

**Introduction to the Summary of Benefits
for Advantra MA Only
January 1, 2009 - December 31, 2009
Central and Western Pennsylvania**

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Advantra MA Only. Our plan is offered by HEALTHAMERICA PENNSYLVANIA, INC./HealthAmerica Advantra, a Medicare Advantage Health Maintenance Organization (HMO).

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 MA Only 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 MA Only. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Advantra MA Only at the telephone 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 MA Only 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 MA ONLY AVAILABLE?

The service area for this plan includes: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Butler, Carbon, Centre, Clearfield, Columbia, Crawford, Cumberland, Dauphin, Erie, Fayette, Greene, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Sullivan, Washington, Westmoreland, Wyoming and York Counties, PA. You must live in this area to join this plan.

WHO IS ELIGIBLE TO JOIN Advantra MA Only?

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

CAN I CHOOSE MY DOCTORS?

Advantra MA Only has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at <http://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?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Advantra MA Only nor the Original Medicare Plan will pay for these services.

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CMS Approval 9/23/08

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

Advantra MA Only does cover Medicare part B prescription drugs. Advantra MA Only does NOT cover Medicare Part D prescription Drugs.

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

Some outpatient prescription drugs may be covered under Medicare Part B. This may include, but are not limited to, the following types of drugs. Contact Advantra MA Only 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.

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Please call HealthAmerica Advantra for more information about Advantra MA Only

Visit us at <http://www.pa.chcadvantra.com> or, call us:

Customer Service Hours:

Members

November 15, 2008 – March 1, 2009

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

March 2, 2009 – November 14, 2009

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

Toll-free: (800)-290-0190, TTY/TDD (800)-207-1262 for the hearing impaired

Prospective Members

October 1, 2008 – March 15, 2009

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

March 16 – September 30, 2009

8:00 a.m. – 5:00 p.m. Monday – Friday

Toll-free: (800)-470-4272, TTY/TDD (800)-207-1262 for the hearing impaired

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.

Summary of Benefits

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

SECTION 2 – SUMMARY OF BENEFITS

Benefit	Original Medicare	Advantra MA Only
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</p> <p>\$13 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network</p> <p>\$3,000 in-network out-of-pocket limit.</p> <p>Not all plan services are covered under the out-of-pocket limit.</p> <p>Services not covered under the In-Network out-of-pocket limit are:</p> <ul style="list-style-type: none"> – Inpatient Psychiatric Hospital – Partial Hospitalization – Mental Health Specialty Services – Psychiatric Services – Outpatient Substance Abuse – Nutrition Therapy for End-Stage Renal Disease – Medicare Part B Rx Drugs – Non-Medicare Covered Services such as: <ul style="list-style-type: none"> ○ Vision ○ Health/Wellness Services
<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</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>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>

Benefit	Original Medicare	Advantra MA Only
SUMMARY OF BENEFITS		
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: \$1,068 deductible Days 61 – 90: \$267 per day Days 91 – 150: \$534 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.</p> <p>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</p> <p>\$250 copay for each Medicare-covered hospital stay</p> <p>\$0 copay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>4. Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network</p> <p>\$250 copay for each Medicare-covered stay.</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>

Benefit	Original Medicare	Advantra MA Only
5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 – 20: \$0 per day Days 21 – 100: \$133.50 per day 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	General Authorization rules may apply. In-Network For SNF stays: Days 1 – 10: 0% of the cost per day Days 11 – 100: 20% of the cost per day Plan covers up to 100 days each benefit period No prior hospital stay is required.
6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits.
7. Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.
OUTPATIENT CARE		
8. Doctor Office Visits	20% coinsurance.	General See "Physical Exams," for more information. In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$50 copay for each in-area, network urgent care Medicare-covered visit. \$30 copay for each specialist visit for Medicare-covered benefits.

Benefit	Original Medicare	Advantra MA Only
9. Chiropractic Services	Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	In-Network \$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.
10. Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network \$30 copay for each Medicare-covered visit. \$30 copay for up to 1 routine visit(s) every three months Medicare-covered podiatry benefits are for medically-necessary foot care.
11. Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services.	General Authorization rules may apply. In-Network \$25 copay for each Medicare-covered individual or group therapy visit.
12. Outpatient Substance Abuse Care	20% coinsurance	General Authorization rules may apply. In-Network \$25 copay for Medicare-covered individual or group visit.
13. Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	General Authorization rules may apply. In-Network \$100 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$100 copay for each Medicare-covered outpatient hospital facility visit.

Benefit	Original Medicare	Advantra MA Only
<p>14. Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$100 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>15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor.</p> <p>20% of facility charge, or a set copay per emergency room visit</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>In-Network</p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network</p> <p>Worldwide coverage.</p> <p>In and Out-of-Network</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit</p>
<p>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</p> <p>\$50 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24-hour(s) 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</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$35 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$35 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>

Benefit	Original Medicare	Advantra MA Only
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	General Authorization rules may apply. In-Network 15% of the cost for Medicare-covered items.
19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	General Authorization rules may apply. In-Network 15% of the cost for Medicare-covered items.
20. Diabetes Self - Monitoring Training, Nutrition Therapy and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or 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. \$20 to \$40 copay for Diabetes supplies. <i>See page 14 for additional information about Diabetes Self Monitoring Training, Nutrition Therapy, and Supplies.</i>

Benefit	Original Medicare	Advantra MA Only
21. Diagnostic Tests, X-Rays, and Lab Services	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$10 copay for Medicare-covered lab services.</p> <p>\$10 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$25 copay for Medicare-covered X-rays.</p> <p>\$25 copay for Medicare-covered diagnostic radiology services.</p> <p>\$25 copay for Medicare-covered therapeutic radiology services.</p>
PREVENTIVE SERVICES		
22. Bone Mass Measurement (for people with Medicare who are at risk)	<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</p> <p>\$0 copay for Medicare-covered bone mass measurement</p>
23. Colorectal Screening Exams (for people with Medicare age 50 and older)	<p>20% coinsurance.</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered colorectal screenings.</p>
24. Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>20% coinsurance for Hepatitis B vaccine.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network</p> <p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p>No referral needed for other immunizations.</p>

Benefit	Original Medicare	Advantra MA Only
<p>25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% coinsurance.</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered screening mammograms.</p>
<p>26. Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$0 copay for Pap smears.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic exams.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams and</p> <p>– up to 1 additional pap smear(s) and pelvic exam(s) every year</p>
<p>27. Prostate Cancer Screening Exams (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>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. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>

Benefit	Original Medicare	Advantra MA Only
29. Prescription Drugs	Most drugs 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	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>Most drugs not covered.</p> <p>\$10 to \$100 copay for Part B-covered drugs (not including Part B-covered chemotherapy drugs.)</p> <p>\$50 to \$100 copay for part B covered chemotherapy drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General</p> <p>This plan does not offer prescription drug coverage.</p>
30. Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$30 copay for Medicare-covered dental benefits</p>
31. Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <p>In general, routine hearing exams and hearing aids are not covered.</p> <ul style="list-style-type: none"> - \$30 copay for Medicare-covered diagnostic hearing exams.
32. Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after each cataract surgery - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years

Benefit	Original Medicare	Advantra MA Only
32. Vision Services Continued		<ul style="list-style-type: none"> - \$30 copay for exams to diagnose and treat diseases and conditions of the eye. - \$30 copay for up to 1 routine eye exam(s) every year <p>\$150 limit for eye wear every two years.</p> <p><i>See page 14 for additional information about Vision Services.</i></p>
33. Physical Exams	<p>20% coinsurance for one exam within the first twelve 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 twelve months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network</p> <p>\$15 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$15 copay for Medicare-covered benefits.</p>
Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>In-Network</p> <p>This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Health Club Membership/Fitness Classes <p><i>See page 14 for additional information about Health/Wellness.</i></p>
Transportation (Routine)	Not Covered.	<p>In-Network</p> <p>This plan does not cover routine transportation.</p>
Acupuncture	Not Covered	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>

Section Three Additional Benefit Notes

Diabetes Monitoring Supplies

Advantra coverage includes Diabetic Monitoring Supplies, which are test strips and lancets. You pay the following copayments:

Retail Copayment:	Mail-Order Copayment:
\$20 copayment per 100 test strips	\$40 copayment per 300 test strips
\$20 copayment per 100 lancets	\$40 copayment per 300 lancets

Medicare Covered Part B Drugs

A \$50 retail copayment and a \$100 mail-order copayment applies to all Medicare-covered Part B Drugs, **except** copayments for Nebulizer Medications:

\$10 retail copayment – Formulary generic drugs up to a 30-day supply

\$30 retail copayment – Formulary brand name drugs up to a 30-day supply

\$20 copayment – Mail-order Formulary generic drugs up to a 90-day supply

\$60 copayment – Mail-order Formulary brand name drugs up to a 90-day supply

Vision Services – EyeMed

All post cataract hardware must be obtained through **EyeMed**. You are eligible to receive one pair of conventional eyeglasses or contact lenses after cataract surgery that includes insertion of an intraocular lens. Coverage is limited to the amount that would have been paid by Original Medicare. You are also eligible to receive corrective lenses/frames (and replacements) needed after a cataract removal without lens implant. Coverage is limited to the amount that would have been paid by Original Medicare.

Health/Wellness – Healthways Whole Health Networks, Inc. Forever Fit

Your Advantra plan includes a health club membership at participating Healthways Whole Health Networks, Inc. Forever Fit fitness centers. Membership at participating fitness 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.

Section Three Additional Benefit Notes

Additional Information Regarding Preventive Services

A copayment is not applicable to the following preventive screenings:

- Colorectal Screening
- Hepatitis B Immunization
- Diabetes Monitoring
- Pap/Pelvic Screenings
- Prostate Screening

Physician office visit copayment will apply if physician provides additional evaluation and management services. Copay amounts are \$15 for PCP and \$30 for Specialist.

Transplants

A \$250 Inpatient hospital copayment applies for each Medicare-covered hospital stay for Medically Necessary 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
- Pancreas transplants
- Heart/Lung transplants
- Kidney transplants
- Heart transplants
- Liver transplants
- Lung 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.

For More Information

If you have any questions, please contact Customer Services. Contact information and hours of operation are located in Section 1.

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.

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Advantra is a product of HealthAmerica of Pennsylvania, Inc., a Health Maintenance Organization (HMO)/Preferred Provider Organization (PPO) plan with a Medicare contract.