

# Summary of Benefits

**THE POWER OF FREEDOM**



## SUMMARY OF BENEFITS

**Advantra Freedom** – H0846

January 1, 2007 - December 31, 2007



Thank you for your interest in Advantra Freedom. Our plan is offered by FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY, a Medicare Advantage Private Fee-for-Service organization. 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 Freedom 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 Advantage Private Fee-for-Service plan, like Advantra Freedom. 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 Freedom at the telephone 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 Freedom 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 FREEDOM AVAILABLE?**

The complete service area for Advantra Freedom is listed on page 3 of this document.

### **WHO IS ELIGIBLE TO JOIN ADVANTRA FREEDOM?**

You can join Advantra Freedom 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 not eligible to enroll in Advantra Freedom.

### **CAN I CHOOSE MY DOCTORS?**

As a member of Advantra Freedom, you can use any Medicare doctor, specialist, or hospital that accepts Medicare payment and accepts the terms, conditions and payment rate of the Advantra Freedom plan. Advantra Freedom has the right to determine if the service or treatment ordered by your health care provider is covered under the Advantra Freedom plan.

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

Advantage Freedom does cover Medicare Part B prescription drugs. Advantage Freedom does NOT cover Medicare Part D prescription drugs. As a member of Advantra Private Fee For Service you can receive

## SUMMARY OF BENEFITS

**Advantra Freedom** – H0846

January 1, 2007 - December 31, 2007

prescription drug coverage by joining another Prescription Drug Plan. You can only join one Medicare Prescription Drug Plan.

### **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

The following outpatient prescription drugs may be covered under Medicare Part B. This may include, but is not limited to, the following types of drugs. Contact Advantra Freedom 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.

*Please call Advantra Freedom for more information about this plan.*

*Visit us at [www.advantrafreedom.com](http://www.advantrafreedom.com) or, call us:*

#### **Customer Service Hours:**

**November 15, 2006 through March 1, 2007,  
7 days a week, including holidays, 8:00 a.m. – 11:00 p.m., Eastern Standard Time and  
March 2, 2007 through November 14, 2007,  
Monday through Friday, 8:00 a.m. – 11:00 p.m., Eastern Standard Time**

**Prospective members should call (1-800)-711-1607 for questions related to the Medicare Advantage program. (TDD) (1-866)-386-2335.**

**Current members should call (1-866)-386-2330 for questions related to the Medicare Advantage program. (TDD) (1-866)-386-2335.**

**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](http://www.medicare.gov) on the web.**

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

## SUMMARY OF BENEFITS

**Advantra Freedom** - H0846

January 1, 2007 - December 31, 2007

Advantra Freedom, Freedom 3 is available in the following states and counties:

**Alabama:** Autauga, Baldwin, Blount, Cherokee, Choctaw, Clarke, Colbert, Conecuh, Coosa, Dale, Dallas, Geneva, Houston, Jefferson, Lamar, Lauderdale, Limestone, Marengo, Marion, Perry, Randolph, St. Clair, Sumter, Talladega, Washington, Winston

**Arizona:** Apache, Coconino, Gila, La Paz, Maricopa, Mohave, Navajo, Pinal, Yuma

**Arkansas:** Ashley, Baxter, Cleveland, Conway, Craighead, Crittenden, Dallas, Grant, Izard, Lonoke, Monroe, Nevada, Ouachita, Phillips, Pike, Poinsett, Polk, Pope, Pulaski, St. Francis, Sevier, Sharp, Stone, Union, Van Buren, Woodruff, Yell

**California:** Butte, Colusa, Imperial, Kern, Mariposa, Mendocino, Merced, Mono, Nevada, Plumas, Riverside, San Bernardino, San Diego, San Mateo, Santa Cruz, Shasta, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Ventura

**Colorado:** Arapahoe, Baca, Boulder, Broomfield, Clear Creek, Conejos, Costilla, Delta, Denver, Garfield, Gilpin, Huerfano, Jackson, Jefferson, La Plata, Mineral, Pueblo, Rio Grande, San Miguel, Sedgwick

**District of Columbia (DC):** District of Columbia

**Florida:** Baker, Calhoun, Clay, Columbia, DeSoto, Hillsborough, Holmes, Jackson, Lake, Lee, Leon, Madison, Manatee, Marion, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, St. Lucie, Sarasota, Seminole, Suwannee, Taylor, Union, Wakulla, Washington

**Georgia:** Atkinson, Banks, Ben Hill, Bibb, Brantley, Brooks, Bryan, Calhoun, Charlton, Chatham, Chattooga, Cherokee, Clinch, Cobb, Colquitt, Crawford, Douglas, Echols, Emanuel, Forsyth, Glascock, Glynn, Hall, Hart, Henry, Houston, Jackson, Jefferson, Laurens, Lincoln, McDuffie, Mitchell, Murray, Oglethorpe, Putnam, Quitman, Rabun, Randolph, Seminole, Spalding, Tattnall, Taylor, Toombs, Towns, Troup, Union, Upson, Walker, Warren, Wayne, White, Whitfield, Wilcox, Wilkinson

**Idaho:** Adams, Bonner, Bonneville, Caribou, Fremont, Gooding, Jefferson, Kootenai, Lemhi, Lincoln, Nez Perce, Teton, Washington

**Illinois:** Bond, Brown, Bureau, Clark, Clinton, Cumberland, Effingham, Ford, Fulton, Hardin, Jasper, Jersey, Kankakee, La Salle, Lee, Livingston, Logan, Macon, Macoupin, Massac, Mercer, Pike, Richland, Rock Island, Saline, Shelby, Vermilion, Warren, Washington, Wayne, Whiteside, Williamson

## SUMMARY OF BENEFITS

**Advantra Freedom** - H0846

January 1, 2007 - December 31, 2007

**Indiana:** Bartholomew, Boone, Clark, Delaware, Floyd, Grant, Hendricks, Henry, Jasper, Jay, Jefferson, Jennings, Knox, La Porte, Lawrence, Marion, Martin, Miami, Montgomery, Newton, Owen, Parke, Porter, Pulaski, Shelby, Spencer, Steuben, Union, Vanderburgh, Vermillion, Wayne

**Iowa:** Audubon, Calhoun, Cass, Chickasaw, Clayton, Des Moines, Dubuque, Emmet, Fremont, Harrison, Montgomery, Pocahontas, Sac

**Kansas:** Allen, Anderson, Atchison, Bourbon, Cherokee, Cheyenne, Cloud, Coffey, Douglas, Elk, Ellis, Ford, Gove, Graham, Jefferson, Kiowa, Lane, Leavenworth, Lincoln, Morton, Nemaha, Neosho, Osage, Phillips, Pottawatomie, Rawlins, Republic, Riley, Shawnee, Sheridan, Sumner, Thomas, Wabaunsee, Washington

**Kentucky:** Allen, Anderson, Barren, Boyd, Boyle, Bracken, Butler, Daviess, Edmonson, Fleming, Gallatin, Garrard, Grayson, Green, Hancock, Hardin, Harrison, Hart, Henderson, Hopkins, Jefferson, Knox, Larue, Lee, Lewis, Livingston, Logan, Lyon, McCreary, McLean, Magoffin, Mercer, Metcalfe, Morgan, Nicholas, Owsley, Pulaski, Robertson, Rockcastle, Rowan, Russell, Simpson, Spencer, Taylor, Trigg, Trimble, Warren, Wayne

**Louisiana:** Bossier, Calcasieu, Caldwell, Catahoula, De Soto, East Carroll, Franklin, Jefferson, Lafayette, La Salle, Morehouse, Ouachita, Red River, St. Charles, St. Helena, St. Landry, Tangipahoa, Vermilion, Winn

**Maine:** Franklin, Hancock, Lincoln

**Massachusetts:** Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk

**Michigan:** Benzie, Berrien, Calhoun, Charlevoix, Crawford, Emmet, Grand Traverse, Hillsdale, Ingham, Iron, Kalamazoo, Lapeer, Livingston, Manistee, Mason, Mecosta, Monroe, Montcalm, Montmorency, Oceana, Osceola, Schoolcraft, Shiawassee, Van Buren, Wexford

**Minnesota:** Benton, Big Stone, Cass, Crow Wing, Dakota, Dodge, Fillmore, Goodhue, Hubbard, Isanti, Itasca, Koochiching, Le Sueur, Lincoln, Mahnommen, Pipestone, Ramsey, Renville, Rice, Roseau, Scott, Stearns, Swift, Traverse, Wabasha, Wadena, Wright

## SUMMARY OF BENEFITS

**Advantra Freedom** - H0846

January 1, 2007 - December 31, 2007

**Mississippi:** DeSoto, Franklin, Hancock, Harrison, Hinds, Itawamba, Leflore, Lincoln, Neshoba, Newton, Panola, Perry, Pike, Pontotoc, Simpson, Stone, Tunica, Union, Walthall, Washington, Wayne, Winston

**Missouri:** Benton, Butler, Caldwell, Callaway, Cape Girardeau, Carroll, Carter, Cedar, Clay, Clinton, Cole, Crawford, Gasconade, Harrison, Henry, Hickory, Howard, Jasper, Johnson, Lafayette, Lewis, Livingston, Macon, Madison, Maries, Marion, Mississippi, Moniteau, Monroe, Montgomery, New Madrid, Pemiscot, Pike, St. Clair, St. Francois, Scott, Shannon, Shelby, Stoddard, Stone, Taney, Vernon, Washington, Worth

**Montana:** Big Horn, Blaine, Carbon, Cascade, Chouteau, Daniels, Deer Lodge, Granite, Hill, Liberty, Madison, Meagher, Missoula, Phillips, Pondera, Roosevelt, Silver Bow, Teton, Toole

**Nebraska:** Arthur, Blaine, Boyd, Brown, Cass, Cherry, Clay, Colfax, Dodge, Douglas, Dundy, Fillmore, Franklin, Hall, Hamilton, Hitchcock, Howard, Johnson, Keith, Lancaster, Otoe, Pawnee, Perkins, Pierce, Platte, Polk, Red Willow, Rock, Saline, Saunders, Sherman, Thomas, Valley, Washington

**New Hampshire:** Belknap, Cheshire, Coos, Grafton, Rockingham

**New Mexico:** Curry, Eddy, Lea, Roosevelt

**North Carolina:** Alleghany, Avery, Bladen, Brunswick, Carteret, Cleveland, Dare, Hertford, Hyde, Johnston, Jones, Lee, Montgomery, Pamlico, Richmond, Rutherford, Scotland, Stanly, Surry, Swain, Watauga, Wilkes

**North Dakota:** Bottineau, Dickey, Divide, Dunn, Emmons, Grand Forks, Hettinger, Oliver, Ransom, Rolette, Sheridan, Walsh

**Ohio:** Ashtabula, Athens, Belmont, Coshocton, Crawford, Cuyahoga, Darke, Fairfield, Fayette, Franklin, Guernsey, Hancock, Henry, Huron, Knox, Madison, Mahoning, Mercer, Monroe, Morrow, Noble, Ottawa, Perry, Pickaway, Portage, Sandusky, Shelby, Summit, Trumbull, Tuscarawas, Van Wert, Washington, Wyandot

## SUMMARY OF BENEFITS

**Advantra Freedom** - H0846

January 1, 2007 - December 31, 2007

**Oklahoma:** Beaver, Canadian, Carter, Comanche, Creek, Dewey, Haskell, Jefferson, Kay, Latimer, Le Flore, Lincoln, Love, McClain, McCurtain, Okfuskee, Oklahoma, Pontotoc, Pottawatomie, Pushmataha, Rogers, Seminole, Texas, Tillman, Tulsa, Wagoner

**Oregon:** Coos, Curry, Douglas, Gilliam, Grant, Harney, Jefferson, Josephine, Morrow, Tillamook, Wallowa, Wheeler, Yamhill

**Pennsylvania:** Bedford, Bucks, Chester, Clearfield, Delaware, Jefferson, Juniata, McKean, Mifflin, Montgomery, Pike, Schuylkill, Wayne

**South Carolina:** Abbeville, Aiken, Berkeley, Charleston, Chesterfield, Clarendon, Colleton, Fairfield, Greenwood, Lexington, Marion, Oconee, Orangeburg, Sumter, Union, York

**South Dakota:** Brown, Day, Dewey, Edmunds, Gregory, Hutchinson, Jackson, Jerauld, Lincoln, McPherson, Marshall, Spink, Todd, Turner, Union

**Tennessee:** Bedford, Benton, Bradley, Campbell, Carroll, Cheatham, Claiborne, Cocke, Crockett, Cumberland, Davidson, Dyer, Fayette, Fentress, Gibson, Grainger, Greene, Grundy, Hamilton, Henderson, Henry, Hickman, Houston, Humphreys, Jefferson, Lake, Lincoln, Macon, Madison, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Overton, Putnam, Rhea, Roane, Rutherford, Scott, Shelby, Smith, Stewart, Tipton, Trousdale, Wilson

**Texas:** Angelina, Bastrop, Bosque, Brazoria, Brown, Burleson, Calhoun, Callahan, Cherokee, Clay, Cochran, Comanche, Crosby, Dallam, Dawson, Dickens, Eastland, Erath, Franklin, Garza, Gillespie, Gray, Gregg, Grimes, Harrison, Hays, Hill, Hockley, Hood, Houston, Hunt, Jackson, Jeff Davis, Jim Hogg, Kendall, King, Lamar, Lavaca, Lee, Leon, Limestone, Lubbock, McLennan, McMullen, Marion, Matagorda, Midland, Navarro, Newton, Ochiltree, Oldham, Panola, Parmer, Polk, Reagan, Red River, Reeves, Runnels, Rusk, Sabine, San Augustine, San Saba, Smith, Sterling, Taylor, Terrell, Tom Green, Trinity, Tyler, Upshur, Uvalde, Van Zandt, Victoria, Walker, Ward, Washington, Webb, Wharton, Wheeler, Wilbarger, Winkler, Wise, Yoakum, Zapata

**Utah:** Beaver, Carbon, Juab, Sanpete, Utah, Washington

## SUMMARY OF BENEFITS

**Advantra Freedom** - H0846

January 1, 2007 - December 31, 2007

**Vermont:** Chittenden, Essex, Franklin, Grand Isle, Orange, Rutland, Windsor

**Virginia:** Accomack, Albemarle, Alexandria City, Arlington, Bland, Charlottesville City, Covington City, Essex, Falls Church City, Fauquier, Fluvanna, Frederick, Fredericksburg City, Greene, King George, Loudoun, Manassas Park City, Nelson, Norton City, Orange, Patrick, Pulaski, Rappahannock, Russell, Tazewell, Westmoreland, Winchester City

**Washington:** Asotin, Benton, Chelan, Douglas, Franklin, Grant, Grays Harbor, Jefferson, Lewis, Mason, Okanogan, Skagit, Stevens, Whitman

**West Virginia:** Calhoun, Fayette, Gilmer, Greenbrier, Hampshire, Jackson, Logan, Mercer, Mingo, Pleasants, Pocahontas, Randolph, Tyler, Webster, Wirt, Wood

**Wisconsin:** Adams, Clark, Door, Grant, Kenosha, Lafayette, Milwaukee, Oneida, Polk, Price, Vilas, Walworth

**Wyoming:** Albany, Big Horn, Carbon, Fremont, Laramie, Natrona, Niobrara, Teton, Uinta, Weston



# SUMMARY OF BENEFITS

## Advantra Freedom

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

Benefit	Original Medicare	Advantra Freedom
IMPORTANT INFORMATION		
<p>1 - Premium and Other Important Information</p>	<p>You pay the Medicare Part B premium of \$93.50 each month.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2007, some people will have to pay a higher premium because of their yearly income (over \$80,000 for singles, \$160,000 for married couples). For more information on Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778</p>	<p>There is no additional premium beyond the Medicare Part B premium of \$93.50 each month.</p> <p>There is a \$3000 maximum out-of-pocket limit every year for all plan services.</p>
<p>2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p>
INPATIENT CARE		
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>You pay for each benefit period (3):</p> <ul style="list-style-type: none"> <li>· Days 1 - 60: an initial deductible of \$992</li> <li>· Days 61 - 90: \$248 each day</li> <li>· Days 91 - 150: \$496 each lifetime reserve day (4)</li> </ul> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4)</p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>· \$265 each day for day(s) 1-11</li> <li>· \$0 each day for day(s) 12 - 90 for a Medicare-covered stay at a hospital.</li> </ul> <p>There is no co-payment for additional days received at a hospital. You are covered for unlimited days each benefit period. You may go to any doctor, specialist, or hospital that accepts the plan's</p>

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

(4) Lifetime reserve days can only be used once.

## SUMMARY OF BENEFITS

### Advantra Freedom

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

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
4 - Inpatient Mental Health Care	You pay the same deductible and Co-payments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.	You pay: <ul style="list-style-type: none"> <li>· \$265 each day for day(s) 1 - 11</li> <li>· \$0 each day for day(s) 12 - 90 for a Medicare-covered stay at a hospital.</li> </ul> <p>Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p>
5 - Skilled Nursing Facility  (in a Medicare-certified skilled nursing facility)	You pay for each benefit period (3), following at least a 3-day covered hospital stay: <ul style="list-style-type: none"> <li>· Days 1 - 20: \$0 for each day</li> <li>· Days 21 - 100: \$124 for each day</li> </ul> <p>There is a limit of 100 days for each benefit period. (3)</p>	You pay: <ul style="list-style-type: none"> <li>· \$125 each day for day(s) 1- 24</li> <li>· \$0 each day for day(s) 25 - 100 for a stay at a Skilled Nursing Facility.</li> </ul> <p>No prior hospital stay is required.</p> <p>You are covered for 100 days each benefit period.</p>
6 - Home Health Care  (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	There is no co-payment for all covered home health visits.	There is no co-payment for Medicare-covered home health visits.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care.  You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

# SUMMARY OF BENEFITS

## Advantra Freedom

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

Benefit	Original Medicare	Advantra Freedom
OUTPATIENT CARE		
8 - Doctor Office Visits	You pay 20% of Medicare-approved amounts. (1)(2)	<p>You pay \$10 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$ 25 for each specialist visit for Medicare-covered services.</p> <p>You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>See 32 - Physical Exams for more information.</p>
9 - Chiropractic Services	<p>You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.</p> <p>You pay 100% for routine care.</p> <p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	You pay \$25 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).
10 - Podiatry Services	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	You pay \$25 for each Medicare-covered visit (medically necessary foot care).

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

# SUMMARY OF BENEFITS

## Advantra Freedom

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

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
11 - Outpatient Mental Health Care	You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. (1)(2)	For Medicare-covered Mental Health services, you pay \$ 40 for each individual therapy visit.  For Medicare-covered Mental Health services, you pay \$ 30 for each group therapy visit.
12 - Outpatient Substance Abuse Care	You pay 20% of Medicare-approved amounts. (1)(2)	For Medicare-covered services, you pay \$ 40 for each individual visit.  For Medicare-covered services, you pay \$ 30 for each group visit.  An additional facility charge may be included in the cost for services.
13 - Outpatient Services/Surgery	You pay 20% of Medicare-approved amounts for the doctor. (1)(2)  You pay 20% of outpatient facility charges. (1)(2)	You pay 20% of the cost for each Medicare-covered visit to an ambulatory surgical center.  You pay 20% of the cost for each Medicare-covered visit to an outpatient hospital facility.  An additional facility charge may be included in the cost for services.
14 - Ambulance Services  (medically necessary ambulance services)	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2)	You pay \$150 for Medicare-covered ambulance services; you do not pay this amount if you are admitted to the hospital.

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

# SUMMARY OF BENEFITS

## Advantra Freedom

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

Benefit	Original Medicare	Advantra Freedom
<p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>You pay 20% of the facility charge or applicable Co-payment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2)</p> <p>You pay 20% of doctor charges. (1)(2)</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 24 hour(s) for the same condition.</p> <p>Worldwide coverage.</p>
<p>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>You pay 20% of Medicare-approved amounts or applicable Co-payment. (1)(2)</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>You pay \$50 for each Medicare-covered urgently needed care visit; you do not pay this amount if you are admitted to the hospital within 24 hour(s) for the same condition.</p> <p>Worldwide coverage.</p>
<p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>You pay 20% of the cost for each Medicare-covered Occupational Therapy visit.</p> <p>You pay 20% of the cost for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p> <p>An additional facility charge may be included in the cost for services.</p>

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

# SUMMARY OF BENEFITS

## Advantra Freedom

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

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay 20% of the cost for each Medicare-covered item.
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	You pay 20% of the cost for each Medicare-covered item.
20 - Diabetes Self-Monitoring Training and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no co-payment for Diabetes self-monitoring training.  You pay 20% of the cost for each Medicare-covered Diabetes Supply item.
21 - Diagnostic Tests, X-Rays, and Lab Services	You pay 20% of Medicare-approved amounts, except for approved lab services. (1)(2)  There is no Co-payment for Medicare-approved lab services.	You pay:  <ul style="list-style-type: none"> <li>· \$5 for each Medicare-covered clinical/diagnostic lab service.</li> <li>· 20% of the cost for each Medicare-covered radiation therapy service.</li> <li>· 20% of the cost for each Medicare-covered X-ray visit.</li> </ul> An additional facility charge may be included in the cost for services.

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

# SUMMARY OF BENEFITS

## Advantra Freedom

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

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<b>PREVENTIVE SERVICES</b>		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no co-payment for each Medicare-covered Bone Mass Measurement
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts. (1)(2)	There is no co-payment for Medicare-covered Colorectal Screening Exams.
24 - Immunizations  (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	There is no Co-payment for the Pneumonia and Flu vaccines.  You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. (1)(2)  You may only need the Pneumonia vaccine once in your lifetime.  Please contact your doctor for further details.	There is no co-payment for the Pneumonia and Flu vaccines.  There is no co-payment for the Hepatitis B vaccine.
25 - Mammograms (Annual Screening)  (for women with Medicare age 40 and older)	You pay 20% of Medicare-approved amounts. (2)  No referral necessary for Medicare-covered screenings	There is no co-payment for Medicare-covered Screening Mammograms
26 - Pap Smears and Pelvic Exams  (for women with Medicare)	There is no co-payment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. (2) You pay 20% of Medicare-approved amounts for Pelvic Exams. (2)	There is no co-payment for Medicare-covered Pap Smears and Pelvic Exams.

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

# SUMMARY OF BENEFITS

## Advantra Freedom

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

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
<p>27 - Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50 and older)</p>	<p>There is no co-payment for approved lab services and a co-payment of 20% of Medicare-approved amounts for other related services. (1)(2)</p>	<p>There is no co-payment for Medicare-covered Prostate Cancer Screening exams.</p>
<p>28 - Prescription Drugs</p> <p>Drugs covered under Medicare Part B (Original Medicare)</p> <p>Drugs covered under Medicare Part D (Prescription Drug Benefit)</p> <p>General Information</p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.</p>	<p>You pay 100% for most prescription drugs.</p> <p>You pay 20% of the cost for Part B-covered drugs.</p> <p>This plan does not cover Medicare Part D prescription drugs.</p> <p>Please contact the plan for details.</p>
<p>29 - Dental Services</p> <p>(See page 18 for additional information.)</p>	<p>In general, you pay 100% for preventive dental services.</p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• 50% of the cost for each oral exam up to 2 visit(s) every year.</li> <li>• 50% of the cost for each cleaning up to 2 visit(s) every year.</li> <li>• 50% of the cost for dental x-rays up to 1 visit(s) every year.</li> </ul>

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.



# SUMMARY OF BENEFITS

## Advantra Freedom

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

Benefit	Original Medicare	Advantra Freedom
<p>30 - Hearing Services</p> <p>(See page 18 for additional information.)</p>	<p>You pay 100% for routine hearing exams and hearing aids.</p> <p>You pay 20% of Medicare-approved amounts for diagnostic hearing exams. (1)(2)</p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>· \$25 for each Medicare-covered hearing exam (diagnostic hearing exams).</li> <li>· \$25 for each routine hearing test up to 1 test(s) every year.</li> <li>· 100% of the cost for each fitting-evaluation for a hearing aid</li> <li>· 100% of the cost for each hearing aid</li> </ul> <p>You are covered up to \$100 for hearing aids every year.</p>
<p>31 - Vision Services</p> <p>(See page 18 for additional information.)</p>	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. (1)(2)</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings. (1)(2)</p> <p>You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. (1)(2)</p> <p>You pay 100% for routine eye exams and glasses</p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>· 20% of the cost for Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery).</li> <li>· \$25 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</li> <li>· \$25 for each Routine eye exam, limited to 1 exam(s) every year.</li> <li>· 100 % of the cost for glasses</li> <li>· 100 % of the cost for contacts.</li> <li>· 100 % of the cost for lenses</li> <li>· 100 % of the cost for frames</li> </ul> <p>You are covered up to \$100 for eye wear every year.</p>

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

# SUMMARY OF BENEFITS

## Advantra Freedom

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

<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom</b>
32 - Physical Exams	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests.</p> <p>Please contact your plan for further details.</p> <p>You pay 20% of the Medicare-approved amount. (1)(2)</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests.</p> <p>Please contact your plan for further details.</p> <p>There is no co-payment for routine physical exams.</p> <p>You are covered up to 1 exam(s) every year.</p>
<p>Health/Wellness Education</p> <p>(See page 19 for additional information about Nursing Hotline.)</p>	<p>You pay 100%.</p>	<p>You are covered for the following:</p> <ul style="list-style-type: none"> <li>· Written health education materials, including Newsletter</li> <li>· Nursing Hotline</li> <li>· Other Wellness Services</li> </ul>

## SUMMARY OF BENEFITS SECTION THREE

### Additional Information about the Advantra Freedom Plan

*Advantra Freedom provides excellent coverage when you are sick or injured. But as we get older, preventive care becomes even more important. You can count on Advantra Freedom for preventive care and wellness benefits that far exceed Original Medicare and many other Medicare plans.*

#### ***Annual Physical Exams***

It has been well documented that early detection is the key to successful treatment of many medical conditions. Advantra Freedom makes it easy and affordable to get the essential screening exams and tests you need to maintain good health. You can go directly to any doctor who accepts Medicare with *no referrals* for covered preventive services. What's more, there is NO COPAY for the following preventive care visits:

- Annual routine physical exams
- Immunizations
- GYN exams
- Screening mammograms
- Bone mass measurements
- Colorectal screening exams
- Prostate screening exams

#### ***Vision and Hearing Services***

Advantra Freedom extended benefits help keep your vision and hearing sharp.

- **Vision** – You are covered for an annual routine eye exam with a \$25 copay. Advantra Freedom also contributes \$100 toward your prescription eyeglasses or contact lenses *every calendar year*. Should you need new eyewear as a result of cataract surgery; Advantra Freedom will pay 80% of the cost.
- **Hearing** – You are covered for an annual routine hearing exam with a \$25 copay. Advantra Freedom also contributes \$100 toward a hearing aid *every calendar year*.

#### ***Preventive Dental Care***

Unlike many Medicare plans that exclude dental benefits, Advantra Freedom covers 50% of the cost of semi-annual cleanings and check-ups and 50% of the cost of annual dental x-rays (1 visit per year).



## **SUMMARY OF BENEFITS SECTION THREE**

### **Additional Information about the Advantra Freedom Plan**

#### ***Nurses On Call***

As a member of Advantra Freedom, medical advice is always just a quick phone call away – even in the middle of the night. Registered Nurses are on call seven days a week, 24 hours a day, even on holidays. You can call the Nurse Line to get answers to health-related questions, better understand your doctor's instructions, or review your medications.

And, should you be faced with a serious medical condition, you can also utilize the Nurse Line to discuss treatment options and get the information you need to make an informed medical decision about which plan is best for you.

*Advantra Freedom is a Medicare-approved Medicare Advantage Private Fee-For-Service plan offered through First Health Life & Health Insurance Company, a Coventry Health Care, Inc. subsidiary who contracts with the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare.*



#### **CONTACT US AT:**

**Prospective members: 1-800-711-1607**

**Current members: 1-866-386-2330**

**Monday through Friday**

**8:00 am until 11:00 pm, Eastern Standard Time**

**TDD 1-866-386-2335**

**[www.advantrafreedom.com](http://www.advantrafreedom.com)**