

2010

SUMMARY OF BENEFITS

Coventry Health Care of Georgia, Inc. Advantra Silver (HMO-POS)

H5302-005

Service Area:
Muscogee county (Georgia)



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
Advantra Silver (HMO-POS)
January 1, 2010 – December 31, 2010
Columbus area**

Thank you for your interest in Advantra Silver (HMO-POS). Our plan is offered by Coventry Health Care of Georgia, Inc./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 Advantra Silver (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 Advantra Silver (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 Advantra Silver (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 Advantra Silver (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 ADVANTRA SILVER (HMO-POS) AVAILABLE?

The service area for this plan includes: Muscogee County, GA. You must live in this area to join the plan.

WHO IS ELIGIBLE TO JOIN ADVANTRA SILVER (HMO-POS)?

You can join Advantra Silver (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 Advantra Silver (HMO-POS) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Advantra Silver (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.ga.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 our 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 Silver (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?

Advantra Silver (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 <http://www.ga.chcadvantra.com/>. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Advantra Silver (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 <http://www.ga.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?

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 Advantra Silver (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, Georgia Medical Care Foundation (GMCF), 1-800-982-0411.

As a member of Advantra Silver (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, Georgia Medical Care Foundation (GMCF), 1-800-982-0411.

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 Silver (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 Advantra Silver (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 1-866-613-4977 to obtain a copy of the plan ratings for this plan. TTY users call 1-866-347-2459.

Please call Advantra for more information about Advantra Silver (HMO-POS).

Visit us at www.ga.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 (866) 613-4977 for questions related to the Medicare Advantage Program. (TTY/TDD (866) 347-2459)

Prospective members should call toll-free (877) 981-8163 for questions related to the Medicare Advantage Program. (TTY/TDD (888) 788-4010)

Current members should call toll-free (800) 690-3412 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866) 236-1069)

Prospective members should call toll-free (877) 981-8163 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866) 236-1069)

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.

Advantra Silver (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 Advantra for details.

SECTION 2 - SUMMARY OF BENEFITS

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
IMPORTANT INFORMATION		
<p>1 - Premium and Other Important Information</p>	<p>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.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>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.</p>	<p>General \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,000 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>
<p>2 - Doctor and Hospital Choice</p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p>
SUMMARY OF BENEFITS		
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: Days 1 - 60: \$1,068 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>In-Network For Medicare-covered hospital stays: Days 1 - 8: \$180 copay per day Days 9 - 90: \$0 copay per day</p> <p>\$0 copay for each additional hospital day.</p> <p>No limit to the number of days covered by the plan each benefit period.</p>

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
	<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>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 For Medicare-covered hospital stays: Days 1 - 8: \$180 copay per day Days 9 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: 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</p>	<p>General Authorization rules may apply.</p> <p>In-Network For Medicare-covered SNF stays: Days 1 - 5: \$0 copay per day Days 6 - 100: \$100 copay per day</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
	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.	
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>
7 - Hospice	<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 You must get care from a Medicare-certified hospice.</p>
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>\$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>
9 - Chiropractic Services	<p>Routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>In-Network \$30 copay for each Medicare-covered visit.</p> <p>\$30 copay for up to 6 routine visit(s) every year.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>

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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 6 routine visit(s) every year. Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	In-Network \$30 copay for each Medicare-covered individual or group therapy visit.
12 - Outpatient Substance Abuse Care	20% coinsurance	In-Network \$30 copay for Medicare-covered individual or group visits.
13 - Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	General Authorization rules may apply. In-Network \$160 copay for each Medicare-covered ambulatory surgical center visit. \$30 to \$160 copay for each Medicare-covered outpatient hospital facility visit.
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance	General Authorization rules may apply. In-Network \$100 copay for Medicare-covered ambulance benefits.
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor 20% of facility charge, or a set copay per emergency room visit 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.	General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.	General \$30 copay for Medicare-covered urgently needed care visits.

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
<p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>
<p>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</p>		
<p>18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 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 Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>
<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 20% of the cost for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p> <p>Separate Office Visit cost sharing of \$15 to \$30 copay may apply.</p>

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
<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 Authorization rules may apply.</p> <p>In-Network \$30 copay for Medicare-covered lab services.</p> <p>\$30 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$30 copay for Medicare-covered X-rays.</p> <p>\$30 to \$100 copay for Medicare-covered diagnostic radiology services.</p> <p>\$30 copay for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$15 to \$30 may apply.</p>
PREVENTIVE SERVICES		
<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>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</p> <ul style="list-style-type: none"> • Medicare-covered colorectal screenings. • Up to 1 additional screening(s) every year. <p>Separate Office Visit cost sharing of \$15 to \$30 may apply.</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>

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<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</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> • Medicare-covered screening mammograms. • Up to 1 additional screening mammogram(s) every year.
<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. 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) and pelvic exam(s) every year. <p>Separate Office Visit cost sharing of \$15 to \$30 may apply.</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> <ul style="list-style-type: none"> • Up to 1 additional screening(s) every year. <p>Separate Office Visit cost sharing of \$15 to \$30 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>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 renal dialysis.</p> <p>\$0 copay 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</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>

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
	<p>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 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 http://www.ga.chcadvantra.com/ on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Advantra Silver (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 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</p>

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		<p>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 Advantra Silver (HMO-POS) approves the exception, you will pay non-preferred generic/non-preferred brand cost-sharing for that drug.</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 \$2,830:</p> <p>Retail Pharmacy</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> • \$3 copay for a one-month (30-day) supply of drugs in this tier • \$9 copay for a three-month (90-day) supply of drugs in this tier <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> <ul style="list-style-type: none"> • \$34 copay for a one-month (30-day) supply of drugs in this tier • \$102 copay for a three-month (90-day) supply of drugs in this tier <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> <ul style="list-style-type: none"> • \$64 copay for a one-month (30-day) supply of drugs in this tier

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
		<p data-bbox="889 178 1513 247"> <ul style="list-style-type: none"> • \$192 copay for a three-month (90-day) supply of drugs in this tier </p> <p data-bbox="870 289 1490 394"> Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. </p> <p data-bbox="870 436 1247 468"> Specialty-Generic and Brand </p> <p data-bbox="889 474 1474 543"> <ul style="list-style-type: none"> • 30% coinsurance for a one-month (30-day) supply of drugs in this tier </p> <p data-bbox="870 585 1252 617"> Long Term Care Pharmacy </p> <p data-bbox="870 659 1101 690"> Preferred Generic </p> <p data-bbox="889 697 1500 766"> <ul style="list-style-type: none"> • \$3 copay for a one-month (31-day) supply of drugs in this tier </p> <p data-bbox="870 808 1078 840"> Preferred Brand </p> <p data-bbox="889 846 1516 915"> <ul style="list-style-type: none"> • \$34 copay for a one-month (31-day) supply of drugs in this tier </p> <p data-bbox="870 957 1446 989"> Non-preferred Generic/Non-Preferred Brand </p> <p data-bbox="889 995 1516 1064"> <ul style="list-style-type: none"> • \$64 copay for a one-month (31-day) supply of drugs in this tier </p> <p data-bbox="870 1106 1247 1138"> Specialty-Generic and Brand </p> <p data-bbox="889 1144 1474 1213"> <ul style="list-style-type: none"> • 30% coinsurance for a one-month (31-day) supply of drugs in this tier </p> <p data-bbox="870 1255 1029 1287"> Mail Order </p> <p data-bbox="870 1329 1101 1360"> Preferred Generic </p> <p data-bbox="889 1367 1523 1436"> <ul style="list-style-type: none"> • \$7.50 copay for a three-month (90-day) supply of drugs in this tier </p> <p data-bbox="870 1478 1490 1583"> Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. </p> <p data-bbox="870 1625 1078 1656"> Preferred Brand </p> <p data-bbox="889 1663 1533 1732"> <ul style="list-style-type: none"> • \$85 copay for a three-month (90-day) supply of drugs in this tier </p> <p data-bbox="870 1774 1490 1879"> Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. </p>

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
		<p data-bbox="867 176 1446 207">Non-preferred Generic/Non-Preferred Brand</p> <ul data-bbox="889 216 1511 285" style="list-style-type: none"> • \$192 copay for a three-month (90-day) supply of drugs in this tier <p data-bbox="867 323 1490 428">Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p data-bbox="867 470 1068 506">Coverage Gap</p> <p data-bbox="867 541 1471 646">The plan covers many generics (65%-99% of formulary generic drugs) through the coverage gap.</p> <p data-bbox="867 688 1166 724">You pay the following:</p> <p data-bbox="867 762 1101 798">Retail Pharmacy</p> <p data-bbox="867 835 1101 871">Preferred Generic</p> <ul data-bbox="889 879 1516 1020" style="list-style-type: none"> • \$3 copay for a one-month (30-day) supply of all drugs covered in this tier • \$9 copay for a three-month (90-day) supply of all drugs covered in this tier <p data-bbox="867 1058 1490 1163">Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p data-bbox="867 1205 1252 1241">Long Term Care Pharmacy</p> <p data-bbox="867 1278 1101 1314">Preferred Generic</p> <ul data-bbox="889 1323 1500 1392" style="list-style-type: none"> • \$3 copay for a one-month (31-day) supply of all drugs covered on this tier <p data-bbox="867 1430 1029 1465">Mail Order</p> <p data-bbox="867 1503 1101 1539">Preferred Generic</p> <ul data-bbox="889 1547 1520 1617" style="list-style-type: none"> • \$7.50 copay for a three-month (90-day) supply of all drugs covered in this tier <p data-bbox="867 1654 1490 1759">Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p data-bbox="867 1797 1511 1902">For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
		<p data-bbox="868 134 1274 170">Advantra Silver (HMO-POS)</p> <p data-bbox="868 170 1193 205">Catastrophic Coverage</p> <p data-bbox="868 247 1502 317">After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul data-bbox="885 317 1534 472" style="list-style-type: none"> <li data-bbox="885 317 1534 430">• A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or <li data-bbox="885 430 1128 472">• 5% coinsurance. <p data-bbox="868 506 1096 541">Out-of-Network</p> <p data-bbox="868 541 1518 905">Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Advantra Silver (HMO-POS).</p> <p data-bbox="868 940 1323 976">Out-of-Network Initial Coverage</p> <p data-bbox="868 976 1518 1129">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 data-bbox="868 1165 1096 1201">Preferred Generic</p> <ul data-bbox="885 1201 1502 1270" style="list-style-type: none"> <li data-bbox="885 1201 1502 1270">• \$3 copay for a one-month (30-day) supply of drugs in this tier <p data-bbox="868 1312 1079 1348">Preferred Brand</p> <ul data-bbox="885 1348 1518 1417" style="list-style-type: none"> <li data-bbox="885 1348 1518 1417">• \$34 copay for a one-month (30-day) supply of drugs in this tier <p data-bbox="868 1459 1453 1495">Non-preferred Generic/Non-Preferred Brand</p> <ul data-bbox="885 1495 1518 1564" style="list-style-type: none"> <li data-bbox="885 1495 1518 1564">• \$64 copay for a one-month (30-day) supply of drugs in this tier <p data-bbox="868 1606 1242 1642">Specialty-Generic and Brand</p> <ul data-bbox="885 1642 1469 1711" style="list-style-type: none"> <li data-bbox="885 1642 1469 1711">• 30% coinsurance for a one-month (30-day) supply of drugs in this tier

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
		<p data-bbox="868 174 1295 212">Out-of-Network Coverage Gap</p> <p data-bbox="868 247 1511 352">You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p data-bbox="868 394 1101 426">Preferred Generic</p> <ul data-bbox="889 436 1500 499" style="list-style-type: none"> <li data-bbox="889 436 1500 499">• \$3 copay for a one-month (30-day) supply of all drugs covered in this tier <p data-bbox="868 541 1078 573">Preferred Brand</p> <ul data-bbox="889 583 1523 940" style="list-style-type: none"> <li data-bbox="889 583 1523 940">• 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 Advantra Silver (HMO-POS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra Silver (HMO-POS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p data-bbox="868 982 1446 1014">Non-preferred Generic/Non-Preferred Brand</p> <ul data-bbox="889 1024 1523 1381" style="list-style-type: none"> <li data-bbox="889 1024 1523 1381">• 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 Advantra Silver (HMO-POS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra Silver (HMO-POS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p data-bbox="868 1423 1243 1455">Specialty-Generic and Brand</p> <ul data-bbox="889 1465 1523 1864" style="list-style-type: none"> <li data-bbox="889 1465 1523 1864">• 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 Advantra Silver (HMO-POS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra Silver (HMO-POS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Benefit Category	Original Medicare	Advantra Silver (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.
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • up to 1 oral exam(s) every year • up to 1 cleaning(s) every year • up to 1 dental x-ray(s) every year <p>\$30 copay for Medicare-covered dental benefits.</p> <p>\$500 limit for preventive dental benefits every year.</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>Hearing aids not covered.</p> <p>\$30 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$30 copay for up to 1 routine hearing test(s) every year.</p> <p>\$30 copay for up to 1 hearing aid fitting evaluation(s) every year.</p>
32 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> • One pair of eyeglasses or contact lenses after cataract surgery • Up to 1 pair(s) of glasses every year <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>\$100 limit for eye wear every year.</p>

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
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 \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</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>General Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p> <p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Health Club Membership/Fitness Classes <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network This plan does not cover Acupuncture.</p>
Point-of-Service	You may go to any doctor, specialist or hospital that accepts Medicare.	<p>Out-of-Network Point-of-Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Care • Inpatient Mental Health Care • Skilled Nursing Facility (SNF) • Home Health Care • Doctor Office Visits • Chiropractic Services • Podiatry Services • Outpatient Mental Health Care • Outpatient Substance Abuse Care • Outpatient Services/Surgery • Ambulance Services • Outpatient Rehabilitation Services • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
		<ul style="list-style-type: none"> • 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 • Hearing Services • Vision Services • Physical Exams • Comprehensive Outpatient Rehabilitation Facility (CORF) • Partial Hospitalization • 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>30% of the cost per hospital stay.</p> <p>30% of the cost per Inpatient Psychiatric 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 • Outpatient Mental Health Care • Outpatient Substance Abuse Care • 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 • Hearing Services • Vision Services • CORF • Partial Hospitalization

Benefit Category	Original Medicare	Advantra Silver (HMO-POS)
		<ul style="list-style-type: none"> • 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>\$30 to \$50 copay for</p> <ul style="list-style-type: none"> • Doctor Office Visits • Chiropractic Services • Podiatry Services • Bone Mass Measurement • Colorectal Screening Exam • Immunizations • Mammograms (Annual Screenings) • Pap Smears and Pelvic Exams • Prostate Cancer Screening Exams • Physical Exams