

TexanPlus[®] HMO/HMO-POS/HMO-SNP

Today's Options[®] PFFS/PPO/HMO

Medicare Advantage Health Plans

Disclaimers

TexanPlus[®] HMO, TexanPlus[®] HMO-POS, Today's Options[®] PPO, Today's Options[®] HMO and Today's Options[®] PFFS are Medicare Advantage plans with a Medicare contract. Enrollment in these plans depends on contract renewal.

TexanPlus[®] HMO-SNP is a Medicare Advantage plan with a Medicare contract and a contract with the State Medicaid Program. Enrollment in these plans depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare.

TexanPlus[®] HMO, TexanPlus[®] HMO-POS, TexanPlus[®] HMO-SNP, Today's Options[®] PFFS, Today's Options[®] HMO, or Today's Options[®] PPO hereinafter known as "the Plan".

PFFS Plans: A Private Fee-for-Service plan is not Medicare supplement insurance. Providers who do not contract with our plan are not required to see you except in an emergency. We have network providers (that is, providers who have signed contracts with our plan) for all services covered under Original Medicare. These providers have already agreed to see members of our plan. If your provider is not one of our network providers, then the provider is not required to agree to accept the plan's terms and conditions of payment, they may choose not to provide health care services to you, except in emergencies. If this happens, you will need to find another provider that will accept our terms and conditions of payment. Providers can find the plan's terms and conditions of payment on our website at: www.TodaysOptions.com.

All Plans:

Enrollment Limitations

You must have Part A and Part B to enroll in the plan. Members may enroll only during specific times of the year. Contact a Member Advocate at the number on the back of your member ID card to obtain more information. **HMO-SNP plans:** This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Formulary disclaimers

Our formulary covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active-ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Members can contact the Plan for the most recent list of drugs at the number on the back of your member ID card or locate the most recent list of drugs on our website.

The formulary may change during the year: we may periodically add, remove or 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.

If you have questions or would like additional plan information please call us at the number on the back of your member ID card.

Low Income Subsidy (LIS)

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

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

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

Premium disclaimer

You must continue to pay your Medicare Part B premium. **HMO-SNP plans:** (unless your Part B premium is paid for you by Medicaid or another third party).

Pharmacy Network

We have formed a network of pharmacies. To receive plan prescription drug benefits, you must use a network pharmacy, except in non-routine circumstances, and quantity limitations and restrictions may apply. Pharmacies listed in the directory do not guarantee

the pharmacy is still in the network. We also list pharmacies that are in our network but are outside our service area. Please contact the Plan at the number on the back of your member ID card for additional information.

TTY/TDD for the hearing impaired can call TRS Relay 711 to contact a network-pharmacy

Long-Term Care Pharmacies

Residents of a long-term care facility may access their prescription drugs covered under the plan through the facility's long-term care pharmacy or another network long-term care pharmacy.

Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies

Only Native Americans and Alaska Natives have access to Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies through the Plan's pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies).

For current information about the plan's network pharmacies in your area, please visit the website or call us at the number listed on the back of your Member ID card.