8. Today's Options Frequently Asked Questions

What is Today's Options?

Today's Option is a Medicare Advantage Private-Fee-For-Service plan (PFFS) offered by Pyramid Life, under contract with the Medicare program. Medicare pays a set amount of money every month to the plan to provide health care coverage for Medicare beneficiaries who have enrolled in Today's Options. Beneficiaries have two plan options from which to choose, depending on whether they want prescription drug coverage. Today's Options Basic Plan offers enrollees affordable coverage for Medicare covered services, while Today's Options Premier Plan provides that coverage plus a comprehensive drug formulary.

What is Pyramid Life?

Founded in 1913, Pyramid Life is a subsidiary of Universal American Financial Corp., and has become one of the country's leading providers of senior insurance products. It is licensed to offer health insurance and life products in 33 states.

What is American Progressive?

Founded in 1945, American Progressive is a subsidiary of Universal American Financial Corp., and has become one of the country's leading providers of senior insurance products. It is licensed to offer health insurance and life products in 23 states and the District of Columbia

How does Today's Options work?

Members may go to any eligible doctor or hospital anywhere in the U.S. that is willing to provide care and accepts Today's Options terms and conditions.

When beneficiaries enroll in Today's Options they are still in the Medicare program and are entitled to all medically necessary health care services that are covered by Medicare.

Today's Options also has extra benefits that Medicare currently does not cover. For example, members can have as many routine doctors as they like, and only pay low co-pays.

Once beneficiaries join Today's Options, they just need to pay Part B premiums to Medicare and a premium directly to Pyramid Life for the plan. Today's Options also has deductible, co-payment and coinsurance amounts that are different than those under Medicare Parts A & B.

Before joining the plan, beneficiaries should carefully check how much their out-of-pocket costs would be. Some beneficiaries will have less out-of-pocket costs than they would under Medicare Parts A & B combined with a Medicare Supplement policy. A Medicare Supplement policy pays for some or all of the health care costs not covered by the Medicare Parts A & B Plan.

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

Today's Options Companies are indemnity insurance companies, not HMOs. An HMO requires that beneficiaries see its contracted providers and beneficiaries usually must obtain a referral for specialist services from their primary care provider. In this plan,

members are not restricted to a network of providers. Members can choose which provider they will see and do not need a referral to see a specialist.

When compared to Medicare parts A & B, what are the advantages of Today's Options?

Some beneficiaries will find that Today's Options is less costly than Medicare Parts A & B supplemented with a Medicare Supplement policy. According to CMS, Medicare Advantage Plans result in an average savings of $100 per month. The Today's Options Value Plus and Premier Plus plans include prescription drug coverage. We also require that providers accept what we reimburse them as payment in full, so members will not be billed for any additional costs beyond the required co-payments or coinsurances. Additionally, if members so choose, they have the right under the law to get a binding, written, advance determination as to whether the plan will cover the service they desire.

When compared to Medicare parts A & B, what are the disadvantages of Today's Options?

Member providers may not be as familiar with Today's Options as they are with Medicare Parts A & B. Today's Options will be contacting member providers after they have enrolled to inform them about the plan and how they get paid. Under Today's Options, providers only need to accept the terms and conditions of payment from the Plan. Excluding emergency situations, a provider must be informed in advance of providing a service that members are enrolled in Today's Options. All members need to do is show the Today's Options Identification Card before receiving services. Some providers may choose to not provide care to enrollees of Today's Options. In these instances, members will need to find another provider who will accept Today's Options. Today's Options will help members find another provider, if they desire.

Getting Care

1. How do I obtain care when I am in a private fee-for-service plan?

When members go to a doctor or hospital they must inform the provider that they are enrolled in Today's Options. They do this by showing the Today's Options Plan Identification Card.

Less than 1% of providers in the Today's Options Plan service area have notified the company that they have chosen not to accept Today's Options terms and conditions.

Providers have the **right** to decide whether or not he or she will accept Today's Options each time they see the member.

If a member's provider decides to **accept** the plan, the provider is considered a "Deemed Provider", and must bill the company/Today's Options for those services. Members are only required to pay the cost- sharing amount allowed by the plan.

If members have any question whether Today's Options will pay for a service, including inpatient hospital services, members have the right under the law to have a written/binding advance coverage determination made for the service. Members can call Today's Options and ask for a decision in writing if the service will be paid for by the plan.

Pyramid: 1-866-568-8921

American Progressive: 1-888-445-8699

Members are not required to get pre-approval before obtaining services. Members are, however, requested to notify the plan of certain planned inpatient admissions, skilled nursing facility stays or durable medical equipment purchases over $750. Members

should check their Evidence of Coverage document if they are not sure.

2. Can I use the same doctors and hospitals that I use now or do I need to use a network of physicians?

Members can see any licensed provider in the U.S. who can be paid by Medicare and who is willing to accept the plan's terms and conditions of payment. Members cannot be locked into a network of providers. However, a provider may at any time decide that he or she does not want to accept the Today's Options plan. If this happens, members will need to find another provider who will accept your plan. To make sure this doesn't happen, members should verify in advance of receiving services that a particular provider is willing to see him/her.

3. Do I have to use a primary care doctor like in HMOs?

No, under Today's Options, members can directly obtain care from any licensed provider who can be paid by Medicare, including specialists, and who are willing to accept the plan's terms and conditions of payment.

4. How do I receive emergency care?

Members have the right to get emergency care when and where you need it without any prior approval from Today's Options. If a member believes their health is in serious danger because they have severe pain, a bad injury, sudden illness or an illness quickly getting much worse, they can get emergency care anywhere in the United States.

5. What if my provider won't accept the Today's Options plan?

Providers are not required to furnish services to members in Today's Options. If a provider does not want to participate in Today's Options, then the member must seek care from another provider who is willing to furnish services to Today's Options members. Call Member Services for assistance in locating a provider who will accept Today's Options.

Pyramid: 1-866-568-8921

American Progressive: 1-888-445-8699

6. What happens if a provider declines your Today's Options plan?

If a provider declines the Today's Options plan, then they should not provide services to the member (unless it is an emergency) and the member will need to find another provider who will accept Today's Options. If the provider does provide services to the member, they will be considered a deemed provider and Today's Options will pay for the covered health care services. Today's Options members must pay the appropriate co-payments or coinsurance.

What the Plan Covers

1. Does Today's Options cover everything that Medicare parts A & B covers?

Yes. By law, Today's Options must provide enrollees with the same benefits they would receive under Medicare Parts A & B. This includes all medically necessary services covered under Medicare Part A and Part B. Additionally, The Today's Options Premier Plan provides coverage for extra benefits not now included in Medicare Parts A & B, such as unlimited primary care physician visits, for which members will pay a higher monthly premium than under the basic plan. Please refer to the Summary of Benefits for a full description of benefits.

2. How do I know if a service I need will be medically necessary?

Today's Options must use Medicare coverage rules to decide what services are medically necessary. This means that if a service is medically necessary under Medicare Parts A & B, then Today's Options must cover the service. Members can also ask for a written (binding) advance coverage decision from Today's Options to make sure the service, especially inpatient hospitalization, will be covered by the plan. If a member asks for an advance coverage decision, he/she has the right to get a decision from the plan.

3. Does Today's Options cover services that Medicare does not consider medically necessary?

Today's Options is not required to pay for services that are not medically necessary under Medicare. The plan may pay for additional benefits, and in that case, it will only pay for services that are covered by the Today's Options plan and are medically necessary. If a member obtains a service that is not covered by Today's Options, he/she will be responsible for the cost of that service. If the member is not sure whether a service will be covered by Today's Options, he/she has the right to call the plan and ask for an advance coverage decision.

Cost of Today's Options

1. Do I need to continue to pay my part B premium with Today's Options?

Yes. Members must continue to pay your Part B premium to participate in Today's Options.

2. What is the cost of Today's Options?

When enrolled in Today's Options, members must continue to pay their monthly Medicare Part B premium. In addition, they must pay the Today's Options plan monthly premium, and any deductibles and cost sharing amounts required when they obtain health care services.

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

No. Today's Options does not allow doctors, hospitals, and other providers to bill members more than the plan pays for services. There is no balance billing with Today's Options, and members are only responsible to pay the co-insurance, premiums, and co-pays associated with the plan.

4. So, what will my out-of-pocket costs be in Today's Options?

That depends on how often and the type of health care you get. Members should carefully consider all of their out-of-pocket costs in obtaining services through any health plan. Members should compare plan premiums, deductibles and co-payments for health care services they are likely to use before purchasing a health plan.

5. Do I need to worry about fraud and abuse with this type of private fee-for-service plan? If yes, what should I look for and who should I report it to?

In general members want to make sure they do not pay the provider any more than the Today's Options plan requires. In addition, members should be certain their provider only bills the plan for services that they have received. If an agent or member believes fraud has occurred, he/she may call Today's Options fraud hotline (1-800-853-0186) or the Inspector General's hotline to report Medicare fraud. The Inspector General's hotline number is 1-800-447-8477. The agents/members name will not be used if he/she ask that it not be used.

Joining and Leaving Today's Options

1. Who can join Today's Options?

Anyone can join Today's Options if:

He/She has both Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).

He/She does not have End-Stage-Renal Disease (permanent kidney failure treated by dialysis or a transplant, sometimes called ESRD), unless he/she is an enrollee of a plan offered by the Medicare Advantage organization offering the PFFS plan.

He/She lives in the area where the plan is available. (Today's Options Service Area)

2. How do I join Today's Options?

Call Today's Options at 1-800-332-3377 Ext. 183 and ask for an enrollment package

Visit with one of our sales agents

Fill out the form and give it to your sales agent

Members will get a letter from Today's Options telling them when their coverage begins.

Today's Options may not refuse to enroll anyone if they are eligible to enroll in a Medicare Advantage Private Fee-For-Service plan.

3. How do I leave Today's Options?

At the present time, a member may leave Today's Options at any time for any reason during a specified Election Period. Otherwise, a member is required to remain enrolled in Today's Options due to the Lock-in provision. During a specified Election Period, when he/she voluntarily disenrolls from the plan, he/she can join another Medicare health plan (if the plan is accepting new members) or return to Medicare Parts A & B. If a member wants to join another Medicare health plan, he/she can contact the plan directly or call 1-800-MEDICARE (1-800-633-4227) for more information about other Medicare health plans in the area. If a member wishes to return to Medicare Parts A & B, he/she can write a letter to Today's Options, to the Social Security Administration, or call the Centers for Medicare & Medicaid Services (CMS) at 1-800-MEDICARE (1-800-633-4227) and tell them he/she wants to leave.

4. May a Medicaid / Medicare recipient enroll in Today's Options?

No, there are special Medicare Advantage programs designed for Medicaid / Medicare recipients. Today's Options is not authorized as such.

5. May a Tricare-for-Life (military health plan) participant join Today's Options?

Yes, Tricare currently coordinates with traditional Medicare A & B. Therefore, Tricare should be able to coordinate with MA plans such as Today's Options.

What About my Medicare Supplement (Medigap) Coverage?

1. Do I also need a Medicare supplement policy if I join Today's Options?

Generally, a Medicare Supplement policy will be of no use to a member while he/she is enrolled in Today's Options. Members may, however, want to keep their Medicare Supplement policy until they are sure they are happy with the Today's Options plan. Generally, it is not legal for anyone to sell a Medicare Supplement policy to a member enrolled in Today's Options or to anyone enrolled in a Medicare Advantage Plan.

2. May I keep my Medicare supplement policy if I join a private fee-for service plan?

If a beneficiary joins Today's Options, he/she may choose to keep his/her Medicare Supplement policy, but it may be of little use to the beneficiary while he/she is in a Private Fee-For-Service plan. Today's Options members cannot use Medicare Supplement plans for Medicare covered services, unless they return to Medicare Parts A & B. (But Today's Options members may be able to use their Medicare Supplement policy for certain non-Medicare covered services, such as outpatient prescription drugs, if their policy covers them.)

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

If a member's plan stops providing care in their area, the member can join another Medicare Advantage health plan, if one is available, or he/she can return to Medicare Parts A & B. Generally, if a member returns to Medicare Parts A & B because the Private Fee-For- Service plan is terminating, he/she will have the right to buy a Medicare Supplement policy. In addition, there are some instances where a member may still be entitled to benefits under the Today's Options plan even if the plan leaves the service area.

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

If a member drops his/her Medicare Supplement policy when he/she joins Today's Options, he/she will generally not have a right to get the old policy back or to buy a new Medicare Supplement policy. A member could also be subjected to a pre-existing condition exclusion under any Medicare Supplement policy he/she is able to buy.

There, however, are special circumstances under which a member is guaranteed a right to buy a Medicare Supplement policy and be protected from pre-existing condition exclusions when he/she leaves Today's Options. These special circumstances include:

Member's Today's Options plan coverage ends (through no fault of members), **or** Member joins Today's Options for the first time (and has not previously been in any kind of a Medicare Managed Care Organization or Medicare SELECT plan) **and** within one year of joining, the member voluntarily leave the plan

If a member joined Today's Options when he/she was new to Medicare at age 65, he/she will be able to choose any Medicare Supplement Policy he/she wants.

If a member has a Medicare Supplement policy and joins a private fee-for service plan he/she should keep his/her Medicare Supplement policy until he/she is satisfied about remaining enrolled in Today's Options.

5. What happens if my private fee-for-service plan coverage ends and I am under age 65 and have Medicare because of a disability?

Depending on the State where the member lives, if he/she is under age 65, he/she may have fewer Medicare Supplement options than are available to those over 65 if his/her Private Fee-For-Service plan coverage ends. This is because there is no Federal law that requires insurance companies to sell Medicare Supplement policies to people under age 65. However, some State laws are more generous than Federal law. Members should check with their State insurance department.

Members Rights to Appeal

1. What can I do if Today's Options will not pay for a service I think I need?

If the plan will not pay for or does not allow a service that a member thinks should be

covered (including medically necessary services), a member can file an appeal.

2. What are my appeals rights under Today's Options?

A member can file an appeal if Today's Options will not pay for, does not allow, stops, or limits a service that he/she thinks should be covered or provided. If a member thinks waiting for a decision about a service could seriously harm his/her health, he/she should ask or have his/her physician ask the plan for a fast decision, known as an expedited appeal. The plan must provide an answer to the member or the member's physician within 72 hours.

Today's Options tells members in writing how to appeal. After a member files an appeal, the plan will review its decision. If the plan upholds its decision, members have the right to request an independent review. See Today's Options Evidence of Coverage for details or contact the plan for information about members Medicare appeal rights.

Pyramid: 1-866-568-8921

American Progressive: 1-888-445-8699

If a member believes he/she is being discharged too soon from a hospital, skilled nursing facility, home health care service, or comprehensive outpatient rehabilitation facility, he/she has a right to immediate review by the Quality Improvement Organization in their area. The Quality Improvement Organization is a group of doctors and health professionals, which monitors and reviews member complaints about the quality of care. Contact the plan for additional information.

Pyramid: 1-866-568-8921

American Progressive: 1-888-445-8699

<< PREVIOUS **NEXT >>** **PAUSE**