, Placer, Sacramento, Solano, Yolo	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Fresno, San Francisco, San Joaquin, Santa Barbara, Tulare	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Contra Costa, Eldorado, Santa Clara	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Colorado	Lincoln, Routt, San Juan, Teller	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Alamosa, Bent, Custer Dolores, Elbert, Gunnison, Hinsdale, Kiowa, Las Animas, Saguache	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Archuleta, Fremont, Lake, Mesa	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Connecticut	Tolland	Plan 122 \$45	Plan 120 \$84	Plan 123 \$66	Plan 121 \$129
Florida	Franklin, Jefferson	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Georgia	Clay, Evans, Harris	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Pike, Stewart, Taliaferro	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Chattahoochee, Dawson, Fayette, Haralson, Heard, Lanier, McIntosh, Rockdale	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146

State	County	Value PFFS	Premier PFFS	Value powered by CCRx (PFFS)	Premier powered by CCRx (PFFS)
Hawaii	Hawaii, Honolulu, Kalawao	Plan 106 \$0	Plan 104 \$0	Plan 107 \$25	Plan 105 \$44
	Kauai, Maui	Plan 114 \$0	Plan 112 \$64	Plan 115 \$25	Plan 113 \$108
Iowa	Allamakee, Appanoose, Henry, Iowa, Jefferson, Keokuk, Madison, Mahaska, Washington, Winneshiek	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Clarke, Davis, Delaware, Grundy, Hamilton, Lucas, Wayne	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Crawford, Hardin, Jackson, Louisa, Mills	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Idaho	Boise, Cassia, Clark, Owyhee, Power	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Ada, Canyon, Gem	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Minidoka, Twin Falls	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Illinois	Peoria, Stark, Tazewell	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Boone, Champaign, Marshall, Winnebago, Woodford	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Douglas, Schuyler	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Indiana	Fulton	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120

State	County	Value PFFS	Premier PFFS	Value powered by CCRx (PFFS)	Premier powered by CCRx (PFFS)
Indiana	Harrison, Orange	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Kansas	Miami	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Franklin	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Kentucky	Menifee, Montgomery	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Carter	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Henry, Marion, Pendleton, Shelby	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Louisiana	Assumption, East Feliciana, Plaquemines, Pointe Coupee, St John Baptist, West Baton Rouge	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Allen	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Cameron, East Baton Rouge, Grant, Livingston, Madison, Orleans, St. Bernard, Washington	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Massachusetts	Franklin	Plan 114 \$0	Plan 112 \$64	Plan 115 \$25	Plan 113 \$108
	Hampshire	Plan 122 \$45	Plan 120 \$84	Plan 123 \$66	Plan 121 \$129

State	County	Value PFFS	Premier PFFS	Value powered by CCRx (PFFS)	Premier powered by CCRx (PFFS)
Maryland	Washington	Plan 114 \$0	Plan 112 \$64	Plan 115 \$25	Plan 113 \$108
	Garrett	Plan 122 \$45	Plan 120 \$84	Plan 123 \$66	Plan 121 \$129
Maine	Sagadahoc	Plan 106 \$0	Plan 104 \$0	Plan 107 \$25	Plan 105 \$44
Michigan	Lenawee	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
Minnesota	Blue Earth, Carlton, Chippewa, Houston, Winona	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Brown, Douglas, Kandiyohi, Kittson, Martin, Nicollet, Nobles, Pennington, Redwood, Rock, Wilkin	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Faribault, Otter Tail, Red Lake	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Missouri	Oregon, Osage	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Randolph, Wright	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Mississippi	Issaquena	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Choctaw, Leake, Quitman, Yazoo	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146

State	County	Value PFFS	Premier PFFS	Value powered by CCRx (PFFS)	Premier powered by CCRx (PFFS)
Montana	Beaverhead, Broadwater	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Fergus, Jefferson, Lewis and Clark, Lincoln, Stillwater	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
North Carolina	Macon	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Alexander, Ashe, Chowan, Clay, Currituck, Graham, Mitchell	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
North Carolina	Davie, Jackson, Yadkin	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
North Dakota	Barnes, Cass, Griggs, LaMoure, McHenry, Richland, Steele, Stutsman, Towner, Traill, Wells	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Bottineau, Grand Forks, Ransom	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Rolette	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Nebraska	Butler	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Seward	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Nevada	Churchill, Eureka	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64

State	County	Value PFFS	Premier PFFS	Value powered by CCRx (PFFS)	Premier powered by CCRx (PFFS)
New York	Yates	Plan 114 \$0	Plan 112 \$64	Plan 115 \$25	Plan 113 \$108
Ohio	Holmes	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Clark, Geauga	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Oklahoma	Sequoyah	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
Oregon	Benton, Sherman	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
Pennsylvania	Lebanon	Plan 106 \$0	Plan 104 \$0	Plan 107 \$25	Plan 105 \$44
	Carbon	Plan 114 \$0	Plan 112 \$64	Plan 115 \$25	Plan 113 \$108
	Armstrong, Perry	Plan 122 \$45	Plan 120 \$84	Plan 123 \$66	Plan 121 \$129
Tennessee	Bledsoe, Cannon, Decatur, Marion, Sevier, Union, Warren	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Hawkins, Jackson, Knox, Loudon	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	DeKalb, Unicoi	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Texas	Brooks, Carson, Concho, Kenedy, Kinney, Morris, Shackelford	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Rains, Val Verde	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120

State	County	Value PFFS	Premier PFFS	Value powered by CCRx (PFFS)	Premier powered by CCRx (PFFS)
Texas	Camp. Crockett, Jasper, Kleberg, Lynn, McCulloch, San Jacinto, Titus, Walker	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Utah	Daggett, Davis, Duchesne, Morgan, Summit	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Box Elder, Grand, Rich, Salt Lake, Sevier, Weber	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Cache, Millard, Uintah, Wayne	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Virginia	Cumberland, Dinniddie, Emporia, Goochland, Greensville, James City Co, King and Queen, Lancaster, Mathews, New Kent, Northumberland, Poquoson City, Salem, Scott, Williamsburg City, York	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Bristol City, Buena Vista City, Clarke, Colonial Heights, Giles, Grayson, Lee, Lexington, Martinsville City, Middlesex, Warren	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Brunswick, Culpepper, Galax City, Hopewell City, King William, Petersburg City, Prince George, Prince William	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146

State	County	Value PFFS	Premier PFFS	Value powered by CCRx (PFFS)	Premier powered by CCRx (PFFS)
Washington	Clark, Kitsap, Thurston	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Island, Pierce, Skamania, Snohomish, Spokane, Wahkiakum, Walla Walla	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	San Juan	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
Wisconsin	Crawford, Dunn, Iowa, Jackson, La Crosse, Pierce, Richland, Trempealeau, Vernon	Plan 141 \$0	Plan 139 \$0	Plan 142 \$26	Plan 140 \$64
	Barron, Buffalo, Iron, Monroe, Portage, Rusk, Washington	Plan 149 \$0	Plan 147 \$74	Plan 150 \$23	Plan 148 \$120
	Douglas, Eau Claire, Washburn	Plan 157 \$50	Plan 155 \$84	Plan 158 \$63	Plan 156 \$146
West Virginia	Doddridge, Upshur	Plan 106 \$0	Plan 104 \$0	Plan 107 \$25	Plan 105 \$44
	Berkeley, Braxton, Cabell, Fayette, Grant, Hardy, Jefferson, Lewis, Lincoln, Monroe, Pendleton, Putnam, Ritchie, Tucker, Wayne	Plan 114 \$0	Plan 112 \$64	Plan 115 \$25	Plan 113 \$108
	Hampshire, Harrison, Jackson, Ohio, Wetzel	Plan 122 \$45	Plan 120 \$84	Plan 123 \$66	Plan 121 \$129

## Quality Improvement Organization

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State	Organization and Website Link	Telephone Number
Alabama	AQAF <a href="http://www.aqaf.com">www.aqaf.com</a>	205-970-1600
Alaska	Mountain-Pacific Quality Health Foundation <a href="http://www.mpqhf.org">www.mpqhf.org</a>	907-561-3202
Arizona	Health Services Advisory Group <a href="http://www.hsag.com">www.hsag.com</a>	602-264-6382
Arkansas	Arkansas Foundation for Medical Care <a href="http://www.afmc.org">www.afmc.org</a>	501-375-5700
California	Health Services Advisory Group <a href="http://www.hsag.com">www.hsag.com</a>	818-409-9229
Colorado	Colorado Foundation for Medical Care <a href="http://www.cfm.org">www.cfm.org</a>	303-695-3300
Connecticut	Qualidigm <a href="http://www.qualidigm.org">www.qualidigm.org</a>	860-632-2008
Delaware	Quality Insights of Delaware <a href="http://www.qide.org">www.qide.org</a>	302-478-3600
District of Columbia	Delmarva Foundation for Medical Care <a href="http://www.dcqio.org">www.dcqio.org</a>	202-293-9650
Florida	FMQAI <a href="http://www.fmqai.com">www.fmqai.com</a>	800-564-7490
Georgia	Georgia Medical Care Foundation <a href="http://www.gmcf.org">www.gmcf.org</a>	404-982-0411
Hawaii	Mountain-Pacific Quality Health Foundation <a href="http://www.mpqhf.org">www.mpqhf.org</a>	808-545-2550
Idaho	Qualis Health <a href="http://www.qualishealthmedicare.org">www.qualishealthmedicare.org</a>	800-488-1118
Illinois	Illinois Foundation for Quality Health Care <a href="http://www.ifqhc.org">www.ifqhc.org</a>	800-386-6431
Indiana	Health Care Excel <a href="http://www.hce.org">www.hce.org</a>	812-234-1499

<b>State</b>	<b>Organization and Website Link</b>	<b>Telephone Number</b>
Iowa	Iowa Foundation for Medical Care <a href="http://www.internetifmc.com">www.internetifmc.com</a>	800-383-2856
Kansas	Kansas Foundation for Medical Care, Inc. <a href="http://www.kfmc.org">www.kfmc.org</a>	800-432-0407
Kentucky	Health Care Excel <a href="http://www.hce.org">www.hce.org</a>	502-454-5112
Louisiana	Louisiana Health Care Review <a href="http://www.lhcr.org">www.lhcr.org</a>	225-926-6353
Maine	Northeast Health Care Quality Foundation <a href="http://www.nhcqf.org">www.nhcqf.org</a>	800-772-0151
Maryland	Delmarva Foundation for Medical Care <a href="http://www.mdqio.org">www.mdqio.org</a>	410-822-0697
Massachusetts	Masspro <a href="http://www.masspro.org">www.masspro.org</a>	781-890-0011
Michigan	MPRO <a href="http://www.mpro.org">www.mpro.org</a>	248-465-7300
Minnesota	Stratis Health <a href="http://www.stratishealth.org">www.stratishealth.org</a>	877-787-2847
Mississippi	Information & Quality Healthcare <a href="http://www.iqh.org">www.iqh.org</a>	601-957-1575
Missouri	Primaris <a href="http://www.primaris.org">www.primaris.org</a>	800-735-6776
Montana	Mountain-Pacific Quality Health Foundation <a href="http://www.mpqhf.org">www.mpqhf.org</a>	406-443-4020
Nebraska	CIMRO of Nebraska <a href="http://www.cimronebraska.org">www.cimronebraska.org</a>	800-458-4262
Nevada	HealthInsight <a href="http://www.healthinsight.org">www.healthinsight.org</a>	702-385-9933
New Hampshire	Northeast Health Care Quality Foundation <a href="http://www.nhcqf.org">www.nhcqf.org</a>	800-772-0151
New Jersey	Healthcare Quality Strategies, Inc. <a href="http://www.hqsi.org">www.hqsi.org</a>	732-238-5570

<b>State</b>	<b>Organization and Website Link</b>	<b>Telephone Number</b>
New Mexico	New Mexico Medical Review Association <a href="http://www.nmmra.org">www.nmmra.org</a>	800-663-6351
New York	IPRO <a href="http://www.ipro.org">www.ipro.org</a>	516-326-7767
North Carolina	The Carolinas Center for Medical Excellence <a href="http://www.thecarolinascenter.org">www.thecarolinascenter.org</a>	800-682-2650
North Dakota	North Dakota Health Care Review, Inc. <a href="http://www.ndhcri.org">www.ndhcri.org</a>	701-852-4231
Ohio	Ohio KePRO <a href="http://www.ohiokepro.com">www.ohiokepro.com</a>	216-447-9604
Oklahoma	Oklahoma Foundation for Medical Quality <a href="http://www.ofmq.com">www.ofmq.com</a>	405-840-2891
Oregon	Acumentra Health <a href="http://www.acumentra.org">www.acumentra.org</a>	503-279-0100
Pennsylvania	Quality Insights of Pennsylvania <a href="http://www.qipa.org">www.qipa.org</a>	877-346-6180
Puerto Rico	Quality Improvement Professional Research Organization, Inc. <a href="http://www.qipro.org">www.qipro.org</a>	787-641-1240
Rhode Island	Quality Partners of Rhode Island <a href="http://www.qualitypartnersri.org">www.qualitypartnersri.org</a>	401-528-3200
South Carolina	The Carolinas Center for Medical Excellence <a href="http://www2.thecarolinascenter.org/ccme/">www2.thecarolinascenter.org/ccme/</a>	803-251-2215
South Dakota	South Dakota Foundation for Medical Care <a href="http://www.sdfmc.org">www.sdfmc.org</a>	605-336-3505
Tennessee	QSource <a href="http://www.qsource.org">www.qsource.org</a>	800-528-2655
Texas	TMF Health Quality Institute <a href="http://www.tmf.org">www.tmf.org</a>	800-725-9216
Utah	HealthInsight <a href="http://www.healthinsight.org">www.healthinsight.org</a>	801-892-0155
Vermont	Northeast Health Care Quality Foundation <a href="http://www.nhcqf.org">www.nhcqf.org</a>	800-772-0151

<b>State</b>	<b>Organization and Website Link</b>	<b>Telephone Number</b>
Virgin Islands	Virgin Islands Medical Institute, Inc. <a href="http://www.vimipro.org">www.vimipro.org</a>	340-712-2400
Virginia	Virginia Health Quality Center <a href="http://www.vhqc.org">www.vhqc.org</a>	804-289-5320
Washington	Qualis Health <a href="http://www.qualishealthmedicare.org">www.qualishealthmedicare.org</a>	800-949-7536
West Virginia	WVMI Quality Insights <a href="http://www.qiww.org">www.qiww.org</a>	800-642-8686
Wisconsin	MetaStar, Inc. <a href="http://www.metastar.com">www.metastar.com</a>	800-362-2320
Wyoming	MPQH-Wyoming <a href="http://www.mpqhf.org">www.mpqhf.org</a>	877-810-6248

# Section III—Today’s Options PFFS

## Benefits Information

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### **Understanding How to Use Your Plan**

Today’s Options PFFS is a Private Fee-for-Service plan with a Medicare Advantage contract with the Centers for Medicare & Medicaid Service (CMS). To be accepted into Today’s Options PFFS, you must maintain Part A of Medicare and must continue to pay your Part B premiums. If you are not entitled to Medicare Part A benefits, you can purchase Part A from the Social Security Administration. You must continue to pay Part A premiums and receive care from providers who agree to accept the terms and conditions of Today’s Options PFFS.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

### **Access to Services**

You may go to any doctor or hospital willing to accept Medicare payments and the terms and conditions of our plan. You must present your Today’s Options PFFS identification card to providers before

you receive services. If your providers refuse to accept Today’s Options PFFS because they are not familiar with the plan, they can contact Provider Relations at 1-866- 568-8921 (TTY users call 1-800- 958-2692) or visit [www.todaysoptions.com](http://www.todaysoptions.com) for more information.

### **How Your Provider Becomes a Deemed Provider**

Today’s Options PFFS gives you the ability to choose your providers. It is very important that all of your providers be made aware, before providing services to you, that you have purchased Today’s Options PFFS as your health insurance. This gives your provider the right to choose to be a “Deemed Provider” for Today’s Options PFFS. This is why you must show your identification card every time you visit a healthcare provider.

### **Copayments for Different Services**

You may have to pay a separate copay for a primary care physician, a specialist, for urgent care, and for emergency room services.

### **Physician Visits and Urgent Care Copays**

You will need to pay a \$25 copay for Value (PFFS) and Value powered by CCRx (PFFS) and a \$15 copay for Premier (PFFS) and Premier powered by CCRx (PFFS) for each primary care doctor office visit (reference Section 2, page 13).

For urgently needed care visits to a Urgent Care Facility, you will need to pay \$35 for Value (PFFS) and Value powered by CCRx (PFFS) and \$35 for Premier (PFFS) and Premier powered by CCRx (PFFS) (reference Section 2, page 17).

For Urgent Care visits to a primary care doctor, you will need to pay a \$25 copay for Value (PFFS) and Value powered by CCRx (PFFS) and a \$15 copay for Premier (PFFS) and Premier powered by CCRx (PFFS).

### **Pre-notification for Services**

You are not required to get pre-approved before obtaining services. However, notification is requested prior to or within 48 hours of planned Inpatient Hospital Care, Inpatient

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If you have any questions about this plan’s benefits or costs, please call Today’s Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

Mental Healthcare, Outpatient Services/Surgery, Durable Medical Equipment, and Prosthetic Devices. Please refer to your Summary of Benefits or Evidence of Coverage document if you are not sure.

### **Outpatient Services/Surgery**

You can receive outpatient services at different types of facilities. Your out-of-pocket costs for outpatient care generally depend on the type of medical facility you use, rather than the particular service or services you are receiving.

### **Outpatient Hospital Facility:**

Value (PFFS) and Value powered by CCRx (PFFS): \$245 copay for each Medicare-covered visit.

Premier (PFFS) and Premier powered by CCRx (PFFS): \$150 copay for each Medicare-covered visit.

Services for which no copayment is indicated may be subject to an office visit or facility copayment, based on where the services are received. Remember members may be subject to both a copayment and/or a coinsurance for visits or services performed on the same day by the same provider or facility as outlined in your Explanation of Coverage. For example, you receive care in a primary care physician's office and you are then sent to another facility for additional services, two copayments may apply.

### **Durable Medical Equipment**

DME costing greater than \$500 when purchased or \$250/month when rented, must meet Medicare's criteria for medical necessity in order to qualify as a covered benefit in Today's Options PFFS. Today's Options PFFS staff will review your request for DME prior to purchase or rental so that you can know ahead of time whether the health plan will cover the cost. Call customer service to make a request for a "pre-service" organizational determination.

### **Prosthetic Devices**

Member is required to notify the plan for medical necessity review before purchase of equipment or a device over \$500 or a rental price of \$250. This is one way we can let you know about Today's Options PFFS programs that may be of assistance to you.

### **Diabetic Supplies**

Member will pay 0% coinsurance for formulary diabetic supplies and will pay 20% coinsurance for non-formulary diabetic supplies.

### **Chemotherapy**

You pay 20% for each Medicare-covered chemotherapy visit.

### **Renal Dialysis**

There is a \$50 copayment per treatment session for renal dialysis services provided in an outpatient setting. If you obtain Durable Medical Equipment (DME) to complete your renal dialysis treatment in your home, you will be responsible for the 20% coinsurance charged for DME.

### **Worldwide Coverage**

When using the worldwide coverage feature:

- Coverage is subject to a \$250 annual deductible
- You are covered for 80% of the billed charge for covered services
- There is a maximum annual benefit of \$25,000
- You will not be covered once you have been traveling outside of the United States for more than 60 consecutive days.

### **Medicare Part B Drugs**

You must use participating pharmacies. For Medicare Part B drugs, you pay 20% of eligible expenses. The Medicare Part B drugs include, but are not limited to, chemotherapy drugs. This does not count towards your outpatient prescription drug limit.

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If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

## **Today's Options PFFS Health & Wellness Services**

As a Today's Options PFFS member, you are entitled to health assistance through Today's Options PFFS Health & Wellness Services. This program is designed to help individuals take better care of their health. We offer you a dedicated collaborative care team to assist you with the management of your health conditions. This collaborative effort improves the quality, access, and value of the healthcare delivered to you.

Think of the Health & Wellness Services program as a one-stop shop for all your health and care management needs. Our collaborative care team are available to answer your health-related questions. Today's Options PFFS Health & Wellness Services program offers many valuable benefits at no additional cost to you, such as:

- Understand your health status and identify services as a new member by taking a personal health assessment;
- Receive assistance with your post hospitalization, discharge planning, home care and other medical needs;
- Become more aware of your risk (if any) of chronic diseases, and how you could reduce those risks;

- Learn more about managing your medications, physical activity, health screenings, disease prevention and other resources available to you;
- Improve your overall health through education, outreach and training;
- Connect with a trained health professional-anytime you need one with our 24/7 Health Hotline service available to you so you can always get the help you need.

By taking advantage of this service, you will better understand and follow your doctor's advice. As part of the plan, you receive support at no extra cost—part of the collaborative care team.

### **Coverage Determinations and Exceptions**

Today's Options PFFS allows members to submit requests to the plan for coverage determinations and exceptions.

- Members may contact the plan to ask if a certain procedure or prescription drug is covered.
- Members may also notify the plan that they want the plan to consider a request for exception to the existing plan benefits, such as a request for a certain procedure or to cover certain drugs that are not in the plan's formulary.

The plan will consider the request for exception and then notify the member of its decision in the same manner in which the request for exception was communicated.

### **Appeals & Grievances**

Today's Options PFFS allows members to submit complaints to the Plan which become either appeals or grievances.

- 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.
- 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.
- Value-added benefits included with the Plan do not have appeal rights; however, members may file grievances regarding services received.

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If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

For more information about the appeals and grievances policies and procedures, please contact Today's Options PFFS at 1-866-568-8921; (TTY users call: 1-800-958-2692) 8 a.m. to 8 p.m. in your local time zone, everyday.

**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 and Medicaid Services (CMS). A PFFS plan is different than Original Medicare, an HMO, a PPO, or a Medicare Supplement plan. Today's Options PFFS gives you the ability to choose your healthcare provider. However, not all providers may accept this plan; even Medicare providers may not accept this plan. If you choose the plan, it is very important that you notify all of your providers before they provide services to you. This gives your provider the right to choose whether or not to accept the plan's terms and conditions of payment for treating you. Providers have the right to decide if they will accept the plan each time they see you. This is why you must show your ID card every time you visit a healthcare provider.

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

If your provider decides to accept Today's Options PFFS, they must follow our plan's terms and conditions for payment and bill Today's Options PFFS for those services. However, providers have the right to decide if they will accept the plan each time they see you. If they choose to provide services, they may not bill you. They must bill the plan for your covered healthcare services. You must pay the appropriate copays or coinsurance at the time of service, and Today's Options PFFS will pay your provider 100% of the Medicare allowable.

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

A provider may decide not to accept the plan's terms and conditions of payment. In this situation, you will need to find another provider that will. You may also contact us for assistance to locate another provider in your area willing to accept our plan's terms and conditions of payment. If your provider declines to accept the plan's terms and conditions of payment, they should not provide services to you except for emergencies.

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 plan, please contact us at 1-800-996-8867; (TTY users call: 1-800-777-9083), 8 am to 8 p.m. in your local time zone, everyday.

**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 and Medicaid Services (CMS). A PFFS plan is different than an HMO, a PPO, or a 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.todaysoptions.com](http://www.todaysoptions.com) or contact us. Enrollees must inform you, before obtaining services from you, that they have purchased the plan for their Medicare coverage. This gives you the right to choose to accept our enrollees. You have a right to make that choice each time service is needed by our enrollee. You do not have to sign a contract to see our enrollees.

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If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.

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

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat our Today's Options PFFS enrollee. If you decide to treat our enrollee, you will be subject to our plan's terms and conditions of payment and must bill the plan for covered services. After your patient pays the copayment and coinsurance, Today's Options PFFS will pay 100% of the amount Medicare would have paid. However, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat our enrollees.

**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 the plan for covered healthcare services. You must collect from the enrollee only the appropriate copays or coinsurance at the time of service.

We will follow CMS requirements for timely payment of claims. For information about our billing requirements, visit our website at [www.todaysoptions.com](http://www.todaysoptions.com).

For more information about PFFS plans, see Provider Qs & As at CMS's website—<http://www.cms.hhs.gov/PrivateFeeForServicePlans/>.

If you have questions about the plan, please call Provider Relations at 1-866-568-8921 (TTY users call 1-800-958-2692).

**Today's Options PFFS Service Areas**

Today's Options PFFS is available in the following states. You must live in one of these places to join the plan.

Alabama, Arkansas, Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, West Virginia

Today's Options is a Medicare-approved Medicare Advantage 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 doctor or hospital 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 doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at [www.todaysoptions.com](http://www.todaysoptions.com).

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If you have any questions about this plan's benefits or costs, please call Today's Options PFFS at 1-866-568-8921 (TTY users call 1-800-958-2692) for current members and 1-800-996-8867 (TTY users call 1-800-777-9083) for prospective members.





# Customer Service Center

**1-866-568-8921**

(TTY users call 1-800-958-2692)  
8:00 a.m. to 8:00 p.m. in your local time zone, every day

**[www.Universal-American-Medicare.com](http://www.Universal-American-Medicare.com)**

Today's Options PFFS is a Medicare-approved Medicare Advantage 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.

*This document is available in alternate formats.*

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