



Greater Milwaukee
Metro Area



For more information, call Today's Health® HMO at

1-800-958-2704

8 a.m. to 8 p.m. in your local time zone,
(TTY users call 1-800-777-9083)
everyday or visit us on the web at

www.Universal-American-Medicare.com

Beneficiaries that decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for the change to take effect and until the transition takes place you remain responsible for those premiums.

"You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for getting Extra Help, call

1-800-MEDICARE (1-800-633-4227). TTY or TDD users should call 1-877-486-2048, 24 hours a day/7days a week; The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY or TDD users should call, 1-800-325-0778; or Your State Medical Assistance (Medicaid) Office."

Today's Health® HMO is a Medicare-Approved Medicare Advantage plan offered through the following organization that contracts with the Federal government: Abri Health Plan, Inc. Today's Health is administered by Heritage Health Systems, Inc., a member of the Universal American family of Companies.

Today's Health® HMO

Medicare Advantage Health Plans

2010 Benefit Highlights



A Healthy CollaborationSM



A Healthy CollaborationSM

2010 Benefit Highlights – Greater Milwaukee Metro Area

Effective January 1, 2010 – December 31, 2010

	Today's Health Classic powered by CCRx (HMO)	Today's Health Premier powered by CCRx (HMO)
Monthly Plan Premium*	\$19.00	\$59.00
Maximum Out-of-Pocket	\$3,250	\$3,000
Primary Care Physician Office Visit	\$0 Copay	\$0 Copay
Specialist Office Visit	\$35 Copay	\$30 Copay
Hospital Inpatient	\$270 copay per day for days 1-7 \$0 copay per day for days 8-90	\$195 copay per day for days 1-7 \$0 per day for days 8-90
Outpatient Services/Surgery	\$125 copay for ambulatory surgical center visit \$225 copay for each outpatient hospital facility	\$100 copay for ambulatory surgical center visit \$175 copay for each outpatient hospital facility
Emergency Care Worldwide	\$50 Copay	\$50 Copay
Annual Physical/ Preventive Care	\$0 Copay for routine exams. Limited 1 exam per year	\$0 Copay for routine exams. Limited 1 exam per year
Prescription Drugs		
Deductible	\$0	\$0
Prescription Coverage (Part D) (30 day/90 day)	You pay the following until total yearly drug cost reach \$2830: • \$5/\$12.50 Copay for generics • \$35/\$87.50 Copay for formulary preferred brand drugs • \$65/\$162.50 Copay for formulary non-preferred brand drugs • 33% Co-insurance for specialty drugs	You pay the following until total yearly drug cost reach \$2830: • \$5/\$12.50 Copay for generics which continue after the initial \$2,830 limit • \$35/\$87.50 Copay for formulary preferred brand drugs • \$65/\$162.50 Copay for formulary non-preferred brand drugs • 33% Co-insurance for specialty drugs
Additional Benefits		
Dental Benefits	\$15 Copay per visit (up to 2 per year) which includes exam, cleanings, and x-rays. Plan offers comprehensive dental benefits.	\$15 Copay per visit (up to 2 per year) which includes exam, cleanings, and x-rays. Plan offers comprehensive dental benefits.
Hearing Benefit	\$25 Copay for routine hearing exams	\$25 Copay for routine hearing exams
Vision Benefits	\$0 Copay for (1) pair of glasses, contacts, or lenses every year \$100 limit for eyewear. \$25 copay for exams to diagnose and treat diseases and conditions of the eye \$25 copay for up to (1) routine eye exam every year.	\$0 Copay for (1) pair of glasses, contacts, or lenses every year \$125 limit for eyewear. \$10 copay for exams to diagnose and treat diseases and conditions of the eye \$10 copay for up to (1) routine eye exam every year.

	Today's Health Value (HMO)
Monthly Plan Premium*	\$0
Part B Premium Reduction*	\$29.80
Maximum Out-of-Pocket	\$3,250
Primary Care Physician Office Visit	\$7 Copay
Specialist Office Visit	\$30 Copay
Hospital Inpatient	\$250 per day for days 1-7 \$0 per day for days 8-90
Outpatient Services/Surgery	\$100 copay for ambulatory surgical center visit \$200 copay for each outpatient hospital facility
Emergency Care Worldwide	\$50 Copay
Annual Physical/Preventive Care	\$0 Copay for routine exams. Limited 1 exam per year
Prescription Drugs	
Prescription Coverage (Part D)	No Coverage. If you enroll in another company's Part D plan, you will automatically be disenrolled from Today's Health Value (HMO).
Additional Benefits	
Dental Benefits	\$15 Copay per visit (up to 2 per year) which includes exam, cleanings, and x-rays. Plan offers comprehensive dental benefits. Separate Office Visit cost sharing may apply.
Hearing Benefit	\$25 Copay for diagnostic hearing exams
Vision Benefits	\$0 Copay for one pair of eyeglasses or contact lenses after cataract surgery \$25 Copay for exams to diagnose and treat diseases and conditions of the eye, (1) routine eye exam, \$100 limit for eye wear 1 year.

*You must continue to pay your Medicare Part B premium.

This is not a complete description of benefits.