

2009
SUMMARY OF BENEFITS
ADVANTRA CAPITAL

H5517



SECTION 1 – INTRODUCTION TO SUMMARY OF BENEFITS

Advantra Capital

January 1, 2009 – December 31, 2009

Thank you for your interest in Advantra Capital. Our plan is offered by COVENTRY HEALTH AND LIFE INS. COMPANY/Carelink Advantra PPO, 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 Capital 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 Capital. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call Advantra Capital 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 Capital 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 CAPITAL AVAILABLE?

The service area for this plan includes: Boone, Clay, Kanawha, and Putnam Counties, WV. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN ADVANTRA CAPITAL?

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

CAN I CHOOSE MY DOCTORS?

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

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

Advantra Capital 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

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us at www.chcadvantra.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Advantra Capital 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.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 Capital, 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 Capital, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

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

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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 Capital 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.

Advantra Capital is a product of Coventry Health and Life Ins. Company, a PPO with a Medicare Advantage Prescription Drug Contract, administered by Carelink Health Plans

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Please call Advantra for more information about the Advantra Capital PPO plan.

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

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday 8:00 a.m. – 8:00 p.m. Eastern

Current members should call toll-free (877)-843-1938 for questions related to the Medicare Advantage Program.

Prospective members should call toll-free (888)-271-7647 for questions related to the Medicare Advantage Program.
(TTY/TDD (888)-788-4010)

Current members should call locally (877)-843-1938 for questions related to the Medicare Advantage Program.
(TTY/TDD (800)-207-1262)

Prospective members should call locally (888)-271-7647 for questions related to the Medicare Advantage Program.
(TTY/TDD (888)-788-4010)

Current members should call toll-free (866)-291-5518 for questions related to the Medicare Part D Prescription Drug program. (TTY/TTD (866)236-1069)

Prospective members should call toll-free (888)-271-7647 for questions related to the Medicare Part D prescription Drug Program.

Current members should call locally (866)-291-5518 for questions related to the Medicare Part D Prescription Drug program. (TTY/TTD (866)236-1069)

Prospective members should call locally (888)-271-7647 for questions related to the Medicare Part D Prescription Drug Program. (TTY/TDD (888)-788-4010).

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

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

Or, visit www.medicare.gov on the web.

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

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

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IMPORTANT INFORMATION		
<p>1 - Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$86.50 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network: \$1500 out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit. The following services do not apply to the out-of-pocket limit:</p> <ul style="list-style-type: none"> • Inpatient mental health • Urgent Care • Partial hospitalization • Home health care • Outpatient mental health • Psychiatric services • Outpatient substance abuse • Health/Wellness • Immunizations • Physical exams • Pap smears/pelvic exams • Prostate screening • Colorectal screening • Bone mass measurement • Mammograms • Nutritional therapy • Preventive dental • Comprehensive Dental • Eye exams • Eye wear • Hearing exams • Hearing aids

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<p>1 - Premium and Other Important Information (continued)</p>		<p>Out-of-Network: \$250 yearly deductible. Contact the plan for services that apply.</p> <p>\$2500 out-of-pocket limit. Contact the plan for services that apply.</p> <p>Not all plan services are covered under the out-of-pocket limit. The following services do not apply to the out-of-pocket limit:</p> <ul style="list-style-type: none"> • Emergency room • Outpatient mental health • Psychiatric services • Outpatient substance abuse • Health/Wellness • Physical exams • Pap smears/pelvic exams • Prostate screening • Colorectal screening • Bone mass measurement • Mammograms • Preventive dental • Comprehensive dental • Eye exams • Eye wear • Hearing exams • Hearing aids
<p>2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network: No referral required for network doctors, specialists, and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>

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INPATIENT CARE		
<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: \$1068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. 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>	<p>In-Network: For Medicare-covered hospital stays:</p> <p>Days 1-5: \$50 copay per day.</p> <p>Days 6-90: \$0 copay per day.</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-network: For hospital stays: Days 1-5: \$125 copay per day</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: For hospital stays: Days 1-5: \$50 copay per day.</p> <p>Days 6-90: \$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>

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4 - Inpatient Mental Health Care (continued)		<p>Out-of-Network: For hospital stays: Days 1-5: \$125 copay per day</p>
5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<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>General: Authorization rules may apply.</p> <p>In-Network: For SNF stays:</p> <p>Days 1 – 20: \$0 copay per day. Days 21 – 100: \$25 copay per day.</p> <p>Plan covers up to 100 days each benefit Period</p> <p>No prior hospital stay is required.</p> <p>Out-of-Network: For each SNF stay:</p> <p>Days 1-20: \$0 copay per SNF day Days 21 – 100: \$25 copay per SNF day</p>
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<p>General: Authorization rules may apply.</p> <p>In-Network: \$0 copay for Medicare- covered home health visits.</p> <p>Out-of-Network: 30% for home health visits.</p>

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7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare certified hospice.	In-Network: You must get care from a Medicarecertified hospice.
OUTPATIENT CARE		
8 - Doctor Office Visits	20% coinsurance	<p>General: See "Physical Exams," for more information.</p> <p>In-Network: \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copay for each in-area, network urgent care Medicare-covered visit*</p> <p>\$25 copay for each specialist visit for Medicare- covered benefits.</p> <p>Out-of-Network: \$25 to \$100 for each primary care doctor visit.</p> <p>\$25 to \$100 for each specialist visit.</p>
9 - Chiropractic Services	Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	<p>In-Network: \$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>Out-of-Network: \$25 to \$100 for chiropractic benefits.</p>
10 - Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<p>In-Network: \$25 copay for each Medicare- covered visit.</p> <p>\$25 copay for up to 1 routine visit(s) every three months</p>

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10 - Podiatry Services (continued)		<p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network: \$25 to \$100 copay for podiatry benefits</p>
11 - Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services.	<p>General: Authorization rules may apply.</p> <p>In-Network: \$25 copay for each Medicare- covered individual or group therapy visit.</p> <p>Out-of-Network: \$25 to \$100 copay for Mental Health benefits.</p> <p>\$25 to \$100 copay for Mental Health benefits with a psychiatrist.</p>
12 - Outpatient Substance Abuse Care	20% coinsurance	<p>General: Authorization rules may apply.</p> <p>In-Network: \$25 copay for Medicare- covered individual or group therapy visits.</p> <p>Out-of-Network: \$25 to \$100 copay for outpatient substance abuse benefits.</p>
13 - Outpatient Services/Surgery	<p>20% coinsurance for the doctor</p> <p>20% of outpatient facility charges</p>	<p>General: Authorization rules may apply.</p> <p>In-Network: \$0 to \$75 copay for each Medicare covered ambulatory surgical center visit.</p> <p>\$0 to \$75 copay for each Medicare covered outpatient hospital facility visit.</p> <p>Out-of-Network: 30% of the cost for outpatient hospital facility benefits.</p> <p>\$25 to \$100 copay for ambulatory surgical center benefits.</p>

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<p>14 - Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>General: Authorization rules may apply.</p> <p>In-Network: \$0 to \$50 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p> <p>Out-of-Network: \$25 to \$100 for 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. NOT covered outside the U.S. except under limited circumstances</p>	<p>In-Network: \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network: Worldwide coverage.</p> <p>In and Out-of-Network: If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General: \$25 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, \$0 for the urgent-care visit.</p>
<p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p>General: Authorization rules may apply.</p> <p>In-Network: \$25 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 to \$25 copay for Medicare-covered Physical and/or Speech/Language</p>

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17 - Outpatient Rehabilitation Services (continued)		Therapy visits. Out-of-Network: \$25 to \$100 copay for Occupational Therapy benefits. \$25 to \$100 copay for Physical and/or Speech/ Language Therapy visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	General: Authorization rules may apply. In-Network: 0% to 10% of the cost for Medicare covered items. Out-of-Network: 30% of the cost for durable medical equipment
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	General: Authorization rules may apply. In-Network: \$0 to \$50 copay for Medicare-covered items. Out-of-Network: 30% of the cost for prosthetic devices.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and selfmanagement 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 include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	General: Authorization rules may apply. In-Network: \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies. Out –of-Network: \$25 to \$100 copay for Diabetic selfmonitoring training \$25 to \$100 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.

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<p>21 - Diagnostic Tests, X-Rays, and Lab Services</p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab Services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>General: Authorization rules may apply.</p> <p>In-Network: \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$25 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$50 copay for Medicare-covered X-rays.</p> <p>\$0 to \$50 for Medicare-covered diagnostic radiology services.</p> <p>\$0 to \$50 copay for Medicare-covered therapeutic radiology services.</p> <p>Out-of-Network:</p> <p>30% of the cost for therapeutic radiology services</p> <p>30% of the cost for outpatient x-rays.</p> <p>30% of the cost for diagnostic radiology Services</p> <p>\$25 to \$100 copay for diagnostic procedures, test, and lab services.</p>

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PREVENTIVE CARE		
<p>22 - Bone Mass Measurement</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>In-Network: \$0 copay for Medicare-covered bone mass measurement.</p> <p>Out-of-Network \$0 copay for Medicare-covered bone mass measurement.</p>
<p>23 - Colorectal Screening Exams</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>In-Network: \$0 copay for Medicare-covered colorectal screenings</p> <p>\$0 copay for additional screenings</p> <p>No limit to the number of covered colorectal screenings.</p> <p>Out-of-Network \$0 copay for colorectal screenings</p>
<p>24 – Immunizations</p> <p>(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>20% coinsurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network: \$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>Out-of-Network: \$25 to \$100 copay for immunizations.</p>
<p>25 - Mammograms (Annual Screening)</p> <p>(for women with Medicare age 40 and older)</p>	<p>20% coinsurance</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network: \$0 copay for Medicare-covered screening mammograms</p> <p>\$0 copay for additional screening Mammograms</p> <p>No limit on the number of covered screening mammograms.</p> <p>Out-of-Network \$0 copay for screening mammograms</p>

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<p>26 - Pap Smears and Pelvic Exams</p> <p>(for women with Medicare)</p>	<p>\$0 copay for Pap smears</p> <p>Covered once every 2 years.</p> <p>Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams</p>	<p>In-Network:</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams</p> <p>\$0 copay up to 1 additional pap smear(s) and pelvic exam(s) every year</p> <p>Out-of-Network</p> <p>\$0 copay for pap smears and pelvic exams</p>
<p>27 - Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network:</p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p> <p>\$0 copay for a up to 1 additional screening(s) every year</p> <p>Out-of-Network:</p> <p>\$0 copay for prostate cancer screening</p>
<p>28 - End-Stage Renal Disease</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>General:</p> <p>Authorization rules may apply.</p> <p>In-Network:</p> <p>20% of the cost for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p> <p>Out-of-Network:</p> <p>30% of the cost for Renal dialysis</p> <p>\$25 to \$100 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

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29 - Prescription Drugs	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>Drugs covered under Medicare Part B</p> <p>General: 10% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>10% of the cost for Part B-covered chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General: This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.chcadvantra.com on the web. 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 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>

**SECTION 2 –
SUMMARY OF BENEFITS**

Advantra Capital

January 1, 2009 – December 31, 2009

Benefit	Original	Advantra Capital
<p>29 - Prescription Drugs</p> <p>(continued)</p>		<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Advantra Capital for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>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: \$0 deductible</p> <p>Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage: You pay the following until total yearly drug costs reach \$2700:</p>

**SECTION 2 –
SUMMARY OF BENEFITS**

Advantra Capital

January 1, 2009 – December 31, 2009

Benefit	Original	Advantra Capital
<p>29 - Prescription Drugs (continued)</p>		<p>Retail Pharmacy: Preferred Generic - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$10 copay for a three-month (90-day) supply of drugs in this tier Preferred Brand - \$29 copay for a one-month (30-day) supply of drugs in this tier - \$58 copay for a three-month (90-day) supply of drugs in this tier Non-Preferred Generic/Non-Preferred Brand - \$58 copay for a one-month (30-day) supply of drugs in this tier - \$174 copay for a three-month (90-day) supply of drugs in this tier Specialty – Generic and Brand -30% coinsurance for a one-month (30-day) supply of drugs in this tier Long Term Care Pharmacy Preferred Generic - \$5 copay for a one-month (31-day) supply of drugs in this tier Preferred Brand - \$29 copay for a one-month (31-day) supply of drugs in this tier Non-Preferred Generic/Non-Preferred Brand - \$58 copay for a one-month (31-day) supply of drugs in this tier Specialty – Generic and Brand - 30% coinsurance for a one-month (31-day) supply of drugs in this tier</p>

**SECTION 2 –
SUMMARY OF BENEFITS**

Advantra Capital

January 1, 2009 – December 31, 2009

Benefit	Original	Advantra Capital
<p>29 - Prescription Drugs (continued)</p>		<p>Mail Order Preferred Generic - \$10 copay for a three-month (90-day) supply of drugs in this tier Preferred Brand - \$8 copay for a three-month (90-day) supply of drugs in this tier Non-Preferred Generic/Non-Preferred Brand - \$174 copay for a three-month (90-day) supply of drugs in this tier Coverage Gap: The plan covers All Preferred Generics through the coverage gap. You pay the following: Retail Pharmacy Preferred Generic - \$5 copay for a one-month (30-day) supply of drugs in this tier - \$10 copay for a three-month (90-day) supply of drugs in this tier Long Term Care Pharmacy Preferred Generic - \$5 copay of a one-month (31-day) supply of all drugs Mail Order: Preferred Generic - \$10 copay for a three-month (90-day) supply of all drugs covered in this tier For all other covered drugs, after your total yearly drug costs reach \$2700, you pay 100% until your yearly out-of-pocket drug costs reach \$4350.</p>

**SECTION 2 –
SUMMARY OF BENEFITS**

Advantra Capital

January 1, 2009 – December 31, 2009

Benefit	Original	Advantra Capital
<p>29 - Prescription Drugs (continued)</p>		<p>Catastrophic Coverage: After your yearly out-of-pocket 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 for all other drugs, or • 5% coinsurance <p>Out-of-Network 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 also pay more than your normal cost sharing amount if you get your drugs at an out-of-network pharmacy. If addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Advantra Capital</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy</p> <p>Preferred Generic - \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand - \$29 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Non-Preferred Generic/Non-Preferred Brand -\$58 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty – Generic and Brand - 30% coinsurance for a one-month (30-day) supply of drugs in this tier</p>

**SECTION 2 –
SUMMARY OF BENEFITS**

Advantra Capital

January 1, 2009 – December 31, 2009

Benefit	Original	Advantra Capital
<p>29 - Prescription Drugs (continued)</p>		<p>Out-of-Network Coverage Gap 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: Preferred Generic - \$5 copay for a one-month (30-day) supply of all drugs covered in this tier Preferred Brand After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Advantra Capital for out-of network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra Capital so we can add the amounts you spent out of- network to your total out-of-pocket costs for the year. Non-Preferred Generic/ Non-Preferred Brand After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Advantra Capital for out-of network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra Capital so we can add the amounts you spent out of- network to your total out-of-pocket costs for the year. Specialty – Generic and Brand</p>

**SECTION 2 –
SUMMARY OF BENEFITS**

Advantra Capital

January 1, 2009 – December 31, 2009

Benefit	Original	Advantra Capital
<p>29 - Prescription Drugs (continued)</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 Advantra Capital for out-of network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra Capital so we can add the amounts you spent out of- network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance

**SECTION 2 –
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Advantra Capital

January 1, 2009 – December 31, 2009

Benefit	Original	Advantra Capital
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$0 copay for the following preventive dental benefits: - oral exams - cleanings - fluoride treatments - dental x-rays 0% to 20% of the cost for Medicare covered dental benefits.</p> <p>Out-of-Network \$25 to \$100 copay for comprehensive dental benefits. \$25 to \$100 copay for preventive dental benefits</p> <p>In and Out-of-Network \$200 limit for comprehensive dental benefits every year. This limit applies to both in-network and out-of-network benefits. Contact the plan for availability of additional in-network and out-of-network comprehensive dental benefits.</p>
31 - Hearing Services Please see page 29 for additional information	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network \$0 copay for up to 1 hearing aid(s) every three years. - \$0 to \$25 copay for Medicare-covered diagnostic hearing exams - \$0 to \$25 copay for up to 1 routine hearing test(s) every three years - \$0 to \$25 copay for up to 1 hearing aid fitting evaluation(s) every three years \$300 limit for routine hearing tests every three years. \$300 limit for hearing aids every three years</p> <p>Out-of-Network \$25 to \$100 of the cost for hearing exams. \$0 copay for hearing aids</p>

**SECTION 2 –
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Advantra Capital

January 1, 2009 – December 31, 2009

Benefit	Original	Advantra Capital
<p>32 - Vision Services Please see page 29 for additional information</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network \$0 copay for: - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of glasses every two years - contacts - up to 1 pair(s) of lenses every two years - up to 1 frame(s) every two years \$25 copay for exams to diagnose and treat diseases and conditions of the eye. \$25 copay for up to 1 routine eye exam(s) every two years \$200 limit for eye wear every two years. Out-of-Network \$25 to \$100 copay for eye exams. \$0 copay for eye wear</p>
<p>33 - Physical Exams</p>	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network \$0 copay for routine exams. Limited to 1 exam(s) every year. \$0 copay for Medicare-covered benefits Out-of-Network \$0 copay for routine exams</p>
<p>Health/Wellness Education</p>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>In-Network This plan covers the following health/wellness education benefits: - Written health education materials, including Newsletters - Nutritional Training - Health Club Membership/Fitness Classes - Nursing Hotline - Other Wellness Benefits Out-of-Network 30% of the cost for Health and Wellness services</p>

**SECTION 2 –
SUMMARY OF BENEFITS**

Advantra Capital

January 1, 2009 – December 31, 2009

Benefit	Original	Advantra Capital
Transportation (Routine)	Not covered.	In-Network This plan does not cover routine transportations.
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.

**SECTION 3 –
ADDITIONAL BENEFITS**

Advantra Capital

January 1, 2009 – December 31, 2009

Out-of-Pocket Maximum Amounts

The out-of-pocket maximum amounts that apply to In/Out-of-network providers are as follows:

- \$1,500 In-Network / \$2,500 Out-of-Network

3 - Inpatient Hospital Care

There is a \$50 copayment for Medicare-covered hospital stays for days 1-5 and a \$0 copayment for additional days received at a network hospital.

5 – Skilled Nursing Facility

There is a \$0 copayment for Medicare-covered Skilled Nursing Facility stays at a network facility for days 1-20. Days 21-100 require a \$25 per day copayment. No prior hospital stay is required. For each benefit period, 100 days are covered. Prior authorization is required.

6 – Home Health Care

A \$0 copayment applies for the in-network Medicare-covered home health visit benefit. Out-of-network home health care requires a 30% coinsurance. Prior authorization rules may apply.

13 – Outpatient Services/Surgery

There is a \$0 to \$75 copayment for in-network Medicare-covered ambulatory surgical center visits and \$0 to \$75 copayment for in-network Medicare-covered outpatient hospital facility visit.

18 – Durable Medical Equipment (DME)

You pay 0% to 10% of the cost for each Medicare-covered item in-network.

31 – Hearing Services

You have a combined benefit maximum of \$300 every three years for hearing exams and hearing aids in and out-of-network.

32- Vision Services

You have a \$200 benefit maximum for eyewear every two years in and out-of-network.

Health/Wellness - Advantra Forever Fit

Your Advantra plan includes a health club membership at participating Advantra Forever Fit fitness centers. Membership at participating fit centers includes gyms, exercise facilities and fitness centers that provide access to conventional and state-of-the-art exercise equipment. Membership privileges include all amenities, programs and services that are associated with membership at each fitness center, including any exercise or recreation program or class that is included as part of the monthly fitness center membership. You pay 30% coinsurance for Health/Wellness benefits out-of-network.

**SECTION 3 –
ADDITIONAL BENEFITS**

Advantra Capital

January 1, 2009 – December 31, 2009

Transplants

Inpatient hospital benefits apply to transplants.

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.

Outpatient Prescription Drug Coverage

In-Network Pharmacies

When you enroll in an Advantra 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.

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 offers certain over-the-counter medications to you at no cost as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Some over-the-counter drugs do not count towards your out-of-pocket expenditure. You need to have a doctor’s prescription in order to get these drugs at no cost. 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.

**SECTION 3 –
ADDITIONAL BENEFITS**

Advantra Capital

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The Over-the-Counter Medications we cover as part of Step Therapy are listed below. The quantity and days supply limits may apply to the medications on this list.

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

Excluded Drugs –

Advantra covers some excluded Part D drugs. The quantity and days supply limits may apply to the medications on this list. The amount you pay when you fill a prescription for 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

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

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

SECTION 3 – ADDITIONAL BENEFITS

Advantra Capital

January 1, 2009 – December 31, 2009

Special Requirements on Medications

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

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

Quantity Limits: For certain drugs, Advantra limits the amount of the drug that it will cover.

Step Therapy: In some cases, Advantra requires that you first try certain drugs to treat your medical condition before we will cover another drug for that condition.

90 DAY Maintenance Supply: Advantra allows these medications for an extended supply up to 90 days.