

2009

SUMMARY OF BENEFITS

Advantra[®]Rx

S5670



SECTION I: INTRODUCTION

AdvantraRx - S5670

January 1, 2009 – December 31, 2009



Thank you for your interest in AdvantraRx. Our plan is offered by **Coventry Health and Life Insurance Company**, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call AdvantraRx and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like AdvantraRx. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

HOW CAN I COMPARE MY OPTIONS?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by AdvantraRx to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

WHERE IS ADVANTRARX AVAILABLE?

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

The service area for this plan includes **Pennsylvania and West Virginia**. You must live in one of these areas to join this plan.

WHO IS ELIGIBLE TO JOIN?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private-Fee-For-Service plan or are enrolled in an 1876 Cost Plan.

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

AdvantraRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

WHERE CAN I GET MY PRESCRIPTIONS?

AdvantraRx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.AdvantraRx.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

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

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WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join AdvantraRx. Get this information before you decide to enroll in this plan.

HOW CAN I GET HELP WITH MY 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 AdvantraRx, 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/TTD users should call 1-877-486-2048.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Prescription Drug 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 Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug 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 AdvantraRx, 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 AdvantraRx for more details.

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Please call AdvantraRx for more information about AdvantraRx.

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

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Open 24 Hours Eastern

Current members should call toll-free **1-866-823-5177**. (TTY/TDD 1-800-716-3231)
Prospective members should call toll-free 1-800-882-3822. (TTY/TDD 1-888-788-4010)

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

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

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Please refer to the Premium Table located after this section to find out the premiums in your area.

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

Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
<p>Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.AdvantraRx.com.</p> <p>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).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from AdvantraRx Value, Premier, or Premier Plus 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 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>		

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Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
		<p>In-Network \$0 deductible.</p>	<p>In-Network \$0 deductible.</p>	<p>In-Network \$0 deductible.</p>
		<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p>	<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p>	<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p>
		<p>RETAIL PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$8 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$16 copay for a three-month (90-day) supply drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$24 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$48 copay for a three-month (90-day) supply drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$55 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$165 copay for a three-month (90-day) supply drugs in this tier. 	<p>RETAIL PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$5 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$10 copay for a three-month (90-day) supply drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$31 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$62 copay for a three-month (90-day) supply drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$76 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$228 copay for a three-month (90-day) supply drugs in this tier. 	<p>RETAIL PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$4 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$8 copay for a three-month (90-day) supply drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$29 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$58 copay for a three-month (90-day) supply drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$74 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$222 copay for a three-month (90-day) supply drugs in this tier.

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Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
		<p>Specialty-Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier. 	<p>Specialty-Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier. 	<p>Specialty-Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier.
		<p>LONG TERM CARE PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$8 copay for a one-month (31-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$24 copay for a one-month (31-day) supply of drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$55 copay for a one-month (31-day) supply of drugs in this tier. <p>Specialty-Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (31-day) supply of drugs in this tier. 	<p>LONG TERM CARE PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$5 copay for a one-month (31-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$31 copay for a one-month (31-day) supply of drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$76 copay for a one-month (31-day) supply of drugs in this tier. <p>Specialty-Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (31-day) supply of drugs in this tier. 	<p>LONG TERM CARE PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$4 copay for a one-month (31-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$29 copay for a one-month (31-day) supply of drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$74 copay for a one-month (31-day) supply of drugs in this tier. <p>Specialty-Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (31-day) supply of drugs in this tier.

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Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
		<p>MAIL ORDER</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$16 copay for a three-month (90-day) supply drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$48 copay for a three-month (90-day) supply drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$165 copay for a three-month (90-day) supply drugs in this tier. 	<p>MAIL ORDER</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$10 copay for a three-month (90-day) supply drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$62 copay for a three-month (90-day) supply drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$228 copay for a three-month (90-day) supply drugs in this tier. 	<p>MAIL ORDER</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$8 copay for a three-month (90-day) supply drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$58 copay for a three-month (90-day) supply drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$222 copay for a three-month (90-day) supply drugs in this tier.
		<p>Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>	<p>Coverage Gap The plan covers All Preferred Generics through the coverage gap.</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p>	

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Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
				<p>RETAIL PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$15 copay for a one-month (30-day) supply of all drugs covered in this tier. ▪ \$30 copay for a three-month (90-day) supply of all drugs covered in this tier. <p>LONG TERM CARE PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$15 copay for a one-month (31-day) supply of all drugs. <p>MAIL ORDER</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$30 copay for a three-month (90-day) supply of all drugs covered in this tier. <p>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.</p>

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Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance.</p>		
		<p>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 AdvantraRx Value.</p>	<p>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 AdvantraRx Premier.</p>	<p>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 AdvantraRx Premier Plus.</p>
		<p>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:</p>	<p>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:</p>	<p>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:</p>

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Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
		<p>OUT-OF-NETWORK PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$8 copay for a one-month (30-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$24 copay for a one-month (30-day) supply of drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$55 copay for a one-month (30-day) supply of drugs in this tier. <p>Specialty-Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Out-of-Network Coverage Gap 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 AdvantraRx Value for</p>	<p>OUT-OF-NETWORK PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$5 copay for a one-month (30-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$31 copay for a one-month (30-day) supply of drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$76 copay for a one-month (30-day) supply of drugs in this tier. <p>Specialty-Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Out-of-Network Coverage Gap 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 AdvantraRx Premier for</p>	<p>OUT-OF-NETWORK PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$4 copay for a one-month (30-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$29 copay for a one-month (30-day) supply of drugs in this tier. <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ \$74 copay for a one-month (30-day) supply of drugs in this tier. <p>Specialty-Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>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:</p>

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Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
		<p>out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AdvantraRx Value so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AdvantraRx Premier so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$15 copay for a one-month (30-day) supply of all drugs covered in this tier. <p>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 AdvantraRx Premier Plus for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AdvantraRx Premier Plus so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>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</p>

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Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
				<p>reimbursed by AdvantraRx Premier Plus for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AdvantraRx Premier Plus so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Specialty-Generic and 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 AdvantraRx Premier Plus for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AdvantraRx Premier Plus so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

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Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you 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 a \$6.00 copay for all other drugs, or - 5% coinsurance.</p>	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you 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 a \$6.00 copay for all other drugs, or - 5% coinsurance.</p>	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you 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 a \$6.00 copay for all other drugs, or - 5% coinsurance.</p>

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Premium Table

The AdvantraRx plans are available in all 50 states and the District of Columbia. There are three (3) plan options in these areas. The monthly premium for each plan is listed below. This is the amount you will pay each month when you enroll into the plan.

AdvantraRx			
State	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
Alabama	\$24.60	\$41.40	\$56.40
Alaska	\$37.00	\$57.60	\$76.20
Arizona	\$22.90	\$38.80	\$54.30
Arkansas	\$22.10	\$38.50	\$55.20
California	\$24.50	\$44.20	\$60.20
Colorado	\$26.00	\$48.30	\$62.70
Connecticut	\$25.30	\$43.60	\$59.20
Delaware	\$24.50	\$41.50	\$58.40
District of Columbia	\$24.50	\$41.50	\$58.40
Florida	\$23.00	\$37.80	\$55.40
Georgia	\$23.50	\$39.10	\$55.60
Hawaii	\$19.00	\$33.10	\$49.10
Idaho	\$27.20	\$43.20	\$61.30
Illinois	\$25.50	\$42.70	\$57.30
Indiana	\$24.40	\$40.50	\$55.50
Iowa	\$24.60	\$42.20	\$57.40
Kansas	\$25.50	\$43.30	\$58.80
Kentucky	\$24.40	\$40.50	\$55.50
Louisiana	\$24.60	\$41.50	\$55.90
Maine	\$13.50	\$37.20	\$53.40
Maryland	\$24.50	\$41.50	\$58.40
Massachusetts	\$25.30	\$43.60	\$59.20
Michigan	\$22.50	\$39.10	\$53.60
Minnesota	\$24.60	\$42.20	\$57.40
Mississippi	\$25.90	\$42.80	\$57.30
Missouri	\$23.10	\$38.90	\$54.50
Montana	\$24.60	\$42.20	\$57.40
Nebraska	\$24.60	\$42.20	\$57.40
Nevada	\$25.10	\$46.20	\$62.70
New Hampshire	\$13.50	\$37.20	\$53.40
New Jersey	\$24.60	\$40.80	\$56.80
New Mexico	\$19.30	\$33.60	\$49.20
New York	\$30.60	\$48.20	\$65.90
North Carolina	\$23.40	\$39.10	\$54.80
North Dakota	\$24.60	\$42.20	\$57.40
Ohio	\$23.40	\$39.50	\$56.10

SECTION II: SUMMARY OF BENEFITS



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AdvantraRx			
State	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
Oklahoma	\$24.70	\$40.50	\$56.60
Oregon	\$21.60	\$44.20	\$59.50
Pennsylvania	\$22.20	\$36.90	\$52.80
Rhode Island	\$25.30	\$43.60	\$59.20
South Carolina	\$23.10	\$38.80	\$54.60
South Dakota	\$24.60	\$42.20	\$57.40
Tennessee	\$24.60	\$41.40	\$56.40
Texas	\$26.20	\$43.00	\$59.90
Utah	\$27.20	\$43.20	\$61.30
Vermont	\$25.30	\$43.60	\$59.20
Virginia	\$22.20	\$37.30	\$53.60
Washington	\$21.60	\$44.20	\$59.50
West Virginia	\$22.20	\$36.90	\$52.80
Wisconsin	\$23.10	\$39.30	\$54.60
Wyoming	\$24.60	\$42.20	\$57.40

SECTION III: PLAN SPECIFIC FEATURES



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VALUE

AdvantraRx offers comprehensive pharmacy benefits with a wide range of covered medications at affordable premiums. Greater value for your money no matter which plan option you choose.

CHOICE OF BENEFIT PLANS

With so many prescription drug plans available, choosing just one can be overwhelming. AdvantraRx offers three (3) benefit plans to choose from. You can select a plan that offers you the drugs you need covered, the premiums you want to pay and the copayments that fit within your budget. We help you handle the complexities of the prescription drug program and believe you will be happy with an AdvantraRx plan.

EXCEPTIONAL SERVICE

Whether you are new to the prescription drug program or are ready to change plans, AdvantraRx is here to assist you. Our friendly, knowledgeable representatives can answer all of your questions about how to choose the plan best for you, walk you through your plan coverage once you are enrolled, and even refer you to one of our registered pharmacists if needed.

IN-NETWORK PHARMACIES

When you enroll in an AdvantraRx plan 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 SERVICES

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 and preferred brand drugs 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.

FORMULARY

AdvantraRx prescription drug plans use 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, efficacy 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.

OVER-THE-COUNTER MEDICATIONS (OTCs) AS STEP-THERAPY

The Over-the-Counter medications we cover as part of Step Therapy are listed on the next page. 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 back 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.

SECTION III: PLAN SPECIFIC FEATURES



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Drug Name	Type	Strength
Loratadine	Tablets	10 mg
Loratadine	Dissolve Tablets	10 mg
Loratadine	Syrup	5 mg/5 ml
Loratadine and Pseudoephedrine Sulfate	12 Hour Tablets	5 mg/120 mg
Loratadine and Pseudoephedrine Sulfate	24 Hour Tablets	10 mg/240 mg
Cetirizine	Tablets	5 mg
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

MEDICARE PART D EXCLUDED DRUG COVERAGE – ADVANTRARX PREMIER PLUS ONLY

AdvantraRx Premier Plus 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

In Long Term Care facilities, a 31-day, one month supply is allowed.

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 AdvantraRx Formulary. These additional requirements or limits may include:

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

SECTION III: PLAN SPECIFIC FEATURES



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For More Information

If you have any questions, please contact us at **1-866-823-5177** (TTY/TDD 1-800-716-3231), 24 hours a day, seven (7) days a week, or visit our website at www.AdvantraRx.com.

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.



CONTACT US AT:

1-800-882-3822
(TTY/TDD 1-888-788-4010)

8:00 AM to 8:00 PM,
local time, seven days a week

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