

2009

SUMMARY OF BENEFITS

Advantra

(H5302)

M0003_H5302_003_004SB2009MAPDPOSa

CMS Approval Date: 09/23/2008



SECTION 1 – INTRODUCTION TO SUMMARY OF BENEFITS

Advantra[®] Gold and Advantra[®] Silver (H5302)
January 1, 2009 – December 31, 2009

Thank you for your interest in Advantra Gold and Silver. Our plan is offered by Coventry Health Care of Georgia, Inc., a Medicare Advantage Health Maintenance Organization (HMO), with a Point-of-Service option (POS). 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 Advantra and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

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 health plan, like Advantra. 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 Advantra at the 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 Advantra 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 ADVANTRA AVAILABLE?

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.

The service area for this plan includes: Bryan, Chatham, Effingham, Liberty, Cherokee, Cobb, DeKalb, Douglas, Forsyth, Fulton, Paulding Counties, GA. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN ADVANTRA?

You can join Advantra 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 generally not eligible to enroll in Advantra unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Advantra has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. In some cases, you may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list, visit us at www.ga.chcadvantra.com. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of our network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Advantra does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Advantra has 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 pharmacy directory or visit us at www.ga.chcadvantra.com. Our customer service number is listed at the end of this introduction.

SECTION 1 – INTRODUCTION TO SUMMARY OF BENEFITS

Advantra[®] Gold and Advantra[®] Silver (H5302)
January 1, 2009 – December 31, 2009

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Advantra uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. 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. We will send a formulary to you and you can see our complete formulary on our web site at www.ga.chcadvantra.com.

If you are currently taking a drug that is not on our 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 Advantra, 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.

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 Advantra, 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 your 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 Advantra for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Advantra for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.

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Advantra® Gold and Advantra® Silver (H5302)
January 1, 2009 – December 31, 2009

- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call Advantra for more information about Advantra Gold and Advantra Silver.

Visit us at www.ga.chcadvantra.com or, call us:

Customer Service Hours:

Members

November 15, 2008 – March 1, 2009

Monday – Friday, 8:00 a.m.– 8:00 p.m. Eastern Time, and Saturday, 9:00 a.m.– 3 p.m. Eastern Time

March 2, 2009 – November 14, 2009

Monday – Friday, 8:00 a.m.– 6:00 p.m. Eastern Time

Toll-free: 1-866-613-4977

TTY/TDD: 1-866-347-2459 for the hearing impaired

Prospective Members

October 1, 2008 – March 15, 2009

8:00 a.m. – 8:00 p.m. Eastern Time, seven (7) days a week

March 16, 2009 – September 30, 2009

8:00 a.m. – 8:00 p.m. Eastern Time, Monday – Friday

Toll-free: 1-800-303-1745

TTY/TDD: 1-888-788-4010 for the hearing impaired

Medicare Prescription Drug (Part D)

24 hours a day; seven (7) days a week, including holidays

Current Members should call toll-free: 1-800-690-3412

TTY/TDD: 1-800-716-3231 for the hearing impaired

Prospective Members should call toll-free: 1-800-303-1745

TTY/TDD: 1-888-788-4010 for the hearing impaired

SECTION 1 – INTRODUCTION TO SUMMARY OF BENEFITS

Advantra[®] Gold and Advantra[®] Silver (H5302)
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For more information about Medicare, please call Medicare at 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.

If you have any questions about this plan's benefits or costs, please contact Advantra for details.

SECTION 2 - SUMMARY OF BENEFITS Advantra® Gold and Advantra® Silver (H5302)

January 1, 2009 – December 31, 2009

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
IMPORTANT INFORMATION			
<p>1 - Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$70 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$2,500 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. All non-Medicare covered benefits are excluded from the out-of-pocket limit. These benefits are:</p> <ul style="list-style-type: none"> • <u>Transportation</u> • <u>Acupuncture</u> • <u>Health Education/Wellness</u> • <u>Preventive Dental</u> • <u>Non-Medicare Covered Comprehensive Dental</u> • <u>Non-Medicare Covered Eye Exams</u> • <u>Non-Medicare Covered Eye Wear</u> • <u>Non-Medicare Covered Hearing Exams</u> • <u>Hearing Aids</u> <p>Out-of-Network \$4,000 out-of-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. All non-Medicare covered benefits are excluded from the out-of-pocket limit. These benefits are:</p> <ul style="list-style-type: none"> • <u>Transportation</u> • <u>Acupuncture</u> • <u>Health Education/Wellness</u> • <u>Preventive Dental</u> • <u>Non-Medicare Covered</u> 	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,000 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. All non-Medicare covered benefits are excluded from the out-of-pocket limit. These benefits are:</p> <ul style="list-style-type: none"> • <u>Transportation</u> • <u>Acupuncture</u> • <u>Health Education/Wellness</u> • <u>Preventive Dental</u> • <u>Non-Medicare Covered Comprehensive Dental</u> • <u>Non-Medicare Covered Eye Exams</u> • <u>Non-Medicare Covered Eye Wear</u> • <u>Non-Medicare Covered Hearing Exams</u> • <u>Hearing Aids</u> <p>Out-of-Network \$4,500 out-of-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. All non-Medicare covered benefits are excluded from the out-of-pocket limit. These benefits are:</p> <ul style="list-style-type: none"> • <u>Transportation</u> • <u>Acupuncture</u> • <u>Health Education/Wellness</u> • <u>Preventive Dental</u> • <u>Non-Medicare Covered</u>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
		<p><u>Comprehensive Dental</u></p> <ul style="list-style-type: none"> • <u>Non-Medicare Covered Eye Exams</u> • <u>Non-Medicare Covered Eye Wear</u> • <u>Non-Medicare Covered Hearing Exams</u> • <u>Hearing Aids</u> <p>See Page 30 for additional information about Out-of-Network Out-of-Pocket Limits.</p>	<p><u>Comprehensive Dental</u></p> <ul style="list-style-type: none"> • <u>Non-Medicare Covered Eye Exams</u> • <u>Non-Medicare Covered Eye Wear</u> • <u>Non-Medicare Covered Hearing Exams</u> • <u>Hearing Aids</u> <p>See Page 30 for additional information about Out-of-Network Out-of-Pocket Limits.</p>
<p>2 - Doctor and Hospital Choice</p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p>
SUMMARY OF BENEFITS			
INPATIENT CARE			
<p>3 - Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period are: Days 1 - 60: \$1,068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new</p>	<p>In-Network \$600 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network For Medicare-covered hospital stays: Days 1 - 7: \$175 copay per day Days 8 - 90: \$0 copay per day</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
	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 - Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day lifetime limit in a Psychiatric Hospital.	In-Network \$600 copay for each Medicare-covered hospital stay. You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	In-Network For hospital stays: Days 1 - 7: \$175 copay per day Days 8 - 90: \$0 copay per day You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. 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.	General Authorization rules may apply. In-Network For SNF stays: Days 1 - 7: \$0 copay per day Days 8 - 100: \$90 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.	General Authorization rules may apply. In-Network For SNF stays: Days 1 - 7: \$0 copay per day Days 8 - 100: \$90 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.

OUTPATIENT CARE

8 - Doctor Office Visits	20% coinsurance	General See "Physical Exams," for more information. In-Network \$5 copay for each primary care doctor visit for Medicare-covered benefits. \$5 to \$25 copay for each in-area, network urgent care Medicare-covered visit. \$25 copay for each specialist visit for Medicare-covered benefits.	General See "Physical Exams," for more information. In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits. \$10 to \$30 copay for each in-area, network urgent care Medicare-covered visit. \$30 copay for each specialist visit for Medicare-covered benefits.
9 - Chiropractic Services	Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	In-Network \$25 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part. See Page 29 for additional information about Chiropractic Services.	In-Network \$30 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part. See Page 29 for additional information about Chiropractic Services.

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
10 - Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network \$25 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	In-Network \$30 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services.	In-Network \$25 copay for each Medicare-covered individual or group therapy visit.	In-Network \$30 copay for each Medicare-covered individual or group therapy visit.
12 - Outpatient Substance Abuse Care	20% coinsurance	In-Network \$25 copay for Medicare-covered individual or group visits.	In-Network \$30 copay for Medicare-covered individual or group visits.
13 - Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	General Authorization rules may apply. In-Network \$100 copay for each Medicare-covered ambulatory surgical center visit. \$150 copay for each Medicare-covered outpatient hospital facility visit.	General Authorization rules may apply. In-Network \$100 copay for each Medicare-covered ambulatory surgical center visit. \$150 copay for each Medicare-covered outpatient hospital facility visit.
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance	In-Network \$100 copay for Medicare-covered ambulance benefits.	In-Network \$100 copay for Medicare-covered ambulance benefits.

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
<p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor</p> <p>20% of facility charge, or a set copay per emergency room visit</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage.</p> <p>In and Out-of-Network If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p> <p>See Page 31 for additional information about Worldwide Emergent/Urgent Benefit.</p>	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage.</p> <p>In and Out-of-Network If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p> <p>See Page 31 for additional information about Worldwide Emergent/Urgent Benefit.</p>
<p>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$25 copay for Medicare-covered urgently needed care visits.</p> <p>See Page 31 for additional information about Worldwide Emergent/Urgent Benefit.</p>	<p>General \$30 copay for Medicare-covered urgently needed care visits.</p> <p>See Page 31 for additional information about Worldwide Emergent/Urgent Benefit.</p>
<p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
<p>18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
<p>19 - Prosthetic Devices</p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>
<p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network 20% of the cost for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p> <p>See Page 29 for additional information for Diabetic Members.</p>	<p>In-Network 20% of the cost for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p> <p>See Page 29 for additional information for Diabetic Members.</p>
<p>21 - Diagnostic Tests, X-Rays, and Lab Services</p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests,</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered lab services.</p> <p>\$25 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$25 copay for Medicare-covered X-rays.</p> <p>\$25 to \$75 copay for Medicare-covered diagnostic radiology services.</p> <p>\$25 copay for Medicare-covered therapeutic radiology services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for Medicare-covered lab services.</p> <p>\$30 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$30 copay for Medicare-covered X-rays.</p> <p>\$30 to \$100 copay for Medicare-covered diagnostic radiology services.</p> <p>\$30 copay for Medicare-covered therapeutic radiology services.</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
	like checking your cholesterol.		
PREVENTIVE SERVICES			
22 - Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	In-Network \$0 copay for Medicare-covered bone mass measurement. See Page 28 for additional information about Preventive Services.	In-Network \$10 copay for Medicare-covered bone mass measurement. See Page 28 for additional information about Preventive Services.
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance Covered when you are high risk or when you are age 50 and older.	In-Network \$0 copay for Medicare-covered colorectal screenings. See Page 28 for additional information about Preventive Services.	In-Network \$10 copay for Medicare-covered colorectal screenings. See Page 28 for additional information about Preventive Services.

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
<p>24 - Immunizations</p> <p>(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>20% coinsurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network</p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p>See Page 28 for additional information about Preventive Services.</p>	<p>In-Network</p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p>See Page 28 for additional information about Preventive Services.</p>
<p>25 - Mammograms (Annual Screening)</p> <p>(for women with Medicare age 40 and older)</p>	<p>20% coinsurance</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered screening mammograms.</p> <p>See Page 28 for additional information about Preventive Services.</p>	<p>In-Network</p> <p>\$10 copay for Medicare-covered screening mammograms.</p> <p>See Page 28 for additional information about Preventive Services.</p>
<p>26 - Pap Smears and Pelvic Exams</p> <p>(for women with Medicare)</p>	<p>\$0 copay for Pap smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered Pap smears and pelvic exams.</p> <p>See Page 28 for additional information about Preventive Services.</p>	<p>In-Network</p> <p>\$10 copay for Medicare-covered Pap smears and pelvic exams.</p> <p>See Page 28 for additional information about Preventive Services.</p>
<p>27 - Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p> <p>See Page 28 for additional information about Preventive Services.</p>	<p>In-Network</p> <p>\$10 copay for Medicare-covered prostate cancer screening.</p> <p>See Page 28 for additional information about Preventive Services.</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
28 - End-Stage Renal Disease	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>
29 - Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.ga.chcadvantra.com on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes,</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.ga.chcadvantra.com on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes,</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
		<p>-live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Advantra Gold for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>See Page 31 for additional information about the Over-the-Counter Medications benefit.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by</p>	<p>-live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Advantra Silver for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>See Page 31 for additional information about the Over-the-Counter Medications benefit.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
		<p>most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network \$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy</p> <p>Preferred Generic - \$3 copay for a one-month (30-day) supply of drugs in this tier - \$6 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Preferred Brand - \$34 copay for a one-month (30-day) supply of drugs in this tier - \$68 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Non-preferred Generic/Non-Preferred Brand - \$64 copay for a one-month (30-day) supply of drugs in this tier - \$192 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Specialty-Generic and Brand - 30% coinsurance for a one-</p>	<p>most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network \$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy</p> <p>Preferred Generic - \$3 copay for a one-month (30-day) supply of drugs in this tier - \$6 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Preferred Brand - \$34 copay for a one-month (30-day) supply of drugs in this tier - \$68 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Non-preferred Generic/Non-Preferred Brand - \$64 copay for a one-month (30-day) supply of drugs in this tier - \$192 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Specialty-Generic and Brand - 30% coinsurance for a one-</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
		<p>month (30-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy</p> <p>Preferred Generic - \$3 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Preferred Brand - \$34 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Non-preferred Generic/Non-Preferred Brand - \$64 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Specialty-Generic and Brand - 30% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order</p> <p>Preferred Generic - \$6 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Preferred Brand - \$68 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Non-preferred Generic/Non-Preferred Brand - \$192 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Coverage Gap</p> <p>The plan covers All Preferred Generics through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy</p>	<p>month (30-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy</p> <p>Preferred Generic - \$3 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Preferred Brand - \$34 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Non-preferred Generic/Non-Preferred Brand - \$64 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Specialty-Generic and Brand - 30% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order</p> <p>Preferred Generic - \$6 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Preferred Brand - \$68 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Non-preferred Generic/Non-Preferred Brand - \$192 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Coverage Gap</p> <p>The plan covers All Preferred Generics through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy</p>

Benefit	Original Medicare	Advantira Gold (004)	Advantira Silver (003)
		<p>Preferred Generic - \$3 copay for a one-month (30-day) supply of all drugs covered in this tier - \$6 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Long Term Care Pharmacy</p> <p>Preferred Generic - \$3 copay for a one-month (31-day) supply of all drugs</p> <p>Mail Order</p> <p>Preferred Generic - \$6 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>See Page 32 for additional information about Generic Drug Coverage through the Coverage Gap.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling</p>	<p>Preferred Generic - \$3 copay for a one-month (30-day) supply of all drugs covered in this tier - \$6 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Long Term Care Pharmacy</p> <p>Preferred Generic - \$3 copay for a one-month (31-day) supply of all drugs</p> <p>Mail Order</p> <p>Preferred Generic - \$6 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>See Page 32 for additional information about Generic Drug Coverage through the Coverage Gap.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
		<p>outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Advantra Gold.</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy</p> <p>Preferred Generic - \$3 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand - \$34 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Non-preferred Generic/Non-Preferred Brand - \$64 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty-Generic and Brand - 30% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap The plan covers All Preferred Generics through the gap.</p> <p>You will be reimbursed for preferred generic drugs purchased out-of-network up to the full cost of the drug minus the following:</p>	<p>outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Advantra Silver.</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy</p> <p>Preferred Generic - \$3 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand - \$34 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Non-preferred Generic/Non-Preferred Brand - \$64 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty-Generic and Brand - 30% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Out-of-Network Coverage Gap The plan covers All Preferred Generics through the gap.</p> <p>You will be reimbursed for preferred generic drugs purchased out-of-network up to the full cost of the drug minus the following:</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
		<p>Preferred Generic - \$3 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Preferred Brand - After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Advantra Gold for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra Gold so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Non-preferred Generic/Non-Preferred Brand - After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Advantra Gold for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra Gold so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Specialty-Generic and Brand - After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Advantra Gold for out-of-network purchases</p>	<p>Preferred Generic - \$3 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Preferred Brand - After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Advantra Silver for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra Silver so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Non-preferred Generic/Non-Preferred Brand - After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Advantra Silver for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra Silver so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Specialty-Generic and Brand - After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
		<p>when you are in the coverage gap. However, you should still submit documentation to Advantra Gold so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance. <p>See Page 31 for additional information about Prescription Drugs.</p>	<p>not be reimbursed by Advantra Silver for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra Silver so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance. <p>See Page 31 for additional information about Prescription Drugs.</p>
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 2 oral exams every year - up to 2 cleanings every year - up to 1 dental x-ray every year <p>0% of the cost for Medicare-covered dental benefits.</p> <p>Plan offers additional comprehensive dental benefits.</p> <p>\$1,000 limit for dental benefits every year.</p> <p>See Page 28 for additional information about Dental Services.</p>	<p>In-Network \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 2 oral exams every year - up to 2 cleanings every year - up to 1 dental x-ray every year <p>\$30 copay for Medicare-covered dental benefits.</p> <p>\$500 limit for preventive dental benefits every year.</p> <p>See Page 28 for additional information about Dental Services.</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
31 - Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network \$0 copay for hearing aids.</p> <p>- \$30 copay for Medicare-covered diagnostic hearing exams.</p> <p>- \$0 copay for up to 1 routine hearing test every year.</p> <p>\$100 limit for routine hearing tests and hearing aids every year.</p> <p>See Page 28 for additional information about Hearing Services.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <p>- \$30 copay for Medicare-covered diagnostic hearing exams.</p> <p>See Page 28 for additional information about Hearing Services.</p>
32 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network - \$30 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>- \$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>- \$0 copay for up to 1 routine eye exam every year</p> <p>- \$0 copay for glasses</p> <p>- \$0 copay for contacts</p> <p>- \$0 copay for lenses</p> <p>- \$0 copay for frames</p> <p>\$100 limit for eye wear every year.</p> <p>Plan offers additional vision benefits.</p> <p>See Page 28 for additional information about Vision Services.</p>	<p>In-Network Non-Medicare-covered eye exams and glasses not covered.</p> <p>- \$30 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>- \$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>See Page 28 for additional information about Vision Services.</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
33 - Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p>See Page 28 for additional information about Routine Physical Exams.</p>	<p>In-Network \$10 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p>\$10 copay for Medicare-covered benefits.</p> <p>See Page 28 for additional information about Routine Physical Exams.</p>
Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Health Club Membership/Fitness Classes - Other Wellness Benefits <p>See Page 29 for additional information about the Health Club benefit.</p>	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Health Club Membership/Fitness Classes - Other Wellness Benefits <p>See Page 29 for additional information about the Health Club benefit.</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover routine transportation.</p>	<p>In-Network This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network This plan does not cover Acupuncture.</p>	<p>In-Network This plan does not cover Acupuncture.</p>
Point-of-Service	You may go to any doctor, specialist or hospital that accepts Medicare.	<p>General Authorization rules may apply.</p> <p>Out-of-Network Point-of-Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> - Inpatient Hospital Care - Inpatient Mental Health Care - Skilled Nursing Facility - Home Health Care - Doctor Office Visits - Chiropractic Services 	<p>General Authorization rules may apply.</p> <p>Out-of-Network Point-of-Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> - Inpatient Hospital Care - Inpatient Mental Health Care - Skilled Nursing Facility - Home Health Care - Doctor Office Visits - Chiropractic Services

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
		<ul style="list-style-type: none"> - Podiatry Services - Outpatient Mental Health Care - Outpatient Substance Abuse Care - Outpatient Services/Surgery - Ambulance Services - Outpatient Rehabilitation Services - Durable Medical Equipment - Prosthetic Devices - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies - Procedures, Tests, Labs and Radiology Services - Bone Mass Measurement - Colorectal Screening Exam - Immunizations - Mammograms (Annual Screenings) - Pap Smears and Pelvic Exams - Prostate Cancer Screening Exams - Dental Services - Hearing Services - Vision Services - Physical Exams - Health/Wellness Education - Transportation - Acupuncture - Comprehensive Outpatient Rehabilitation Facility (CORF) - Partial Hospitalization - Other Health Care Professional Services - Diagnostic Radiological Services - Therapeutic Radiological Services - Outpatient X-Rays - Cardiac Rehabilitation Services - Outpatient Blood - Other Benefits - Nutrition Therapy for Diabetes and Renal Disease <p>\$4,000 out-of-pocket limit every year for POS benefits.</p>	<ul style="list-style-type: none"> - Podiatry Services - Outpatient Mental Health Care - Outpatient Substance Abuse Care - Outpatient Services/Surgery - Ambulance Services - Outpatient Rehabilitation Services - Durable Medical Equipment - Prosthetic Devices - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies - Procedures, Tests, Labs and Radiology Services - Bone Mass Measurement - Colorectal Screening Exam - Immunizations - Mammograms (Annual Screenings) - Pap Smears and Pelvic Exams - Prostate Cancer Screening Exams - Dental Services - Hearing Services - Vision Services - Physical Exams - Health/Wellness Education - Transportation - Acupuncture - Comprehensive Outpatient Rehabilitation Facility (CORF) - Partial Hospitalization - Other Health Care Professional Services - Diagnostic Radiological Services - Therapeutic Radiological Services - Outpatient X-Rays - Cardiac Rehabilitation Services - Outpatient Blood - Other Benefits - Nutrition Therapy for Diabetes and Renal Disease <p>\$4,500 out-of-pocket limit every year for POS benefits.</p>

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
		<p>30% of the cost per hospital stay.</p> <p>30% of the cost per Inpatient Psychiatric Hospital stay.</p> <p>30% of the cost for each SNF stay.</p> <p>30% of the cost for</p> <ul style="list-style-type: none"> - Home Health Care - Doctor Office Visits - Chiropractic Services - Podiatry Services - Outpatient Mental Health Care - Outpatient Substance Abuse Care - Outpatient Services/Surgery - Outpatient Rehabilitation Services - Durable Medical Equipment - Prosthetic Devices - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies - Procedures, Tests, Labs and Radiology Services - Bone Mass Measurement - Colorectal Screening Exam - Immunizations - Mammograms (Annual Screenings) - Pap Smears and Pelvic Exams - Prostate Cancer Screening Exams - Dental Services - Hearing Services - Vision Services - Physical Exams - CORF - Partial Hospitalization - Other Health Care Professional Services - Diagnostic Radiological Services - Therapeutic Radiological Services - Outpatient X-Rays - Cardiac Rehabilitation Services - Outpatient Blood 	<p>30% of the cost per hospital stay.</p> <p>30% of the cost per Inpatient Psychiatric Hospital stay.</p> <p>30% of the cost for each SNF stay.</p> <p>30% of the cost for</p> <ul style="list-style-type: none"> - Home Health Care - Doctor Office Visits - Chiropractic Services - Podiatry Services - Outpatient Mental Health Care - Outpatient Substance Abuse Care - Outpatient Services/Surgery - Outpatient Rehabilitation Services - Durable Medical Equipment - Prosthetic Devices - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies - Procedures, Tests, Labs and Radiology Services - Bone Mass Measurement - Colorectal Screening Exam - Immunizations - Mammograms (Annual Screenings) - Pap Smears and Pelvic Exams - Prostate Cancer Screening Exams - Dental Services - Hearing Services - Vision Services - Physical Exams - CORF - Partial Hospitalization - Other Health Care Professional Services - Diagnostic Radiological Services - Therapeutic Radiological Services - Outpatient X-Rays - Cardiac Rehabilitation Services - Outpatient Blood

Benefit	Original Medicare	Advantra Gold (004)	Advantra Silver (003)
		<p>- Nutrition Therapy for Diabetes and Renal Disease</p> <p>\$100 copay for - Ambulance Services</p> <p>100% of the cost for - Hearing Services - Vision Services - Health/Wellness Education - Acupuncture - Other1*</p> <p>50% of the cost for - Dental Services</p> <p>See Page 28 for additional information about the out-of-network Hearing, Vision, and Dental Services benefit.</p> <p>*Other1 refers to the Over-the-Counter Catalogue Program referred to on Page 29.</p>	<p>- Nutrition Therapy for Diabetes and Renal Disease</p> <p>\$100 copay for - Ambulance Services</p> <p>100% of the cost for - Hearing Services - Vision Services - Health/Wellness Education - Acupuncture - Other1*</p> <p>See Page 28 for additional information about the out-of-network Hearing, Vision, and Dental Services benefit.</p> <p>*Other1 refers to the Over-the-Counter Catalogue Program referred to on Page 29.</p>

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Advantra Gold and Advantra Silver provide excellent comprehensive coverage when you are sick or injured. But as we get older, preventive care becomes even more important. You can also count on Advantra for preventive care and wellness benefits.

PREVENTIVE SERVICES

It has been well documented that early detection is the key to successful treatment of many medical conditions. Advantra makes it easy and affordable to get the essential screening exams and tests you need. You can go directly to any in-network provider with no referral needed for covered preventive services. Advantra coverage does not require a copay for covered flu, pneumonia, and Hepatitis B vaccines when received in-network. Refer to the Preventive Services section which begins on Page 12 for additional information on benefits and cost share for such services as screening mammograms, colorectal and prostate screening exams, and bone mass measurement.

ADDITIONAL BENEFITS

We include the following services as additional benefits:

- ❖ **Routine Physical Exams** – Advantra Silver members are covered for a routine physical exam every year for a copay of \$10. Advantra Gold members pay no copay for this benefit.
- ❖ **Hearing Services** – Advantra Gold members have a combined \$100 benefit towards routine hearing tests and hearing aids every year. Advantra Gold members are responsible for 100% of the remaining cost once the \$100 limit is reached. Advantra members pay 30% coinsurance for Medicare-covered Hearing Services received out-of-network and 100% coinsurance for non-Medicare covered items received out-of-network, such as routine hearing exams and hearing aids. Please refer to Page 27 for additional information about the Point-of-Service benefit.
- ❖ **Vision Services** – When seeing an in-network Ophthalmologist for exams to diagnose and treat diseases and conditions of the eye, Advantra Gold members pay a \$25 Specialist copay (per visit). Advantra Gold members also have a \$100 benefit towards eye wear every year. Please note that Advantra Gold members are responsible for 100% of the remaining cost once the \$100 limit is reached. Advantra members pay 30% coinsurance for Medicare-covered Visions Services received out-of-network and 100% coinsurance for non-Medicare covered items received out-of-network, such as routine eye exams and eyewear. Please refer to Page 27 for additional information about the Point-of-Service benefit.
- ❖ **Dental Services** – As a member of Advantra, you have the added benefit of participating in a dental program through Coventry Dental. Advantra and Coventry Dental have teamed up to offer you a low-cost dental program that includes preventive services at a copay of \$0 for each covered visit. You also pay a copay of \$0 towards oral exams, cleanings, and x-rays (limits apply) for in-network services. Out-of-network preventive services are covered at 100% of the maximum allowable charge. Please refer to Page 22 for additional information about Dental Services.

Advantra members pay 30% coinsurance for out-of-network Medicare-covered Dental Services. Advantra Gold also includes coverage for more comprehensive dental benefits that include restorations (fillings), simple extractions, oral surgery, and dentures at 50% coinsurance for both in- and out-of-network services. Please refer to Page 22 for additional information about Dental Services and Page 27 for additional information about the Point-of-Service benefit. Please contact the plan for details. Coventry will provide members an identification card to use for dental benefit access separate from the Advantra member identification card used to access medical benefits. To contact Coventry Dental regarding their provider network or questions about their claims, call 1-866-690-4910 (TTY/TDD

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1-866-690-4912). Hours are 8 a.m. to 8 p.m. ET, Monday through Friday. You may also access their website at www.cvydental.com.

- ❖ **Chiropractic Services** – Advantra Medicare-covered chiropractic visits are ONLY for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part. **Other Chiropractic Services are not covered by your Advantra Gold or Advantra Silver plan membership.**

Advantra members are required to receive services through our contracted chiropractic network, ActivHealthCare. To find a contracted provider, please contact Advantra Customer Service. The Customer Service phone number and hours can be found on Page 3 (Section 1). You may also search for ActivHealthCare providers online at www.activhealthcare.com. Please refer to Page 9 for additional information about Chiropractic Services.

- ❖ **Health Club** – Looking good, feeling fit and having fun are important for Advantra members. The ForeverFit program includes a complimentary membership at any participating fitness center (gyms, exercise facilities and health clubs). Members have access to hundreds of facilities across the country. As an Advantra member, you will have full access to any amenity that is part of a participating ForeverFit centers' standard membership. All of these services are available to you for no additional fee beyond your Advantra monthly plan premium. You will need to present your Advantra ID card when signing up for the ForeverFit free membership at participating locations. Members may contact a ForeverFit Customer Service representative for more information or to get details on additional value-added items and services by calling 1-877-244-2452 (TTY/TDD 1-877-440-5580), 8:30 a.m. to 5:30 p.m. ET, Monday through Friday. Advantra members may also get more information by visiting www.ga.chcadvantra.com.
- ❖ **Over-the-Counter Catalogue Program** - This program allows Advantra members to order a wide variety of over-the-counter (OTC) items such as pain relievers, cold medications, first aid supplies and more - at no additional cost. You simply pick your items from an easy to read catalogue list, complete a mail order form and orders are shipped directly to your home. (A \$10 monthly benefit maximum applies, and a doctor's recommendation may be required to order some minerals and supplements.)

DIABETIC MEMBERS

Coventry Health Care of Georgia's disease case management program helps improve the quality of care and the quality of life for diabetic members. Nurse case managers work with you to provide health education personalized for your specific needs.

Advantra members pay only 20% of the cost of diabetic supplies including test strips for OneTouch® Blood Glucose Meters. Take your prescription for these strips or other supplies to any Advantra participating pharmacy. If you do not already have a OneTouch Meter when you become an Advantra member, contact Customer Service to request one. The Customer Service phone number and hours can be found on Page 3 (Section 1). You will be sent a meter free of charge. Please refer to Page 11 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies.

PRIOR AUTHORIZATION

In an effort to provide our members with the finest quality care and to limit their financial responsibility, Coventry requires prior authorization (also referred to as pre-authorization) for specific medical services. In-network prior authorizations are the responsibility of your Advantra participating provider and are subject to change by Coventry. **Out-of-network prior authorization is YOUR responsibility.**

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You may determine the requirements for prior authorization through our Customer Service Department. The Customer Service phone number and hours can be found on Page 3 (Section 1).

POINT-OF-SERVICE BENEFIT

With the Advantra Gold and Advantra Silver Point-of-Service Benefit you get freedom of choice. You receive the most value when you stay within Coventry's network of doctors and hospitals; however, you may receive certain covered services from doctors and hospitals that are not in Coventry's network. If you elect this option, you will be responsible for ensuring that the doctor, hospital or other provider complies with our utilization management policies.

The Point-of-Service option provides more choice and flexibility but it is important to remember that not all services are available outside the network of contracted providers. In some circumstances you may need prior authorization from us before receiving care for a covered service. Out-of-network prior authorization is YOUR responsibility.

The following services need out-of-network prior authorization for Advantra plans:

- Inpatient Hospital Care
- Skilled Nursing Facility
- Outpatient Services/Surgery
- Outpatient Rehabilitation Services
- Procedures, Tests, Labs and Radiology Services
- Durable Medical Equipment
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Mental Health Services

You may determine the requirements for out-of-network prior authorization through our Customer Service Department. The Customer Service phone number and hours can be found on Page 3 (Section 1).

When you use your Point-of-Service option, the non-plan provider will charge more than we will pay (we will pay non-plan providers a rate that traditional Medicare would pay). You will be responsible for a percentage of the amount that Medicare would pay (ex. 30% of the cost for doctor office visits), and this amount will apply to the out-of-pocket limit set for out-of-network out-of-pocket expenses specific to your Advantra plan (\$4,000 per year for Advantra Gold members and \$4,500 per year for Advantra Silver members). Not all plan services are covered under the out-of-pocket limit. Please go to Page 5 and Page 6 and refer to the "Premium and Other Important Information" section for details.

You may also be responsible for the portion that the provider charges above what we pay (this amount **does not** go toward satisfying your out-of-pocket limit). Using your Point-of-Service benefit is usually much more costly than if you receive these services from a provider participating with Coventry.

If you are a member and are unsure about how to use this option, our Customer Service Department will be happy to help you. The Customer Service phone number and hours can be found on Page 3 (Section 1).

See Pages 24-27 for additional details about the Point-of-Service benefit.

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WORLDWIDE EMERGENT/URGENT BENEFIT

Under traditional Medicare, you are not always covered for medical emergencies or urgent care outside of the United States. As a Coventry member, you will enjoy enhanced emergency and urgent care benefits. If you are traveling outside of the service area, or even outside of the United States, you will receive in-network benefits for covered emergency services and urgent care. Simply get the medical attention you need, and submit a claim to Coventry when you return from your trip. For further definition of what constitutes a medical emergency and/or urgent care plus instructions and address information for submitting a claim, please see your plan specific Advantra Evidence of Coverage. See Page 10 for additional details about the Emergency Care and Urgently Needed Care benefits.

PRESCRIPTION DRUGS

In-Network Pharmacies – Nationwide Coverage

When you enroll in an Advantra plan, you will have access to over 60,000 in-network pharmacies nationwide. You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on our plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder at www.medicare.gov.

Generic Drug Coverage through the Coverage Gap

The standard Medicare Part D benefit has a period where the member is responsible for 100% of their prescription drug costs. This period is sometimes called the "coverage gap" or "donut hole". With Advantra Gold and Silver, you still have prescription drug coverage for your **Preferred Generic** medications and pay a \$3 copay for a one-month (31-day) supply of drugs in the **Preferred Generic** tier. For all other prescriptions (not in the Preferred Generic tier) needed once your drug costs reach \$2,700, Advantra members pay 100% of prescription drug costs until your yearly out of pocket drug costs reach \$4,350. For more details on this benefit, please refer to Prescription Drugs which begins on Page 14 of this document.

Mail Order – Three for the price of two

You can further reduce your overall medical expenses and make fewer trips to the pharmacy with our expedient mail order service. You have the opportunity to pay only two copayments for a three-month supply on select preferred generics and preferred brand drugs. Plus you have the convenience of your medications being delivered right to your door. Or, if you prefer, you may continue to fill prescriptions for maintenance medications at your local in-network pharmacy. For more details on this benefit and Mail Order pricing, please refer to Prescription Drugs which begins on Page 14 of this document.

Over-the-Counter Medications

Advantra offers certain over-the-counter medications to you at no cost as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Some over-the-counter drugs do not count towards your out-of-pocket expenditure. In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Over-the-Counter Medications - Step Therapy Program

The Over-the-Counter medications we cover as part of Step Therapy are listed below. These over-the-counter medications will require a prescription from your doctor, in order to have them filled at your pharmacy and covered under your pharmacy benefit. Quantity and days supply limits may apply to the medications on this list. To find the quantity and days supply limits, please refer to your Formulary. We provide a 31-day (one-month) supply for members in long-term care. Your copayment is \$0 for these covered over-the-counter drugs. If you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

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Drug Name	Type	Strength
Loratadine	Tablets	10mg
Loratadine	Dissolve Tablets	10mg
Loratadine	Syrup	5mg/5 ml
Loratadine and Pseudoephedrine Sulfate	12 Hour Tablets	5mg/120mg,
Loratadine and Pseudoephedrine Sulfate	24 Hour Tablets	10mg/240mg
Cetirizine	Tablets	5mg
Cetirizine	Tablets	10 mg
Cetirizine	Syrup	1 mg/ml
Cetirizine HCL and Pseudoephedrine Hydrochloride	12 Hour Tablets	5 mg/120 mg
Prilosec OTC	Tablets	20 mg

Excluded Drugs

Advantra covers some excluded Part D drugs. The quantity and days supply limits may apply to the medications on this list. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Drug Name	Type	Strength
Alprazolam	Tablets	0.25 mg; 0.5 mg ; 1 mg; 2 mg
Clonazepam	Tablets	0.5 mg; 1 mg; 2 mg
Folic Acid	Tablet	1 mg
Levitra	Tablets	2.5 mg; 5 mg; 10 mg; 20 mg
Lorazepam	Tablets	0.5 mg; 1 mg; 2 mg
Phenobarbital	Tablets	15 mg; 16.2 mg; 30 mg; 32.4 mg; 60 mg; 97.2 mg; 100 mg
Temazepam	Tablets	15mg; 30 mg

Formulary

Advantra prescription drug plans use a drug formulary which is a list of preferred or recommended drugs that have been selected by our physicians and pharmacists based upon the safety, effectiveness and cost of those drugs.

The formulary is a comprehensive list of medications used by physicians to guide their medication prescribing decisions. The formulary includes FDA-approved brand name and generic drugs.

Advantra members are provided a Formulary upon enrollment and mailed one annually. Members may also access the Formulary and any Formulary Change Notices online at www.ga.chcadvantra.com.

Special Requirements on Medications

Some covered drugs may have additional requirements or limits on coverage. You can find out if your drug has any additional requirements or limits by looking in the Advantra Formulary. These additional requirements or limits may include:

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- ❖ **Prior Authorization:** Advantra requires you or your physician to get prior authorization before you fill your prescriptions.
- ❖ **Quantity Limits:** For certain drugs, Advantra limits the amount of the drug that it will cover.
- ❖ **Step Therapy:** In some cases, Advantra requires that you first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- ❖ **90 DAY Maintenance Supply:** Advantra allows these medications for an extended supply up to 90 days.

FOR MORE INFORMATION

Please refer to Page 3 (Section 1) for contact information including phone numbers and hours.

Prospective members should call toll-free 1-800-303-1745 for questions related to the Medicare Advantage Program. (TTY/TDD 1-888-788-4010). Please refer to Section 1 for contact information.

If you are a current member and have any questions, please call Customer Service toll-free at 1-866-613-4977 (TTY/TDD 1-866-347-2459). Please refer to Section 1 for contact information.

CONVENIENT AND SECURE WEBSITE ACCESS

Current members may also visit our website 24 hours a day, 7 days a week at www.ga.chcadvantra.com. We encourage all members to register and login regularly to *My Online Services*, which gives Advantra members access to personal account and benefit information. Members who register for *My Online Services* are able to access their Personal Health Record (PHR), wellness resources, perform provider searches, and much more. *My Online Services* allows members to view their confidential claims histories, view explanation of benefits, access current benefit information, and view and print member identification cards.

Advantra Gold and Silver are products of Coventry Health Care of Georgia, Inc., a Point of Service (POS) plan with a Medicare contract. Coventry Health Care of Georgia, Inc. is part of Coventry Health Care. Coventry Health Care of Georgia, Inc.'s contract with the Centers for Medicare & Medicaid Services is renewed annually; availability of coverage beyond the end of 2009 is not guaranteed. Benefits, formulary, pharmacy, network premiums and/or copays/coinsurance may change on January 1, 2010. Please contact Coventry Health Care of Georgia for details.

You must be entitled to Medicare benefits under Part A and enrolled in Part B, and reside in the Advantra service area. You may enroll during specific times of the year. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party. Medicare Prescription Drug Benefit is only available to members of the Medicare Advantage Part D (MA-PD) plan. If a beneficiary is already enrolled in a MA-PD plan, the enrollee must receive their Medicare Prescription Drug Benefit through that plan.

Medicare beneficiaries may also enroll in Advantra through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at www.medicare.gov. For more information regarding benefits listed above, prospective members should contact Advantra at 1-800-303-1745. TTY/TDD users should call 1-888-788-4010. Please refer to Section 1 for contact information. Advantra members should call Advantra Customer Service with benefit questions. You will find the number on the back of your Advantra Gold or Silver ID card and in Section 1, Page 3 this Summary.

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