

2010

SUMMARY OF BENEFITS

Altius Advantra

Option 2 (HMO-POS)

Option 1 (HMO-POS)

H8649-002 & H8649-003



M0003_H8649_002_003_2010SB
CMS Approval Date: 09/02/2009

SB-10-AL2

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2011. Please contact health plan for details.

**Introduction to the Summary of Benefits
for Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS)
January 1, 2010 - December 31, 2010
Northern Utah**

**SECTION I –
INTRODUCTION TO SUMMARY OF BENEFITS**

Thank you for your interest in Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS). Our plan is offered by ALTIUS HEALTH PLANS, INC. (UTAH)/Altius Advantra, a Medicare Advantage Health Maintenance Organization (HMO), with a point-of-service option (POS). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS) and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

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

WHERE IS ALTIUS ADVANTRA OPTION 1 (HMO-POS) AND OPTION 2 (HMO-POS) AVAILABLE?

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

The service area for this plan includes: Beaver, Box Elder, Cache, Carbon, Daggett, Davis, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, San Juan, Sanpete, Sevier, Summit, Tooele, Uintah, Utah, Wasatch, Wayne, Weber Counties, UT. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN ALTIUS ADVANTRA OPTION 2 (HMO-POS) AND OPTION 1 (HMO-POS)?

You can join Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. In some cases, you may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at www.altiusadvantra.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

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of network. For more information, please call the customer service number at the end of this introduction.

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

Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS) 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.altiusadvantra.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.altiusadvantra.com.

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

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

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/ 7 days a week

The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or Your State Medicaid Office.

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 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, HealthInsight (800) 274-2290.

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As a member of Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS), 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. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, HealthInsight (800) 274-2290.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS) for more details.

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

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS) 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.

PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at (866) 784-4918 to obtain a copy of the plan ratings for this plan. TTY users call (866) 784-4931.

Please call Altius Advantra for more information about Altius Advantra Option 2 (HMO-POS) and Option 1 (HMO-POS).

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

Customer Service Hours:

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

Current Members should call toll-free (866) 784-4918 for questions related to the **Medicare Advantage Program**.
TTY/TDD (866) 784-4931

Prospective Members should call toll-free (888) 256-3561 for questions related to the **Medicare Advantage Program**.
TTY/TDD (888) 788-4010

Current Members should call toll-free (800) 708-3650 for questions related to the **Medicare Part D Prescription Drug program**.
TTY/TDD (800) 716-3231

Prospective Members should call toll-free (888) 256-3561 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.

Altius Advantra (HMO-POS) is a Coordinated Care plan with a Medicare Advantage contract. This contract with the Centers for Medicare & Medicaid Services (CMS) is renewed annually; coverage beyond the end of the current contract year is not guaranteed.

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

SECTION II – SUMMARY OF BENEFITS			
Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
IMPORTANT INFORMATION			
1 - Premium and Other Important Information	General In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.	General \$69 monthly plan premium in addition to your monthly Medicare Part B premium. In-Network \$2,500 out-of-pocket limit. There is no limit on cost sharing for the following services: Medicare Services: <ul style="list-style-type: none">• Doctor Office Visits• Chiropractic Services• Podiatry Services• Outpatient Rehabilitation Services• Hearing Services• Vision Services• Physical Exams• Other Health Care Professional Supplemental Services: <ul style="list-style-type: none">• Dental Services• Hearing Services• Vision Services• Health/Wellness Education Out-of-Network \$500 yearly deductible.	General \$0 monthly plan premium in addition to your monthly Medicare Part B premium. In-Network \$3,400 out-of-pocket limit. There is no limit on cost sharing for the following services: Medicare Services: <ul style="list-style-type: none">• Doctor Office Visits• Chiropractic Services• Podiatry Services• Outpatient Rehabilitation Services• Hearing Services• Vision Services• Physical Exams• Other Health Care Professional Supplemental Services: <ul style="list-style-type: none">• Dental Services• Hearing Services• Vision Services• Health/Wellness Education Out-of-Network \$500 yearly deductible.

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		Contact the plan for services that apply.	Contact the plan for services that apply.
<p>2 - Doctor and Hospital Choice</p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	You may go to any doctor, specialist or hospital that accepts Medicare.	<p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals.</p>	<p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals.</p>

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INPATIENT CARE

<p>3 - Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day.</p> <p>These amounts will change for 2010.</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. 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>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1 – 7: \$150 copay per day • Days 8 – 90: \$0 copay per day • \$0 copay for additional hospital days. <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1 – 10: \$150 copay per day • Days 11 – 90: \$0 copay per day • \$0 copay for additional hospital days. <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
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<p>4 - Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1 – 7: \$150 copay per day • Days 8 – 90: \$0 copay per day <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>In-Network</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1 – 10: \$150 copay per day • Days 11 – 90: \$0 copay per day <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5 - Skilled Nursing Facility (SNF)</p> <p>(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 were:</p> <p>Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day.</p> <p>These amounts will change for 2010.</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</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> • Days 1 – 20: \$0 copay per day • Days 21 – 100: \$100 copay per day <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> • Days 1 – 22: \$0 copay per day • Days 23 – 100: \$100 copay per day <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
	must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.		
<p>6 - Home Health Care</p> <p>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	\$0 copay.	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for each Medicare-covered home health visit.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for each Medicare-covered home health visit.</p>
<p>7 - Hospice</p>	<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>General</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice.</p>

OUTPATIENT CARE

<p>8 - Doctor Office Visits</p>	20% coinsurance.	<p>General</p> <p>See “Physical Exams,” for more information.</p> <p>In-Network</p> <p>\$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$15 to \$30 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>General</p> <p>See “Physical Exams,” for more information.</p> <p>In-Network</p> <p>\$20 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$20 to \$45 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$45 copay for each specialist visit for Medicare-covered benefits.</p>
<p>9 - Chiropractic Services</p>	<p>Routine care not covered.</p> <p>20% coinsurance for manual</p>	<p>General</p> <p>Authorization rules may apply.</p>	<p>General</p> <p>Authorization rules may apply.</p>

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	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</p> <p>\$30 copay for each Medicare-covered visit.</p> <p>\$30 copay for up to 30 routine visit(s) every year.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>In-Network</p> <p>\$45 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are 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>
10 - Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network</p> <p>\$30 copay for each Medicare-covered visit.</p> <p>\$30 copay for up to 2 routine visit(s) every year.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network</p> <p>\$45 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$30 copay for each Medicare-covered individual or group therapy visit.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$40 copay for each Medicare-covered individual or group therapy visit.</p>
12 - Outpatient Substance Abuse Care	20% coinsurance.	<p>General</p> <p>Authorization rules may apply.</p>	<p>General</p> <p>Authorization rules may apply.</p>

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		<p>In-Network</p> <p>\$30 copay for Medicare-covered individual or group visits.</p>	<p>In-Network</p> <p>\$40 copay for Medicare-covered individual or group visits.</p>
<p>13 - Outpatient Services/Surgery</p>	<p>20% coinsurance for the doctor.</p> <p>20% of outpatient facility charges.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$200 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$200 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$300 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$300 copay for each Medicare-covered outpatient hospital facility visit.</p>
<p>14 - Ambulance Services</p> <p>(medically necessary ambulance services)</p>	<p>20% coinsurance.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$150 copay for Medicare-covered ambulance benefits.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$150 copay for Medicare-covered ambulance benefits.</p>
<p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor.</p> <p>20% of facility charge, or a set copay per emergency room visit.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p>	<p>General</p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>General</p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>

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	NOT covered outside the U.S. except under limited circumstances.		
<p>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$25 copay for Medicare-covered urgently needed care visits.</p>	<p>General</p> <p>\$35 copay for Medicare-covered urgently needed care visits.</p>
<p>17 - Outpatient Rehabilitation Services</p> <p>(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>\$30 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$45 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$45 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
<p>18 - Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for Medicare-covered items.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for Medicare-covered items.</p>
<p>19 - Prosthetic Devices</p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for Medicare-covered items.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for Medicare-covered items.</p>

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
<p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network</p> <p>20% of the cost for Diabetes self-monitoring training.</p> <p>20% of the cost for Nutrition Therapy for Diabetes.</p> <p>\$15 copay for Diabetes supplies.</p>	<p>In-Network</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 copay for Diabetes supplies.</p>
<p>21 - Diagnostic Tests, X-Rays, Lab Services and Radiology 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</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$30 copay for Medicare-covered lab services.</p> <p>\$30 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$75 copay for Medicare-covered X-rays.</p> <p>\$30 - \$75 copay for Medicare-covered diagnostic radiology services.</p> <p>\$30 - \$75 copay for Medicare-covered therapeutic radiology services.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$30 copay for Medicare-covered lab services.</p> <p>\$30 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$75 copay for Medicare-covered X-rays.</p> <p>\$30 - \$75 copay for Medicare-covered diagnostic radiology services.</p> <p>\$30 - \$75 copay for Medicare-covered therapeutic radiology services.</p>
<p>PREVENTIVE SERVICES</p>			
<p>22 - Bone Mass Measurement</p>	<p>20% coinsurance.</p> <p>Covered once every 24 months (more often if</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered bone mass</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered bone mass</p>

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
(for people with Medicare who are at risk)	medically necessary) if you meet certain medical conditions.	measurement. Separate Office Visit cost sharing of \$15 - \$30 may apply.	measurement. Separate Office Visit cost sharing of \$20 - \$45 may apply.
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance. Covered when you are high risk or when you are age 50 and older.	In-Network \$0 copay for Medicare-covered colorectal screenings. Up to 1 additional screening(s) every year. Separate Office Visit cost sharing of \$15 - \$30 may apply.	In-Network \$0 copay for Medicare-covered colorectal screenings. Separate Office Visit cost sharing of \$20 - \$45 may apply.
24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines. 20% coinsurance for Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines. Separate Office Visit cost sharing of \$15 - \$30 may apply. No referral needed for other immunizations.	In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines. Separate Office Visit cost sharing of \$20 - \$45 may apply. No referral needed for other immunizations.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40	In-Network \$0 copay for Medicare-covered screening mammograms.	In-Network \$0 copay for Medicare-covered screening mammograms.

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
	and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	Up to 1 additional screening mammogram(s) every year. Separate Office Visit cost sharing of \$15 - \$30 may apply.	Separate Office Visit cost sharing of \$20 - \$45 may apply.
<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</p> <ul style="list-style-type: none"> up to 1 additional pap smear(s) every year <p>Separate Office Visit cost sharing of \$15 - \$30 may apply.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams</p> <ul style="list-style-type: none"> up to 1 additional pap smear(s) every year <p>Separate Office Visit cost sharing of \$20 - \$45 may apply.</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>Up to 1 additional screening(s) every year.</p> <p>Separate Office Visit cost sharing of \$15 - \$30 may apply.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening</p> <p>Separate Office Visit cost sharing of \$20 - \$45 may apply.</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>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for renal</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>20% of the cost for renal</p>

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
	<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>dialysis</p> <p>20% of the cost for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>dialysis</p> <p>20% of the cost for Nutrition Therapy for End-Stage Renal Disease.</p>
<p>29 - Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.altiusadvantra.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). 	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.altiusadvantra.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service).

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		<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 Altius Advantra Option 2 (HMO-POS) 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 special handling, provider</p>	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Altius Advantra Option 1 (HMO-POS) 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 special handling, provider</p>

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		<p>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>If you request a formulary exception for a drug and Altius Advantra Option 2 (HMO-POS) approves the exception, you will pay Non-Preferred Generic/Non-Preferred Brand cost-sharing for that drug.</p> <p>In-Network</p> <p>\$0 deductible.</p> <p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy Preferred Generic</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier.</p>	<p>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>If you request a formulary exception for a drug and Altius Advantra Option 1 (HMO-POS) approves the exception, you will pay Non-Preferred Generic/Non-Preferred Brand cost-sharing for that drug.</p> <p>In-Network</p> <p>\$0 deductible.</p> <p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy Preferred Generic</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier.</p>

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		<p>\$21 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <p>\$30 copay for a one-month (30- day) supply of drugs in this tier.</p> <p>\$90 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Preferred Generic/Non-Preferred Brand</p> <p>\$70 copay for a one-month (30- day) supply of drugs in this tier.</p> <p>\$210 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>\$21 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <p>\$30 copay for a one-month (30- day) supply of drugs in this tier.</p> <p>\$90 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Preferred Generic/Non-Preferred Brand</p> <p>\$74 copay for a one-month (30- day) supply of drugs in this tier.</p> <p>\$222 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		<p>Specialty – Generic and Brand</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Long Term Care Pharmacy Preferred Generic</p> <p>\$7 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$30 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Non-Preferred Generic/Non-Preferred Brand</p> <p>\$70 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>33% coinsurance for a one-month (31-day) supply of drugs in this tier.</p> <p>Mail Order Preferred Generic</p> <p>\$21 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day</p>	<p>Specialty – Generic and Brand</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Long Term Care Pharmacy Preferred Generic</p> <p>\$7 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>\$30 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Non-Preferred Generic/Non-Preferred Brand</p> <p>\$74 copay for a one-month (31-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>33% coinsurance for a one-month (31-day) supply of drugs in this tier.</p> <p>Mail Order Preferred Generic</p> <p>\$21 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day</p>

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		<p>supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <p>\$90 copay for three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Preferred Generic/Non-Preferred Brand</p> <p>\$210 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$ 2.50 copay for generic (including brand drugs treated as generic) and a 	<p>supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <p>\$90 copay for three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Preferred Generic/Non-Preferred Brand</p> <p>\$222 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$ 2.50 copay for generic (including brand drugs treated as generic) and a

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		<p>\$6.30 copay for all other drugs, or</p> <ul style="list-style-type: none"> • 5% coinsurance. <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's 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 Altius Advantra Option 2 (HMO-POS).</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Preferred Generic</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier.</p>	<p>\$6.30 copay for all other drugs, or</p> <ul style="list-style-type: none"> • 5% coinsurance. <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's 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 Altius Advantra Option 1 (HMO-POS).</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Preferred Generic</p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier.</p>

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		<p>Preferred Brand</p> <p>\$30 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred Generic/Non-Preferred Brand</p> <p>\$70 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Out-of-Network Coverage Gap</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Altius Advantra Option 2 (HMO-POS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Altius Advantra Option 2 (HMO-POS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>Preferred Brand</p> <p>\$30 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred Generic/Non-Preferred Brand</p> <p>\$74 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Specialty – Generic and Brand</p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Out-of-Network Coverage Gap</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Altius Advantra Option 1 (HMO-POS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Altius Advantra Option 1 (HMO-POS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, 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 \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or • 5% coinsurance. 	<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$ 4,550, 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 \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or • 5% coinsurance.
<p>30 - Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • Up to 2 oral exam(s) every year • Up to 2 cleaning(s) every year • Up to 1 dental x-ray(s) every year <p>20% of the cost for Medicare-covered dental benefits.</p> <p>\$750 limit for preventive dental benefits every year.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • Up to 2 oral exam(s) every year • Up to 2 cleaning(s) every year • Up to 1 dental x-ray(s) every year <p>20% of the cost for Medicare-covered dental benefits.</p> <p>\$750 limit for preventive dental benefits every year.</p>
<p>31 - Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for</p>	<p>In-Network</p> <p>Hearing aids not covered.</p>	<p>In-Network</p> <p>Hearing aids not covered.</p>

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
	diagnostic hearing exams.	<p>\$30 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$30 copay for up to 1 routine hearing test(s) every year.</p>	\$45 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>20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$30 copay for up to 1 routine eye exam(s) every year.</p>	<p>In-Network</p> <p>20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$45 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$45 copay for up to 1 routine eye exam(s) every year.</p>
33 - Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network</p> <p>\$15 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$15 copay for Medicare-covered benefits.</p>	<p>In-Network</p> <p>\$20 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$20 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</p>	<p>In-Network</p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters • Health Club Membership/Fitness 	<p>In-Network</p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters • Other Wellness benefits

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Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
	coinsurance, and Part B deductible applies.	<p>Classes</p> <ul style="list-style-type: none"> • Other Wellness benefits <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
<p>Transportation</p> <p>(Routine)</p>	Not covered.	<p>In-Network</p> <p>This plan does not cover routine transportation.</p>	<p>In-Network</p> <p>This plan does not cover routine transportation.</p>
<p>Acupuncture</p>	Not covered.	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>
<p>Point Of Service</p>	You may go to any doctor, specialist or hospital that accepts Medicare.	<p>General</p> <p>Authorization rules may apply.</p> <p>Out-of-Network</p> <p>Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Care • Skilled Nursing Facility (SNF) • Home Health Care • Doctor Office Visits • Podiatry Services • Outpatient Services/Surgery • Ambulance Services • Outpatient Rehabilitation Services 	<p>General</p> <p>Authorization rules may apply.</p> <p>Out-of-Network</p> <p>Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Care • Skilled Nursing Facility (SNF) • Home Health Care • Doctor Office Visits • Podiatry Services • Outpatient Services/Surgery • Ambulance Services • Outpatient Rehabilitation Services

**SECTION II –
SUMMARY OF BENEFITS**

Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		<ul style="list-style-type: none"> • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies • Diagnostic Tests, X-Rays, Lab Services, and Radiology Services • Bone Mass Measurement • Colorectal Screening Exam • Immunizations • Mammograms (Annual Screenings) • Pap Smears and Pelvic Exams • Prostate Cancer Screening Exams • Dental Services • Hearing Services • Vision Services • Physical Exams • Comprehensive Outpatient Rehabilitation Facility (CORF) • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation Services • Outpatient Blood 	<ul style="list-style-type: none"> • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies • Diagnostic Tests, X-Rays, Lab Services, and Radiology Services • Bone Mass Measurement • Colorectal Screening Exam • Immunizations • Mammograms (Annual Screenings) • Pap Smears and Pelvic Exams • Prostate Cancer Screening Exams • Dental Services • Hearing Services • Vision Services • Physical Exams • Comprehensive Outpatient Rehabilitation Facility (CORF) • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation Services • Outpatient Blood

**SECTION II –
SUMMARY OF BENEFITS**

Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		<ul style="list-style-type: none"> • Nutrition Therapy for Diabetes and Renal Disease <p>\$500 yearly deductible for POS benefits.</p> <p>30% of the cost per hospital stay.</p> <p>30% of the cost for each SNF stay.</p> <p>30% of the cost for:</p> <ul style="list-style-type: none"> • Home Health Care • Doctor Office Visits • Podiatry Services • Outpatient Services/Surgery • Outpatient Rehabilitation Services • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies • Diagnostic Tests, X-Rays, Lab Services, and Radiology Services • Bone Mass Measurement • Colorectal Screening Exam • Immunizations • Mammograms (Annual Screenings) • Pap Smears and Pelvic Exams 	<ul style="list-style-type: none"> • Nutrition Therapy for Diabetes and Renal Disease <p>\$500 yearly deductible for POS benefits.</p> <p>30% of the cost per hospital stay.</p> <p>30% of the cost for each SNF stay.</p> <p>30% of the cost for:</p> <ul style="list-style-type: none"> • Home Health Care • Doctor Office Visits • Podiatry Services • Outpatient Services/Surgery • Outpatient Rehabilitation Services • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies • Diagnostic Tests, X-Rays, Lab Services, and Radiology Services • Bone Mass Measurement • Colorectal Screening Exam • Immunizations • Mammograms (Annual Screenings) • Pap Smears and Pelvic Exams

**SECTION II –
SUMMARY OF BENEFITS**

Benefit	Original Medicare	Altius Advantra Option 2 (HMO-POS)	Altius Advantra Option 1 (HMO-POS)
		<ul style="list-style-type: none"> • Prostate Cancer Screening Exams • Hearing Services • Vision Services • Physical Exams • CORF • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation Services • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease <p>\$150 copay for Ambulance Services.</p>	<ul style="list-style-type: none"> • Prostate Cancer Screening Exams • Hearing Services • Vision Services • Physical Exams • CORF • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation Services • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease <p>\$150 copay for Ambulance Services</p>

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