

Medicare Advantage Private Fee-for-Service

Access powered by CCRx

North Carolina

2009 Summary of Benefits

January 1, 2009 – December 31, 2009



SECTION I – INTRODUCTION TO THE SUMMARY OF BENEFITS

Thank you for your interest in Today's Options Access powered by CCRx. Our plan is offered by Pyramid Life Insurance Company, 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 Access powered by CCRx and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTHCARE

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 Access powered by CCRx. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call Today's Options Access powered by CCRx at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY 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 Access powered by CCRx 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 ACCESS POWERED BY CCRx AVAILABLE?

The service area for this plan includes: North Carolina; Alamance, Alexander, Ashe, Buncombe, Burke, Caldwell, Caswell, Catawba, Chatham, Chowan, Clay, Currituck, Davidson, Durham, Forsyth, Graham, Guilford, Haywood, Henderson, Hoke, Mc Dowell, Macon, Madison, Mitchell, Orange, Person, Randolph, Rockingham, Vance, Warren, Yancey. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN TODAY'S OPTIONS ACCESS POWERED BY CCRx?

You can join Today's Options Access powered by CCRx 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 Access powered by CCRx unless they are members of our organization and have been since their dialysis began.

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

Today's Options Access powered by CCRx does 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 Access powered by CCRx 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 Access powered by CCRx 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.

SECTION I – INTRODUCTION TO THE SUMMARY OF BENEFITS (Cont'd)

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

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Today's Options Access powered by CCRx, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

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 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 Access powered by CCRx, 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.

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 Access powered by CCRx 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 Access powered by CCRx 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 alpha 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.

SECTION I – INTRODUCTION TO THE SUMMARY OF BENEFITS (Cont'd)

Please call Universal American for more information about
Today's Options Access powered by CCRx.

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

Customer Service Hours: Sunday, Monday,
Tuesday, Wednesday, Thursday, Friday,
Saturday, 8 AM to 8 PM

Current members should call toll-free
1-866-568-8921 for questions related to the
Medicare Advantage and Part D prescription
drug programs. (TTY 1-800-958-2692)

Prospective members should call toll-free
1-800-996-8867 for questions related to the
Medicare Advantage and Part D prescription
drug programs. (TTY 1-800-777-9083)

Current members should call locally
1-866-568-8921 for questions related to the
Medicare Advantage and Part D prescription
drug programs. (TTY 1-800-958-2692)

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.

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 Access powered by CCRx Plan 136
IMPORTANT INFORMATION		
1 – Premium and Other Important Information	<p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$29.30 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Please refer to the Premium Table located after this section to find out what the premium is in your area.</p> <p>Out-of-Network Unless otherwise noted, out-of-network services not covered.</p>
2 – Doctor and Hospital Choice (For more information, see Emergency – #15 and Urgently Needed Care – #16.)	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You may have to pay a separate co-pay for certain doctor office visits.</p> <p>In and Out-of-Network You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p>
INPATIENT CARE		
3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	<p>In 2009 the amounts for each benefit period are:</p> <ul style="list-style-type: none"> • Days 1 – 60: \$1068 deductible • Days 61 – 90: \$267 per day • Days 91 – 150: \$534 per lifetime reserve day 	<p>General You may go to any doctor, specialist, or hospital that accepts the plan's Terms Conditions of payment except in emergencies.</p> <p>In-Network In 2009 the amounts for each benefit period are:</p> <ul style="list-style-type: none"> • Days 1 – 60: \$1068 deductible • Days 61 – 90: \$267 per day • Days 91 – 150: \$534 per lifetime reserve day

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

Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
3 – Inpatient Hospital Care (Cont'd)	<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. 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>You will not be charged additional cost sharing for professional services.</p> <p>Plan covers 90 days each benefit period.</p> <p>Out-of-Network For hospital stays:</p> <ul style="list-style-type: none"> • Days 1 – 60: \$0 co-pay per day • Days 61 – 90: \$256 co-pay per day
4 – Inpatient Mental Healthcare	<p>Same deductible and co-pay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network Same deductible and co-pay as inpatient hospital care (see “Inpatient Hospital Care”).</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Out-of-Network For hospital stays:</p> <ul style="list-style-type: none"> • Days 1 – 60: \$0 co-pay per day • Days 61 – 90: \$256 co-pay per day
5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <ul style="list-style-type: none"> • Days 1 – 20: \$0 per day • Days 21 – 100: \$133.50 per day <p>100 days for each benefit period.</p>	<p>In-Network In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <ul style="list-style-type: none"> • Days 1 – 20: \$0 per day • Days 21 – 100: \$133.50 per day <p>You will not be charged additional cost sharing for professional services.</p>

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Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
5 – Skilled Nursing Facility (Cont'd)	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 period. There is no limit to the number of benefit periods you can have.	Plan covers up to 100 days each benefit period. 3-day prior hospital stay is required. Out-of-Network For each SNF stay: • Days 1 – 20: \$0 co-pay per SNF day • Days 21 – 100: \$128 co-pay per SNF day
6 – Home Healthcare (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 co-pay	In-Network \$0 co-pay 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.

OUTPATIENT CARE

8 – Doctor Office Visits	20% coinsurance	<p>General You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>In-Network 20% of the cost for each primary care doctor visit for Medicare-covered benefits. 20% of the cost for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network 20% for each primary care doctor visit. 20% for each specialist visit.</p>
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Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
9 – Chiropractic Services	<p>Routine care not covered</p> <p>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.</p>	<p>In-Network 20% of the cost for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p>Out-of-Network 20% of the cost for chiropractic benefits.</p>
10 – Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network 20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network 20% of the cost for podiatry benefits.</p>
11 – Outpatient Mental Healthcare	<p>50% coinsurance for most outpatient mental health services.</p>	<p>In-Network 50% of the cost for each Medicare-covered individual or group therapy visit.</p> <p>Out-of-Network 50% of the cost for Mental Health benefits.</p> <p>50% of the cost for Mental Health benefits with a psychiatrist.</p>
12 – Outpatient Substance Abuse Care	<p>20% coinsurance</p>	<p>In-Network 20% of the cost for Medicare-covered individual or group visits.</p> <p>Out-of-Network 20% of the cost for outpatient substance abuse benefits.</p>
13 – Outpatient Services/Surgery	<p>20% coinsurance for the doctor.</p> <p>20% of outpatient facility charges.</p>	<p>In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit.</p>

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Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
13 – Outpatient Services/Surgery (Cont'd)		20% of the cost for each Medicare-covered outpatient hospital facility visit. Additional facility charges apply. Out-of-Network 20% of the cost for ambulatory surgical center benefits. 20% of the cost for outpatient hospital facility benefits.
14 – Ambulance Services (medically necessary ambulance services)	20% coinsurance	In-Network 20% of the cost for Medicare-covered ambulance benefits. Out-of-Network 20% of the cost for 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 20% of facility charge, or a set co-pay per emergency room visit. You don't have to pay the emergency room co-pay 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.	In-Network 20% of the cost (up to \$50) for Medicare-covered emergency room visits. Out-of-Network Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. In and Out-of-Network If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit. If you are admitted to the hospital within 72-hour(s) for the same condition, you pay \$0 for the emergency room visit.
16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set co-pay NOT covered outside the U.S. except under limited circumstances.	Cost sharing is the same as Doctor Office Visit cost sharing.

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Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
<p>17 – Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p>In-Network 20% of the cost for Medicare-covered Occupational Therapy visits.</p> <p>20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Additional facility charges apply.</p> <p>Out-of-Network 20% of the cost for Occupational Therapy benefits.</p> <p>20% of the cost for Physical and/or Speech/Language Therapy visits.</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

<p>18 – Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p>In-Network 20% of the cost for Medicare-covered items.</p> <p>Out-of-Network 20% of the cost for durable medical equipment.</p>
<p>19 – Prosthetic Devices</p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance</p>	<p>In-Network 20% of the cost for Medicare-covered items.</p> <p>Out-of-Network 20% of the cost for prosthetic devices.</p>
<p>20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance</p> <p>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.</p>	<p>In-Network 20% of the cost for Diabetes self-monitoring training.</p> <p>20% of the cost for Nutrition Therapy for Diabetes.</p> <p>0% to 20% of the cost for Diabetes supplies.</p> <p>Out-of-Network 20% of the cost for Diabetes self-monitoring training.</p> <p>20% of the cost for Nutrition Therapy for Diabetes.</p> <p>0% to 20% of the cost for Diabetes supplies.</p>

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Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
<p>21 – Diagnostic Tests, X-Rays, and Lab Services</p>	<p>20% coinsurance for diagnostic tests and X-rays</p> <p>\$0 co-pay 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 routine screening tests, like checking your cholesterol.</p>	<p>In-Network 0% 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.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Additional facility charges apply.</p> <p>Out-of-Network 20% of the cost for diagnostic procedures, tests, and lab services.</p> <p>20% of the cost for therapeutic radiology services.</p> <p>20% of the cost for outpatient X-rays.</p> <p>20% of the cost for diagnostic radiology services.</p>

PREVENTIVE SERVICES

<p>22 – Bone Mass Measurement</p> <p>(for people with Medicare who are at risk)</p>	<p>20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network 20% of the cost for Medicare-covered bone mass measurement.</p> <p>Out-of-Network 20% of the cost for Medicare-covered bone mass measurement.</p>
<p>23 – Colorectal Screening Exams</p> <p>(for people with Medicare age 50 and older)</p>	<p>20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network 20% of the cost for Medicare-covered colorectal screenings.</p> <p>Out-of-Network 20% of the cost for colorectal screenings.</p>

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

Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
<p>24 – Immunizations</p> <p>(Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 co-pay for Flu and Pneumonia vaccines.</p> <p>20% coinsurance for Hepatitis B vaccine.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network \$0 co-pay for Flu and Pneumonia vaccines.</p> <p>20% of the cost for Hepatitis B vaccine.</p> <p>Out-of-Network 20% of the cost for immunizations.</p>
<p>25 – Mammograms</p> <p>Annual Screening (for women with Medicare age 40 and older)</p>	<p>20% coinsurance</p> <p>No referral needed.</p> <p>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.</p>	<p>In-Network 20% of the cost for Medicare-covered screening mammograms.</p> <p>Out-of-Network 20% of the cost for screening mammograms.</p>
<p>26 – Pap Smears and Pelvic Exams</p> <p>(for women with Medicare)</p>	<p>\$0 co-pay for Pap smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams</p>	<p>In-Network 0% of the cost for Medicare-covered pap smears.</p> <p>20% of the cost for Medicare-covered pelvic exams.</p> <p>Out-of-Network 20% of the cost for pap smears and pelvic exams.</p>
<p>27 – Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 co-pay for Medicare-covered prostate cancer screening.</p> <p>Out-of-Network 20% of the cost for prostate cancer screening.</p>
<p>28 – End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>In-Network 20% of the cost for renal dialysis.</p> <p>20% of the cost for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Out-of-Network 20% of the cost for renal dialysis.</p> <p>20% of the cost for Nutrition Therapy for End-Stage Renal Disease.</p>

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

Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
28 – End-Stage Renal Disease (Cont'd)	<p>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.</p>	
29 – Prescription Drugs	<p>Most drugs are not covered under Original Medicare.</p> <p>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>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy 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 http://www.todaysoptions.com on the web.</p> <p>Different out-of-pocket costs 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). <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>

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Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
29 – Prescription Drugs (Cont'd)		<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 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 Access powered by CCRx 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. 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>In-Network \$295 yearly deductible.</p> <p>Initial Coverage After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,700.</p> <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> – one-month (30-day) supply – three-month (90-day) supply

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

Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
29 – Prescription Drugs (Cont'd)		<p>Long Term Care Pharmacy You can get drugs the following way(s): – one-month (34-day) supply</p> <p>Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: – A \$2.40 co-pay for generic (including brand drugs treated as generic) and a \$6.00 co-pay for all other drugs, or – 5% coinsurance.</p> <p>Out-of-Network 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.</p> <p>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 Access powered by CCRx.</p> <p>You can get drugs the following way: – one-month (30-day) supply</p> <p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out-of-network until your total yearly drug costs reach \$2,700.</p>

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

Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
29 – Prescription Drugs (Cont'd)		<p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>You will not be reimbursed by Today's Options Access powered by CCRx for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Today's Options Access powered by CCRx so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> – A \$2.40 co-pay for generic (including brand drugs treated as generic) and a \$6.00 co-pay for all other drugs, or – 5% coinsurance. </p>
30 – Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$0 co-pay for the following preventive dental benefits: <ul style="list-style-type: none"> – up to 2 oral exam(s) every year – up to 2 cleaning(s) every year – up to 1 dental x-ray(s) every year 20% of the cost for Medicare-covered dental benefits. \$125 limit for preventive dental benefits every year.</p> <p>Out-of-Network 0% to 100% of the cost for comprehensive dental benefits.</p>

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

Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
31 – Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network \$0 co-pay for Medicare-covered diagnostic hearing exams – up to 1 routine hearing test(s) every year</p> <p>\$0 co-pay for up to 1 hearing aid(s) every year.</p> <p>\$50 limit for routine hearing tests every year.</p> <p>\$500 limit for hearing aids every year.</p> <p>Out-of-Network 0% to 100% of the cost for hearing exams.</p> <p>0% to 100% of the cost for hearing aids.</p>
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>In-Network \$0 co-pay for diagnosis and treatment for diseases and conditions of the eye – and up to 1 routine eye exam(s) every year</p> <p>\$0 co-pay for – one pair of eyeglasses or contact lenses after cataract surgery – up to 1 pair(s) of glasses every year – up to 1 pair(s) of contacts every year – up to 1 pair(s) of lenses every year – up to 1 frame(s) every year</p> <p>\$50 limit for eye exams every year.</p> <p>\$200 limit for eye wear every year.</p> <p>Out-of-Network 0% to 100% of the cost for eye exams.</p> <p>0% to 100% of the cost for eye wear.</p>

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

Benefit	Original Medicare	Today's Options Access powered by CCRx Plan 136
33 – Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>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.</p>	<p>In-Network When you get Medicare Part B, you can get a one-time physical within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p> <p>Routine exams not covered.</p> <p>20% of the cost for Medicare-covered benefits.</p>
Health/Wellness Education	<p>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.</p>	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> – Written health education materials, including Newsletters – Nutritional Training – Nursing Hotline
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network This plan does not cover Acupuncture.</p>

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

PREMIUMS TABLE – STATE/COUNTY LEVEL

Today's Options Access powered by CCRx Service Areas

Today's Options Access powered by CCRx plan is 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 Access powered by CCRx plan.

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	Today's Options Access powered by CCRx
North Carolina	Alamance, Alexander, Ashe, Buncombe, Burke, Caldwell, Caswell, Catawba, Chatham, Chowan, Clay, Currituck, Davidson, Durham, Forsyth, Graham, Guilford, Haywood, Henderson, Hoke, Mc Dowell, Macon, Madison, Mitchell, Orange, Person, Randolph, Rockingham, Vance, Warren, Yancey	Plan 136 \$29.30

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

SECTION III – PLAN AT A GLANCE

Understanding How to Use Your Plan

Today's Options is a Private Fee-for-Service plan with a Medicare Advantage contract with the Centers for Medicare and Medicaid Services (CMS). To be accepted into Today's Options, 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.

Access to Services

You may go to any doctor or hospital willing to accept Medicare payments and the terms and conditions of our plan. Your identification card must be presented to providers before you receive services. If your providers refuse to accept Today's Options because they are not familiar with the plan, they can contact Provider Relations at 1-866-568-8921 or visit www.todaysoptions.com for more information.

State Medicaid Program Enrollees

If you are enrolled with the State as a qualified recipient in the Federal Medicaid program, your member copayments in Today's Options will be billed to the State by your Medicaid participating provider. If the State determines that the covered benefits and corresponding copayments are covered by the Medicaid program you will not be responsible for paying these amounts when you receive these medical services with a Today's Options participating provider. Further, based on your qualifications in the State Medicaid program, your Medicare Part A (if applicable), B and D monthly premiums may be paid by the State or Medicaid. Please contact your Member Service Representative for further help in determining if you qualify for these programs.

Today's Options Copayments for Different Services

You may have to pay a separate co-pay for primary care physician, a specialist, for urgent care, for emergency room services as well as other services.

Physician Visits and Urgent Care Costs

For each primary care doctor visit in and out of network you pay 20% of the cost. For each specialist visit in and out of network you will pay 20% of the cost. (Reference Section 2 page 6).

For urgently needed care visits, you will pay 20% of the cost.

Drugs administered in a Physician's Office

You will be responsible to pay the applicable office co-pay in addition to 20% of the cost of the drug. This coinsurance amount will not apply to vaccines. (Reference Section 2 page 11).

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. Today's Options 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

If you buy equipment or a device that costs more than \$200 you must notify the plan.

You pay a coinsurance of 20% for in and out of network services.

Diabetic Monitoring Supplies

You pay 20% of the cost for in and out of network diabetic supplies.

Chemotherapy

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

Renal Dialysis

You pay a 20% coinsurance 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.

Low Income Subsidy ("LIS")

If you qualify for the Medicare Low Income Subsidy, you will receive extra help that, based on your level of qualification, could pay all or part of your Part D Prescription Drug premium, deductible, and/or copayments.

SECTION III – PLAN AT A GLANCE (Cont'd)

Prescription Drug Coverage

Benefit Highlights:

- Initial Coverage Limit of \$2,700
- You pay a \$295 Deductible
- Generic Drugs: you will pay a 25% coinsurance for a 30 and or 90 day supply.
- Preferred Brand you will pay a 25% coinsurance for a 30 and or 90 day supply
- Non-Preferred Brand Not Covered
- Specialty Drug: you will pay a 25% coinsurance
- During the Coverage Gap you pay 100% until your yearly out-of-pocket drug costs reach the maximum annual out-of-pocket.
- You pay a maximum annual out-of-pocket expense of \$4,350
- Catastrophic Cost: You pay a maximum of 5% or \$2.40 on Generic Drugs
- Catastrophic Cost: You pay a maximum of 5% or \$6 on Brand Drugs

Benefits listed here are described in detail in Section two of this Summary of Benefits.

Dental and Hearing Benefits

You pay a \$0 co-pay for the following in and out of network preventive dental benefits

- Up to 2 oral exams every year
- Up to 2 cleanings every year
- Up to 1 dental x-ray every year

There is a \$125 limit for preventive dental benefits every year.

For in and out of network hearing services you pay a \$0 co-pay for diagnostic hearing exams. There is a \$50 limit for routine hearing tests.

Notably every year there is a \$500 limit for hearing aids.

Over the Counter Benefit

The Over the Counter Benefit gives members the ability to purchase personal care items commonly available over the counter at a community pharmacy for Today's Options members. You'll receive a monthly amount of \$20 that must be spent each month, balances will not be carried over and you must use participating pharmacies. Please call your Member Service Representative for full details.

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 toward your outpatient prescription drug limit.

Today's Options Health & Wellness Services

As a Today's Options member, you are entitled to health assistance through Today's Options Health & Wellness Services. This program is designed to help individuals take better care of their health. We offer you a dedicated care management team and pharmacist 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 care management staff is available to answer your health-related questions. Today's Options Health & Wellness Services program offers many valuable benefits at no additional cost to you, such as:

- Improve your overall health through education, outreach and training.
- Learn more about managing your nutrition, medications, physical activity, health screenings, disease prevention, chronic conditions and other resources available to you.
- Become more aware of your risk (if any) of chronic diseases, and how you could reduce those risks.
- Understand your health status and identify services as a new member by taking a personal health assessment.

SECTION III – PLAN AT A GLANCE (Cont'd)

- Receive assistance with your post hospitalization, discharge planning, home care and other medical needs.
- 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.
- Access resources in your community help with locating medical transportation and medical equipment.

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 care management staff are here to support you with your health issues, such as respiratory and breathing problems, diabetes, heart disease, and congestive heart failure.

Appeals and Grievances

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

- 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.
- 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 or coverage determination.
- 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 escalate the appeal.

For more information about the appeals and grievances policies and procedures, please contact Member Services at 1-866-568-8921; TTY 1-800-958-2692 8 AM to 8 PM, 7 days a week.

We will follow CMS requirements for timely payment of claims. For information about our billing requirements, visit our website at www.todaysoptions.com.

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

Today's Options 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 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 terms and conditions of payment

If your provider decides to accept Today's Options, they must follow our plan's terms and conditions for payment and bill Today's Options 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 co-pays or coinsurance at the time of service, and Today's Options will pay your provider 100% of the Medicare allowable.

If your provider does not agree to Today's Options 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.

SECTION III – PLAN AT A GLANCE (Cont'd)

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 1-800-777-9083, 8 AM to 8 PM, 7 days a week.

What *Healthcare Providers* need to know about Private Fee-for-Service plans

Today's Options 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 or contacting us at 1-866-568-8921. 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.

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 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 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 terms and conditions of payment

If you decide not to treat a Today's Options 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 co-pays 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.

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.

Today's Options Service Areas

Today's Options is available in the following state(s).

You must live in the services area to join the plan.

- North Carolina

Today's Options is a Medicare-approved Medicare Advantage plan offered through Pyramid Life Insurance Company a member of the Universal American family of companies.

Today's Options contracts with the Federal government.

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.

UNIVERSAL AMERICAN

A Healthy CollaborationSM

Pyramid Life Insurance Company

1-866-568-8921 (TTY 1-800-958-2692)

8 AM to 8 PM, 7 days a week

www.todaysoptions.com

Today's Options Access powered by CCRx is a Medicare-approved Medicare Advantage plan offered through Pyramid Life Insurance Company, a member of the Universal American family of companies. Today's Options Access powered by CCRx contracts with the Federal government.