

Today's Options Private Fee-for-Service 2009 Copayment/Coinsurance Schedule

Services covered by Today's Options	The amount(s) you may charge the plan member		
	Today's Options Value and Value powered by CCRx	Today's Options Premier and Premier powered by CCRx	Today's Options Access
Network Doctor and Hospitals Required	No	No	No
Maximum Out-of-Pocket (MOOP) <i>Excludes:</i> Eye Exams and Hearing Exams <i>Includes:</i> all other benefits (Co-pay and Coinsurance)	\$3,000	\$2,500	N/A
Deductible	N/A	N/A	N/A
Inpatient Hospital Out-of-Pocket Max	N/A	\$875	N/A
Inpatient Hospital Care	<ul style="list-style-type: none"> • \$195 each day for 1-5; • \$145 for day 1 and \$195 each day for days 2 – 5 if the member pre-notes; • \$0/day, each additional day 	<ul style="list-style-type: none"> • \$350 per admission; • \$300 if member pre-notes 	<ul style="list-style-type: none"> • \$1068 for days 1-60; • \$267/day 61-90; • \$534/day 91-150
Transplants	Included in admission co-pay	Included in admission co-pay	Included in admission co-pay
Inpatient Mental Healthcare 190-day Lifetime Coverage Limit	<ul style="list-style-type: none"> • \$295/day, days 1-5 • \$0/day, each additional day 	<ul style="list-style-type: none"> • \$195/day, days 1-5 • \$0/day, each additional day 	<ul style="list-style-type: none"> • \$1068 for days 1-60; • \$267/day 61-90; • \$534/day 91-150
Partial Hospitalization	\$195 co-pay	\$175 co-pay	20%
Skilled Nursing Facility	<ul style="list-style-type: none"> • \$0/day, days 1-20; • \$100/day, days 21-100; • Covered for 100 days per benefit period 	<ul style="list-style-type: none"> • \$0/day, days 1-20 • \$100/day, days 21-100 • Covered for 100 days per benefit period 	<ul style="list-style-type: none"> • \$0/day, days 1-20; • \$133.50/day, days 21-100

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Home Health	20%	15%	\$0
Hospice	Not Covered	Not Covered	Not Covered
Primary Care Physician	\$20	\$10	20%
Specialist Physician	\$35	\$25	20%
Chiropractic Services	\$35	\$25	20%
Podiatry Services	\$35	\$25	20%
Outpatient Mental Healthcare	50% of Medicare allowed cost	50% of Medicare Allowed Cost	50%
Outpatient Substance Abuse Care	50% of Medicare Allowed cost	50% of Medicare Allowed Cost	20%
Outpatient Ambulatory Surgery (Ambulatory Surgical Centers)	\$100	\$75	20%
Outpatient Hospital Surgery	\$200	\$100	20%
Possible Cosmetic Surgeries	Included in Outpatient Surgery Co-pay	Included in Outpatient Surgery Co-pay	Included in Outpatient Surgery Co-pay
Observation	\$200 per confinement	\$100 per confinement	20%
Ambulance	\$150	\$100	20%
Emergency Room	<ul style="list-style-type: none"> • \$50; • \$0 if admitted within 24 hours 	<ul style="list-style-type: none"> • \$50; • \$0 if admitted within 24 hours 	20% up to \$50
ER Worldwide Coverage Calendar year Limit of \$25,000	<ul style="list-style-type: none"> • \$250 Deductible per visit; • 20% 	<ul style="list-style-type: none"> • \$250 Deductible per visit; • 20% 	Not Covered
Urgent Care	<ul style="list-style-type: none"> • \$20 for PCP; • \$35 for specialist care; • \$35 if care at Urgent Care Facility 	<ul style="list-style-type: none"> • \$10 for PCP; • \$25 for specialist care; • \$35 if care at Urgent Care Facility 	20% up to \$50
Outpatient Rehab (PT/OT/ST)	\$35	\$15	20%

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Durable Medical Equipment	<ul style="list-style-type: none"> • 20% of Medicare allowed cost; • It is recommended to call for pre-service determination for Equipment Device or Medical Supply purchase price of \$500 or more or rental price of \$250 per month or more. 	<ul style="list-style-type: none"> • 20% of Medicare allowed cost; • It is recommended to call for pre-service determination for Equipment Device or Medical Supply purchase price of \$500 or more or rental price of \$250 per month or more. 	20%
Prosthetics	<ul style="list-style-type: none"> • 20% of Medicare allowed cost; • It is recommended to call for pre-service determination for Equipment Device or Medical Supply purchase price of \$500 or more or rental price of \$250 per month or more. 	<ul style="list-style-type: none"> • 20% of Medicare allowed cost; • It is recommended to call for pre-service determination for Equipment Device or Medical Supply purchase price of \$500 or more or rental price of \$250 per month or more. 	20%
Shoes and Inserts Limited to 1 pair of therapeutic shoes and 3 sets of inserts per calendar year for people with diabetes who have severe diabetic foot disease.	20%	20%	20%
Diabetes Self-Monitoring Training	\$0	\$0	20%
Diabetic supplies	<ul style="list-style-type: none"> • 0% for formulary supplies; • 20% for non-formulary supplies 	<ul style="list-style-type: none"> • 0% for formulary supplies; • 20% for non-formulary supplies 	<ul style="list-style-type: none"> • 0% for formulary supplies; • 20% for non-formulary supplies
Medical Nutrition Therapy	\$0	\$0	20%
All other Supplies	20%	20%	20%
Diagnostic tests and Lab	\$0	\$0	<ul style="list-style-type: none"> • 0% Lab • 20% Diagnostic tests
Radiation Therapy	20%	10%	20%

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Radiology (X-rays)	20%	10%	20%
MRI/CT Scans	20%	10%	20%
Blood	\$0	\$0	20%
Preventive Services	\$0	\$0	<ul style="list-style-type: none"> • 0% Pap Smear • \$0 Co-pay Prostate Screening • 20% Pelvic Exams
Immunizations	\$0	\$0	<ul style="list-style-type: none"> • \$0 Flu and Pneumonia • 20% Hepatitis B
Mammography Screening	\$0	\$0	20%
Dialysis	\$50	\$50	20%
Dental Medicare Covered Dental benefits	\$0	\$0	<ul style="list-style-type: none"> • \$0 co-pay for the following: <ul style="list-style-type: none"> - 2 oral exams every year - 2 cleanings every year - 1 dental x-ray every (Limit of \$125) - 20% co-insurance - \$125 limit for preventive benefits every year
Hearing Exam (Diagnostic and Routine)	<ul style="list-style-type: none"> • \$35 co-pay for 1 routine hearing test every year • \$35 co-pay for Medicare-covered hearing tests 	<ul style="list-style-type: none"> • \$15 co-pay for 1 routine hearing test every year • \$15 co-pay for Medicare-covered hearing tests 	<ul style="list-style-type: none"> • \$0 co-pay • 1 routine hearing test every year (Exam: \$50 limit of 1/yr. and limit of \$50 for routine hearing tests every year) • \$0 co-pay for 1 hearing aid every year • \$500 limit for hearing aids every year (Hearing Aid: limit of 1/yr. and limit of \$500)

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Vision Exam	<ul style="list-style-type: none"> • \$35 co-pay for 1 routine eye exam every year • \$35 co-pay for Medicare-covered vision exams 	<ul style="list-style-type: none"> • \$15 co-pay for 1 routine eye exam every year • \$15 co-pay for Medicare-covered vision exams 	<ul style="list-style-type: none"> • \$0 co-pay; limit of 1 • Limit 1 pair of lenses every year • Limit 1 frame every year • \$50 limit for eye exams every year/yr and limit of \$50
Eyeglasses and Contacts	<ul style="list-style-type: none"> • \$35 co-pay for 1 pair after Cataract Surgery 	<ul style="list-style-type: none"> • \$35 co-pay for 1 pair after Cataract Surgery 	<ul style="list-style-type: none"> • \$0 co-pay • Limit 1 pair every year of 1 each/yr. and limit of \$200 every year
Physical Exam - well visit	\$0	\$0	20%
Part B Drugs	20%	20%	20%
Chemotherapy Drugs	<ul style="list-style-type: none"> • 20% up to a max of \$150 per visit for chemotherapy drugs 	<ul style="list-style-type: none"> • 20% up to a max of \$150 per visit for chemotherapy drugs 	20%
Acupuncture	Not Covered	Not Covered	Not Covered



A Healthy CollaborationSM

Today's Options® is a Medicare-approved Medicare Advantage plan offered through American Progressive Life & Health Insurance Company of New York and The Pyramid Life Insurance Company, members of the Universal American family of companies. Today's Options contracts with the Federal government.