

Summary of Benefits - 2007

MEDICARE ADVANTAGE PART D (MAPD)

PRIVATE FEE-FOR-SERVICE PLAN



www.pyramidlife.com

The Today's Options benefit packages, premiums, copayments and service areas are all subject to change annually at Pyramid Life's contract renewal time with the Centers for Medicare and Medicaid Services (usually January 1).

Availability of coverage beyond the end of the current contract year is not guaranteed.

Pyramid Life Insurance Company is an insurance company with a Medicare Advantage contract to offer a private fee-for-service plan, available to anyone enrolled in Part B and entitled to Part A of Medicare through age or disability who continues to pay any applicable Medicare premiums and lives in the service area. Pyramid Life Insurance Company and its agents are not connected in any way with the federal or state government or Medicare.

TODAY'S OPTIONSSM

Benefits 2007



Summary of Benefits 2007

AT A GLANCE

- ✓ Lower monthly plan premiums*
- ✓ Freedom to choose your doctors, hospitals and specialists without a referral
- ✓ Prescription Drug Coverage
- ✓ Preventive services at no extra cost to you
- ✓ Virtually no paperwork
- ✓ Emergency and urgent care worldwide

*Benefits comparable to the average Plan H Medicare supplement, with prices less than an average Plan F.

Health insurance coverage with the benefits you've always wanted.

Medicare, the government-sponsored healthcare program, helps seniors and Medicare eligibles pay healthcare costs. But there are many services that Medicare doesn't cover.

Today's Options from Pyramid Life gives you more health plan choices. It is designed to provide more benefits than traditional Medicare, including prescription drugs, preventive care, and reduces out-of-pocket expenses for items such as doctors' visits.

And even better, with Today's Options you are free to choose your Medicare-approved doctors and hospitals, and coverage is available nationwide.

QUESTIONS?

For more information, speak to your agent, or call us toll-free at 1-800-486-7613. TTY/TDD: 1-800-535-3995 Monday-Friday, 8 AM-5 PM, local time Or visit www.todaysoptions.com.

Although Medicare Advantage plans contract with the federal government, Pyramid Life and its affiliates are not government agencies, and its employees and agents are not federal employees.

Pyramid Life is part of Universal American Financial Corp., a strong family of companies that offers a comprehensive portfolio of products, including supplemental life and health insurance and asset accumulation products, to America's seniors.

INTRODUCTION TO THE SUMMARY OF BENEFITS FOR TODAY'S OPTIONS

Thank you for your interest in Today's Options Premier Plus or Value Plus. Our plans are offered by Pyramid Life Insurance Company, a Medicare Advantage Private Fee-for-Service organization. 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 Premier Plus or Value Plus 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 Premier Plus or Value Plus. 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 Plus or Value Plus at the telephone 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 Premier Plus or Value Plus and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is Today's Options Value Plus or Premier Plus available?

The complete service area for Today's Options Premier Plus or Value Plus is listed on page 28 of this document.

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 Plus or Value Plus?

You can join Today's Options Premier Plus or Value Plus 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 not eligible to enroll in Today's Options Premier Plus or Value Plus.

Can I choose my doctors?

As a member of Today's Options Premier Plus or Value Plus, you can use any Medicare doctor, specialist or hospital that accepts Medicare payment and accepts the terms, conditions and payment rate of the Today's Options plan. Today's Options has the right to determine if the service or treatment ordered by your healthcare provider is covered under the Today's Options plan.

Does my plan cover Medicare Part B or Part D drugs?

Today's Options Premier Plus and Value Plus do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs. You can only join one Medicare Prescription Drug Plan.

Where can I get my prescriptions if I join this plan?

Today's Options Premier Plus and Value Plus 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 current Pharmacy Network

List or visit us at www.todaysoptions.com. Our customer service number is listed at the end of this introduction.

What is a prescription drug formulary?

Today's Options Premier Plus and Value Plus use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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 website at www.todaysoptions.com.

If you are currently taking a drug that is not on your 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 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 Premier Plus or Value Plus, 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.

INTRODUCTION TO THE SUMMARY OF BENEFITS FOR TODAY'S OPTIONS

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 Premier Plus or Value Plus, 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 a 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 Premier Plus or Value Plus for more details.

Please call Today's Options for more information about this plan.

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

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday, 8 AM - 8 PM, local time for the Medicare Advantage Program and effective March 31, 2007 for the Medicare Part D Prescription Drug Program.

Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday, 8 AM - 8 PM, local time for the Medicare Part D Prescription Drug Program (from November 15, 2006 to March 31, 2007).

Current members should call (1-866-568-8921) for questions related to the Medicare Advantage Program. (TTY/TDD (1-800-958-2692))

Prospective members should call (1-800-486-7613) for questions related to the Medicare Advantage Program. (TTY/TDD (1-800-535-3995))

Current members should call (1-866-568-8921) for questions related to the Medicare Part D Prescription Drug Program. (TTY/TDD (1-800-958-2692))

Prospective members should call (1-800-486-7613) for questions related to the Medicare Part D Prescription Drug Program. (TTY/TDD 1-800-535-3995)

For more information about Medicare, call 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.

SUMMARY OF BENEFITS—IMPORTANT INFORMATION

Benefit Category	Original Medicare	TODAY'S OPTIONS	TODAY'S OPTIONS
		PREMIER PLUS (041, 043, 045)	VALUE PLUS (040, 042, 044)
1. Premium and Other Important Information Most people will pay the standard monthly premium. However, starting January 1, 2007, some people will have to pay a higher premium because of their yearly income (over \$80,000 for singles, \$160,000 for married couples). For more information on Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.	<ul style="list-style-type: none"> You pay the Medicare Part B premium of \$93.50 each month. 	<ul style="list-style-type: none"> You pay \$45-\$117 each month for your plan benefits. Please refer to the Premium Table located after this section to find out what the premium is in your area. There is a \$2500 maximum out-of-pocket limit every year for Medicare covered plan services. 	<ul style="list-style-type: none"> You pay \$10-\$80 each month for your plan benefits. Please refer to the Premium Table located after this section to find out what the premium is in your area. There is a \$3000 maximum out-of-pocket limit every year for Medicare-covered plan services.
2. Doctor and Hospital Choice <i>(For more information, see Emergency #15 and Urgently Needed Care #16.)</i>	<ul style="list-style-type: none"> You may go to any doctor, specialist, or hospital that accepts Medicare. 	<ul style="list-style-type: none"> You may go to any doctor, specialist, or hospital that accepts the plan's payment. 	<ul style="list-style-type: none"> You may go to any doctor, specialist, or hospital that accepts the plan's payment.
3. Inpatient Hospital Care <i>(includes substance abuse and rehabilitation services)</i>	<ul style="list-style-type: none"> You pay for each benefit period. (3) Days 1-60: an additional deductible of \$992 Days 61-90: \$248 each day; Days 91-150: \$496 each lifetime reserve day. (4) Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4) 	<ul style="list-style-type: none"> You pay \$150 for each Medicare-covered stay at a hospital. There is no copayment for additional days received at a hospital. If you do not notify the plan of a planned inpatient admission, you will have to pay \$150 each day, up to a maximum of \$150 per admission. Contact plan for additional information. There is a \$600 maximum out-of-pocket limit every year. You are covered for unlimited days each benefit period. You may go to any doctor, specialist, or hospital that accepts the plan's payment. 	<ul style="list-style-type: none"> You pay \$175 for each day for day(s) 1-4, \$0 each day for day(s) 5-90 for a Medicare-covered stay at a hospital. There is no copayment for additional days received at a hospital. If you do not notify the plan of a planned inpatient admission, you will have to pay \$150 each day, up to a maximum of \$150. Contact plan for additional information. There is a \$1700 maximum out-of-pocket limit every year. You are covered for unlimited days each benefit period. You may go to any doctor, specialist, or hospital that accepts the plan's payment.

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

(4) Lifetime reserve days can only be used once.

If you have questions about this plan's benefits or costs, please call Today's Options at 1-800-486-7613 (TTY/TDD 1-800-535-3995) 8 AM-5 PM, local time, Monday-Friday.

INPATIENT CARE

Benefit Category	Original Medicare	TODAY'S OPTIONS	TODAY'S OPTIONS
		PREMIER PLUS (041, 043, 045)	VALUE PLUS (040, 042, 044)
4. Inpatient Mental Health Care	<ul style="list-style-type: none"> You pay the same deductible and copayments as inpatient hospital care (previous page), except Medicare beneficiaries may only receive 190 days in a psychiatric hospital in a lifetime. 	<ul style="list-style-type: none"> You pay \$75 each day for day(s) 1-5, and \$0 each day for days 6-90 for a Medicare-covered stay at a hospital. There is a \$1250 maximum out-of-pocket limit every year. Medicare beneficiaries may only receive 190 days in a psychiatric hospital in a lifetime. If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$250 per admission. Contact plan for additional information 	<ul style="list-style-type: none"> You pay \$150 each day for day(s) 1-5; \$0 each day for day(s) 6-90 for a Medicare-covered stay at a hospital. There is a \$2000 maximum out-of-pocket limit every year. Medicare beneficiaries may only receive 190 days in a psychiatric hospital in a lifetime. If you do not notify the plan of a planned inpatient admission, you will have to pay \$50 each day, up to a maximum of \$250 per admission. Contact plan for additional information
5. Skilled Nursing Facility <i>(in a Medicare-certified skilled nursing facility)</i>	<ul style="list-style-type: none"> You pay for each benefit period (3), following at least a 3-day covered hospital stay: Days 1-20: \$0 for each day; Days 21-100: \$124 for each day. There is a limit of 100 days for each benefit period. (3) 	<ul style="list-style-type: none"> You pay: \$0 each day for day(s) 1-20; \$100 each day for day(s) 21-100 for a stay at a skilled nursing facility. No prior hospital stay is required. You are covered for 100 days each benefit period. 	<ul style="list-style-type: none"> You pay: \$0 each day for day(s) 1-20; \$100 each day for day(s) 21-100 for a stay at a skilled nursing facility. No prior hospital stay is required. You are covered for 100 days each benefit period.
6. Home Healthcare <i>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i>	<ul style="list-style-type: none"> There is no copayment for all covered home health visits. 	<ul style="list-style-type: none"> You pay 15% of the cost for Medicare-covered home health visits. 	<ul style="list-style-type: none"> You pay 15% of the cost for Medicare-covered home health visits.
7. Hospice	<ul style="list-style-type: none"> You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare certified hospice. 	<ul style="list-style-type: none"> You must receive care from a Medicare-certified hospice. 	<ul style="list-style-type: none"> You must receive care from a Medicare-certified hospice.

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

Section Two

OUTPATIENT CARE

Benefit Category	Original Medicare	TODAY'S OPTIONS	
		PREMIER PLUS (041, 043, 045)	VALUE PLUS (040, 042, 044)
8. Doctor Office Visits	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts. (1)(2) 	<ul style="list-style-type: none"> You pay \$5 for each primary care doctor office visit for Medicare-covered services. You pay \$15 for each specialist visit for Medicare-covered services. You may go to any doctor, specialist, or hospital that accepts the plan's payment. See 32—Physical Exams for more information. 	<ul style="list-style-type: none"> You pay \$15 for each primary care doctor office visit for Medicare-covered services. You pay \$30 for each specialist visit for Medicare-covered services. You may go to any doctor, specialist or hospital that accepts the plan's payment. See 32—Physical Exams for more information.
9. Chiropractic Services	<ul style="list-style-type: none"> You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers. You pay 100% for routine care. You pay 20% of Medicare-approved amounts. (1)(2) 	<ul style="list-style-type: none"> You pay \$20 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation). 	<ul style="list-style-type: none"> You pay \$35 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).
10. Podiatry Services	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts. (1)(2) You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs. You pay 100% for routine care. 	<ul style="list-style-type: none"> You pay \$20 for each Medicare-covered visit (medically necessary foot care). 	<ul style="list-style-type: none"> You pay \$35 for each Medicare-covered visit (medically necessary foot care).
11. Outpatient Mental Health Care	<ul style="list-style-type: none"> You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. (1)(2) 	<ul style="list-style-type: none"> For Medicare-covered mental health services, you pay 50% of the cost for each individual/group visit. 	<ul style="list-style-type: none"> For Medicare-covered mental health services, you pay 50% of the cost for each individual/group visit.
12. Outpatient Substance Abuse Care	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts. (1)(2) 	<ul style="list-style-type: none"> For Medicare-covered services, you pay 50% of the cost for each individual/group visit. 	<ul style="list-style-type: none"> For Medicare-covered services, you pay 50% of the cost for each individual/group visit.

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have questions about this plan's benefits or costs, please call Today's Options at 1-800-486-7613 (TTY/TDD 1-800-535-3995) 8 AM-5 PM, local time, Monday-Friday.

Section Two

OUTPATIENT CARE

Benefit Category	Original Medicare	TODAY'S OPTIONS	
		PREMIER PLUS (041, 043, 045)	VALUE PLUS (040, 042, 044)
13. Outpatient Services/Surgery	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts for the doctor. (1)(2) You pay 20% of outpatient facility charges. (1)(2) 	<ul style="list-style-type: none"> You pay \$25-\$50 for each Medicare-covered visit to an ambulatory surgical center. You pay \$50-\$100 for each Medicare-covered visit to an outpatient hospital facility. 	<ul style="list-style-type: none"> You pay \$100 to \$200 for each Medicare-covered visit to an ambulatory surgical center. You pay \$200 to \$400 for each Medicare-covered visit to an outpatient hospital facility.
14. Ambulance Services <i>(medically necessary ambulance services)</i>	<ul style="list-style-type: none"> You pay 20% of Medicare approved amounts or applicable fee schedule charge. (1)(2) 	<ul style="list-style-type: none"> You pay \$50 for Medicare-covered ambulance services. 	<ul style="list-style-type: none"> You pay \$100 for Medicare-covered ambulance services.
15. Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i>	<ul style="list-style-type: none"> You pay 20% of the facility charge or applicable copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2) You pay 20% of doctor charges. (1)(2) NOT covered outside the U.S., except under limited circumstances. 	<ul style="list-style-type: none"> You pay \$35 for each Medicare-covered emergency room visit. You pay 0% of the cost (up to \$50) for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 72 hour(s) for the same condition. Worldwide coverage. 	<ul style="list-style-type: none"> You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 72 hour(s) for the same condition. You pay 0% of the cost (up to \$50) for each Medicare-covered emergency room visit. Worldwide coverage.
16. Urgently Needed Care <i>(this is NOT emergency care, and in most cases, is out of the service area.)</i>	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts or applicable copayment. (1)(2) NOT covered outside the U.S., except under limited circumstances. 	<ul style="list-style-type: none"> You pay \$35 for each Medicare-covered urgently needed care visit. You pay 0% of the cost for each Medicare-covered urgently needed care visit. Worldwide coverage. 	<ul style="list-style-type: none"> You pay \$50 for each Medicare-covered urgently needed care visit. You pay 0% of the cost for each Medicare-covered urgently needed care visit. Worldwide coverage.
17. Outpatient Rehabilitation Services <i>(occupational therapy, physical therapy, speech, and language therapy)</i>	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts. (1)(2) 	<ul style="list-style-type: none"> You pay \$15 for each Medicare-covered Occupational Therapy visit. You pay \$15 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit. 	<ul style="list-style-type: none"> You pay \$30 for each Medicare-covered Occupational Therapy visit. You pay \$30 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Section Two

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

Benefit Category	Original Medicare	TODAY'S OPTIONS	
		PREMIER PLUS (041, 043, 045)	VALUE PLUS (040, 042, 044)
18. Durable Medical Equipment <i>(includes wheelchairs, oxygen, etc.)</i>	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts. (1)(2) 	<ul style="list-style-type: none"> You pay 20% of the cost for each Medicare-covered item. If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 50% of the billed charges. Contact plan for additional information. 	<ul style="list-style-type: none"> You pay 20% of the cost for each Medicare-covered item. If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 50% of the billed charges. Contact plan for additional information.
19. Prosthetic Devices <i>(includes braces, artificial limbs and eyes, etc.)</i>	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts. (1)(2) 	<ul style="list-style-type: none"> You pay 20% of the cost for each Medicare-covered item. If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 50% of the billed charges. Contact plan for additional information. 	<ul style="list-style-type: none"> You pay 20% of the cost for each Medicare-covered item. If you do not notify the plan of an equipment or device purchase over \$750, you will have to pay 50% of the billed charges. Contact plan for additional information.
20. Diabetes Self-Monitoring Training and Supplies <i>(includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training)</i>	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts. (1)(2) 	<ul style="list-style-type: none"> There is no copayment for Diabetes self-monitoring training. You pay 20% to 50% of the cost for each Medicare-covered Diabetes supply item. 	<ul style="list-style-type: none"> There is no copayment for Diabetes self-monitoring training. You pay 20% to 50% of the cost for each Medicare-covered Diabetes supply item.
21. Diagnostic Tests, X-rays and Lab Services	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts, except for approved lab services. (1)(2) There is no copayment for Medicare-approved lab services. 	<ul style="list-style-type: none"> You pay: <ul style="list-style-type: none"> –0% of the cost for each Medicare-covered clinical/diagnostic lab service. –10% of the cost for each Medicare-covered radiation therapy service. –10% of the cost for each Medicare-covered X-ray visit. 	<ul style="list-style-type: none"> You pay: <ul style="list-style-type: none"> –0% of the cost for each Medicare-covered clinical/diagnostic lab service. –20% of the cost for each Medicare-covered radiation therapy service. –20% of the cost for each Medicare-covered X-ray visit.

(1)Each year, you pay a total of one \$131 deductible.

(2)If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have questions about this plan's benefits or costs, please call Today's Options at 1-800-486-7613 (TTY/TDD 1-800-535-3995) 8 AM-5 PM, local time, Monday-Friday.

Section Two

PREVENTIVE SERVICES

Benefit Category	Original Medicare	TODAY'S OPTIONS	
		PREMIER PLUS (041, 043, 045)	VALUE PLUS (040, 042, 044)
22. Bone Mass Measurement <i>(for people with Medicare who are at risk)</i>	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts. (1)(2) 	<ul style="list-style-type: none"> There is no copayment for each Medicare-covered Bone Mass Measurement. 	<ul style="list-style-type: none"> There is no copayment for each Medicare-covered Bone Mass Measurement.
23. Colorectal Screening Exams <i>(for people with Medicare age 50 and older)</i>	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts. (1)(2) 	<ul style="list-style-type: none"> There is no copayment for Medicare-covered Colorectal Screening Exams. 	<ul style="list-style-type: none"> There is no copayment for Medicare-covered Colorectal Screening Exams.
24. Immunizations <i>(flu vaccine, Hepatitis B vaccine-for people with Medicare who are at risk, pneumonia vaccine)</i>	<ul style="list-style-type: none"> There is no copayment for the pneumonia and flu vaccines. You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. (1)(2) You may only need the pneumonia vaccine once in your lifetime. Please contact your doctor for further details. 	<ul style="list-style-type: none"> There is no copayment for Pneumonia and Flu vaccines. There is no copayment for the Hepatitis B vaccine. 	<ul style="list-style-type: none"> There is no copayment for Pneumonia and Flu vaccines. There is no copayment for the Hepatitis B vaccine.
25. Mammogram Annual Screening <i>(for women with Medicare age 40 or older)</i>	<ul style="list-style-type: none"> You pay 20% of Medicare-approved amounts. (2) No referral necessary for Medicare-covered screenings. 	<ul style="list-style-type: none"> There is no copayment for Medicare-covered Screening Mammograms. 	<ul style="list-style-type: none"> There is no copayment for Medicare-covered Screening Mammograms.
26. Pap Smears and Pelvic Exams <i>(for women with Medicare)</i>	<ul style="list-style-type: none"> There is no copayment for a pap smear once every 2 years, annually for beneficiaries at high risk. (2) You pay 20% of Medicare-approved amounts for pelvic exams. (2) 	<ul style="list-style-type: none"> There is no copayment for Medicare-covered Pap Smears and Pelvic Exams. 	<ul style="list-style-type: none"> There is no copayment for Medicare-covered Pap Smears and Pelvic Exams.
27. Prostate Cancer Screening Exams <i>(for men with Medicare age 50 and older)</i>	<ul style="list-style-type: none"> There is no copayment for approved lab services and a copayment of 20% of Medicare-approved amounts for other related services. (1)(2) 	<ul style="list-style-type: none"> There is no copayment for Medicare-covered Prostate Cancer Screening Exams. 	<ul style="list-style-type: none"> There is no copayment for Medicare-covered Prostate Cancer Screening Exams.
28. Prescription Drugs	<ul style="list-style-type: none"> You pay 100% for most prescription drugs unless you enroll in a Medicare Part D Prescription Drug Program. 	<ul style="list-style-type: none"> You pay 20% of the cost for Part B covered drugs. 	<ul style="list-style-type: none"> You pay 20% of the cost for Part B covered drugs

(1)Each year, you pay a total of one \$131 deductible.

(2)If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Section Two

ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)

Benefit Category	Original Medicare	TODAY'S OPTIONS	
		PREMIER PLUS (041, 043, 045)	VALUE PLUS (040, 042, 044)
28. Prescription Drugs (cont'd) <i>Drugs covered under Medicare Part D (Prescription Drug Benefit)</i>		<ul style="list-style-type: none"> This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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 member's 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 website at www.todaysoptions.com. People who have limited incomes, who live in long-term care facilities or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details. 	<ul style="list-style-type: none"> This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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 website at www.todaysoptions.com. People who have limited incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.
Deductible		<ul style="list-style-type: none"> There is no deductible. 	<ul style="list-style-type: none"> There is no deductible.
Initial Coverage		<ul style="list-style-type: none"> Before the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay the following for prescription drugs: 	<ul style="list-style-type: none"> Before the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay the following for prescription drugs:
In-Network Retail Pharmacy		<ul style="list-style-type: none"> -\$7 for a one month (31 day) supply of Tier 1 drugs -\$31 for a one month (31 day) supply of Tier 2 drugs -\$61 for a one month (31 day) supply of Tier 3 drugs -30% coinsurance for a one month (31 day) supply of Tier 4 drugs. -\$14 for a three month (90 day) supply of Tier 1 drugs -\$62 for a three month (90 day) supply of Tier 2 drugs 	<ul style="list-style-type: none"> -\$7 for a one month (31 day) supply of Tier 1 drugs -\$31 for a one month (31 day) supply of Tier 2 drugs -\$61 for a one month (31 day) supply of Tier 3 drugs -30% coinsurance for a one month (31 day) supply of Tier 4 drugs. -\$14 for a three month (90 day) supply of Tier 1 drugs -\$62 for a three month (90 day) supply of Tier 2 drugs

If you have questions about this plan's benefits or costs, please call Today's Options at 1-800-486-7613 (TTY/TDD 1-800-535-3995) 8 AM-5 PM, local time, Monday-Friday.

Section Two

ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)

Benefit Category	Original Medicare	TODAY'S OPTIONS	
		PREMIER PLUS (041, 043, 045)	VALUE PLUS (040, 042, 044)
28. Prescription Drugs (cont'd)		<ul style="list-style-type: none"> -\$122 for a three month (90 day) supply of Tier 3 drugs -30% coinsurance for a three month (90 day) supply of Tier 4 drugs. 	<ul style="list-style-type: none"> -\$122 for a three month (90 day) supply of Tier 3 drugs -30% coinsurance for a three month (90 day) supply of Tier 4 drugs.
Mail Order		<ul style="list-style-type: none"> -\$14 for a three month (90 day) supply of Tier 1 drugs; -\$62 for a three month (90 day) supply of Tier 2 drugs -\$122 for a three month (90 day) supply of Tier 3 drugs -30% coinsurance for a three month (90 day) supply of Tier 4 drugs. 	<ul style="list-style-type: none"> -\$14 for a three month (90 day) supply of Tier 1 drugs -\$62 for a three month (90 day) supply of Tier 2 drugs -\$122 for a three month (90 day) supply of tier 3 drugs -30% coinsurance for a three month (90 day) supply of Tier 4 drugs.
Coverage after you reach your initial coverage limit		<ul style="list-style-type: none"> You pay the following: 	<ul style="list-style-type: none"> After the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3,850.
In-network retail pharmacy		<ul style="list-style-type: none"> -\$7 for a one month (31 day) supply of Tier 1 drugs -\$14 for a three month (90 day) supply of Tier 1 drugs. 	
Mail Order		<ul style="list-style-type: none"> -\$14 for a three month (90 day) supply of Tier 1 drugs -For all other covered drugs and after the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs up until your yearly out-of-pocket drug costs reach \$3,850. 	
Catastrophic coverage		<ul style="list-style-type: none"> After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of <ul style="list-style-type: none"> -\$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or -5% coinsurance. 	<ul style="list-style-type: none"> After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of: <ul style="list-style-type: none"> -\$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or; -5% coinsurance.

Section Two

ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)

Benefit Category	Original Medicare	TODAY'S OPTIONS	
		PREMIER PLUS (041, 043, 045)	VALUE PLUS (040, 042, 044)
28. Prescription Drugs (cont'd) General Information		<ul style="list-style-type: none"> In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition. Certain prescription drugs will have maximum quantity limits. Your provider must get prior authorization from Today's Options Premier Plus for certain prescription drugs. Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy. Please contact the plan for details. 	<ul style="list-style-type: none"> In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition. Certain prescription drugs will have maximum quantity limits. Your provider must get prior authorization from Today's Options Value Plus for certain prescription drugs. Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy. Please contact the plan for details.
29. Dental Services	<ul style="list-style-type: none"> In general, you pay 100% for preventive dental services. 	<ul style="list-style-type: none"> In general, you pay 100% for preventive dental services. 	<ul style="list-style-type: none"> In general, you pay 100% for preventive dental services.
30. Hearing Services	<ul style="list-style-type: none"> You pay 100% for routine hearing exams and hearing aids. You pay 20% of Medicare-approved amounts for diagnostic hearing exams.(1)(2) 	<ul style="list-style-type: none"> You pay 100% for hearing aids. You pay: <ul style="list-style-type: none"> –\$15 for each Medicare-covered hearing exam (diagnostic hearing exams). –\$15 for each routine hearing test up to one test(s) every year. 	<ul style="list-style-type: none"> You pay 100% for hearing aids. You pay: <ul style="list-style-type: none"> –\$30 for each Medicare-covered hearing exam (diagnostic hearing exams). –\$30 for each routine hearing test up to one test(s) every year.

(1)Each year, you pay a total of one \$131 deductible.

(2)If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have questions about this plan's benefits or costs, please call Today's Options at 1-800-486-7613 (TTY/TDD 1-800-535-3995) 8 AM-5 PM, local time, Monday-Friday.

Section Two

ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)

Benefit Category	Original Medicare	TODAY'S OPTIONS	
		PREMIER PLUS (041, 043, 045)	VALUE PLUS (040, 042, 044)
31. Vision Services	<ul style="list-style-type: none"> You are covered for one pair of eyeglasses or contact lenses after each cataract surgery.(1)(2) For people with Medicare who are at risk, you are covered for annual glaucoma screenings.(1)(2) You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye.(1)(2) You pay 100% for routine eye exams and glasses. 	<ul style="list-style-type: none"> You pay: <ul style="list-style-type: none"> –\$15 for Medicare-covered eye wear (one pair of eye glasses or contact lenses after each cataract surgery). –\$15 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye). –\$15 for each routine eye exam, limited to one exam(s) every year. 	<ul style="list-style-type: none"> You pay: <ul style="list-style-type: none"> –\$30 for Medicare-covered eye wear (one pair of eye glasses or contact lenses after each cataract surgery). –\$30 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye). –\$30 for each routine eye exam, limited to one exam(s) every year.
32. Physical Exams	<ul style="list-style-type: none"> If your coverage under Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details. You pay 20% of the Medicare-approved amount.(1)(2) 	<ul style="list-style-type: none"> If your coverage under Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details. There is no copayment for routine physical exams. You are covered up to one exam(s) every year. 	<ul style="list-style-type: none"> If your coverage under Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details. You pay \$30 for Medicare covered services. You pay \$30 for each exam. You are covered up to one exam(s) every year.
33. Health/Wellness Education	<ul style="list-style-type: none"> You pay 100%. 	<ul style="list-style-type: none"> You are covered for the following: <ul style="list-style-type: none"> –Written health education materials, including newsletter; –Nursing Hotline –Other Wellness Services 	<ul style="list-style-type: none"> You are covered for the following: <ul style="list-style-type: none"> –Written health education materials, including newsletter; –Nursing Hotline –Other Wellness Services

(1)Each year, you pay a total of one \$131 deductible.

(2)If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

Premiums Table - County Level

TODAY'S OPTIONS SERVICE AREAS

Today's Options plans are available in the following states, and include two health plan options – **Today's Options Premier Plus** and **Today's Options Value Plus**. The monthly premium for each of the plans is listed below. This is the amount you will pay each month if you enroll in a Today's Options plan.

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

State	County	Premier Plus Plan	Value Plus Plan
Arizona	Graham, Greenlee, Santa Cruz	Plan 045 \$45.00	Plan 044 \$10.00
	Apache, Cochise, Coconino, Maricopa, Mohave, Navajo, Pima, Pinal, Yavapai	Plan 043 \$80.00	Plan 042 \$44.00
	Gila, La Paz, Yuma	Plan 041 \$117.00	Plan 040 \$80.00
Arkansas	Benton, Bradley, Carroll, Crawford, Franklin, Madison, Newton, Scott, Searcy, Sebastian, Washington	Plan 045 \$45.00	Plan 044 \$10.00
	Ashley, Baxter, Boone, Cleveland, Conway, Craighead, Crittenden, Dallas, Faulkner, Fulton, Grant, Howard, Jefferson, Johnson, Lee, Lincoln, Logan, Lonoke, Marion, Miller, Monroe, Montgomery, Nevada, Ouachita, Perry, Phillips, Polk, Pope, Pulaski, Randolph, St. Francis, Sevier, Stone, Van Buren, Woodruff	Plan 043 \$80.00	Plan 042 \$44.00
	Arkansas, Calhoun, Chicot, Clark, Clay, Cleburne, Columbia, Cross, Desha, Drew, Garland, Greene, Hempstead, Hot Spring, Independence, Izard, Jackson, Lafayette, Lawrence, Little River, Mississippi, Pike, Poinsett, Prairie, Saline, Sharp, Union, White, Yell	Plan 041 \$117.00	Plan 040 \$80.00
California	Alpine, Del Norte, Fresno, Madera, Napa, Placer, Sacramento, San Francisco, San Joaquin, Santa Barbara, Solano, Tulare, Yolo	Plan 045 \$45.00	Plan 044 \$10.00
	Alameda, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Humboldt, Imperial, Kern, Kings, Lake, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Plumas, Riverside, San Benito, San Bernardino, San Diego, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Sonoma, Stanislaus, Sutter, Ventura, Yuba	Plan 043 \$80.00	Plan 042 \$44.00
	Glenn, Inyo, Lassen, Los Angeles, Marin, Monterey, Orange, San Luis Obispo, Tehama, Trinity, Tuolumne	Plan 041 \$117.00	Plan 040 \$80.00

Premiums Table - Continued

TODAY'S OPTIONS SERVICE AREAS

State	County	Premier Plus Plan	Value Plus Plan
Colorado	Alamosa, Archuleta, Bent, Custer, Dolores, Elbert, Gunnison, Hinsdale, Kiowa, Las Animas, Lincoln, Routt, Saguache, San Juan, Teller	Plan 045 \$45.00	Plan 044 \$10.00
	Adams, Arapahoe, Boulder, Broomfield, Chaffee, Clear Creek, Conejos, Costilla, Crowley, Delta, Denver, Douglas, El Paso, Fremont, Garfield, Huerfano, Jefferson, Lake, La Plata, Larimer, Logan, Mesa, Mineral, Montezuma, Otero, Park, Prowers, Pueblo, Rio Grande, San Miguel, Sedgwick, Weld	Plan 043 \$80.00	Plan 042 \$44.00
	Baca, Cheyenne, Eagle, Gilpin, Grand, Jackson, Kit Carson, Moffat, Montrose, Morgan, Ouray, Phillips, Pitkin, Rio Blanco, Summit, Washington, Yuma	Plan 041 \$117.00	Plan 040 \$80.00
Florida	Baker, Calhoun, Escambia, Flagler, Franklin, Gadsden, Hillsborough, Holmes, Jackson, Jefferson, Lake, Lee, Leon, Madison, Marion, Orange, Osceola, Polk, Santa Rosa, Sarasota, Seminole, Suwannee, Taylor, Volusia, Wakulla, Washington	Plan 043 \$80.00	Plan 042 \$44.00
	Alachua, Bay, Bradford, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Columbia, Miami-Dade, Desoto, Dixie, Duval, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Indian River, Lafayette, Levy, Liberty, Manatee, Martin, Monroe, Nassau, Okaloosa, Okeechobee, Palm Beach, Pasco, Pinellas, Putnam, St. Johns, St. Lucie, Sumter, Union, Walton	Plan 041 \$117.00	Plan 040 \$80.00
Georgia	Berrien, Clay, Columbia, Coweta, Elbert, Evans, Hancock, Harris, Jones, Lamar, Macon, Marion, Meriwether, Muscogee, Pike, Richmond, Stewart, Taliaferro, Twiggs, Washington	Plan 045 \$45.00	Plan 044 \$10.00
	Atkinson, Baldwin, Banks, Barrow, Bartow, Ben Hill, Bibb, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Clarke, Clayton, Clinch, Cobb, Colquitt, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dooly, Douglas, Early, Echols, Effingham, Emanuel, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Grady, Greene, Gwinnett, Habersham, Hall, Haralson, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jefferson, Jenkins, Lanier, Laurens, Liberty, Lincoln, Lumpkin, McDuffie, McIntosh, Madison, Mitchell, Morgan, Murray, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Quitman, Rabun, Randolph, Rockdale, Seminole, Spalding, Stephens, Sumter, Talbot, Tattnall, Taylor, Thomas, Tift, Towns, Treutlen, Troup, Turner, Union, Upson, Walker, Walton, Warren, Wayne, Webster, White, Whitfield, Wilcox, Wilkes, Wilkinson	Plan 043 \$80.00	Plan 042 \$44.00
	Appling, Bacon, Baker, Bleckley, Bulloch, Calhoun, Cherokee, Coffee, Cook, Dodge, Dougherty, Floyd, Gordon, Jeff Davis, Johnson, Lee, Long, Lowndes, Miller, Monroe, Montgomery, Pierce, Polk, Pulaski, Putnam, Schley, Screven, Telfair, Terrell, Toombs, Ware, Wheeler, Worth	Plan 041 \$117.00	Plan 040 \$80.00

Premiums Table - County Level

TODAY'S OPTIONS SERVICE AREAS

State	County	Premier Plus Plan	Value Plus Plan
Illinois	Boone, Champaign, Marshall, Peoria, Stark, Tazewell, Winnebago, Woodford	Plan 045 \$45.00	Plan 044 \$10.00
	Adams, Brown, Bureau, Calhoun, Carroll, Cass, Clark, Clinton, Coles, Crawford, Cumberland, Dekalb, Douglas, Edgar, Edwards, Effingham, Ford, Hancock, Hardin, Henry, Jasper, Johnson, Kendall, La Salle, Lee, McDonough, McLean, Macon, Macoupin, Madison, Massac, Menard, Mercer, Monroe, Morgan, Moultrie, Ogle, Piatt, Pike, Pope, Richland, Rock Island, St. Clair, Saline, Sangamon, Schuyler, Scott, Shelby, Stephenson, Union, Vermilion, Warren, Washington, Whiteside, Williamson	Plan 043 \$80.00	Plan 042 \$44.00
	Alexander, Bond, Christian, Clay, Cook, De Witt, Dupage, Fayette, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Henderson, Iroquois, Jackson, Jefferson, Jersey, Jo Daviess, Kane, Kankakee, Knox, Lake, Lawrence, Livingston, Logan, McHenry, Marion, Mason, Montgomery, Perry, Pulaski, Putnam, Randolph, Wabash, Wayne, White, Will	Plan 041 \$117.00	Plan 040 \$80.00
Indiana	Adams, Allen, Brown, Dearborn, De Kalb, Franklin, Fulton, Huntington, Jackson, Kosciusko, Lagrange, Noble, Orange, Putnam, St. Joseph, Wabash, Washington, Wells, Whitley	Plan 045 \$45.00	Plan 044 \$10.00
	Bartholomew, Boone, Cass, Clark, Decatur, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Gibson, Grant, Hamilton, Hancock, Harrison, Hendricks, Henry, Jasper, Jay, Jefferson, Johnson, Lawrence, Madison, Marion, Marshall, Martin, Monroe, Montgomery, Morgan, Newton, Ohio, Owen, Parke, Porter, Posey, Pulaski, Randolph, Ripley, Scott, Shelby, Spencer, Steuben, Union, Vanderburgh, Warrick, Wayne	Plan 043 \$80.00	Plan 042 \$44.00
	Benton, Blackford, Carroll, Clay, Clinton, Crawford, Daviess, Greene, Howard, Jennings, Knox, Lake, La Porte, Miami, Perry, Pike, Rush, Starke, Sullivan, Switzerland, Tippecanoe, Tipton, Vermillion, Vigo, Warren, White	Plan 041 \$117.00	Plan 040 \$80.00

Premiums Table - Continued

TODAY'S OPTIONS SERVICE AREAS

State	County	Premier Plus Plan	Value Plus Plan
Iowa	Allamakee, Appanoose, Boone, Buena Vista, Carroll, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Dallas, Davis, Decatur, Delaware, Dickinson, Greene, Grundy, Guthrie, Hamilton, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Keokuk, Kossuth, Linn, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Muscatine, Osceola, Polk, Scott, Sioux, Story, Union, Warren, Washington, Wayne, Winnebago, Winneshiek, Worth	Plan 045 \$45.00	Plan 044 \$10.00
	Adair, Audubon, Benton, Bremer, Butler, Calhoun, Cass, Chickasaw, Clayton, Clinton, Crawford, Des Moines, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Hancock, Hardin, Harrison, Howard, Humboldt, Ida, Jones, Lee, Louisa, Lyon, Mills, Monroe, Montgomery, O'Brien, Page, Palo Alto, Plymouth, Pocahontas, Pottawattamie, Poweshiek, Ringgold, Tama, Taylor, Van Buren, Wapello, Webster, Woodbury	Plan 043 \$80.00	Plan 042 \$44.00
	Adams, Black Hawk, Buchanan, Monona, Sac, Shelby, Wright	Plan 041 \$117.00	Plan 040 \$80.00
	Cowley, Harvey, Kearny, Miami, Saline	Plan 045 \$45.00	Plan 044 \$10.00
Kansas	Allen, Anderson, Atchison, Bourbon, Butler, Cherokee, Cheyenne, Clay, Cloud, Coffey, Decatur, Dickinson, Douglas, Elk, Ellis, Franklin, Geary, Gove, Graham, Jefferson, Johnson, Kiowa, Lane, Leavenworth, Linn, McPherson, Mitchell, Montgomery, Morris, Nemaha, Neosho, Norton, Osborne, Ottawa, Pottawatomie, Pratt, Republic, Riley, Sedgwick, Sheridan, Smith, Sumner, Thomas, Wabaunsee, Washington, Wyandotte	Plan 043 \$80.00	Plan 042 \$44.00
	Barber, Barton, Brown, Chase, Chautauqua, Clark, Comanche, Crawford, Doniphan, Edwards, Ellsworth, Finney, Ford, Grant, Gray, Greeley, Greenwood, Hamilton, Harper, Haskell, Hodgeman, Jackson, Jewell, Kingman, Labette, Lincoln, Logan, Lyon, Marion, Marshall, Meade, Morton, Ness, Osage, Pawnee, Phillips, Rawlins, Reno, Rice, Rooks, Rush, Russell, Scott, Seward, Shawnee, Sherman, Stafford, Stanton, Stevens, Trego, Wallace, Wichita, Wilson, Woodson	Plan 041 \$117.00	Plan 040 \$80.00

Premiums Table - County Level

TODAY'S OPTIONS SERVICE AREAS

State	County	Premier Plus Plan	Value Plus Plan
Kentucky	Bath, Bourbon, Carter, Clark, Fayette, Jessamine, Madison, Menifee, Montgomery, Powell, Scott, Woodford	Plan 045 \$45.00	Plan 044 \$10.00
	Anderson, Barren, Boone, Boyle, Bracken, Bullitt, Butler, Campbell, Christian, Cumberland, Daviess, Edmonson, Elliott, Estill, Gallatin, Garrard, Grant, Grayson, Hardin, Harrison, Hart, Henderson, Henry, Hopkins, Jackson, Jefferson, Kenton, Larue, Lee, Lewis, Lincoln, Livingston, Logan, Lyon, McCreary, McLean, Marion, Meade, Mercer, Metcalfe, Morgan, Nelson, Ohio, Oldham, Owsley, Pendleton, Pulaski, Robertson, Rockcastle, Rowan, Russell, Shelby, Simpson, Spencer, Taylor, Trigg, Trimble, Warren, Washington, Wayne, Webster	Plan 043 \$80.00	Plan 042 \$44.00
	Adair, Allen, Ballard, Bell, Boyd, Breathitt, Breckinridge, Caldwell, Calloway, Carlisle, Carroll, Casey, Clay, Clinton, Crittenden, Fleming, Floyd, Franklin, Fulton, Graves, Green, Greenup, Hancock, Harlan, Hickman, Johnson, Knott, Knox, Laurel, Lawrence, Leslie, Letcher, McCracken, Magoffin, Marshall, Martin, Mason, Monroe, Muhlenberg, Nicholas, Owen, Perry, Pike, Todd, Union, Whitley, Wolfe	Plan 041 \$117.00	Plan 040 \$80.00
Louisiana	Allen, Ascension, Assumption, East Feliciana, Iberville, Lafourche, Plaquemines, Pointe Coupee, St. James, St. John Baptist, St. Mary, West Baton Rouge	Plan 045 \$45.00	Plan 044 \$10.00
	Avoyelles, Bossier, Calcasieu, Caldwell, Cameron, Catahoula, De Soto, East Baton Rouge, East Carroll, Grant, Jefferson, Lafayette, La Salle, Livingston, Madison, Morehouse, Orleans, Ouachita, Rapides, Red River, St. Bernard, St. Charles, St. Landry, Terrebonne, Vernon, Washington, Winn	Plan 043 \$80.00	Plan 042 \$44.00
	Acadia, Beauregard, Bienville, Caddo, Claiborne, Concordia, Evangeline, Franklin, Iberia, Jackson, Jefferson Davis, Lincoln, Natchitoches, Richland, Sabine, St. Helena, St. Martin, St. Tammany, Tangipahoa, Tensas, Union, Vermilion, Webster, West Carroll, West Feliciana	Plan 041 \$117.00	Plan 040 \$80.00

Premiums Table - Continued

TODAY'S OPTIONS SERVICE AREAS

State	County	Premier Plus Plan	Value Plus Plan
Michigan	Lenawee, Ottawa	Plan 045 \$45.00	Plan 044 \$10.00
	Allegan, Barry, Berrien, Calhoun, Cass, Charlevoix, Clinton, Crawford, Dickinson, Eaton, Emmet, Gogebic, Grand Traverse, Gratiot, Ingham, Ionia, Kalamazoo, Kent, Lapeer, Livingston, Manistee, Marquette, Mason, Mecosta, Menominee, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Schoolcraft, Van Buren, Wexford	Plan 043 \$80.00	Plan 042 \$44.00
	Alcona, Alger, Alpena, Antrim, Arenac, Baraga, Bay, Benzie, Branch, Cheboygan, Chippewa, Clare, Delta, Genesee, Gladwin, Hillsdale, Houghton, Huron, Iosco, Iron, Isabella, Jackson, Kalkaska, Keweenaw, Lake, Leelanau, Luce, Mackinac, Macomb, Oakland, Ogemaw, Ontonagon, Oscoda, Presque Isle, Roscommon, Saginaw, St. Joseph, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne	Plan 041 \$117.00	Plan 040 \$80.00
Minnesota	Blue Earth, Brown, Carlton, Chippewa, Douglas, Houston, Kandiyohi, Kittson, Martin, Nicollet, Nobles, Otter Tail, Pennington, Red Lake, Redwood, Rock, Wilkin, Winona	Plan 045 \$45.00	Plan 044 \$10.00
	Becker, Beltrami, Benton, Big Stone, Cass, Clay, Clearwater, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hubbard, Isanti, Itasca, Jackson, Koochiching, Le Sueur, Lincoln, Lyon, Mahnomen, Meeker, Morrison, Pipestone, Polk, Pope, Renville, Rice, Roseau, St. Louis, Sherburne, Stearns, Steele, Swift, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wright	Plan 043 \$80.00	Plan 042 \$44.00
	Aitkin, Anoka, Carver, Chisago, Cook, Dodge, Hennepin, Kanabec, Lac Qui Parle, Lake, Lake Of Woods, McLeod, Marshall, Mille Lacs, Mower, Murray, Norman, Olmsted, Pine, Ramsey, Sibley, Stevens, Traverse, Yellow Medicine	Plan 041 \$117.00	Plan 040 \$80.00
Mississippi	Benton, Claiborne, Grenada, Issaquena, Lafayette, Marshall, Oktibbeha, Wilkinson	Plan 045 \$45.00	Plan 044 \$10.00
	Attala, Calhoun, Chickasaw, Choctaw, Clay, Copiah, Franklin, George, Hancock, Hinds, Holmes, Jackson, Lawrence, Leake, Leflore, Lincoln, Lowndes, Madison, Monroe, Montgomery, Neshoba, Noxubee, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Stone, Tate, Tippah, Tunica, Washington, Winston, Yalobusha, Yazoo	Plan 043 \$80.00	Plan 042 \$44.00
	Adams, Alcorn, Amite, Bolivar, Carroll, Clarke, Coahoma, Covington, Desoto, Forrest, Greene, Harrison, Humphreys, Itawamba, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lamar, Lauderdale, Lee, Marion, Newton, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tishomingo, Union, Walthall, Warren, Wayne, Webster	Plan 041 \$117.00	Plan 040 \$80.00

Premiums Table - County Level

TODAY'S OPTIONS SERVICE AREAS

State	County	Premier Plus Plan	Value Plus Plan
Missouri	Christian, Dallas, Douglas, Greene, Howell, Oregon, Osage, Polk, Saline, Schuyler, Webster, Wright	Plan 045 \$45.00	Plan 044 \$10.00
	Adair, Audrain, Barry, Benton, Bollinger, Boone, Butler, Caldwell, Callaway, Cape Girardeau, Carroll, Carter, Cass, Cedar, Clark, Clay, Clinton, Cole, Cooper, Crawford, Dade, Franklin, Gasconade, Harrison, Henry, Hickory, Howard, Iron, Jackson, Jasper, Jefferson, Johnson, Knox, Laclede, Lafayette, Lawrence, Lewis, Lincoln, Livingston, McDonald, Macon, Madison, Marion, Miller, Mississippi, Moniteau, Monroe, Montgomery, New Madrid, Ozark, Pemiscot, Pettis, Pike, Platte, Putnam, Ralls, Randolph, St. Charles, St. Clair, St. Francois, St. Louis, St. Louis City, Scotland, Scott, Shannon, Shelby, Stoddard, Stone, Sullivan, Texas, Vernon, Warren, Washington, Wayne, Worth	Plan 043 \$80.00	Plan 042 \$44.00
	Andrew, Atchison, Barton, Bates, Buchanan, Camden, Chariton, Daviess, Dekalb, Dent, Dunklin, Gentry, Grundy, Holt, Linn, Maries, Mercer, Morgan, Newton, Nodaway, Perry, Phelps, Pulaski, Ray, Reynolds, Ripley, Ste. Genevieve, Taney	Plan 041 \$117.00	Plan 040 \$80.00
North Carolina	Alamance, Alexander, Ashe, Buncombe, Burke, Caldwell, Caswell, Catawba, Chatham, Chowan, Clay, Cumberland, Currituck, Davidson, Durham, Forsyth, Franklin, Graham, Guilford, Haywood, Henderson, Hoke, Jackson, McDowell, Macon, Madison, Mitchell, Orange, Person, Randolph, Rockingham, Stokes, Vance, Warren, Yancey	Plan 045 \$45.00	Plan 044 \$10.00
	Alleghany, Anson, Beaufort, Bertie, Bladen, Brunswick, Cabarrus, Camden, Cherokee, Cleveland, Dare, Davie, Gaston, Gates, Granville, Halifax, Hertford, Hyde, Johnston, Jones, Lee, Lincoln, Mecklenburg, Montgomery, Moore, New Hanover, Northampton, Pamlico, Pasquotank, Pender, Perquimans, Polk, Richmond, Rowan, Rutherford, Scotland, Stanly, Surry, Swain, Transylvania, Tyrrell, Union, Wake, Watauga, Yadkin	Plan 043 \$80.00	Plan 042 \$44.00
	Avery, Carteret, Columbus, Craven, Duplin, Edgecombe, Greene, Harnett, Iredell, Lenoir, Martin, Nash, Onslow, Pitt, Robeson, Sampson, Washington, Wayne, Wilkes, Wilson	Plan 041 \$117.00	Plan 040 \$80.00

Premiums Table - Continued

TODAY'S OPTIONS SERVICE AREAS

State	County	Premier Plus Plan	Value Plus Plan
Ohio	Brown, Greene, Holmes, Licking, Marion, Miami	Plan 045 \$45.00	Plan 044 \$10.00
	Ashland, Ashtabula, Athens, Belmont, Butler, Carroll, Champaign, Clark, Clermont, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Delaware, Fairfield, Fayette, Franklin, Fulton, Geauga, Guernsey, Hamilton, Hancock, Huron, Knox, Lake, Lawrence, Madison, Mahoning, Medina, Mercer, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Perry, Pickaway, Portage, Preble, Sandusky, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Warren, Wayne, Williams, Wood, Wyandot	Plan 043 \$80.00	Plan 042 \$44.00
	Adams, Allen, Auglaize, Clinton, Defiance, Erie, Gallia, Hardin, Harrison, Henry, Highland, Hocking, Jackson, Jefferson, Logan, Lorain, Lucas, Meigs, Paulding, Pike, Putnam, Richland, Ross, Scioto, Van Wert, Vinton, Washington	Plan 041 \$117.00	Plan 040 \$80.00
Oklahoma	Greer, Sequoyah	Plan 045 \$45.00	Plan 044 \$10.00
	Beaver, Canadian, Carter, Comanche, Craig, Creek, Delaware, Dewey, Ellis, Garvin, Hughes, Jefferson, Kay, Kingfisher, Le Flore, Lincoln, Logan, McClain, McCurtain, Muskogee, Nowata, Okfuskee, Osage, Ottawa, Pontotoc, Pottawatomie, Pushmataha, Rogers, Seminole, Stephens, Texas, Tillman, Tulsa, Wagoner, Washington	Plan 043 \$80.00	Plan 042 \$44.00
	Adair, Alfalfa, Atoka, Beckham, Blaine, Bryan, Caddo, Cherokee, Choctaw, Cimarron, Cleveland, Coal, Cotton, Custer, Garfield, Grady, Grant, Harmon, Harper, Haskell, Jackson, Johnston, Kiowa, Latimer, Love, McIntosh, Major, Marshall, Mayes, Murray, Noble, Oklahoma, Okmulgee, Pawnee, Payne, Pittsburg, Roger Mills, Washita, Woods, Woodward	Plan 041 \$117.00	Plan 040 \$80.00
Oregon	Baker, Benton, Clackamas, Columbia, Hood River, Klamath, Malheur, Marion, Multnomah, Polk, Sherman, Umatilla, Union, Washington	Plan 045 \$45.00	Plan 044 \$10.00
	Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Jefferson, Lake, Lincoln, Morrow, Tillamook, Wallowa, Wasco, Wheeler	Plan 043 \$80.00	Plan 042 \$44.00
	Clatsop, Jackson, Josephine, Lane, Linn, Yamhill	Plan 041 \$117.00	Plan 040 \$80.00

Premiums Table - County Level

TODAY'S OPTIONS SERVICE AREAS

State	County	Premier Plus Plan	Value Plus Plan
South Carolina	Calhoun, Edgefield, Laurens, Pickens, Saluda, Spartanburg	Plan 045 \$45.00	Plan 044 \$10.00
	Abbeville, Aiken, Allendale, Anderson, Berkeley, Charleston, Cherokee, Clarendon, Colleton, Dorchester, Fairfield, Greenville, Greenwood, Kershaw, Lexington, McCormick, Marion, Newberry, Oconee, Orangeburg, Richland, Sumter, Union, York	Plan 043 \$80.00	Plan 042 \$44.00
	Bamberg, Barnwell, Beaufort, Chester, Chesterfield, Darlington, Dillon, Florence, Georgetown, Hampton, Horry, Jasper, Lancaster, Lee, Marlboro, Williamsburg	Plan 041 \$117.00	Plan 040 \$80.00
Tennessee	Bledsoe, Cannon, Carter, Decatur, Hawkins, Jackson, Knox, Loudon, Marion, Sevier, Sullivan, Union, Warren	Plan 045 \$45.00	Plan 044 \$10.00
	Anderson, Benton, Blount, Bradley, Campbell, Carroll, Cheatham, Chester, Cocke, Crockett, Cumberland, Davidson, Dekalb, Dickson, Dyer, Gibson, Grainger, Greene, Grundy, Hamilton, Hardin, Henderson, Henry, Hickman, Houston, Johnson, Lake, Lewis, Lincoln, McMinn, McNairy, Macon, Madison, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Rutherford, Scott, Sequatchie, Smith, Stewart, Unicoi, Washington, White, Williamson, Wilson	Plan 043 \$80.00	Plan 042 \$44.00
	Bedford, Claiborne, Clay, Coffee, Fayette, Fentress, Franklin, Giles, Hamblen, Hancock, Hardeman, Haywood, Humphreys, Jefferson, Lauderdale, Lawrence, Marshall, Obion, Robertson, Shelby, Sumner, Tipton, Trousdale, Van Buren, Wayne, Weakley	Plan 041 \$117.00	Plan 040 \$80.00

Premiums Table - Continued

TODAY'S OPTIONS SERVICE AREAS

State	County	Premier Plus Plan	Value Plus Plan
Texas	Aransas, Atascosa, Bee, Bexar, Brooks, Carson, Chambers, Coleman, Collin, Collingsworth, Concho, Crane, Culberson, Dimmit, Duval, Frio, Glasscock, Hansford, Hardin, Hartley, Hemphill, Howard, Hudspeth, Jack, Jefferson, Jim Wells, Kenedy, Kinney, La Salle, Lipscomb, Loving, Maverick, Medina, Morris, Nueces, Orange, Presidio, Rains, Roberts, San Patricio, Shackelford, Throckmorton, Val Verde	Plan 045 \$45.00	Plan 044 \$10.00
	Anderson, Angelina, Austin, Bowie, Brazoria, Brewster, Brown, Burleson, Calhoun, Callahan, Camp, Cass, Cherokee, Childress, Clay, Coke, Comanche, Crockett, Dallas, Deaf Smith, Delta, Denton, Dickens, Eastland, Edwards, Ellis, El Paso, Erath, Fort Bend, Franklin, Galveston, Garza, Gillespie, Gray, Gregg, Grimes, Guadalupe, Hall, Harris, Harrison, Haskell, Hays, Hockley, Hood, Hopkins, Houston, Hunt, Irion, Jackson, Jasper, Jeff Davis, Jim Hogg, Johnson, Jones, Kaufman, Kendall, Kent, Kleberg, Knox, Lamar, Lee, Leon, Liberty, Limestone, Live Oak, Lynn, McCulloch, McLennan, McMullen, Marion, Martin, Mason, Menard, Midland, Montague, Montgomery, Navarro, Newton, Nolan, Ochiltree, Oldham, Parker, Parmer, Polk, Randall, Reagan, Red River, Reeves, Rockwall, Runnels, Rusk, San Augustine, San Jacinto, San Saba, Smith, Sterling, Tarrant, Taylor, Terrell, Titus, Tom Green, Trinity, Tyler, Upshur, Upton, Uvalde, Van Zandt, Walker, Ward, Washington, Webb, Wheeler, Wilbarger, Wilson, Winkler, Wise, Wood, Yoakum, Zapata, Zavala	Plan 043 \$80.00	Plan 042 \$44.00
	Andrews, Archer, Armstrong, Bailey, Bandera, Bastrop, Baylor, Bell, Blanco, Borden, Bosque, Brazos, Briscoe, Burnet, Caldwell, Cameron, Castro, Cochran, Colorado, Comal, Cooke, Coryell, Cottle, Crosby, Dallam, Dawson, Dewitt, Donley, Ector, Falls, Fannin, Fayette, Fisher, Floyd, Foard, Freestone, Gaines, Goliad, Gonzales, Grayson, Hale, Hamilton, Hardeman, Henderson, Hidalgo, Hill, Hutchinson, Karnes, Kerr, Kimble, King, Lamb, Lampasas, Lavaca, Llano, Lubbock, Madison, Matagorda, Milam, Mills, Mitchell, Moore, Motley, Nacogdoches, Palo Pinto, Panola, Pecos, Potter, Real, Refugio, Robertson, Sabine, Schleicher, Scurry, Shelby, Sherman, Somervell, Starr, Stephens, Stonewall, Sutton, Swisher, Terry, Travis, Victoria, Waller, Wharton, Wichita, Willacy, Williamson, Young	Plan 041 \$117.00	Plan 040 \$80.00
Utah	Box Elder, Daggett, Davis, Duchesne, Grand, Millard, Morgan, Rich, Salt Lake, Sevier, Summit, Weber	Plan 045 \$45.00	Plan 044 \$10.00
	Beaver, Cache, Carbon, Emery, Garfield, Iron, Juab, Kane, Piute, San Juan, Sanpete, Tooele, Uintah, Utah, Wasatch, Wayne	Plan 043 \$80.00	Plan 042 \$44.00
	Washington	Plan 041 \$117.00	Plan 040 \$80.00

TODAY'S OPTIONS SERVICE AREAS

State	County	Premier Plus Plan	Value Plus Plan
Virginia	Amelia, Bedford City, Bedford, Botetourt, Bristol City, Buchanan, Buena Vista City, Campbell, Carroll, Charles City, Charlotte, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Craig, Cumberland, Danville City, Dinwiddie, Emporia City, Floyd, Franklin City, Franklin, Galax City, Giles, Gloucester, Goochland Grayson, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henry, Isle Of Wight, James City, King And Queen, Lancaster, Lee, Lexington City, Martinsville City, Mathews, Mecklenburg, Middlesex, New Kent, Newport News City, Norfolk City, Northumberland, Pittsylvania, Portsmouth City, Poquoson City, Powhatan, Prince Edward, Richmond, Roanoke, Roanoke City, Rockbridge, Rockingham, Salem City, Scott, Shenandoah, Smyth, Southampton, Staunton City, Suffolk City, Surry, Sussex, Virginia Beach City, Warren, Washington, Williamsburg City, Wythe, York	Plan 045 \$45.00	Plan 044 \$10.00
	Accomack, Albemarle, Alexandria City, Amherst, Appomattox, Arlington, Augusta, Bland, Brunswick, Caroline, Covington City, Culpeper, Essex, Fairfax City, Fairfax, Falls Church City, Fauquier, Fluvanna, Frederick, Fredericksburg City, Greene, Henrico, Highland, Hopewell City, King George, King William, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Montgomery, Nelson, Northampton, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond City, Russell, Spotsylvania, Stafford, Waynesboro City, Westmoreland, Winchester City	Plan 043 \$80.00	Plan 042 \$44.00
	Alleghany, Bath, Buckingham, Charlottesville City, Clifton Forge City, Dickenson, Manassas Park City, Tazewell, Wise	Plan 041 \$117.00	Plan 040 \$80.00
Wisconsin	Barron, Brown, Buffalo, Calumet, Columbia, Crawford, Dodge, Dunn, Fond Du Lac, Green, Green Lake, Iowa, Iron, Jackson, Kewaunee, La Crosse, Marinette, Menominee, Monroe, Oconto, Outagamie, Ozaukee, Pierce, Portage, Richland, Rusk, Shawano, Sheboygan, Trempealeau, Vernon, Washington, Waupaca, Winnebago	Plan 045 \$45.00	Plan 044 \$10.00
	Ashland, Bayfield, Burnett, Chippewa, Dane, Door, Douglas, Eau Claire, Florence, Forest, Grant, Jefferson, Juneau, Kenosha, Langlade, Lincoln, Manitowoc, Marathon, Marquette, Milwaukee, Oneida, Pepin, Polk, Price, Racine, Rock, St. Croix, Sauk, Sawyer, Taylor, Vilas, Washburn, Waukesha, Waushara, Wood	Plan 043 \$80.00	Plan 042 \$44.00
	Adams, Clark, Lafayette, Walworth	Plan 041 \$117.00	Plan 040 \$80.00

IMPORTANT PLAN INFORMATION

Understanding How To Use Your Plan

Today's Options is a Private Fee-for-Service plan with a Medicare Advantage contract. 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 **1-800-360-5735, press option 3, then 2, Monday-Friday** or visit www.todaysoptions.com for more information.

How Your Provider Becomes a Deemed Provider:

What You Need to Know

Today's Options gives you the ability to choose your providers. There are no networks or lists from which you must choose. It is very important that all of your providers be made aware, before providing services to you, that you have purchased Today's Options as your health insurance. This gives your provider the right to choose to be a "Deemed Provider" for Today's Options. This is why you must show your

identification card every time you visit a healthcare provider.

If your provider accepts Today's Options:

If your provider decides to accept Today's Options, he or she is considered a "Deemed Provider," and must bill Pyramid Life for those services. However, each provider has the right to decide whether or not he or she will accept Today's Options each time the provider sees you.

If your provider does not accept Today's Options:

A provider may at any time decide that he or she does not want to accept Today's Options. If this happens, you will need to find another provider who will accept your plan.

What happens if a provider declines Today's Options?

- The provider should *not* provide services to you, except in emergency or urgently needed situations.
- If the provider chooses to provide services, and knows you are a member of Today's Options, he or she may not bill you. The provider must bill Today's Options for your covered healthcare services. You must pay the appropriate copays and coinsurance.

Understanding Your Inpatient Coverage

Inpatient Hospital Care

Prior authorization is not required. However, notification is requested prior to or within 48 hours of a planned inpatient hospital or mental healthcare admission. This is one way we can let you and your doctor know about the Today's Options Care Management program that may be of assistance to

you during this time. If you do not notify the plan of a planned inpatient hospital admission before or within 48 hours, you will have to pay an additional \$150 per day.

As a reminder, you will have a \$600 maximum out-of-pocket limit every year under the Premier Plus plan and a \$1700 maximum out-of-pocket limit for the Value Plus plan.

You may also choose to contact Member Services, 1-866-568-8921; TTY/TDD 1-800-958-2692, 8 AM-8 PM, local time, Monday-Friday, to confirm that planned inpatient services are Medicare covered services and therefore covered by Today's Options.

IMPORTANT PLAN INFORMATION (CONTINUED)

Understanding Your Outpatient Coverage

Outpatient Care

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

- Today's Options Premier Plus members pay \$5 (Today's Options Value Plus members pay \$15) for services received at a primary care physician's office.
- Today's Options Premier Plus members pay \$15 (Today's Options Value Plus members pay \$30) for services rendered at a specialist's office.
- Today's Options Premier Plus members pay \$25-\$50 (Today's Options Value Plus members pay \$100-\$200) for services received at an ambulatory free-standing center.
- Today's Options Premier Plus members pay \$50-\$100 (Today's Options Value Plus members pay \$200-\$400) for services received at a hospital facility as an outpatient.

Services for which no copayment is indicated may be subject to an office visit or facility copayment, based on where the services are received. Remember, only one copayment will be charged for each visit to an office or facility, no matter how many services are received during the visit or the actual costs for the services received. But if, for example, you receive care in a primary care physician's office and you are then sent to another facility for additional services, two copayments may apply.

Durable Medical Equipment

Notify the plan before you purchase equipment or a device over \$750 so you don't have a higher copayment. This is one way we can let you know about Today's Options programs that may be of assistance to you. If you do not notify the plan, you will have to pay 50% of the Medicare-approved amount for each covered item, rather than 20%.

Chemotherapy

You pay 20% for each Medicare-covered chemotherapy visit up to a maximum of \$150 per visit.

Renal Dialysis

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

Preventive Services

Some preventive services may not have a copayment, but you may be required to pay an office or facility copayment based on where the services are received.

Emergency and Urgently Needed Care

In the event of an emergency, call 911 for assistance or go to the nearest emergency room. You are covered wherever you are. Your coverage is not limited by service area. If you need medical attention, you may go to any doctor, specialist or hospital that is approved for Medicare and accepts our payment terms and conditions.

Remember to carry your identification card with you and to show it to each provider prior to receiving service. This will give the provider the opportunity to contact us for our payment terms and

conditions. If your Today's Options identification card is not made available because of an emergency situation, you are still covered.

Ambulance Services

Today's Options Premier Plus offers you coverage for Medicare-covered ambulance services for a \$50 copay (Today's Options Value Plus copay is \$100). This copay is for each medically necessary trip to or from the hospital or dialysis center, or between facilities.

Worldwide Coverage

When using the worldwide coverage feature:

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

Outpatient Prescription Drugs

For the Premier Plus plan, you have a \$7 co-pay for unlimited generic prescription drugs that continue after the initial \$2400 coverage limit and throughout the coverage gap period. You must use participating pharmacies.

Medicare Part B Drugs

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

IMPORTANT PLAN INFORMATION (CONTINUED)

Understanding Your Additional Benefits

CareContact Program

Today's Options is pleased to offer members CareContact, a program designed to help individuals with chronic conditions take better care of their health. CareContact is a specialized, voluntary program that offers many valuable benefits at no additional cost to you.

24/7 My Nurse

- 24-hour/7 days a week nurse support line (1-866-549-5084; TTY/TDD 1-800-735-2989)
- Talk to an experienced nurse and get information and advice about your health or medications.

Service Area for the Today's Options Plans

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

Arizona	Utah
Arkansas	Virginia
California	Wisconsin
Colorado	
Florida	
Georgia	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Michigan	
Minnesota	
Mississippi	
Missouri	
North Carolina	
Ohio	
Oklahoma	
Oregon	
South Carolina	
Tennessee	
Texas	

Notification is not required, but recommended for a scheduled inpatient hospital and mental health care services; outpatient surgery services; or if making a durable medical equipment purchase or rental over \$750. With 48-hour notification before your stay, we can better assist you in managing your healthcare needs. Please contact Member Services at 1-866-568-8921; TTY/TDD 1-800-958-2692; 8 AM-8 PM, local time, Monday - Friday.

