

Altius Health Plans, Inc.
Altius Advantra Bronze
H0806-003
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 87):

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 100)

Benefits Chart – your covered services	Current 2009: What you must pay when you get these covered services	Revised 2009: What you must pay when you get these covered services
<p>Dialysis (Kidney)♦ Covered services include:</p> <ul style="list-style-type: none"> • Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area, as explained in Section 2) • Inpatient dialysis treatments (if you are admitted to a hospital for special care) • Self-dialysis training (includes training for you and anyone helping you with your home dialysis treatments) • Home dialysis equipment and supplies • Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply) 	<p>There is no cost-share for Medicare-covered renal dialysis (in and out-of-area).</p> <p>20% of the cost for each Medicare-covered medical supply item.</p>	<p>20% of the cost for Medicare-covered renal dialysis.</p> <p>20% of the cost for each Medicare-covered medical supply item.</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 1-800-708-9637 (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.