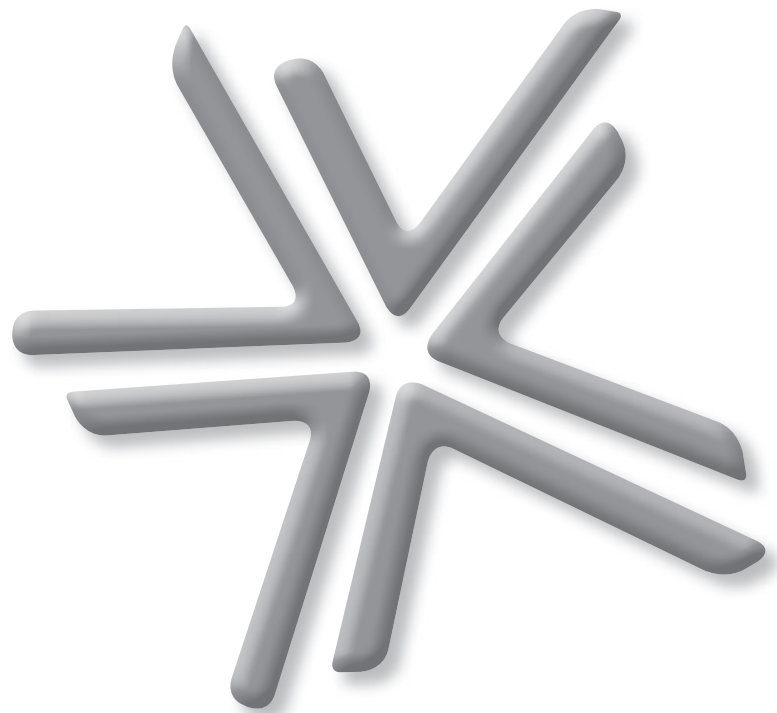


Today's Options[®] PFFS

Medicare Advantage Health Plans



2012 Summary of Benefits

UNIVERSAL
AMERICAN

A Healthy Collaboration[®]

Section I - Introduction to Summary of Benefits

Thank you for your interest in Today's Options Premier 200 (PFFS), Today's Options Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and Today's Options Premier Plus 450C (PFFS). Our plans are offered by THE PYRAMID LIFE INSURANCE COMPANY/Universal American, a Medicare Advantage Private Fee-for-Service. This Summary of Benefits tells you some features of our plans. 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 Premier 200 (PFFS), Today's Options Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and Today's Options Premier Plus 450C (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 Premier 200 (PFFS), Today's Options Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and Today's Options Premier Plus 450C (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 Premier 200 (PFFS), Today's Options Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and Today's Options Premier Plus 450C (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 Premier 200 (PFFS), Today's Options Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and Today's Options Premier Plus 450C (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 are Today's Options Premier 200 (PFFS), Today's Options Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and Today's Options Premier Plus 450C (PFFS) Available?

The service area for this plan includes: Drew, Lafayette, Little River Counties, AR; Inyo, Lassen Counties, CA; Bay, Dixie, Hamilton, Hardee, Hendry, Highlands, Levy, Monroe, Walton Counties, FL; Bacon, Baker, Bleckley, Coffee, Cook, Dodge, Dougherty, Gordon, Jeff Davis, Lee, Long, Pierce, Polk, Schley, Telfair, Terrell, Ware, Wheeler Counties, GA; Clearwater, Idaho, Lewis, Valley Counties, ID; Clay, Fayette, Gallatin, Grundy, Hamilton, Perry, Pulaski Counties, IL; Greene, Starke, Sullivan, White Counties, IN; Barber, Barton, Brown, Chase, Chautauqua, Clark, Crawford, Doniphan, Edwards, Finney, Grant, Greeley, Greenwood, Harper, Haskell, Hodgeman, Jackson, Jewell, Kingman, Logan, Lyon, Marshall, Meade, Ness, Pawnee, Reno, Rice, Scott, Sherman, Stafford, Stanton, Stevens, Trego, Wallace, Wichita Counties, KS; Adair, Bell, Breathitt, Carroll, Casey, Clay, Clinton, Crittenden, Floyd, Fulton, Graves, Greenup, Knott, Lawrence, Leslie, Letcher, Muhlenberg, Owen, Perry, Pike, Todd, Wolfe Counties, KY; Evangeline County, LA; Baraga, Branch, Clare, Huron, Iosco,

Keweenaw, Luce, Ogemaw, Oscoda, Presque Isle Counties, MI; Andrew, Atchison, Buchanan, Daviess, DeKalb, Dent, Gentry, Linn, Nodaway, Perry, Reynolds, Ripley, Ste. Genevieve Counties, MO; Alcorn, Amite, Bolivar, Humphreys, Jefferson, Jefferson Davis Counties, MS; Glacier, Musselshell Counties, MT; Lenoir County, NC; Adams, Antelope, Custer, Lincoln, Nance, Nuckolls, Richardson, Thurston, Webster, York Counties, NE; Carson City, Douglas, Pershing, White Pine Counties, NV; Adair, Alfalfa, Atoka, Beckham, Blaine, Bryan, Caddo, Choctaw, Cimarron, Coal, Cotton, Harmon, Jackson, Johnston, Marshall, McIntosh, Noble, Pittsburg, Roger Mills, Washita, Woods Counties, OK; Clay County, TN; Archer, Bailey, Baylor, Blanco, Borden, Briscoe, Castro, Colorado, Cooke, DeWitt, Donley, Fisher, Gonzales, Hardeman, Kerr, Mitchell, Palo Pinto, Sherman, Starr, Stephens, Wichita Counties, TX; Alleghany County, VA; Garfield, Pacific Counties, WA. 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 Premier 200 (PFFS), Today's Options

Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and Today's Options Premier Plus 450C (PFFS)?

You can join Today's Options Premier 200 (PFFS), Today's Options Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and Today's Options Premier Plus 450C (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 Premier 200 (PFFS), Today's Options Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and Today's Options Premier Plus 450C (PFFS) unless they are members of our organization and have been since their dialysis began.

Where Can I Get My Prescriptions If I Join These Plans?

Today's Options Premier Plus 250A (PFFS) and Today's Options Premier Plus 450C (PFFS) have 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 www.TodaysOptions.com. Our customer service number is listed at the end of this introduction.

How Do I Get Medical Care That Is Covered By The Plan?

You can receive your care from any provider, such as a doctor or hospital, in the United States, if the provider is eligible to be paid by Medicare and agrees to accept our plan's terms and conditions of payment before providing services to you. A provider can decide at every visit to accept our plan's terms and conditions, and thus treat you.

Not all providers accept our plan's terms and conditions of payment or agree to treat you. If a provider from whom you seek care decides not to accept our plan's terms and conditions of payment or refuses to treat you, then you will need to find another provider that will accept our plan's terms and conditions of payment. A provider that decides not to accept our plan's terms and conditions of payment should not provide services to you, except in emergencies. If you need emergency care, it is covered whether a provider agrees to accept our plan's payment terms or not.

Does My Plan Cover Medicare Part B or Part D Drugs?

Today's Options Premier Plus 250A (PFFS) and Today's Options Premier Plus 450C (PFFS) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs. Today's Options 200 (PFFS) and Today's Options 400(PFFS) do

cover Medicare Part B prescription drugs. Today's Options 200 (PFFS) and Today's Options 400(PFFS) do NOT cover Medicare Part D prescription drugs.

What Is A Prescription Drug Formulary?

Today's Options Premier Plus 250A (PFFS) and Today's Options Premier Plus 450C (PFFS) use 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 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 or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare 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 and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

* 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 These Plans?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with

a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 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 Premier 200 (PFFS), Today's Options Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and Today's Options Premier Plus 450C (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 the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Today's Options Premier Plus 250A (PFFS) and Today's Options Premier Plus 450C (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 the Evidence of Coverage (EOC) for the QIO contact information.

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 Premier Plus 250A (PFFS) and Today's Options Premier Plus 450C (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 Premier 200 (PFFS), Today's Options Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and

Today's Options Premier Plus 450C (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 administered through DME.

Where Can I Find Information on 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 and select "Health and Drug Plans" then "Compare Drug and

Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for these plans. Our customer service number is listed below.

Please call Universal American for more information about Today's Options Premier 200 (PFFS), Today's Options Premier 400 (PFFS), Today's Options Premier Plus 250A (PFFS), and Today's Options Premier Plus 450C (PFFS).

Visit us at www.TodaysOptions.com or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. to 12:00 a.m. Eastern

Current Members Should Call Toll-Free

(866) 568-8921 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Programs.
(TTY/TDD (877) 907-2986)

Prospective Members Should Call Toll-Free

(800) 996-8867 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Programs.
(TTY/TDD (800) 975-8089)

Current Members Should Call Locally

(866) 568-8921 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Programs.
(TTY/TDD (877) 907-2986)

Prospective Members Should Call Locally

(800) 996-8867 for questions related to the Medicare Advantage and Medicare Part D Prescription Drug Programs.
(TTY/TDD (800) 975-8089)

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 on the web.

This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en otros formatos, como Braille, letra grande o otros formatos alternativos. Este documento puede ser disponible en un idioma no inglés. Para obtener más información, llame al servicio al cliente en el número de teléfono que aparece arriba.

If you have any questions about these plans' benefits or costs, please contact Universal American for details.

Section II - Summary of Benefits

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
IMPORTANT INFORMATION					
<p>1 - Premium and Other Important Information</p>	<p>In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p>	<p>General \$125 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE</p>	<p>General \$90 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE</p>	<p>General \$159 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on</p>	<p>General \$102 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	<p>married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>(1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p>\$3,250 out-of-pocket limit for Medicare-covered services.</p>	<p>(1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services.</p>	<p>income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p>\$3,250 out-of-pocket limit for Medicare-covered services.</p>	<p>income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan does not allow providers to balance bill (charging more than your cost share amount).</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services.</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
2 - Doctor and Hospital Choice (For more information, see Emergency Care - #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.
SUMMARY OF BENEFITS					
INPATIENT CARE					
3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	In 2011 the amounts for each benefit period were: – Days 1 - 60: \$1,132 deductible – Days 61 - 90: \$283 per day – Days 91 - 150: \$566 per lifetime reserve day These amounts may change for 2012. Call 1-800-MEDICARE (1-800-633-4227) for information	General You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment except in emergencies. No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: – Days 1 - 5: \$200 copay per day	General You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment except in emergencies. No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: – Days 1 - 6: \$235 copay per day	General You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment except in emergencies. No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: – Days 1 - 5: \$200 copay per day	General You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment except in emergencies. No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: – Days 1 - 6: \$235 copay per day

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	<p>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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>– Days 6 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p>	<p>– Days 7 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p>	<p>– Days 6 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p>	<p>– Days 7 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
4 - Inpatient Mental Health Care	<p>In 2011 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> - Days 1 - 60: \$1132 deductible - Days 61 - 90: \$283 per day - Days 91 - 150: \$566 per lifetime reserve day <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> - Days 1 - 5: \$200 copay per day - Days 6 - 90: \$0 copay per day 	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> - Days 1 - 6: \$235 copay per day - Days 7 - 90: \$0 copay per day 	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> - Days 1 - 5: \$200 copay per day - Days 6 - 90: \$0 copay per day 	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> - Days 1 - 6: \$235 copay per day - Days 7 - 90: \$0 copay per day

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
<p>5 - Skilled Nursing Facility (SNF)</p> <p>(in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> - Days 1 - 20: \$0 per day - Days 21 - 100: \$141.50 per day <p>These amounts may change for 2012.</p> <p>100 days for each benefit period.</p> <p>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. You must pay the inpatient hospital deductible for each benefit</p>	<p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> - Days 1 - 20: \$0 copay per day - Days 21 - 100: \$100 copay per day 	<p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> - Days 1 - 20: \$0 copay per day - Days 21 - 100: \$135 copay per day 	<p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> - Days 1 - 20: \$0 copay per day - Days 21 - 100: \$100 copay per day 	<p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> - Days 1 - 20: \$0 copay per day - Days 21 - 100: \$135 copay per day

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	period. There is no limit to the number of benefit periods you can have.				
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	15% of the cost for each Medicare-covered home health visit	\$0 copay for Medicare-covered home health visits	15% of the cost for each Medicare-covered home health visit	\$0 copay for Medicare-covered home health visits
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
OUTPATIENT CARE					
8 - Doctor Office Visits	20% coinsurance	<p>General You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p> <p>\$5 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p> <p>\$25 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>General You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p> <p>\$5 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</p> <p>\$25 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$50 copay for each specialist visit for Medicare-covered benefits.</p>
9 - Chiropractic Services	<p>Supplemental routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a</p>	<p>50% of the cost for each Medicare-covered visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a</p>	<p>50% of the cost for each Medicare-covered visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a</p>	<p>50% of the cost for each Medicare-covered visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a</p>	<p>50% of the cost for each Medicare-covered visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	joint or body part) if you get it from a chiropractor or other qualified providers.	displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
10 - Podiatry Services	Supplemental routine care not covered. 20% coinsurance for medically-necessary foot care, including care for medical conditions affecting the lower limbs.	\$35 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.	\$35 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.
11 - Outpatient Mental Health Care	40% coinsurance for most outpatient mental health services Specified copayment for outpatient partial hospitalization program services furnished by a	40% of the cost for each Medicare-covered individual therapy visit 40% of the cost for each Medicare-covered group therapy visit	40% of the cost for each Medicare-covered individual therapy visit 40% of the cost for each Medicare-covered group therapy visit	40% of the cost for each Medicare-covered individual therapy visit 40% of the cost for each Medicare-covered group therapy visit	40% of the cost for each Medicare-covered individual therapy visit 40% of the cost for each Medicare-covered group therapy visit

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	<p>hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>40% of the cost for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>40% of the cost for each Medicare-covered group therapy visit with a psychiatrist</p> <p>\$200 copay for Medicare-covered partial hospitalization program services</p>	<p>40% of the cost for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>40% of the cost for each Medicare-covered group therapy visit with a psychiatrist</p> <p>\$265 copay for Medicare-covered partial hospitalization program services</p>	<p>40% of the cost for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>40% of the cost for each Medicare-covered group therapy visit with a psychiatrist</p> <p>\$200 copay for Medicare-covered partial hospitalization program services</p>	<p>40% of the cost for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>40% of the cost for each Medicare-covered group therapy visit with a psychiatrist</p> <p>\$265 copay for Medicare-covered partial hospitalization program services</p>
12 - Outpatient Substance Abuse Care	20% coinsurance	<p>40% of the cost for Medicare-covered individual visits</p> <p>40% of the cost for Medicare-covered group visits</p>	<p>40% of the cost for Medicare-covered individual visits</p> <p>40% of the cost for Medicare-covered group visits</p>	<p>40% of the cost for Medicare-covered individual visits</p> <p>40% of the cost for Medicare-covered group visits</p>	<p>40% of the cost for Medicare-covered individual visits</p> <p>40% of the cost for Medicare-covered group visits</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
13 - Outpatient Services/Surgery	20% coinsurance for the doctor's services Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible. 20% coinsurance for ambulatory surgical center facility services.	\$75 copay for each Medicare-covered ambulatory surgical center visit \$150 copay for each Medicare-covered outpatient hospital facility visit	\$150 copay for each Medicare-covered ambulatory surgical center visit \$300 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	\$150 copay for each Medicare-covered ambulatory surgical center visit \$300 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.
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor's services Specified copayment for outpatient hospital facility emergency services.	General \$65 copay for Medicare-covered emergency room visits \$20,000 plan coverage limit for	General \$65 copay for Medicare-covered emergency room visits \$20,000 plan coverage limit for	General \$65 copay for Medicare-covered emergency room visits \$20,000 plan coverage limit for	General \$65 copay for Medicare-covered emergency room visits \$20,000 plan coverage limit for

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	<p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>emergency services outside the U.S. every year.</p> <p>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>emergency services outside the U.S. every year.</p> <p>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>emergency services outside the U.S. every year.</p> <p>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>emergency services outside the U.S. every year.</p> <p>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>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>Cost sharing is the same as Doctor Office Visit cost sharing.</p>	<p>General</p> <p>Cost sharing is the same as Doctor Office Visit cost sharing.</p>	<p>General</p> <p>Cost sharing is the same as Doctor Office Visit cost sharing.</p>	<p>General</p> <p>Cost sharing is the same as Doctor Office Visit cost sharing.</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
<p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	20% coinsurance	<p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>\$15 copay for Medicare-covered Occupational Therapy visits</p> <p>\$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits</p>	<p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>\$45 copay for Medicare-covered Occupational Therapy visits</p> <p>\$45 copay for Medicare-covered Physical and/or Speech and Language Therapy visits</p>	<p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>\$15 copay for Medicare-covered Occupational Therapy visits</p> <p>\$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits</p>	<p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>\$45 copay for Medicare-covered Occupational Therapy visits</p> <p>\$45 copay for Medicare-covered Physical and/or Speech and Language Therapy visits</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES					
<p>18 - Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	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

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
<p>19 - Prosthetic Devices</p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	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
<p>20 - Diabetes Programs and Supplies</p>	<p>20% coinsurance for diabetes self-management training</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>\$0 copay for Diabetes self-management training</p> <p>0% to 20% of the cost for Diabetes monitoring supplies</p> <p>20% of the cost for Therapeutic shoes or inserts</p> <p>If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$5 to \$30 may apply</p>	<p>\$0 copay for Diabetes self-management training</p> <p>0% to 20% of the cost for Diabetes monitoring supplies</p> <p>20% of the cost for Therapeutic shoes or inserts</p> <p>If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$25 to \$50 may apply</p>	<p>\$0 copay for Diabetes self-management training</p> <p>0% to 20% of the cost for Diabetes monitoring supplies</p> <p>20% of the cost for Therapeutic shoes or inserts</p> <p>If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$5 to \$30 may apply</p>	<p>\$0 copay for Diabetes self-management training</p> <p>0% to 20% of the cost for Diabetes monitoring supplies</p> <p>20% of the cost for Therapeutic shoes or inserts</p> <p>If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$25 to \$50 may apply</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
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. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental</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 (not including X-rays)</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost</p>	<p>20% of the cost for Medicare-covered lab services</p> <p>20% 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 (not including X-rays)</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost</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 (not including X-rays)</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost</p>	<p>20% of the cost for Medicare-covered lab services</p> <p>20% 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 (not including X-rays)</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	routine screening tests, like checking your cholesterol.	sharing of \$5 to \$30 may apply If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$5 to \$30 may apply	sharing of \$25 to \$50 may apply If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$25 to \$50 may apply	sharing of \$5 to \$30 may apply If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$5 to \$30 may apply	sharing of \$25 to \$50 may apply If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$25 to \$50 may apply
22 - Cardiac and Pulmonary Rehabilitation Services	20% coinsurance Cardiac Rehabilitation services 20% coinsurance for Pulmonary Rehabilitation services 20% coinsurance for Intensive Cardiac Rehabilitation services This applies to program services provided in a	\$15 copay for Medicare-covered Cardiac Rehabilitation Services \$15 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$15 copay for Medicare-covered Pulmonary Rehabilitation Services	\$45 copay for Medicare-covered Cardiac Rehabilitation Services \$45 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$45 copay for Medicare-covered Pulmonary Rehabilitation Services	\$15 copay for Medicare-covered Cardiac Rehabilitation Services \$15 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$15 copay for Medicare-covered Pulmonary Rehabilitation Services	\$45 copay for Medicare-covered Cardiac Rehabilitation Services \$45 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$45 copay for Medicare-covered Pulmonary Rehabilitation Services

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.				
PREVENTIVE SERVICES					
23 - Preventive Services and Wellness/Education Programs	No coinsurance, copayment or deductible for the following: <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening 	General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening 	General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening 	General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening 	General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	<ul style="list-style-type: none"> - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk 	<ul style="list-style-type: none"> - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) 	<ul style="list-style-type: none"> - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) 	<ul style="list-style-type: none"> - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) 	<ul style="list-style-type: none"> - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	<ul style="list-style-type: none"> - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. 	<ul style="list-style-type: none"> - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>	<ul style="list-style-type: none"> - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>	<ul style="list-style-type: none"> - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>	<ul style="list-style-type: none"> - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	<ul style="list-style-type: none"> - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. 	<p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nursing Hotline 	<p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nursing Hotline 	<p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nursing Hotline 	<p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nursing Hotline

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	<ul style="list-style-type: none"> <li data-bbox="447 264 729 1182">– Medical Nutrition Therapy Services. 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 and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. <li data-bbox="447 1190 729 1334">– Personalized Prevention Plan Services (Annual Wellness Visits) 				

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	<ul style="list-style-type: none"> <li data-bbox="449 268 731 603">– Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. <li data-bbox="449 619 731 954">– Prostate Cancer Screening Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. 				

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	<ul style="list-style-type: none"> - Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. 				

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	<ul style="list-style-type: none"> - Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows: During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 				
24 - Kidney Disease and Conditions	20% coinsurance for renal dialysis	\$30 copay for renal dialysis	\$30 copay for renal dialysis	\$30 copay for renal dialysis	\$30 copay for renal dialysis

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	20% coinsurance for kidney disease education services	\$0 copay for kidney disease education services	\$0 copay for kidney disease education services	\$0 copay for kidney disease education services	\$0 copay for kidney disease education services
25 - Outpatient 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 prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p>Drugs covered under Medicare Part B</p> <p>General Most drugs not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan does not offer prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General Most drugs not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan does not offer prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.TodaysOptions.com on the Web.</p> <p>Different out-of-pocket costs</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.TodaysOptions.com on the Web.</p> <p>Different out-of-pocket costs</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<p>may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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</p>	<p>may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<p>area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition 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 Plus 250A (PFFS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special</p>	<p>area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition 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 Plus 450C (PFFS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<p>handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, 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 Plus 250A</p>	<p>handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, 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 Plus 450C</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<p>(PFFS) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.</p> <p>\$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of drugs in this tier - \$10 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p>	<p>(PFFS) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.</p> <p>\$35 annual deductible.</p> <p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30-day) supply of drugs in this tier - \$25 copay for a three-month (90-day) supply of drugs in this tier

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<ul style="list-style-type: none"> - \$40 copay for a one-month (30-day) supply of drugs in this tier - \$100 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$80 copay for a one-month (30-day) supply of drugs in this tier - \$200 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (30-day) supply of drugs in this tier - \$112.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$95 copay for a one-month (30-day) supply of drugs in this tier - \$237.50 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier - 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Long Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p>	<p>contact the plan for more information.</p> <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 29% coinsurance for a one-month (30-day) supply of drugs in this tier - 29% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Long Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (34-day) supply of drugs in this tier

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<ul style="list-style-type: none"> - \$40 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$80 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (34-day) supply of drugs in this tier <p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs</p>	<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$95 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 29% coinsurance for a one-month (34-day) supply of drugs in this tier <p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<p>for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <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</p>	<p>drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<p>have to pay more than your normal 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 Plus 250A (PFFS).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p>	<p>there is no network pharmacy. You may have to pay more than your normal 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 Plus 450C (PFFS).</p> <p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$80 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30-day) supply of drugs in this tier 	<p>out-of-network until your total yearly drug costs reach \$2,930:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$95 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<p>Additional Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700,</p>	<p>– 29% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Additional Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
				<p>you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>\$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental</p>	<p>\$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental</p>	<p>\$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental</p>	<p>\$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental</p>

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
		benefits (such as cleaning) not covered.	benefits (such as cleaning) not covered.	benefits (such as cleaning) not covered.	benefits (such as cleaning) not covered.
27 - Hearing Services	Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	Hearing aids not covered. – \$20 copay for Medicare-covered diagnostic hearing exams – \$20 copay for up to 1 supplemental routine hearing exam(s) every year	Hearing aids not covered. – \$20 copay for Medicare-covered diagnostic hearing exams – \$20 copay for up to 1 supplemental routine hearing exam(s) every year	Hearing aids not covered. – \$20 copay for Medicare-covered diagnostic hearing exams – \$20 copay for up to 1 supplemental routine hearing exam(s) every year	Hearing aids not covered. – \$20 copay for Medicare-covered diagnostic hearing exams – \$20 copay for up to 1 supplemental routine hearing exam(s) every year
28 - Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Supplemental routine eye exams and glasses not covered. Medicare pays for one pair of	– \$20 copay for one pair of eyeglasses or contact lenses after cataract surgery. – \$20 copay for exams to diagnose and treat diseases and conditions of the eye.	– \$20 copay for one pair of eyeglasses or contact lenses after cataract surgery. – \$20 copay for exams to diagnose and treat diseases and conditions of the eye.	– \$20 copay for one pair of eyeglasses or contact lenses after cataract surgery. – \$20 copay for exams to diagnose and treat diseases and conditions of the eye.	– \$20 copay for one pair of eyeglasses or contact lenses after cataract surgery. – \$20 copay for exams to diagnose and treat diseases and conditions of the eye.

Benefit	Original Medicare	Today's Options Premier 200 (PFFS)	Today's Options Premier 400 (PFFS)	Today's Options Premier Plus 250A (PFFS)	Today's Options Premier Plus 450C (PFFS)
	eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	– \$20 copay for up to 1 supplemental routine eye exam(s) every year	– \$20 copay for up to 1 supplemental routine eye exam(s) every year	– \$20 copay for up to 1 supplemental routine eye exam(s) every year	– \$20 copay for up to 1 supplemental routine eye exam(s) every year
Over-the-Counter Items	Not covered.	General The plan does not cover Over-the-Counter items.	General The plan does not cover Over-the-Counter items.	General The plan does not cover Over-the-Counter items.	General The plan does not cover Over-the-Counter items.
Transportation (Routine)	Not covered.	This plan does not cover supplemental routine transportation.	This plan does not cover supplemental routine transportation.	This plan does not cover supplemental routine transportation.	This plan does not cover supplemental 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.

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