2009 Summary of Benefits

for Advantra PPO Gold

H5522

HEALTH AMERICA
A Coventry Health Care Plan
Advantra®

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CMS Approval 9/23/08

Introduction to the Summary of Benefits
for Advantra PPO Gold
January 1, 2009 – December 31, 2009
Allegheny County

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Advantra PPO Gold. Our plan is offered by HEALTH ASSURANCE PENNSYLVANIA, INC./Advantra PPO, a Medicare Advantage Preferred Provider Organization (PPO). 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 PPO Gold 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 PPO Gold. 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 PPO Gold at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Advantra PPO Gold 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 PPO GOLD AVAILABLE?

The service area for this plan includes: Allegheny County, PA. You must live in this area to join this plan.

WHO IS ELIGIBLE TO JOIN ADVANTRA PPO GOLD?

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

CAN I CHOOSE MY DOCTORS?

Advantra PPO Gold have formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. 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 for an up-to-date list or visit us at http://www.chcadvantra.com. Our customer service number is listed at the end of this introduction.

Introduction to the Summary of Benefits
for Advantra PPO Gold
January 1, 2009 – December 31, 2009
Allegheny County

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 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 PPO Gold do 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 PPO Gold have 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.pa.chcadvantra.com/home.asp?community=Member. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Advantra PPO Gold use 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.pa.chcadvantra.com/home.asp?community=Member.

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?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Advantra PPO Gold. Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

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

As a member of Advantra PPO Gold, 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.

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 PPO Gold 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. This may include, but are not limited to, the following types of drugs. Contact Advantra PPO Gold for more details.

-- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.

-- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.

-- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

-- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.

-- Injectable Drugs: Most injectable drugs administered incident to a physician's service.

-- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

-- Some Oral Cancer Drugs: If the same drug is available in injectable form.

-- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

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Please call HealthAmerica Advantra for more information about Advantra PPO Gold.
Visit us at http://www.pa.chcadvantra.com or, call us:

Customer Service Hours:

Members

November 15, 2008 – March 1, 2009
Monday – Friday, 8:00 a.m. – 8:00 p.m. Eastern Time, and Saturday, 9:00 a.m. – 3 p.m. Eastern Time

March 2, 2009 – November 14, 2009
Monday – Friday, 8:00 a.m. – 6:00 p.m. Eastern Time

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

Prospective Members

October 1, 2008 – March 15, 2009
8:00 a.m. – 11:00 p.m. local time, seven (7) days a week

March 16 – September 30, 2009
8:00 a.m. – 5:00 p.m. Monday – Friday

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

Medicare Prescription Drug (Part D)

24 hours a day; seven (7) days a week, including holidays

Current Members should call toll-free (866)-291-5221, TTY/TDD (800)-716-3231 for the hearing impaired

Prospective Members should call toll-free: (800)-470-4272, TTY/TDD (800)-207-1262 for the hearing impaired

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

Summary of Benefits

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

SECTION 2 – SUMMARY OF BENEFITS		
Benefit	**Original Medicare**	**Advantra PPO Gold**
IMPORTANT INFORMATION		
1. Premium and Other Important Information	In 2009 the monthly Part B Premium is $96.40 and the yearly Part B deductible amount is $135. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.	**General** $109 monthly plan premium in addition to your monthly Medicare Part B premium. **In-Network** $1,000 in-network out-of-pocket limit. Not all plan services are covered under the out-of-pocket limit. Services not covered under the In-Network out-of-pocket limit: – Inpatient Psychiatric Hospital – Partial Hospital – Mental Health Specialty Services – Psychiatric Services – Outpatient Substance Abuse – Durable Medical Equipment – Prosthetics/Medical Supplies – Medicare Part B Drugs – Medicare Part D Drugs – Non-Medicare Covered Services such as: o Dental o Vision o Hearing o Health/Wellness Services **Out-of-Network** $500 yearly deductible. Contact the plan for services that apply. $4,000 out-of-network out-of-pocket limit. Not all plan services are covered under the Out-of-Network out-of-pocket limit.

<table>
<tr><th>Benefit</th><th>Original Medicare</th><th>Advantra PPO Gold</th></tr>
<tr><td>1. Premium Continued</td><td></td><td>Services not covered under the Out-of-Network out-of-pocket limit:
– Inpatient Psychiatric Hospital
– Partial Hospital
– Mental Health Specialty Services
– Psychiatric Services
– Outpatient Substance Abuse
– Medicare Part B Drugs
– Medicare Part D Drugs
– Non-Medicare Covered Services such as:
o Dental
o Vision
o Hearing
o Health/Wellness Services

$1,050 limit every year for Non-Medicare covered benefits. Contact the plan for services that apply.</td></tr>
<tr><td>2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16)</td><td>You may go to any doctor, specialist or hospital that accepts Medicare.</td><td>In-Network

No referral required for network doctors, specialists, and hospitals.

You may have to pay a separate copay for certain doctor office visits.</td></tr>
<tr><td colspan="3">SUMMARY OF BENEFITS</td></tr>
<tr><td colspan="3">INPATIENT CARE</td></tr>
<tr><td>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</td><td>In 2009 the amounts for each benefit period are:
Days 1 – 60: $1,068 deductible
Days 61 – 90: $267 per day
Days 91 – 150: $534 per lifetime reserve day

Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Lifetime reserve days can only be used once.

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.</td><td>In-Network

$0 copay

No limit to the number of days covered by the plan each benefit period.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Out-of-Network

20% of the cost for each hospital stay.</td></tr>
</table>

Benefit	Original Medicare	Advantra PPO Gold
3. Inpatient Hospital Care	There is no limit to the number of benefit periods you can have.	
4. Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above). 190 day lifetime limit in a Psychiatric Hospital.	**In-Network** $0 copay You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. **Out-of-Network** 20% of the cost for each hospital stay.
5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 – 20: $0 per day Days 21 – 100: $133.50 per day 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	**General** Authorization rules may apply. **In-Network** For SNF stays: Days 1 – 10: $0 copay per day Days 11 – 100: $25 copay per day Plan covers up to 100 days each benefit period No prior hospital stay is required **Out-of-Network** 20% of the cost for each SNF stay.

Benefit	Original Medicare	Advantra PPO Gold
6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	$0 copay.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered home health visits. **Out-of-Network** 20% for home health visits.
7. Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	**General** You must get care from a Medicare-certified hospice.
OUTPATIENT CARE		
8. Doctor Office Visits	20% coinsurance.	**General** See "Physical Exams," for more information. **In-Network** $10 copay for each primary care doctor visit for Medicare-covered benefits $50 copay for each in-area, network urgent care Medicare-covered visit. $20 copay for each specialist visit for Medicare-covered benefits. **Out-of-Network** 20% for each primary care doctor visit. 20% for each specialist visit.

Benefit	Original Medicare	Advantra PPO Gold
9. Chiropractic Services	Routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	**In-Network** $20 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part. **Out-of-Network** 20% of the cost for chiropractic benefits.
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** $20 copay for each Medicare-covered visit. $20 copay for up to 1 routine visit(s) every three months Medicare-covered podiatry benefits are for medically-necessary foot care. **Out-of-Network** 20% of the cost for podiatry benefits.
11. Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services.	**General** Authorization rules may apply. **In-Network** $25 copay for each Medicare-covered individual or group therapy visit. **Out-of-Network** 50% of the cost for Mental Health benefits. 50% of the cost for Mental Health benefits with a psychiatrist. *See page 25 for additional information about Outpatient Mental Health Care.*

Benefit	Original Medicare	Advantra PPO Gold
12. Outpatient Substance Abuse Care	20% coinsurance	**General** Authorization rules may apply. **In-Network** $25 copay for Medicare-covered individual or group visits. **Out-of-Network** 50% of the cost for outpatient substance abuse benefits. *See page 25 for additional information about Outpatient Substance Abuse Care.*
13. Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	**General** Authorization rules may apply. **In-Network** $0 copay for each Medicare-covered ambulatory surgical center visit. $0 copay for each Medicare-covered outpatient hospital facility visit. **Out-of-Network** 20% of the cost for ambulatory surgical center benefits. 20% of the cost for outpatient hospital facility benefits.
14. Ambulance Services (medically necessary ambulance services)	20% coinsurance	**General** Authorization rules may apply. **In-Network** $75 copay for Medicare-covered ambulance benefits.

Benefit	Original Medicare	Advantra PPO Gold
14. Ambulance Services Continued		If you are admitted to the hospital, you pay $0 for Medicare-covered ambulance benefits. **Out-of-Network** 20% of the cost for 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.	**In-Network** $50 copay for Medicare-covered emergency room visits. **Out-of-Network** Worldwide coverage. **In and Out-of-Network** 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** $50 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24-hour(s) for the same condition, $0 for the urgent-care visit.
17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	**General** Authorization rules may apply. **In-Network** $20 copay for Medicare-covered Occupational Therapy visits. $20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

Benefit	Original Medicare	Advantra PPO Gold
17. Outpatient Rehabilitation Services Continued		**Out-of-Network** 20% of the cost for Occupational Therapy benefits. 20% of the cost for Physical and/or Speech/Language Therapy visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance	**General** Authorization rules may apply. **In-Network** 30% of the cost for Medicare-covered items. **Out-of-Network** 20% of the cost for durable medical equipment.
19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	**General** Authorization rules may apply. **In-Network** 30% of the cost for Medicare-covered items. **Out-of-Network** 20% of the cost for prosthetic devices.
20. Diabetes Self - Monitoring Training, Nutrition Therapy and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	**General** Authorization rules may apply. **In-Network** $0 copay for Diabetes self-monitoring training. $0 copay for Nutrition Therapy for Diabetes. $20 to $40 copay for Diabetes supplies.

Benefit	Original Medicare	Advantra PPO Gold
20. Diabetes Self - Monitoring Training, Nutrition Therapy and Supplies Continued		**Out-of-Network** 20% of the cost for Diabetes self-monitoring training. 20% of the cost for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. *See page 25 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies.*
21. Diagnostic Tests, X-Rays, and Lab Services	20% coinsurance for diagnostic tests and x-rays $0 copay for Medicare-covered lab services 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.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare- covered: - lab services - diagnostic procedures and tests - X-rays - diagnostic radiology services (not including X-rays) - therapeutic radiology services **Out-of-Network** 20% of the cost for diagnostic procedures, tests, and lab services. 20% of the cost for therapeutic radiology services. 20% of the cost for outpatient x-rays. 20% of the cost for diagnostic radiology services.
PREVENTIVE SERVICES		
22. Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	**In-Network** $0 copay for Medicare-covered bone mass measurement

Benefit	Original Medicare	Advantra PPO Gold
22. Bone Mass Measurement Continued		**Out-of-Network** 20% of the cost for Medicare-covered bone mass measurement.
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. **Out-of-Network** 20% of the cost for colorectal screenings.
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. No referral needed for other immunizations. **Out-of-Network** 20% of the cost for 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 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	**In-Network** $0 copay for Medicare-covered screening mammograms **Out-of-Network** 20% of the cost for screenings mammograms.
26. Pap Smears and Pelvic Exams (for women with Medicare)	$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic exams	**In-Network** $0 copay for Medicare-covered pap smears and pelvic exams and - up to 1 additional pap smear(s) and pelvic exam(s) every year

Benefit	Original Medicare	Advantra PPO Gold
26. Pap Smears and Pelvic Exams Continued		**Out-of-Network** 20% of the cost for pap smears and pelvic exams.
27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. $0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	**In-Network** $0 copay for Medicare-covered prostate cancer screening. **Out-of-Network** 20% of the cost for prostate cancer screening.
28. End-Stage Renal Disease	20% coinsurance for renal dialysis 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	**General** Authorization rules may apply. **In-Network** $0 copay for renal dialysis. $0 copay for Nutrition Therapy for End-Stage Renal Disease. **Out-of-Network** 20% of the cost for renal dialysis. 20% of the cost for Nutrition Therapy for End-Stage Renal Disease.
29. Prescription Drugs	Most drugs not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	**Drugs covered under Medicare Part B** **General** $10 to $100 copay for Part B-covered drugs (not including Part B-covered chemotherapy drugs.) $50 to $100 copay for part B covered chemotherapy drugs.

Benefit	Original Medicare	Advantra PPO Gold
29. Prescription Drugs Continued		**Drugs Covered under Medicare Part D** **General** This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.pa.chcadvantra.com/templates/editorial.asp?itemID=13409 on the web. Different out-of-pocket costs may apply for people who - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). 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). Total yearly drug costs are the total drug costs paid by both you and the plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Advantra PPO Gold for certain drugs. 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. You must go to certain pharmacies for a very limited number of drugs, due to the special handling, provider coordination, or patient

Benefit	Original Medicare	Advantra PPO Gold
29. Prescription Drugs Continued		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. 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 copay amount. **In-Network** $0 deductible. Some covered drugs don't count toward your out-of-pocket drug costs. **Initial Coverage** You pay the following until total yearly drug costs reach $2,700: **Retail Pharmacy** **Tier 1 - Preferred Generic** - $7 copay for a one-month (30-day) supply of drugs in this tier - $14 copay for a three-month (90-day) supply of drugs in this tier **Tier 2 - Preferred Brand** - $29 copay for a one-month (30-day) supply of drugs in this tier - $58 copay for a three-month (90-day) supply of drugs in this tier

Benefit	Original Medicare	Advantra PPO Gold
29. Prescription Drugs Continued		**Tier 3-Non-Preferred Generic/Non-Preferred Brand** - $66 copay for a one-month (30-day) supply of drugs in this tier - $198 copay for a three-month (90-day) supply of drugs in this tier **Tier 4 - Specialty Drugs** - 30% coinsurance for a one-month (30-day) supply of drugs in this tier **Long Term Care Pharmacy** **Tier 1 - Preferred Generic** - $7 copay for a one-month (31-day) supply of drugs in this tier **Tier 2 - Preferred Brand** - $29 copay for a one-month (31-day) supply of drugs in this tier **Tier 3 - Non-Preferred Generic/Non-Preferred Brand** - $66 copay for a one-month (31-day) supply of drugs in this tier **Tier 4 - Specialty Drugs** - 30% coinsurance for a one-month (31-day) supply of drugs in this tier **Mail Order** **Tier 1 – Preferred Generic** - $14 copay for a three-month (90-day) supply of drugs in this tier

Benefit	Original Medicare	Advantra PPO Gold
29. Prescription Drugs Continued		**Tier 2 - Preferred Brand** - $58 copay for a three-month (90-day) supply of drugs in this tier **Tier 3 - Non-Preferred Generic/Non-Preferred Brand** - $198 copay for a three-month (90-day) supply of drugs in this tier **Coverage Gap** The plan covers All Preferred Generics through the coverage gap. You pay the following: **Retail Pharmacy** **Tier 1 - Preferred Generic** - $7 copay for a one-month (30-day) supply of all drugs in covered in this tier - $14 copay for a three-month (90-day) supply of all drugs in covered in this tier **Long Term Care Pharmacy** **Tier 1 - Preferred Generic** - $7 copay for a one-month (30-day) supply of all drugs in covered in this tier **Mail Order** **Tier 1 - Preferred Generic** - $14 copay for a three-month (90-day) supply of all drugs in covered in this tier - **For all other covered drugs, after your total yearly drug costs reach $2,700, you pay 100% until your yearly out-of-pocket drug costs reach $4,350.**

Benefit	Original Medicare	Advantra PPO Gold
29. Prescription Drugs Continued		**Catastrophic Coverage** After your yearly out-of-pocket drug costs reach $4,350, you pay the greater of: - $2.40 copay for generic (including brand drugs treated as generic) and $6.00 copay for all other drugs, or - 5% coinsurance. **Out-of-Network** 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 PPO Gold. **Out-of-Network Initial Coverage** 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 $2,700: **Out-of-Network Pharmacy** **Tier 1 - Preferred Generic** - $7 copay for a one-month (30-day) supply of drugs in this tier **Tier 2 - Preferred Brand** - $29 copay for a one-month (30-day) supply of drugs in this tier

Benefit	Original Medicare	Advantra PPO Gold
29. Prescription Drugs Continued		**Tier 3 - Non-Preferred Generic/Non-Preferred Brand** - $66 copay for a one-month (30-day) supply of drugs in this tier **Tier 4 - Specialty Drugs** - 30% coinsurance for a one-month (30-day) supply of drugs in this tier **Out-of-Network Coverage Gap** The plan covers All Preferred Generics through the coverage gap. You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following: **Tier 1 - Preferred Generic** - $7 copay for a one-month (30-day) supply of all drugs in covered in this tier **Tier 2 - Preferred Brand** - After your total yearly drug costs reach $2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach $4,350. You will not be reimbursed by Advantra PPO Gold for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra PPO Gold so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. **Tier 3 – Non-Preferred Generic/Non-Preferred Brand** - After your total yearly drug costs reach $2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach $4,350. You will not be reimbursed by Advantra PPO Gold for out-of-network

Benefit	Original Medicare	Advantra PPO Gold
29. Prescription Drugs Continued		purchases when you are in the coverage gap. However, you should still submit documentation to Advantra PPO Gold so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. **Tier 4 – Specialty Drugs** - After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Advantra PPO Gold for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Advantra PPO Gold so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. **Out-of-Network Catastrophic Coverage** After your yearly out-of-pocket drug costs reach \$4,350, will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: - A \$2.40 copay for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or - 5% coinsurance.
30. Dental Services	Preventive dental services (such as cleaning) not covered.	**In-Network** In general, preventive dental benefits (such as cleaning) not covered. \$20 copay for Medicare-covered dental benefits. **Out-of-Network** 20% of the cost for Medicare-covered dental benefits.

Benefit	Original Medicare	Advantra PPO Gold
31. Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	**In-Network** $0 copay for up to 2 hearing aid(s) every three years. - $15 copay for diagnostic hearing exams - $15 copay for up to 1 routine hearing test(s) every year - $0 copay for up to 1 hearing aid fitting evaluation(s) every three years $750 limit for routine hearing aids every three years **Out-of-Network** 20% of the cost for hearing exams 50% of the cost for hearing aids. *See page 26 for additional information about Hearing Services.*
32. Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	**In-Network** $0 copay for - one pair of eyeglasses or contact lenses after each cataract surgery - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years - $15 copay for exams to diagnose and treat diseases and conditions of the eye. - $15 copay for up to 1 routine eye exam(s) every year $150 limit for eye wear every two years.

Benefit	Original Medicare	Advantra PPO Gold
32. Vision Services Continued		**Out-of-Network** 20% of the cost for eye exams. 20% of the cost for eye wear. *See page 26 for more information about Vision Services.*
33. Physical Exams	20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage 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.	**In-Network** $10 copay for routine exams. Limited to 1 exam(s) every year. $10 copay for Medicare-covered benefits **Out-of-Network** 20% of the cost for routine exams.
Health/Wellness Education	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.	**In-Network** This plan covers health/wellness education benefits. - Written health education materials, including Newsletters - Health Club Membership/Fitness Classes **Out-of-Network** 50% of the cost for Health and Wellness services. *See page 26 for additional information about Health/Wellness Education.*
Transportation (Routine)	Not Covered.	**In-Network** This plan does not cover routine transportation.
Acupuncture	Not Covered.	**In-Network** This plan does not cover Acupuncture.

Section Three
Additional Benefit Notes

Behavioral Health Services - MHNet

The following services have a 50% Coinsurance when care is received Out-of-Network:

- Partial Hospitalization
- Mental Health Specialty Services – Non-Psychiatric
- Psychiatric Services
- Outpatient Substance Abuse Services

Durable Medical Equipment and Prosthetic Devices

You pay a 30% coinsurance for each Medicare-covered item, up to a maximum out-of-pocket cost amount of $300 for the calendar year. There is no coinsurance after your $300 out-of-pocket maximum is reached

Diabetes Monitoring Supplies

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

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

Medicare Covered Part B Drugs (Formulary Generic / Brand)

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

- $10 retail copayment – Formulary generic up to a 30-day supply
- $30 retail copayment – Formulary brand up to a 30-day supply
- $20 copayment – Mail-order formulary generic up to a 90-day supply
- $60 copayment – Mail-order formulary brand up to a 90-day supply

Hearing Services – HearUSA

Advantra's in-network hearing benefits will be available to you through HearUSA.

- **Out-of-Network Medicare covered diagnostic Hearing Exams** – 20% Coinsurance.
- **Out-of-Network Annual Routine Hearing Exam** – $25 Maximum benefit each year. (Not subject to the $500 out-of-network deductible).
- **In-Network Hearing Aid Coverage** – $500 for *one* hearing aid every three years and $250 towards the *second* hearing aid every three years.
- **Out-of-network Hearing Aid Coverage** – There is a $375 maximum benefit out-of-network for hearing aid(s) every three years.

(Hearing Aid benefit may not be available in subsequent years.)

Vision Services – EyeMed

There is a $150 maximum benefit for in-network or out-of-network eye wear every two years *(this benefit may not be available in subsequent years)*.

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

Out-of-Network Medicare covered diagnostic Eye Exams – 20% coinsurance

Out-of-Network Annual Routine Eye Exam – $25 maximum benefit each year *(not subject to the $500 out-of-network deductible).*

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

Your Advantra plan includes a health club membership at participating Healthways Whole Health Networks, Inc. Forever Fit fitness centers. Membership at participating fitness centers includes gyms, exercise facilities and fitness centers that provide access to conventional and state-of-the-art exercise equipment. Membership privileges include all amenities, programs and services that are associated with membership at each fitness center, including any exercise or recreation program or class that is included as part of the monthly fitness center membership.

For services received out-of-network you pay 50% of the cost. There is an out-of-network maximum plan coverage benefit amount of $100 annually for Health Club Membership/Fitness classes.

Transplants

Medically Necessary Transplants are covered in full.

Transplants Defined – Certain Medically Necessary transplants considered non-experimental by Medicare preauthorized by your Physician and approved through Advantra's Utilization Management program.

Transplants currently considered non-experimental include:

- Bone marrow transplants
- Pancreas transplants
- Heart/Lung transplants
- Kidney transplants
- Heart transplants
- Liver transplants
- Lung transplants

Transplants are covered only when performed at an Advantra Contracted Provider Hospital that has been approved by Medicare for this procedure. Determinations of Medical Necessity shall take into account the proposed Medicare approved procedure's stability for the potential Member recipient and availability of Medicare approved facilities for performing such procedures.

Additional Information Regarding Preventive Services

A copayment is not applicable to the following preventive screenings:

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

A physician office visit copayment will apply for non-preventive services. Physician office visit copayment does not apply to the flu or pneumonia vaccines.

Prescription Drugs

In-Network Pharmacies
When you enroll in Advantra you will have access to over 60,000 in-network pharmacies nationwide whether you are home or traveling. You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on our plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.

Mail Order
You can further reduce your overall medical expenses and make fewer trips to the drug store with our expedient mail order service. You have the opportunity to pay only two copayments for a three-month supply on select preferred generics (Tier 1) and preferred brand drugs (Tier 2) and the convenience of having your medications delivered right to your door. Or, if you prefer, you may continue to fill prescriptions for maintenance medications at your local in-network pharmacy.

Over-the-Counter Medications (OTCs) as Step-Therapy
The Over-the-Counter medications we cover as part of Step Therapy are listed below. These over-the-counter medications will require a prescription from your doctor, in order to have them filled at your pharmacy and covered under your pharmacy benefit. Quantity and days supply limits may apply to the medications on this list. To find the quantity and days supply limits, please refer to your Formulary. If you require another copy, please contact Customer Service at the phone numbers provided on the cover of this booklet. We provide a 31-day (one-month) supply for members in long-term care. Your copayment is $0 for these covered over-the-counter drugs. If you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

The Over-the-Counter Medications we cover as part of Step Therapy are listed below. The quantity and days supply limits may apply to the medications on this list.

Drug Name	Type	Strength
Loratadine	Tablets	10mg
Loratadine	Dissolve Tablets	10mg
Loratadine	Syrup	5mg/5 ml
Loratadine and Pseudoephedrine Sulfate	12 Hour Tablets	5mg/120mg,
Loratadine and Pseudoephedrine Sulfate	24 Hour Tablets	10mg/240mg
Cetirizine	Tablets	5mg
Cetirizine	Tablets	10 mg
Cetirizine	Syrup	1 mg/ml
Cetirizine HCL and Pseudoephedrine Hydrochloride	12 Hour Tablets	5 mg/120 mg
Prilosec OTC	Tablets	20 mg

Excluded Drugs

Advantra covers some excluded Part D drugs. The quantity and days supply limits may apply to the medications on this list. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Drug Name	Type	Strength
Alprazolam	Tablets	0.25 mg; 0.5 mg ; 1 mg; 2 mg
Lorazepam	Tablets	0.5 mg; 1 mg; 2 mg
Temazepam	Tablets	15mg; 30 mg
Clonazepam	Tablets	0.5 mg; 1 mg; 2 mg
Folic Acid	Tablet	1 mg
Levitra	Tablets	2.5 mg; 5 mg; 10 mg; 20 mg
Phenobarbital	Tablets	15 mg; 16.2 mg; 30 mg; 32.4 mg; 60 mg; 97.2 mg; 100 mg

Formulary

Advantra uses a drug formulary which is a list of preferred or recommended drugs that have been selected by our physicians and pharmacists based upon the safety, effectiveness and cost of those drugs.

The formulary is a comprehensive list of medications used by physicians to guide their medication prescribing decisions. The formulary includes FDA-approved brand name and generic drugs.

Special Requirements on Medications

Some covered drugs may have additional requirements or limits on coverage. You can find out if your drug has any additional requirements or limits by looking in the Advantra Formulary. These additional requirements or limits may include:

- **Prior Authorization:** requires you or your physician to get prior authorization before you fill your prescriptions.
- **Quantity Limits:** For certain drugs, Advantra limits the amount of the drug that it will cover.
- **Step Therapy:** In some cases, Advantra requires that you first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- **90 Day Maintenance Supply:** Advantra allows these medications for an extended supply up to 90 days.

For More Information

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

For more information about Medicare, please call Medicare at 1.800.MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, seven days a week. Or, visit www.medicare.gov.

If you have special needs, this document may be available in other formats.

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

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