

2009 SUMMARY OF BENEFITS

Altius Advantra
Uinta County, Wyoming

H0806-001, H0806-002, H0806-003



SECTION 1 – INTRODUCTION TO SUMMARY OF BENEFITS

Altius Advantra

January 1, 2009 – December 31, 2009

Thank you for your interest in Altius Advantra. Our Gold, Silver and Bronze plans are offered by Altius Health Plans, Inc. (Wyoming), a Medicare Advantage Health Maintenance Organization (HMO), with a point-of-service option (POS). This Summary of Benefits tells you some features of our plans. 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 Altius 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 Altius 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 Altius 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 Altius 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 ALTIUS 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 is Uinta County, Wyoming. You must live in this area to join the plan.

WHO IS ELIGIBLE TO JOIN ALTIUS ADVANTRA?

You can join Altius 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 Altius Advantra unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Altius 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. 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 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?

Altius 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?

Altius 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

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any time. You can ask for a pharmacy directory or visit us at www.altiusadvantra.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Altius 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.altiusadvantra.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 Altius 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 Altius 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 Altius 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 Altius Advantra for more details.

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- 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.
- 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.

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Please call Altius Advantra for more information about Altius Advantra.

Visit us at www.altiusadvantra.com or, call us:

Customer Service Hours:

Members

November 15, 2008 – March 1, 2009

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

March 2, 2009 – November 14, 2009

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

Toll-free: (866) 784-4918

TTY/TDD (866) 784-4931 for the hearing impaired

Prospective Members

October 1, 2008 – March 15, 2009

8:00 a.m. – 11:00 p.m. local time, seven (7) days a week

March 16 – September 30, 2009

8:00 a.m. – 5:00 p.m. Mountain Time, Monday – Friday

Toll-free: (888) 271-7641

TTY/TDD: (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 (800) 708-9637

TTY/TDD (800)716-3231

Prospective Members should call toll-free (888) 271-7641

TTY/TDD (888) 788-4010 for the hearing impaired

For more information about Medicare, please call Medicare at 1-800-MEDICARE
(1-800-633-4227).

TTY/TDD 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.

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

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| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---|--|---|--|---|
| <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 \$135.00.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> | <p>General</p> <p>\$111 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network</p> <p>\$1,000 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit.</p> <p>In-Network Exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Primary care doctor visits • Specialist visit • Chiropractic services • Podiatry services • Diagnostic hearing exams • Non-Medicare covered hearing exams • Eye exams to diagnose and treat conditions of the eye • Non-Medicare covered eye | <p>General</p> <p>\$84 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network</p> <p>\$2,000 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit.</p> <p>In-Network Exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Primary care doctor visits • Specialist visit • Chiropractic services • Podiatry services • Diagnostic hearing exams • Non-Medicare covered hearing exams • Eye exams to diagnose and treat conditions of the eye • Non-Medicare covered eye | <p>General</p> <p>\$40.50 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network</p> <p>\$3,000 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit.</p> <p>In-Network Exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Primary care doctor visits • Specialist visit • Chiropractic services • Podiatry services • Diagnostic hearing exams • Non-Medicare covered hearing exams • Eye exams to diagnose and treat conditions of the eye • Non-Medicare covered eye |

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|---------|-------------------|--|--|--|
| | | <p>exams.</p> <ul style="list-style-type: none"> • Non-Medicare covered eyewear • Physical Exams <p>Out-of-Network</p> <p>\$250 yearly deductible. Contact the plan for services that apply.</p> <p>\$3,000 out-of-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit.</p> <p>Out-of-Network Exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Inpatient Mental Health Care • Chiropractic Services • Outpatient Mental Health Care • Outpatient Substance Abuse Care • Non-Medicare Covered Eyewear • Health/Wellness Education | <p>exams.</p> <ul style="list-style-type: none"> • Non-Medicare covered eyewear • Physical Exams <p>Out-of-Network</p> <p>\$250 yearly deductible. Contact the plan for services that apply.</p> <p>\$3,000 out-of-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit.</p> <p>Out-of-Network Exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Inpatient Mental Health Care • Chiropractic Services • Outpatient Mental Health Care • Outpatient Substance Abuse Care • Non-Medicare Covered Eyewear • Health/Wellness Education | <p>exams.</p> <ul style="list-style-type: none"> • Non-Medicare covered eyewear • Physical Exams <p>Out-of-Network</p> <p>\$250 yearly deductible. Contact the plan for services that apply.</p> <p>\$3,000 out-of-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit.</p> <p>Out-of-Network Exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Inpatient Mental Health Care • Chiropractic Services • Outpatient Mental Health Care • Outpatient Substance Abuse Care • Non-Medicare Covered Eyewear • Health/Wellness Education |

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| | | <p>In and Out-of-Network</p> <p>\$3,000 combined (in and out-of-network) out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit.</p> <p>In-Network exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Primary care doctor visits • Specialist visit • Chiropractic services • Podiatry services • Diagnostic hearing exams • Non-Medicare covered hearing exams • Eye exams to diagnose and treat conditions of the eye • Non-Medicare covered eye exams. • Non-Medicare covered eyewear • Physical Exams <p>Out-of-Network Exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Inpatient Mental Health Care • Chiropractic Services | <p>In and Out-of-Network</p> <p>\$3,000 combined (in and out-of-network) out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit.</p> <p>In-Network exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Primary care doctor visits • Specialist visit • Chiropractic services • Podiatry services • Diagnostic hearing exams • Non-Medicare covered hearing exams • Eye exams to diagnose and treat conditions of the eye • Non-Medicare covered eye exams. • Non-Medicare covered eyewear • Physical Exams <p>Out-of-Network Exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Inpatient Mental Health Care • Chiropractic Services | <p>In and Out-of-Network</p> <p>\$3,000 combined (in and out-of-network) out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit.</p> <p>In-Network exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Primary care doctor visits • Specialist visit • Chiropractic services • Podiatry services • Diagnostic hearing exams • Non-Medicare covered hearing exams • Eye exams to diagnose and treat conditions of the eye • Non-Medicare covered eye exams. • Non-Medicare covered eyewear • Physical Exams <p>Out-of-Network Exclusions to out-of-pocket limit:</p> <ul style="list-style-type: none"> • Inpatient Mental Health Care • Chiropractic Services |

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| | | <ul style="list-style-type: none"> • Outpatient Mental Health care • Outpatient Substance Abuse Care • Non-Medicare Covered Eyewear • Health/Wellness Education • Outpatient Substance Abuse Care • Non-Medicare Covered Eyewear • Health/Wellness Education | <ul style="list-style-type: none"> • Outpatient Mental Health • Outpatient Substance Abuse Care • Non-Medicare Covered Eyewear • Health/Wellness Education • Outpatient Substance Abuse Care • Non-Medicare Covered Eyewear • Health/Wellness Education | <ul style="list-style-type: none"> • Outpatient Mental Health Care • Outpatient Substance Abuse Care • Non-Medicare Covered Eyewear • Health/Wellness Education • Outpatient Substance Abuse Care • Non-Medicare Covered Eyewear • Health/Wellness Education |
| <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</p> <p>No referral required for network doctors, specialists, and hospitals. You may have to pay a separate copay for certain doctor office visits.</p> | <p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals. You may have to pay a separate copay for certain doctor office visits.</p> | <p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals. You may have to pay a separate copay for certain doctor office visits.</p> |

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INPATIENT CARE**

| | | | | |
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| <p>3 - Inpatient Hospital Care (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 days. Call 1-800-MEDICARE (1-</p> | <p>In-Network For Medicare-covered hospital stays: • Days 1 – 3: \$100 copay per day.</p> | <p>In-Network For Medicare-covered hospital stays: • Days 1 – 5: \$125 copay per day.</p> | <p>In-Network For Medicare-covered hospital stays: • Days 1 – 7: \$150 copay per day.</p> |
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| | <p>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 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.</p> | <ul style="list-style-type: none"> • Days 4 – 90: \$0 copay per day. • \$0 copay for additional hospital days. <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> | <ul style="list-style-type: none"> • Days 6 – 90: \$0 copay per day. • \$0 copay for additional hospital days. <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> | <ul style="list-style-type: none"> • Days 8 – 90: \$0 copay per day. • \$0 copay for additional hospital days. <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>4 - Inpatient Mental Health Care</p> | <p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p> | <p>In-Network</p> <p>For hospital stays:</p> <ul style="list-style-type: none"> • Days 1 - 3: \$100 copay per day. • Days 4 - 90: \$0 copay per day. | <p>In-Network</p> <p>For hospital stays:</p> <ul style="list-style-type: none"> • Days 1 - 5: \$125 copay per day. • Days 6 - 90: \$0 copay per day. | <p>In-Network</p> <p>For hospital stays:</p> <ul style="list-style-type: none"> • Days 1 - 7: \$150 copay per day. • Days 8 - 90: \$0 copay per day. |

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| | | <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> | <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> | <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> |
| <p>5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p> | <p>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.</p> <p>100 days per benefit period</p> <p>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</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> • Days 1 – 20: \$0 copay per day • Days 21 – 100: \$75 copay per day <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> • Days 1 - 6: \$0 copay per day • Days 7 – 100: \$75 copay per day <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> • Days 1 - 6: \$0 copay per day • Days 7 – 100: \$75 copay per day <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> |

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| | can have. | | | |
| 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. | 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. | 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 | General See "Physical Exams," for more information. In-Network \$5 copay for each primary care doctor visit for | General See "Physical Exams," for more information. In-Network \$10 copay for each primary care doctor visit for |

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| | | <p>Medicare-covered benefits.</p> <p>\$5 copay for each specialist visit for Medicare-covered benefits.</p> | <p>Medicare-covered benefits.</p> <p>\$15 copay for each specialist visit for Medicare-covered benefits.</p> | <p>Medicare-covered benefits.</p> <p>\$25 copay for each specialist visit for Medicare-covered benefits.</p> |
| <p>9 - Chiropractic Services</p> | <p>Routine care not covered</p> <p>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.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$5 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$15 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$25 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> |
| <p>10 - Podiatry Services</p> | <p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> | <p>In-Network</p> <p>\$5 copay for each Medicare-covered visit.</p> <p>\$5 copay for up to 2 routine visit(s) every year</p> <p>Medicare-covered podiatry</p> | <p>In-Network</p> <p>\$15 copay for each Medicare-covered visit.</p> <p>\$15 copay for up to 2 routine visit(s) every year</p> <p>Medicare-covered podiatry</p> | <p>In-Network</p> <p>\$25 copay for each Medicare-covered visit.</p> <p>\$25 copay for up to 2 routine visit(s) every year</p> <p>Medicare-covered podiatry</p> |

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| | | benefits are for medically-necessary foot care. | benefits are for medically-necessary foot care. | benefits are for medically necessary foot care. |
| 11 - Outpatient Mental Health Care | 50% coinsurance for most outpatient mental health services. | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$5 copay for each Medicare-covered individual or group therapy visit.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$15 copay for each Medicare-covered individual or group therapy visit.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$25 copay for each Medicare-covered individual or group therapy visit.</p> |
| 12 - Outpatient Substance Abuse Care | 20% coinsurance | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$5 copay for Medicare-covered individual or group therapy visit.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$15 copay for Medicare-covered individual or group therapy visit.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$25 copay for Medicare-covered individual or group therapy visit.</p> |
| 13 - Outpatient Services/Surgery | <p>20% coinsurance for the doctor</p> <p>20% of outpatient facility charges</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$50 copay for each Medicare-covered ambulatory surgical</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$50 copay for each Medicare-covered ambulatory surgical</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$200 copay for each Medicare-covered ambulatory</p> |

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| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|--|---|---|---|---|
| | | center visit. \$50 copay for each Medicare-covered outpatient hospital facility visit. | center visit. \$50 copay for each Medicare-covered outpatient hospital facility visit. | surgical center visit. \$200 copay for each Medicare-covered outpatient hospital facility visit. |
| <p>14 - Ambulance Services (medically necessary ambulance services)</p> | 20% coinsurance | <p>General Authorization rules may apply.</p> <p>In-Network \$50 copay for Medicare-covered ambulance benefits.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$150 copay for Medicare-covered ambulance benefits.</p> |
| <p>15 - Emergency Care (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</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 48-hour(s) for the same condition, you pay \$0 for the emergency room</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 48-hour(s) for the same condition, you pay \$0 for the emergency room</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 48-hour(s) for the same condition, you pay \$0 for the emergency room</p> |

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Altius Advantra

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| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|--|--|---|---|---|
| | circumstances. | visit. | visit. | visit. |
| <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</p> <p>\$20 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, \$0 for the urgent-care visit.</p> | <p>General</p> <p>\$20 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, \$0 for the urgent-care visit.</p> | <p>General</p> <p>\$35 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, \$0 for the urgent-care visit.</p> |
| <p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p> | 20% coinsurance | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$5 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$5 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$25 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> |

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|---|---|--|---|--|
| OUTPATIENT MEDICAL SERVICES AND SUPPLIES | | | | |
| 18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.) | 20% coinsurance | General Authorization rules may apply. In-Network 10% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. |
| 19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.) | 20% coinsurance | General Authorization rules may apply. In-Network 10% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. |
| 20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training) | 20% coinsurance 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 | In-Network \$5 copay for Diabetes self-monitoring training. \$5 copay for Nutrition Therapy for Diabetes. \$5 copay for Diabetes supplies. | In-Network \$5 to \$15 copay for Diabetes self-monitoring training. \$5 to \$15 copay for Nutrition Therapy for Diabetes. \$15 of the cost for Diabetes supplies. | In-Network 20% of the cost for Diabetes self-monitoring training. \$10 to \$25 copay for Nutrition Therapy for Diabetes. \$25 copay for Diabetes supplies. |

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
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| | include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. | | | |
| 21 - Diagnostic Tests, X-Rays, and Lab Services | <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, like checking your cholesterol.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> • Lab services • Diagnostic procedures and tests. • X-rays. • Diagnostic radiology services (not including X-rays). • Therapeutic radiology services. | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$15 copay for Medicare-covered lab services.</p> <p>\$15 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$15 to \$50 copay for Medicare-covered X-rays.</p> <p>\$15 to \$50 copay for Medicare-covered diagnostic radiology services.</p> <p>\$15 to \$50 copay for Medicare-covered therapeutic radiology services.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$25 copay for Medicare-covered lab services.</p> <p>\$25 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$75 copay for Medicare-covered X-rays.</p> <p>\$25 to \$75 copay for Medicare-covered diagnostic radiology services.</p> <p>\$25 to \$75 copay for Medicare-covered therapeutic radiology services.</p> |

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
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| PREVENTIVE CARE | | | | |
| 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. | In-Network \$0 copay for Medicare-covered bone mass measurement. | In-Network \$0 copay for Medicare-covered bone mass measurement. |
| 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. | In-Network \$0 copay for Medicare-covered colorectal screenings. | In-Network \$0 copay for Medicare-covered colorectal screenings. |
| 24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine) | \$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. | In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines. | In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines. | In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines. |
| 25 - Mammograms (Annual Screening) | 20% coinsurance No referral needed. | In-Network \$0 copay for Medicare-covered screening | In-Network \$0 copay for Medicare-covered screening | In-Network \$0 copay for Medicare-covered screening |

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
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| (for women with Medicare age 40 and older) | 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. | mammograms. | mammograms. | mammograms. |
| 26 - Pap Smears and Pelvic Exams (for women with Medicare) | \$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams | In-Network \$0 copay for Medicare-covered pap smears and pelvic exams and • up to 1 additional pap smear(s) every year | In-Network \$0 copay for Medicare-covered pap smears and pelvic exams and • up to 1 additional pap smear(s) every year | In-Network \$0 copay for Medicare-covered pap smears and pelvic exams and • up to 1 additional pap smear(s) every year |
| 27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older) | 20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50. | In-Network \$0 copay for Medicare-covered prostate cancer screening. | In-Network \$0 copay for Medicare-covered prostate cancer screening. | In-Network \$0 copay for Medicare-covered prostate cancer screening. |

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|-------------------------------------|--|--|--|--|
| 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</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for renal dialysis.</p> <p>\$5 copay for Nutrition Therapy for End-Stage Renal Disease.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>10% of the cost for renal dialysis.</p> <p>\$5 to \$15 copay for Nutrition Therapy for End-Stage Renal Disease.</p> | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for renal dialysis.</p> <p>\$10 to \$25 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</p> | <p>Drugs covered under Medicare Part B</p> <p>General</p> <p>10% coinsurance for Part B covered drugs (not including Part B covered chemotherapy drugs).</p> <p>10% coinsurance for Part B covered chemotherapy drugs.</p> | <p>Drugs covered under Medicare Part B</p> <p>General</p> <p>20% coinsurance for Part B covered drugs (not including Part B covered chemotherapy drugs).</p> <p>20% coinsurance for Part B covered chemotherapy drugs.</p> | <p>Drugs covered under Medicare Part B</p> <p>General</p> <p>20% coinsurance for Part B covered drugs (not including Part B covered chemotherapy drugs).</p> <p>20% coinsurance for Part B covered chemotherapy drugs.</p> |

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| | coverage. | <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 www.altiusadvantra.com on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). <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</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 www.altiusadvantra.com on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). <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</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 www.altiusadvantra.com on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). <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</p> |

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| | | <p>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 cost 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 Altius 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.</p> | <p>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 cost 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 Altius 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.</p> | <p>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 cost 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 Altius Advantra Bronze 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.</p> |

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| | | <p>Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling, provider coordination, or patient education requirements for these drugs that cannot be met by 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</p> <p>\$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-</p> | <p>Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling, provider coordination, or patient education requirements for these drugs that cannot be met by 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</p> <p>\$0 deductible.</p> <p>Some covered drugs don't count toward your out-of-</p> | <p>Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling, provider coordination, or patient education requirements for these drugs that cannot be met by 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</p> <p>\$0 deductible.</p> |

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| | | <p>pocket drug costs.</p> <p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Preferred Generic</p> <p>\$3 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$6 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$25 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$50 copay for a three-month (90-day) supply of drugs in this tier.</p> | <p>pocket drug costs.</p> <p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Preferred Generic</p> <p>\$6 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$12 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$25 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$50 copay for a three-month (90-day) supply of drugs in this tier.</p> | <p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Preferred Generic</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$14 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$30 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$60 copay for a three-month (90-day) supply of drugs in this tier.</p> |

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| | | <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$51 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$153 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>30% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Long Term Care Pharmacy Preferred Generic</p> <p>\$3 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$25 copay for a one-month (31-day) supply of drugs in this tier.</p> | <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$65 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$195 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>30% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Long Term Care Pharmacy Preferred Generic</p> <p>\$6 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$25 copay for a one-month (31-day) supply of drugs in this tier.</p> | <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$71 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$213 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>30% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Long Term Care Pharmacy Preferred Generic</p> <p>\$7 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$30 copay for a one-month (31-day) supply of drugs in this tier.</p> |

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| | | <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$51 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>30% coinsurance for a one-month (31-day) supply of drugs in this tier.</p> <p>Mail Order Pharmacy Preferred Generic</p> <p>\$6 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$50 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$153 copay for a three-month</p> | <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$65 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>30% coinsurance for a one-month (31-day) supply of drugs in this tier.</p> <p>Mail Order Pharmacy Preferred Generic</p> <p>\$12 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$50 copay for a three-month (90-day) supply of drugs in this tier..</p> <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$195 copay for a three-month</p> | <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$71 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>30% coinsurance for a one-month (31-day) supply of drugs in this tier.</p> <p>Mail Order Pharmacy Preferred Generic</p> <p>\$14 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$60 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$213 copay for a three-month</p> |

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| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---------|-------------------|--|---|---|
| | | <p>(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 Preferred Generic</p> <p>\$3 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$6 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Long Term Care Pharmacy Preferred Generic</p> <p>\$3 copay for a one-month (31-day) supply of drugs in this tier.</p> | <p>(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 Preferred Generic</p> <p>\$6 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$12 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Long Term Care Pharmacy Preferred Generic</p> <p>\$6 copay for a one-month (31-day) supply of drugs in this tier.</p> | <p>(90-day) supply of drugs in this tier.</p> <p>Coverage Gap</p> <p>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>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or • 5% coinsurance. <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's</p> |

**SECTION 2 –
SUMMARY OF BENEFITS**

Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---------|-------------------|---|---|---|
| | | <p>Mail Order Preferred Generic</p> <p>\$6 copay for a three-month (90-day) supply of drugs 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>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or • 5% coinsurance. | <p>Mail Order Pharmacy Preferred Generic</p> <p>\$12 copay for a three-month (90-day) supply of drugs 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>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or • 5% coinsurance. | <p>service area where there is no network pharmacy. You may 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 Altius Advantra Bronze.</p> <p>Out-of-Network Initial Coverage</p> <p>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 TIER 1 – Preferred Generic</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier.</p> |

**SECTION 2 –
SUMMARY OF BENEFITS**

Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---------|-------------------|--|--|---|
| | | <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may 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 Altius Advantra Gold.</p> <p>Out-of-Network Initial Coverage</p> <p>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</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may 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 Altius Advantra Silver.</p> <p>Out-of-Network Initial Coverage</p> <p>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>Preferred Brand</p> <p>\$30 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$71 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>30% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Out-of-Network Coverage Gap</p> <p>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 Altius</p> |

**SECTION 2 –
SUMMARY OF BENEFITS**

Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---------|-------------------|---|---|---|
| | | <p>Out-of-Network Pharmacy Preferred Generic</p> <p>\$3 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$25 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$51 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>30% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> | <p>Out-of-Network Pharmacy Preferred Generic</p> <p>\$6 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$25 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred Generic / Non-Preferred Brand</p> <p>\$65 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>30% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> | <p>Advantra Bronze for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Altius Advantra Bronze 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 \$6.00 copay for all other drugs, or • 5% coinsurance. |

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SUMMARY OF BENEFITS**

Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---------|-------------------|--|--|------------------------|
| | | <p>Out-of-Network Coverage Gap</p> <p>The plan covers ALL Preferred Generics through the gap.</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Preferred Generic</p> <p>\$3 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>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 Altius Advantra Gold for out-of-network purchases when you</p> | <p>Out-of-Network Coverage Gap</p> <p>The plan covers ALL Preferred Generics through the gap.</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Preferred Generic</p> <p>\$6 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>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 Altius Advantra Silver for out-of-network purchases when you</p> | |

**SECTION 2 –
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Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---------|-------------------|--|--|------------------------|
| | | <p>are in the coverage gap. However, you should still submit documentation to Altius 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</p> <p>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 Altius Advantra Gold for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Altius 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>are in the coverage gap. However, you should still submit documentation to Altius 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</p> <p>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 Altius Advantra Silver for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Altius Advantra Silver so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> | |

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Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---------|-------------------|---|---|------------------------|
| | | <p>Specialty – Generic and Brand</p> <p>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 Altius Advantra Gold for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Altius 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> | <p>Specialty – Generic and Brand</p> <p>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 Altius Advantra Silver for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Altius 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> | |

**SECTION 2 –
SUMMARY OF BENEFITS**

Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|------------------------------------|---|--|--|--|
| | | <ul style="list-style-type: none"> • \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or • 5% coinsurance. | <ul style="list-style-type: none"> • \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or • 5% coinsurance. | |
| <p>30 - Dental Services</p> | <p>Preventive dental services (such as cleaning) not covered.</p> | <p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • Up to 2 oral exam(s) every year • Up to 2 cleaning(s) every year • Up to 1 dental x-ray(s) every year <p>10% of the cost for Medicare-covered dental benefits.</p> <p>Plan offers additional comprehensive dental benefits. (Please refer to Section 3 for additional information).</p> <p>\$1,000 limit for dental benefits every year.</p> | <p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • Up to 2 oral exam(s) every year • Up to 2 cleaning(s) every year • Up to 1 dental x-ray(s) every year <p>20% of the cost for Medicare-covered dental benefits.</p> <p>Plan offers additional comprehensive dental benefits. (Please refer to Section 3 for additional information).</p> <p>\$1,000 limit for dental benefits every year.</p> | <p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • Up to 2 oral exam(s) every year • Up to 2 cleaning(s) every year • Up to 1 dental x-ray(s) every year <p>20% of the cost for Medicare-covered dental benefits.</p> <p>Plan offers additional comprehensive dental benefits. (Please refer to Section 3 for additional information).</p> <p>\$1,000 limit for dental benefits every year.</p> |

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SUMMARY OF BENEFITS**

Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|------------------------------|---|---|--|--|
| 31 - Hearing Services | <p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p> | <p>In-Network</p> <p>Hearing aids not covered.</p> <p>\$5 copay for diagnostic hearing exams</p> <p>\$5 copay for up to 1 routine hearing test(s) every year.</p> | <p>In-Network</p> <p>Hearing aids not covered.</p> <p>\$15 copay for diagnostic hearing exams</p> <p>\$15 copay for up to 1 routine hearing test(s) every year.</p> | <p>In-Network</p> <p>Hearing aids not covered.</p> <p>\$25 copay for diagnostic hearing exams</p> <p>\$25 copay for up to 1 routine hearing test(s) every year.</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>General Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for :</p> <ul style="list-style-type: none"> • One pair of eyeglasses or contact lenses after cataract surgery. • Up to 1 pair of contacts every year. • Up to 1 pair of lenses every year. • Up to 1 frame every year. • \$100 limit for eye wear every year. <p>\$5 copay for exams to diagnose and treat diseases and conditions of the eye.</p> | <p>General Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for :</p> <ul style="list-style-type: none"> • One pair of eyeglasses or contact lenses after cataract surgery. • Up to 1 pair of contacts every year. • Up to 1 pair of lenses every year. • Up to 1 frame every year. • \$100 limit for eye wear every year. <p>\$15 copay for exams to diagnose and treat diseases and conditions of the eye.</p> | <p>General Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for :</p> <ul style="list-style-type: none"> • One pair of eyeglasses or contact lenses after cataract surgery. • Up to 1 pair of contacts every year. • Up to 1 pair of lenses every year. • Up to 1 frame every year. • \$100 limit for eye wear every year. <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> |

**SECTION 2 –
SUMMARY OF BENEFITS**

Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|----------------------------------|---|---|---|---|
| | | \$5 copay for up to 1 routine eye exam every year | \$15 copay for up to 1 routine eye exam(s) every year | \$25 copay for up to 1 routine eye exam(s) every year |
| 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</p> <p>\$5 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$5 copay for Medicare-covered benefits.</p> | <p>In-Network</p> <p>\$5 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$5 copay for Medicare-covered benefits.</p> | <p>In-Network</p> <p>\$25 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$10 copay for Medicare-covered benefits.</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</p> <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters. • Health Club Membership/ Fitness Classes. • Other Wellness Benefits. | <p>In-Network</p> <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters. • Health Club Membership/ Fitness Classes. • Other Wellness Benefits. | <p>In-Network</p> <p>This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters. • Health Club Membership/ Fitness Classes. • Other Wellness Benefits. |

SECTION 2 – SUMMARY OF BENEFITS

Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|--|---|---|---|---|
| Transportation (Routine) | Not covered | In-Network This plan does not cover routine transportation. | In-Network This plan does not cover routine transportation. | In-Network This plan does not cover routine transportation. |
| Acupuncture | Not covered | In-Network This plan does not cover Acupuncture. | In-Network This plan does not cover Acupuncture | In-Network This plan does not cover Acupuncture |
| Point Of Service | You may go to any doctor, specialist or hospital that accepts Medicare. | General Authorization rules may apply. Out-of-Network Point-of-Service coverage is available for the following benefits: <ul style="list-style-type: none"> • Inpatient Hospital Care • Skilled Nursing Facility • Home Health Care • Doctor Office Visits • Podiatry Services • Outpatient Services/ Surgery • Ambulance Services • Outpatient Rehabilitation Services • Durable Medical Equipment | General Authorization rules may apply. Out-of-Network Point-of-Service coverage is available for the following benefits: <ul style="list-style-type: none"> • Inpatient Hospital Care • Skilled Nursing Facility • Home Health Care • Doctor Office Visits • Podiatry Services • Outpatient Services/ Surgery • Ambulance Services • Outpatient Rehabilitation Services • Durable Medical Equipment | General Authorization rules may apply. Out-of-Network Point-of-Service coverage is available for the following benefits: <ul style="list-style-type: none"> • Inpatient Hospital Care • Skilled Nursing Facility • Home Health Care • Doctor Office Visits • Podiatry Services • Outpatient Services/ Surgery • Ambulance Services • Outpatient Rehabilitation Services • Durable Medical Equipment |

**SECTION 2 –
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Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---------|-------------------|---|---|---|
| | | <ul style="list-style-type: none"> • 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 • Comprehensive Outpatient Rehabilitation Facility (CORF) • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation | <ul style="list-style-type: none"> • 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 • Comprehensive Outpatient Rehabilitation Facility (CORF) • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation | <ul style="list-style-type: none"> • 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 • Comprehensive Outpatient Rehabilitation Facility (CORF) • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation |

**SECTION 2 –
SUMMARY OF BENEFITS**

Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---------|-------------------|--|--|--|
| | | <p>Services</p> <ul style="list-style-type: none"> • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease <p>\$250 yearly deductible for POS benefits.</p> <p>\$3,000 out-of-pocket limit every year for POS benefits.</p> <p>20% of the cost per hospital stay.</p> <p>20% of the cost per SNF stay.</p> <p>20% of the cost for:</p> <ul style="list-style-type: none"> • Home Health Care • Doctor Office Visits • Podiatry Services • Outpatient Services/ Surgery • Outpatient Rehabilitation Services • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies • Procedures, Tests, Labs | <p>Services</p> <ul style="list-style-type: none"> • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease <p>\$250 yearly deductible for POS benefits.</p> <p>\$3,000 out-of-pocket limit every year for POS benefits.</p> <p>30% of the cost per hospital stay.</p> <p>30% of the cost per SNF stay.</p> <p>30% of the cost for:</p> <ul style="list-style-type: none"> • Home Health Care • Doctor Office Visits • Podiatry Services • Outpatient Services/ Surgery • Outpatient Rehabilitation Services • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies • Procedures, Tests, Labs | <p>Services</p> <ul style="list-style-type: none"> • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease <p>\$250 yearly deductible for POS benefits.</p> <p>\$3,000 out-of-pocket limit every year for POS benefits.</p> <p>30% of the cost per hospital stay.</p> <p>30% of the cost per SNF stay.</p> <p>30% of the cost for:</p> <ul style="list-style-type: none"> • Home Health Care • Doctor Office Visits • Podiatry Services • Outpatient Services/ Surgery • Outpatient Rehabilitation Services • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies • Procedures, Tests, Labs |

**SECTION 2 –
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Altius Advantra

January 1, 2009 – December 31, 2009

| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---------|-------------------|---|--|---|
| | | <ul style="list-style-type: none"> 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 • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation Services • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease <p>\$50 copay for Ambulance</p> | <ul style="list-style-type: none"> 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 • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation Services • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease <p>\$100 copay for Ambulance</p> | <ul style="list-style-type: none"> and Radiology Services • Bone Mass Measurement • Colorectal Screening Exam • Immunizations • Mammograms (Annual Screenings) • Pap Smears and Pelvic Exams • Prostate Cancer Screening Exams • Hearing Services • Vision Services • Physical Exams • CORF • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation Services • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease <p>\$150 copay for Ambulance Services.</p> |

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Altius Advantra

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| Benefit | Original Medicare | Altius Advantra Gold | Altius Advantra Silver | Altius Advantra Bronze |
|---------|-------------------|---|---|--|
| | | Services. \$0 to 50% of the cost for Dental Services. | Services. \$0 to 50% of the cost for Dental Services. | \$0 to 50% of the cost for Dental Services. |

SECTION 3 – PLAN SPECIFIC FEATURES

Altius Advantra

January 1, 2009 – December 31, 2009

Annual Physical Exams

Early detection is often the key to successful treatment of many medical conditions. Altius Advantra makes it easy and affordable for you to get the essential screening exams and tests you need. You can go directly to any in-network provider with no referral for covered preventive services. What's more, if you use an in-network provider, there is NO COPAY for the following preventive care visits:

- Flu, Pneumonia, and Hepatitis B Immunizations
- Bone Mass Measurements
- Colorectal Screening Exams
- Gynecological Exams
- Prostate Cancer Screening Exams
- Mammogram Screenings

Additional Benefits

Taking care of ourselves is important. Preventive care not only includes our physical well-being, but also includes annual hearing exams as well as preventive trips to the dentist. At Altius Advantra we include these services as additional benefits.

- **Dental Services** – As a member of Altius Advantra, you have the added benefit of participating in our Coventry Dental program which offers you a low-cost dental program that includes preventive services at NO COPAY for covered visits. These visits can include oral exams, cleanings, and x-rays (limits apply). Altius Advantra members are also covered for restorations and simple extractions after a \$50 deductible and a 50% cost share. Please refer to Page 35 for additional information about dental services.

You receive the most value when you stay within the Coventry Dental network of dentists; however, you may receive dental services from dentists that are not in the Coventry Dental network. We will pay non-network providers a maximum allowable charge for services provided, and you will be responsible for any cost share as well as the difference between the provider's billed charge and the maximum allowable charge. Using a non-network provider is usually much more costly than if you receive these services from a participating network provider.

Each year we will pay up to \$1,000 toward the expense of covered dental services. Any expenses that exceed \$1,000 will be your responsibility. Please contact Altius Advantra customer service if you have questions about this benefit. Customer service phone numbers and hours of operation are listed in Section 1.

- **Hearing Services** – In addition to your Medicare-covered diagnostic hearing exam, with Altius Advantra, you are covered for one routine hearing test each year. Copayments for these services will vary depending on the plan you select.
- **Vision Services** – Quality vision care is provided to you through comprehensive network of optometrists and ophthalmologists. In addition to your Medicare-covered benefits, with Altius Advantra you are covered for one annual

routine eye-exam each year. Please check your Altius Advantra provider directory for participating providers. Copayments for these services will vary depending on the plan you select.

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Your coverage with Altius Advantra also includes coverage for contact lenses and frames. Each year we will pay up to \$100 toward the expense of contact lenses or eyeglasses/frames. Any expenses that exceed \$100 will be your responsibility. If you have additional questions regarding this benefit, please contact Altius Advantra customer service. Customer service phone numbers and hours of operation are listed in Section 1.

- **Physical Exams** – Altius Advantra members are covered for one routine physical examination every year. This exam is inclusive of any laboratory tests, x-rays and additional items received during the routine exam. Copayments for these services will vary depending on the plan you select as well as any additional services received during your visit.
- **Over-The-Counter Catalogue Program** – Altius Advantra members have access to our Over-The-Counter Catalogue Program. Altius Advantra will pay all shipping and handling charges plus up to \$10 a month toward your catalogue order. Any catalogue order charges (not to include shipping and handling) that exceed \$10 will be your responsibility. You can order a wide variety of over-the-counter (OTC) items---things like pain relievers, cold medications, first aid supplies and more! And they'll be delivered right to your door. You don't need a prescription, although some minerals and dietary supplements require your doctor's recommendation. The catalog list is easy to read and offers a variety of the kinds of OTC medications and goods you use regularly.

Prescription Drugs

In-Network Pharmacies

When you enroll in an Altius Advantra plan you will have access to over 60,000 in-network pharmacies nationwide whether you are at home or traveling. 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 on www.medicare.gov.

Mail Order

You can further reduce your overall medical expenses and make fewer trips to the drug store 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 and the convenience of having your medications delivered right to your door. Or, if you prefer, you may continue to fill prescriptions for maintenance medications at your local in-network pharmacy.

Over-The-Counter Medications (OTCs) as Step-Therapy

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. If you require another copy, please contact Customer service at the phone numbers provided in Section 1. 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 |

Part D Excluded Drugs

Altius Advantra Gold and Altius Advantra Silver cover some excluded Part D drugs. The quantity and day supply limits may apply to the medications on this list. The amount you pay when you fill a prescription for this drug 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 |
| Lorazepam | Tablets | 0.5 mg; 1 mg; 2 mg |
| Temazepam | Tablets | 15mg; 30 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 |
| Phenobarbital | Tablets | 15 mg; 16.2 mg; 30 mg; 32.4 mg; 60 mg; 97.2 mg; 100 mg |

Formulary

Altius 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, efficiency 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.

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 Altius Advantra Formulary. These additional requirements or limits may include:

Prior Authorization: Altius Advantra requires you or your physician to get prior authorization before you fill your prescriptions.

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- **Quantity Limits:** For certain drugs, Altius Advantra limits the amount of the drug that it will cover.
- **Step Therapy:** In some cases, Altius 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:** Altius Advantra allows these medications for an extended supply up to 90 days.

Worldwide Emergent / Urgent Benefits

Under traditional Medicare, you are not always covered for medical emergencies or urgent care outside of the United States. As an Altius Advantra 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 Altius Advantra. In some cases, the out-of-area provider may not be able to submit the claim directly to us. When that happens, you will need to file a paper claim with us on your own. When you return home, simply submit your claim and your receipt to the following address:

Altius Advantra Member Services
PO Box 67103
Harrisburg, PA 17106-7103

For further definition of what constitutes a medical emergency and/or urgent care, please see the Altius Advantra Evidence of Coverage (EOC).

Chiropractic Services

Altius Advantra has contracted with Chiropractic Health Plans (CHP) to provide you with quality chiropractic care. You must use a Plan Provider for Chiropractic services. There are no out-of-network benefits for chiropractic services. Prior authorizations for chiropractic care are the responsibility of your CHP participating provider. If you have any questions about your chiropractic services or the appropriate way to access coverage, please contact customer service. Customer service phone numbers and hours of operation are listed in Section 1.

Mental Health / Substance Abuse Services

Altius Advantra has contracted with Mental Health Network (MHNet) to provide you with quality Mental Health and Substance Abuse services. You must use a Plan Provider for Mental Health and Substance Abuse services. There are no out-of-network benefits for these services. MHNet will coordinate all care, authorization inquiries, and service requests. Prior authorization for Mental Health and Substance Abuse MUST be obtained through MHNet. The telephone number for MHNet is listed on your ID card and in the Altius Advantra Provider Directory. If you have any questions about your Mental Health and Substance Abuse Coverage or have questions about the appropriate way to access coverage, please contact MHNet at 1-800-701-8663 (TTY/TDD 1-800-955-9771). Emergency services are available 24 hours a day, 7 days a week.

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Health Club

Looking good, feeling fit, and having fun are important for Altius Advantra members. The ForeverFit program is part of all Altius Advantra plans and includes a complimentary membership at any participating fitness centers (gyms, exercise facilities, and health clubs). Members have access to facilities such as various 24 Hour Fitness and Curves locations. As an Altius 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 at no additional fee beyond your Altius Advantra monthly premium payment. Altius Advantra members will need to present their Altius Advantra ID card when signing up for the ForeverFit free membership at participating locations. If you are already a member or have questions regarding your benefit, you can contact a ForeverFit Customer Service representative for more information 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. You may also get more information by visiting our website at www.altiusadvantra.com. You may also contact Altius Advantra customer service for more information. Customer service phone numbers and hours of operation are listed in Section 1.

Prior Authorization

In an effort to provide you with the finest quality care and to limit your financial responsibility, Altius Advantra requires prior authorization for specific medical services. In most circumstances, In-Network authorizations are obtained by your Altius Advantra participating provider. You are responsible to confirm with Altius Advantra that prior authorization has been obtained for all services requiring prior authorization before receiving services. You may determine the requirements for prior authorization at any time through our customer service department. Customer service phone numbers and hours of operation are listed in Section 1.

Out-of-Network prior authorization is YOUR responsibility. For any out-of-network services that require authorization, you MUST call Altius Advantra to request authorization for those out-of-network services. If you fail to obtain authorization for out-of-network services, you may be responsible for charges incurred.

The following services may require Prior Authorization for ALL Altius Advantra Plans:

- Inpatient Hospital Services
- Inpatient Mental Health and Substance Abuse (from MHNet)
- Skilled Nursing Facility
- Home Health Care
- Chiropractic Services
- Outpatient Mental Health (from MHNet)
- Outpatient Substance Abuse Care (from MHNet)
- Outpatient Services / Surgery
- Ambulance Services
- Outpatient Rehabilitation Services
- Durable Medical Equipment
- Prosthetic Devices
- Diagnostic Test, X-Rays, and Lab Services
- End Stage Renal Dialysis
- Nutritional Therapy
- Some Prescription / Injectable Drugs
- Some Dental Services
- Some Vision Services

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Point of Service Benefit

As a member of Altius Advantra you get freedom of choice. You receive the most value when you stay within the Altius Advantra network of doctors and hospitals; however, you may receive certain covered services from doctors and hospitals that are not in the Altius Advantra network. Refer to pages 38 – 42, for a listing of services available out-of-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. In some circumstances you may need prior authorization from Altius Advantra before receiving care for a covered service. 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.

When you use your Point of Service option, the non-plan provider may charge more than we will pay. You will be responsible for the following:

- **Altius Advantra Gold** – 20% of the cost after a \$250 deductible, for Medicare-covered services.
- **Altius Advantra Silver** – 30% of the cost after a \$250 deductible, for Medicare-covered services.
- **Altius Advantra Bronze** – 30% of the cost after a \$250 deductible, for Medicare-covered services.

We will pay non-plan providers the lesser of billed charges or the allowable rate that Medicare would pay. Your cost share amount will apply to your maximum out-of-pocket expenses. However, you may also be responsible for the portion that the provider charges above what we would pay (this amount does NOT go toward satisfying your out-of-pocket maximum). Using your Point of Service option is usually much more costly than if you receive these services from a provider participating with Altius Advantra.

Altius Advantra is a product of Altius Health Plans, a Point of Service (POS) plan with a Medicare contract.

If you are unsure about how to use any of your benefits, or if you have additional questions about your benefits, please contact our Customer Service Department. Contact information and hours of operation are located in Section 1.

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