

# 2009

## SUMMARY OF BENEFITS

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### ADVANTRA FREEDOM PPO

#### COUNTIES

KS: CHEROKEE, LABETTE

MO: BARTON, JASPER,  
NEWTON, MCDONALD







2009

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SUMMARY OF BENEFITS

Advantra Freedom

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**SECTION 1 –  
INTRODUCTION TO SUMMARY OF BENEFITS  
ADVANTRA FREEDOM**

January 1, 2009 – December 31, 2009

Thank you for your interest in Advantra Freedom. Our plan is offered by COVENTRY HEALTH AND LIFE INS. COMPANY, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Advantra Freedom and ask for the "Evidence of Coverage"

**YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Advantra Freedom. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

Barton, Newton, McDonald counties, MO ;  
Cherokee, Labette counties, KS. You must live in one of these areas to join the plan.

You may be able to join or leave a plan only at certain times. Please call Advantra Freedom at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

**HOW CAN I COMPARE MY OPTIONS?**

You can compare Advantra Freedom and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

**WHERE IS ADVANTRA FREEDOM(S)  
AVAILABLE?**

The service area for this plan includes: Jasper,

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**WHO IS ELIGIBLE TO JOIN ADVANTRA  
FREEDOM(S)?**

You can join Advantra Freedom if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Advantra Freedom unless they are members of our organization and have been since their dialysis began.

**CAN I CHOOSE MY DOCTORS?**

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

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

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

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

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

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

Advantra Freedom has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.kc.chcadvantra.com](http://www.kc.chcadvantra.com). Our customer service number is listed at the end of this introduction.

**WHAT IS A PRESCRIPTION DRUG  
FORMULARY?**

Advantra Freedom 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.kc.chcadvantra.com](http://www.kc.chcadvantra.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

**HOW CAN I GET EXTRA HELP WITH  
PRESCRIPTION DRUG PLAN COSTS?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Advantra Freedom, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify

by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Advantra Freedom, 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.

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**WHAT IS A MEDICATION THERAPY  
MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Advantra Freedom for more details.

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

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

-- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person

(who could be the patient) under doctor supervision.

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

Please call Coventry Health and Life Insurance Company for more information about Advantra Freedom.

Visit us at [www.kc.chcadvantra.com](http://www.kc.chcadvantra.com) or, call us:

**Customer Service Hours:**

**Medicare Advantage Program Customer Service Days and Hours of Operation**

Monday - Friday 8am - 6pm CST, November 15 through March 1 8am - 8pm CST,

Saturday 9am -3pm CST

Current Members should call toll-free 1-800-727-9712 (TTY/TDD 866) 347-2459)

Prospective Members should call toll-free 866-533-5160 (TTY/TDD (866) 347-2459)

**Medicare Prescription Drug (Part D) Customer Service Days and Hours of Operation**

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

Current Members should call toll-free (866) 294-9803 (TTY/TDD (866) 236-1069)

Prospective Members should call toll-free (866) 533-5160 (TTY/TDD (866) 347-2459)

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

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://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 Coventry Health And Life Ins. Company for details.

**SECTION II - SUMMARY OF BENEFITS**

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<p><b>1 - Premium and Other Important Information</b></p>	<p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b> \$0 Monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b> \$2000 in-network out-of-pocket limit.</p> <p>All plan services are covered under the out-of-pocket limit, excluding Part D drugs.</p> <p><b>In and Out-of-Network</b> \$850 limit for Non-Medicare covered benefits. Contact the plan for services that apply.</p>
<p><b>2 - Doctor and Hospital Choice</b> (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><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits</p>
<p><b>Summary of Benefits</b></p>		
<p><b>Inpatient Care</b></p>		

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<b>3 - Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)	In 2009 the amounts for each benefit period are: Days 1 - 60: \$1,068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.	<b>In-Network</b> For Medicare-covered hospital stays:  Days 1-5: \$165 copay per day. Days 6-90: \$0 copay per day.  No limit to the number of days covered by the plan each benefit period.

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	<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>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out of Network For Hospital stays:</b></p> <p>Days 1 and beyond: 20% of the cost per day</p>
<p><b>4 - Inpatient Mental Health Care</b></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><b>In-Network For hospital stays:</b></p> <p>Days 1-10: \$200 copay per day. Days 11-90: \$0 copay per day.</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><b>Out of Network For hospital stays:</b></p> <p>Days 1 and beyond: 20% of the cost per day</p>

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<p><b>5 - Skilled Nursing Facility</b> (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 for each 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 can have.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> <b>For SNF stays:</b></p> <p>Days 1-7: \$0 copay per day Days 8-23: \$150 copay per day</p> <p>Days 24-100: \$0 copay per day</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p><b>Out of Network</b> <b>For each SNF stay:</b></p> <p>20% of the cost per SNF day.</p>
<p><b>6 - Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered home health visits.</p> <p><b>Out-of-Network</b></p> <p>20% for home health visits.</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<b>7 - Hospice</b>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p><b>General</b>  You must get care from a Medicare-certified hospice.</p>

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<b>OUTPATIENT CARE</b>		
<b>8 - Doctor Office Visits</b>	20% coinsurance	<p><b>General</b></p> <p>See “Physical Exams” for more information.</p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$5 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$10 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits</p> <p><b>Out-of-Network</b></p> <p>20% for each primary care doctor visit.</p> <p>20% for each specialist visit.</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<b>9 - Chiropractic Services</b>	Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	<b>In-Network</b>  \$30 copay for Medicare-covered visits  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

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		<p><b>Out-of-Network</b></p> <p>20% of the cost for chiropractic benefits.</p>
<p><b>10 - Podiatry Services</b></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><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$30 copay for each Medicare-covered visit.</p> <p>\$5 copay for up to 2 routine visits every year.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for podiatry benefits.</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<b>11 - Outpatient Mental Health Care</b>	50% coinsurance for most outpatient mental health services.	<p data-bbox="1089 302 1477 331"><b>General</b></p> <p data-bbox="1089 373 1386 443">Authorization rules may apply.</p> <p data-bbox="1089 478 1260 508"><b>In-Network</b></p> <p data-bbox="1089 550 1458 653">\$30 copay for each Medicare-covered individual therapy visit.</p> <p data-bbox="1089 695 1442 764">\$5 copay for each Medicare-covered group therapy visit</p> <p data-bbox="1089 806 1312 835"><b>Out-of-Network</b></p> <p data-bbox="1089 877 1422 947">20% of the cost for Mental Health benefits</p>

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		20% of the cost for Mental Health benefits with a psychiatrist.
<b>12 - Outpatient Substance Abuse Care</b>	20% coinsurance	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$30 copay for Medicare-covered individual therapy visits.</p> <p>\$5 copay for Medicare-covered group visits</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for outpatient substance abuse benefits.</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<b>13 - Outpatient Services/Surgery</b>	<p>20% coinsurance for the doctor</p> <p>20% of outpatient facility charges</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b>            \$100 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$100 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><b>Out-of-Network</b>            20% of the cost ambulatory surgical center benefits.</p> <p>20% of the cost for outpatient hospital facility benefits.</p>

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<p><b>14 - Ambulance Services</b> (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p>
<p><b>15 - Emergency Care</b> (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. NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits</p> <p><b>Out-of-Network</b> Worldwide coverage.</p> <p><b>In and Out-of-Network</b> If you are admitted to the hospital within 72 hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p><b>16 - Urgently Needed Care</b> (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><b>General</b> \$10 copay for Medicare-covered urgently needed care visits.</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<b>17 - Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	<b>General</b> Authorization rules may apply  <b>In-Network</b> \$30 copay for Medicare-covered Occupational visits. \$30 copay for Medicare-

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		<p>covered Physical and/or Speech/Language Therapy visits.</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for Occupational Therapy benefits.</p> <p>20% of the cost for Physical and/or Speech/language therapy visits.</p>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<p><b>18 - Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply</p> <p><b>In-Network</b></p> <p>20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for durable medical equipment</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<p data-bbox="120 302 431 331"><b>19 - Prosthetic Devices</b></p> <p data-bbox="120 363 431 432">(includes braces, artificial limbs and eyes, etc.)</p>	<p data-bbox="548 302 773 331">20% coinsurance</p>	<p data-bbox="1089 302 1208 331"><b>General</b></p> <p data-bbox="1089 333 1386 403">Authorization rules may apply</p> <p data-bbox="1089 447 1260 476"><b>In-Network</b></p> <p data-bbox="1089 485 1458 554">20% of the cost for Medicare-covered items.</p> <p data-bbox="1089 564 1312 594"><b>Out-of-Network</b></p> <p data-bbox="1089 617 1458 686">20% of the cost for prosthetic devices</p>

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<p><b>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b></p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor.</p> <p>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><b>General</b> Authorization rules may apply</p> <p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for Diabetes self-monitoring training.</p> <p>20% of the cost for Nutrition therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p>

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<p><b>21 - Diagnostic Tests, X-Rays, and Lab Services</b></p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><b>General</b> Authorization rules may apply</p> <p><b>In-Network</b> \$0 copay for Medicare-covered: - lab services -diagnostic procedures and tests \$0 copay for Medicare-covered X-rays \$100 copay for Medicare-covered diagnostic radiology services. 20% of the cost for Medicare-covered therapeutic radiology services.</p> <p><b>Out-of-Network</b> 20% of the cost for diagnostic procedures, tests, and lab services 20% of the cost for therapeutic radiology services 20% of the cost for outpatient X-rays 20% of the cost for diagnostic radiology services.</p>
<p><b>PREVENTIVE SERVICES</b></p>		

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<p><b>22 - Bone Mass Measurement</b></p> <p>(for people with Medicare who are at risk)</p>	<p>20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered Bone Mass Measurement.</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for Medicare-covered Bone Mass measurement.</p>

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<p><b>23 - Colorectal Screening Exams</b></p> <p>(for people with Medicare age 50 and older)</p>	<p>20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered colorectal screenings.</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for colorectal screenings.</p>
<p><b>24 - Immunizations</b></p> <p>(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>20% coinsurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for Immunizations.</p>
<p><b>25 - Mammograms (Annual Screening)</b></p> <p>(for women with Medicare age 40 and older)</p>	<p>20% coinsurance</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered Screening Mammograms.</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for Screening Mammograms.</p>
<p><b>26 - Pap Smears and Pelvic Exams</b></p> <p>(for women with Medicare)</p>	<p>\$0 copay for Pap smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams and</p> <p>-Up to 1 additional pap smear every year</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for pap smears and pelvic exams</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<p><b>27 - Prostate Cancer Screening Exams</b></p> <p>(for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer Screening.</p> <p><b>Out-of-Network</b> 20% of the cost for prostate cancer screening Exams.</p>
<p><b>28 - End-Stage Renal Disease</b></p>	<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.</p> <p>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><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease</p> <p><b>Out-of-Network</b> 20% of the cost for renal dialysis</p> <p>20% of the cost for Nutrition Therapy for End Stage Renal Disease.</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<b>29 - Prescription Drugs</b>	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	
		<p><b>Drugs covered under Medicare Part B General</b></p> <p>20% of the cost for Part B-covered drugs. (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B covered chemotherapy drugs.</p>
		<p><b>Drugs covered under Medicare Part D</b></p> <p>The plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.kc.chcadvantra.com">www.kc.chcadvantra.com</a> on</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		<p>the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>-have limited incomes,</li> <li>-live in long term care facilities, or</li> <li>-have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Advantra Advantage for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in</p>

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		<p>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 <a href="http://www.Medicare.gov">Medicare.gov</a>.</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><b>In-Network</b> \$0 Deductible</p> <p>Some covered drugs don’t count toward your out of pocket drug costs.</p>
		<p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,700:</p>

Benefit	Original Medicare	Advantra Freedom
		<p><b>Retail Pharmacy</b></p> <p><b>Preferred Generic</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one month (30 day) supply of drugs in this tier.</li> <li>- \$10 copay for a three month (90 day) supply of drugs in this tier.</li> </ul> <p><b>Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$25 copay for a one month (30 day) supply of drugs in this tier.</li> <li>- \$50 copay for a three month (90 day) supply of drugs in this tier.</li> </ul> <p><b>Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$50 copay for a one month (30 day) supply of drugs in this tier.</li> </ul>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		<p>- \$150 copay for a three month (90 day) supply of drugs in this tier.</p> <p><b>Specialty</b> - 30% coinsurance for a one month (30 day) supply of drugs in this tier.</p>
		<p><b>Long Term Care Pharmacy Preferred Generic</b> - \$5 copay for a one-month (31-day) supply of drugs in this tier.</p> <p><b>Preferred Brand</b> - \$25 copay for a one-month (31-day) supply of drugs in this tier.</p> <p><b>Non-Preferred Brand</b> - \$50 copay for a one month (31 day) supply of drugs in this tier</p> <p><b>Specialty</b> - 30% coinsurance for a one-month (31-day) supply of drugs in this tier.</p>
		<p><b>Mail Order Preferred Generic</b> - \$10 copay for a three month (90 day) supply of drugs in this tier.</p> <p><b>Preferred Brand</b> - \$50 copay for a three month (90 day) supply of drugs in this tier.</p> <p><b>Non-Preferred Brand</b> - \$150 copay for a three month (90 day) supply of drugs in this tier.</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		<b>Coverage Gap</b> The plan covers all Preferred Generics through the coverage gap.

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		<p><b>Retail Pharmacy</b> You pay the following:</p> <p><b>Preferred Generic</b> - \$5 copay for a one month (30 day) supply of drugs in this tier.</p> <p>- \$10 copay for a three month (90 day) supply of drugs in this tier.</p>
		<p><b>Long Term Care Pharmacy</b> <b>Preferred Generic</b> - \$5 copay for a one month (31 day) supply of all drugs</p>
		<p><b>Mail Order</b> <b>Preferred Generic</b> - \$10 copay for a three month (90 day) supply of all drugs covered in this tier.</p>
		<p>For all other covered drugs, after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>
		<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,350 you pay the greater of:</p> <p>- \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or</p> <p>- 5 % coinsurance.</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		<p><b>Out of Network</b> 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 have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Advantra Freedom.</p>
		<p><b>Out of Network Initial Coverage</b> 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>

Benefit	Original Medicare	Advantra Freedom
		<p><b>Out of Network Pharmacy Preferred Generic</b>  - \$5 copay for a one month (30 day) supply of drugs in this tier.</p> <p><b>Preferred Brand</b>  - \$25 copay for a one month (30 day) supply of drugs in this tier.</p> <p><b>Non-Preferred Brand</b>  - \$50 copay for a one month (30 day) supply of drugs in this tier.</p> <p><b>Specialty</b>  - 30% coinsurance for a one month (30 day) supply of drugs in this tier.</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		<p><b>Out of Network Coverage Gap</b>            The plan covers all Preferred Generics through the gap.            You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p><b>Preferred Generic</b>            - \$5 copay for a one month (30 day) supply of drugs in this tier.</p> <p><b>Preferred Brand</b>            After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Advantra Freedom for out-of-network purchases when you are in the coverage gap. However, you should submit documentation to Advantra Freedom so we can add the amounts spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Non-Preferred Brand</b>            After your total yearly drug costs reach \$2,700, you pay</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		<p>100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Advantra Freedom for out-of-network purchases when you are in the coverage gap.</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		<p>However, you should submit documentation to Advantra Freedom so we can add the amounts spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Specialty</b> After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Advantra Freedom for out-of-network purchases when you are in the coverage gap. However, you should submit documentation to Advantra Freedom so we can add the amounts spent out-of-network to your total out-of-pocket costs for the year.</p>
		<p><b>Out of Network Catastrophic Coverage</b> 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: - A \$ 2.40 copay for generic (including brand drugs treated as generic) and a \$ 6.00 copay for all other drugs, or - 5 % coinsurance.</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<b>30 - Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<b>In-Network</b>  \$0 copay for the following preventive dental benefits:

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		<ul style="list-style-type: none"> <li>• Up to 2 oral exams every year</li> <li>• Up to 2 cleanings every year.</li> <li>• Up to 1 dental x-ray every year.</li> </ul> <p>\$30 copay for Medicare-covered dental benefits.</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for comprehensive dental benefits.</p> <p>0% of the cost for preventive dental benefits</p> <p><b>In and Out-of-Network</b></p> <p>\$250 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p>
<p><b>31 - Hearing Services</b></p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b></p> <p>\$0 copay for hearing aids.</p> <p>- \$30 copay for Medicare-covered diagnostic hearing exams.</p> <p>-\$5 copay for up to 1 routine hearing test every year.</p> <p>\$500 limit for hearing aids every three years.</p> <p><b>Out of Network</b></p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
		20% of the cost for hearing exams. 0% of the cost for hearing aids.

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<p><b>32 - Vision Services</b></p>	<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><b>In-Network</b></p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>-one pair of eyeglasses or contact lenses after cataract surgery</li> <li>-up to 1 pair of glasses every year</li> <li>-up to 1 pair of contacts every year</li> </ul> <p>-\$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>-\$5 copay for up to 1 routine eye exam every year</p> <p>-\$100 limit for eye wear every year</p> <p><b>Out of Network</b></p> <p>20% of the cost for eye exams.</p> <p>20% of the cost for eye wear.</p>
<p><b>33 - Physical Exams</b></p>	<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><b>In-Network</b></p> <p>\$5 copay for routine exams</p> <p>Limited to 1 exam every year</p> <p>\$5 copay for Medicare-covered benefits.</p> <p><b>Out-of-Network</b></p> <p>20% of the cost for routine exams.</p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<b>Health/Wellness Education</b>	<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.</p> <p>Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> <li>- Health Club Membership/Fitness Classes</li> </ul> <p><b>Out-of Network</b> 20% of the cost for Health and Wellness services.</p>
<b>Transportation</b>  (Routine)	Not covered.	<b>In-Network</b> This plan does not cover routine transportation
<b>Acupuncture</b>	Not covered.	<b>In-Network</b> This plan does not cover Acupuncture.

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### **Prescription Drugs**

#### **In-Network Pharmacies**

When you enroll in an Advantra Freedom plan you will have access to over 60,000 in-network pharmacies nationwide whether you are 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](http://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 Step Therapy Program**

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

The Over-the-Counter Medications we cover as part of Step Therapy are listed below. A prescription is required from your physician to obtain over-the-counter medications that are part of the Step Therapy Program. The quantity and days supply limits may apply to the medications on this list.

<b>Drug Name</b>	<b>Type</b>	<b>Strength</b>
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
Prilosec OTC	Tablets	20 mg

#### **Excluded Drugs –**

Advantra Freedom covers some excluded Part D drugs. The quantity and days supply limits may apply to the

medications on this list. The amount you pay when you fill a prescription for 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.

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<b>Drug Name</b>	<b>Type</b>	<b>Strength</b>
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**

Advantra Freedom 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, efficacy 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 Advantra Freedom Formulary. These additional requirements or limits may include:

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

**For More Information**

If you have any questions, please contact us at 1-800-727-9712 (TTY/TDD 1-866-347-2459) Monday

through Friday 8 AM to 6 PM, and from November 15 through March 1<sup>st</sup> Monday through Friday 8 AM to 8 PM, Saturday 9 AM to 3 PM Central Time, or visit our website at [www.kc.chcadvantra.com](http://www.kc.chcadvantra.com).

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, seven days a week. Or, visit [www.medicare.gov](http://www.medicare.gov).

## **SECTION 3 – PLAN SPECIFIC FEATURES**

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### **HEALTH CLUB MEMBERSHIP**

Looking good, feeling fit, and having fun are important for Coventry Advantra members. Your Coventry Advantra Freedom plan includes a Complimentary Membership with no initiation fee, no copayments and unrestricted access at any participating Coventry Advantra Freedom Forever Fit fitness center (gyms, exercise facilities and health clubs) – anywhere in the country.

### **VALUE ADDED BENEFITS**

Taking care of ourselves is important. Preventive care not only includes our physical well being, it also includes annual vision and hearing exams as well as preventive trips to the dentist. At Coventry Advantra we include these services as value added benefits at no additional charge. These benefits are included in the Coventry Advantra plan.

- **Dental Services** – Dental health is an important aspect of a person’s overall health. That’s why Coventry Advantra will pay up to \$250 toward the cost of preventive dental services. These services include routine cleanings and x-rays. This benefit resets each year. Any preventive dental expenses that exceed \$250 will be your responsibility to pay. Please contact Customer Service if you have any questions about this benefit at 1-800-727-9712 (TTY/TDD 1-866-347-2459), Monday through Friday 8 AM to 6 PM, and from November 15 through March 1 Monday through Friday 8 AM to 8 PM, Saturday 9 AM to 3 PM Central Time.

Please refer to pages 25 - 26 for additional information about Dental Services.

- **Hearing Aids** – Coventry Advantra will pay up to \$500 toward the cost of hearing aids. This benefit can be applied to the hearing test and the actual hearing device. This benefit resets every 3 years and you can use any hearing aid provider that accepts Medicare. Any expenses that exceed \$500 will be your responsibility. Please contact Customer Service if you have questions about this benefit at 1- 800-727-9712 (TTY/TDD 1-866-347-2459), Monday through Friday 8 AM to 6 PM, and from November 15 through March 1 Monday through Friday 8 AM to 8 PM, Saturday 9 AM to 3 PM Central Time.

Please refer to page 26 for additional information about Hearing Services.

- **Vision Services** – In addition to the covered vision services explained on page 27, your Coventry Advantra product 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. This benefit resets each year and you can use any vision provider that accepts Medicare. Any expenses that exceed \$100 will be your responsibility. Please contact Customer Service if you have questions about this benefit at 1-800-727-9712 (TTY/TDD 1-866-347-2459), Monday through Friday 8 AM to 6 PM, and from November 15 through March 1 Monday through Friday 8 AM to 8 PM, Saturday 9 AM to 3 PM Central Time.

Please refer to page 27 for additional information about Vision Services.

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### **WORLDWIDE EMERGENCY/URGENT BENEFIT**

Under traditional Medicare, you are not always covered for medical emergencies or urgent care outside of the United States. As a Coventry 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 Coventry Advantra when you return from your trip.

For further definition of what constitutes a medical emergency and/or urgent care, please see your Evidence of Coverage.

Please refer to page 12 for additional information about Emergency and Urgent care Services.

### **COPAY ADMINISTRATION**

This section provides additional information on how copays will be administered for certain benefits. Please note that this information is not all inclusive. Please refer to the Evidence of Coverage for detailed information on covered services and exclusions.

Please note that a Primary Care Physician (PCP) is defined as a General Practitioner, Family Practice Physician, Internal Medicine physician or a Pediatrician. All other physicians are considered specialist physicians.

#### **Chiropractic Services:**

Please refer to pages 9 - 10 for additional information about Chiropractic Services.

If Chiropractic services are delivered by a PCP then the PCP copay of \$5 will apply. If a Chiropractor or other specialist delivers the services then the \$30 copay will apply.

#### **Vision Services:**

Please refer to page 27 for additional information about Vision Services.

If vision services are delivered by a PCP then the PCP copay of \$5 will apply. If Vision services are delivered by an Optometrist or other specialist then the \$30 copay will apply.

#### **Mental Health –Inpatient, Outpatient and Partial Hospital**

You must obtain authorization from our Behavioral Health Vendor. The telephone number is 1-866-607-5970. TTY users can call 1-877-266-2099.

**Inpatient Hospital Care - Transplants**

A \$1500 copayment applies per Transplant

**SECTION 3 –  
PLAN SPECIFIC FEATURES**

Advantra Freedom

January 1, 2009 – December 31, 2009

Transplants Defined. Certain Medically Necessary transplants considered non-experimental by Medicare preauthorized by your Physician and approved through Advantra’s Utilization Management program.

Transplants currently considered non-experimental include:

Bone marrow transplants	Kidney transplants	Lung transplants
Pancreas transplants	Heart transplants	
Heart/Lung transplants	Liver transplants	

Transplants are covered only when performed at an Advantra Contracted Provider Hospital that has been approved by Medicare for this procedure. Determinations of Medical Necessity shall take into account the proposed Medicare approved procedure’s stability for the potential Member recipient and availability of Medicare approved facilities for performing such procedures.

**Health/Wellness Education**

- Diabetes Education classes at participating providers are available with prior authorization through our Disease Management Department.
- The Good Times magazine is published twice per year and mailed to all members containing current, up-to-date health information.
- The Advantra Freedom website ([www.kc.chcadvantra.com](http://www.kc.chcadvantra.com)) also provides a link to Web MD for additional health information.

If you have special needs, this document may be available in other formats.

Advantra Freedom is a product of Coventry Health and Life Insurance Company an PPO with a Medicare Advantage Prescription Drug Contract.

