

Altius Health Plans, Inc.
Altius Advantra Bronze-South
H8649-006
2009 Evidence of Coverage (EOC) Errata Sheet

The information provided below is a correction to Section 10 and to the Benefit Chart of your 2009 Evidence of Coverage (EOC). Please keep this document with your 2009 Evidence of Coverage (EOC). The following benefit coverage should be changed as specified below:

2009 Evidence of Coverage Section 10

Current 2009 (page 77):

What is the maximum amount you will pay for certain covered medical services?

There is a limit to how much you have to pay out-of-pocket for certain covered health care services each year. Once the total costs that you have paid for your health care services from plan providers (including your co-payments and coinsurance) reach \$1,000, you won't have to continue paying for these expenses for the remainder of the year. If you see non-plan providers for covered services, your out-of-pocket maximum is \$3,000. The combined in and out-of-network out-of-pocket maximum is \$3,000. Covered services that apply to the out-of-pocket maximum are marked in the Benefits Chart by a “◆” and a footnote. Part D Drugs are excluded from the maximum out-of-pocket amount.

Corrected / Revised 2009:

What is the maximum amount you will pay for certain covered medical services?

There is a limit to how much you have to pay out-of-pocket for certain covered health care services each year. Once the total costs that you have paid for your health care services from plan providers (including your co-payments and coinsurance) reach \$3,000, you won't have to continue paying for these expenses for the remainder of the year. If you see non-plan providers for covered services, your out-of-pocket maximum is \$3,000. The combined in and out-of-network out-of-pocket maximum is \$3,000. Covered services that apply to the out-of-pocket maximum are marked in the Benefits Chart by a “◆” and a footnote. Part D Drugs are excluded from the maximum out-of-pocket amount.

2009 Evidence of Coverage Section 10 – Benefits Chart (page 87)

Benefits Chart – your covered services	Current 2009: What you must pay when you get these covered services	Corrected / Revised 2009: What you must pay when you get these covered services
<p>Vision care Covered services include:</p> <ul style="list-style-type: none"> • Outpatient physician services for eye care. • For people who are at high risk of glaucoma, such as people with a family history of glaucoma, people with diabetes, and African-Americans who are age 50 and older: glaucoma screening once per year • One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. Corrective lenses/frames (and replacements) needed after a cataract removal without a lens implant 	<p>\$25 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</p> <p>20% of the cost for Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery).</p>	<p>\$25 copay for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</p> <p>\$0 copay for Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery).</p>

If you have any questions, please call us at 1-866-784-4918 (TTY/TDD 1-866-784-4931 for the hearing impaired), November 15 – March 1: Monday through Friday, 8:00 a.m. – 8:00 p.m. and Saturday, 9:00 a.m. – 3 p.m. Mountain Time. March 2 – November 14: Monday through Friday, 8:00 a.m. – 6:00 p.m. Mountain Time.

If you have questions about your prescription drug benefits, please call our Prescription Drug Customer Service department at 1-800-708-3650 (TTY/TDD 1-800-716-3231), 24 hours a day, seven (7) days a week.

Altius Advantra is a product of Altius Health Plans Inc., a POS plan with a Medicare contract. Altius Health Plans is a part of Coventry Health Care. Altius Health Plan’s contract with Centers for Medicare & Medicaid Services is renewed annually; availability of coverage beyond the end of 2009 is not guaranteed.

This information may be available in a different format, including large print and Spanish. Please call Member Services at the number listed above if you need plan information in another format or language.

Esta información puede estar disponible en un formato diferente, inclusive la impresión grande o en español. Por favor Servicios de Miembro de llamada en el número listaron encima de si usted necesita información de plan en otro formato o el idioma.