

Frequently Asked Questions

for Medicare Advantage Prescription Drug (MAPD)

1. What is Today's Options?

Today's Options is a Medicare Advantage Private Fee-for-Service (PFFS) plan. Beneficiaries have three plan options to choose from—Basic Plus, Premier Plus, and Value Plus.

2. How do Private Fee-for-Service plans work?

- You may go to any doctor, specialist, or hospital anywhere in the U.S. that is willing to provide care and accepts Today's Options' terms and conditions.
- When you enroll in Today's Options, you are still in the Medicare program and are entitled to all medically necessary healthcare services that are covered by Medicare.
- Today's Options also has deductible, copayment, and coinsurance amounts that are different than those under Original Medicare.

3. Who can join Today's Options?

You can join Today's Options if:

- You have both Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You do not have End-Stage Renal Disease (permanent kidney failure treated by dialysis or a transplant, sometimes called ESRD). If you have ESRD and are currently an enrollee with a Medicare Advantage organization offering a PFFS plan, you may join Today's Options.
- You live in the service area of the plan.

4. How is this plan different from HMO (Health Maintenance Organization) plans?

Today's Options does not restrict you to a network of providers. You can choose the provider you want to see, and you do not need a referral to see a specialist.

5. How do I obtain care when I am in a Medicare PFFS plan?

You need to inform your provider that you are enrolled in Today's Options. You do this by showing the Today's Options plan identification card.

- If your provider accepts the plan's terms and conditions, he/she must bill Today's Options for those services. You are only required to pay the cost-sharing amount allowed by the plan.
- If you have any questions about whether your Medicare PFFS plan will pay for a service, you have the right under the law to have a written/binding advance coverage determination made for the service.
- You are not required to get pre-approved before obtaining services. But you need to notify the plan of certain planned Inpatient Care, Outpatient Care, Outpatient Medical Services and Supplies. Please refer to your Summary of Benefits or Evidence of Coverage document if you are not sure.

6. How do I receive Emergency Care?

You have the right to get emergency care when and where you need it without any prior approval from Today's Options. If you think your health is in serious danger because you have severe pain, a bad injury, sudden illness, or an illness quickly getting much worse, you can get emergency care anywhere in the U.S.

7. What are the differences between Basic Plus, Premier Plus, and Value Plus plans?

Today's Options offers the same Medicare Part A & B coverage, but varies by premium, copayment, and coinsurance. To find out which plan suits your needs, refer to the Summary of Benefits.

8. Are my doctors permitted to bill me for services?

No. Today's Options does not allow doctors, hospitals, and other providers to bill you more than the plan pays for services.

9. What if I already have coverage under a Medicare Supplement policy?

A Medicare Supplement policy will be of no use to you while you are in Today's Options. Generally, it is not legal for anyone to sell you a Medicare Supplement policy while you are enrolled in a Private Fee-for-Service plan or any other Medicare Advantage organization.

10. Do I have any protections if I drop my Medicare Supplement policy when I join Today's Options?

If you drop your Medicare Supplement policy when you join Today's Options, you may not have a right to get your old policy back or to buy a new Medicare Supplement policy. You could also be subjected to a pre-existing condition exclusion under any Medicare Supplement policy you are able to buy.

There are special circumstances under which you are guaranteed a right to buy a Medicare Supplement policy and be protected from pre-existing condition exclusions when you leave Today's Options. Ask your Today's Options agent for more details. These special circumstances include:

- Your Today's Options plan coverage ends (through no fault of your own)
- You join Today's Options for the first time (and you have not previously been in any kind of a Medicare-managed care organization or Medicare SELECT plan) AND within one year of joining, you voluntarily leave the plan:
 - If you joined Today's Options when you were new to Medicare at age 65, you will be able to choose any Medicare Supplement policy you want.
 - If you were already in Medicare and had a policy before you joined Today's Options, you will be able to get the same policy back if it is still available from your old company.

If you have a Medicare Supplement policy and join Today's Options, you should keep your Medicare Supplement policy until you are satisfied you would like to remain enrolled in Today's Options.

11. What happens if my Today's Options plan coverage ends?

If your plan stops providing coverage in your area, you can join another Medicare Advantage health plan, if one is available, or you can return to Original Medicare.

12. Where can I get my prescription drugs?

With our agreement with Member Health, you will have access to more than 63,000 pharmacies nationwide.

13. How will I know if the prescription drugs I currently take will be covered?

Our Medicare Advantage Prescription Drug Plan provides its own formulary, or list of covered drugs. This information can be found in the abridged and comprehensive formularies, which can be obtained on our website www.todaysoptions.com or by calling Member Services.

14. Who decides which prescription drugs will be covered on a formulary?

All Medicare Advantage Prescription Drug Plans must meet formulary requirements set by Medicare. Formularies include both generic and brand name drugs to ensure you have access to a variety of prescription drugs. Physicians and clinical pharmacists on the Pharmacy and Therapeutics Committee, based upon those requirements established by Medicare, developed the Today's Options formulary. Although our formularies are quite comprehensive, they do not cover all prescription drugs; however, therapeutic equivalents are available.

15. What drugs are excluded from the Medicare Advantage Prescription Drug Plans?

The drugs that are excluded by Medicare include:

- Medications used to treat anorexia, weight loss, or weight gain
- Medications used to promote fertility
- Medications used for cosmetic purposes or hair growth
- Medications used to treat erectile dysfunction
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparation
- Non-prescription drugs
- Barbiturates
- Benzodiazepines
- Outpatient medications for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale

In addition, if a medication is covered by Parts A or B, it cannot be covered under Part D (Medicare Advantage Prescription Drug Plan). Some examples of Parts A or B medications include: diabetic test strips, injectables solely administered in the physician's office and medications administered in the hospital. Also, each Medicare Advantage Prescription Drug Plan may have its own specific exclusions.

16. Does Today's Options cover any excluded drugs?

Yes, Today's Options Basic Plus, Premier Plus, and Value Plus plans cover generic benzodiazepines, generic barbiturates, and Prilosec OTC.

17. What if I don't see my prescription drug(s) on the formulary?

If you don't see your specific medication listed, there might be a similar drug that offers the same benefits on the approved list. You will need to talk with your physician about your options.

18. Will Medicare Advantage Prescription Drug Plans cover drugs purchased from Canada?

No. Only drugs sold in the United States are eligible for prescription drug coverage.

19. What if I have prescription drug coverage through a Medigap policy?

Check your coverage. You might find that a Medicare Advantage Prescription Drug Plan provides better coverage at a lower cost than your current Medigap policy.

20. If I currently have a Medigap plan that covers prescription drugs, can I keep that plan and also choose Medicare's prescription drug coverage?

No. If you choose to enroll in one of Medicare's prescription drug plans, you won't be allowed to renew a Medigap policy that also covers prescription drugs (plans H, I, or J). However, you can choose another Medigap plan that does not offer drug coverage. You can also choose to stay with your current Medigap policy until Medicare's drug coverage takes effect. Contact your Medigap company for more details.

21. What if I have prescription drug coverage from an employer or union?

If you have prescription drug coverage from an employer or union, you will get a notice from your employer or union that tells you if your plan covers as much or more than a Medicare prescription drug plan.

If your employer or union plan covers as much as or more than a Medicare prescription drug plan, you can:

- Keep your current drug plan. If you join a Medicare prescription drug plan later, our monthly premium will not be higher
- Drop your current drug plan and join a Medicare prescription drug plan, but you may not be able to get your employer or union drug plan back.

If your employer or union plan covers less than a Medicare prescription drug plan, you can:

- Keep your current drug plan and join a Medicare prescription drug plan to give you more complete prescription drug coverage.
- Just keep your current drug plan. But, if you join a Medicare prescription drug plan later, you will have to pay more for the monthly premium.
- Drop your current drug plan and join a Medicare prescription drug plan, but you may not be able to get your employer or union drug plan back.

22. When does my coverage start?

If you join before December 31, 2007, your Medicare prescription drug plan coverage will begin on January 1, 2008. If you join after that, your coverage will be effective the first day of the month after the month you join.

23. What if my doctor changes my prescription?

It would be best for you to take a copy of your formulary to let your doctor review before prescribing new drugs.

Today's Options is offered by American Progressive Life & Health Insurance Company of New York and Pyramid Life Insurance Company, Medicare Advantage Private Fee-for-Service organizations that contract with the Centers for Medicare and Medicaid Services (CMS).

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare Supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at www.todaysoptions.com/providers.aspx.

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