

# 2008

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## S U M M A R Y O F B E N E F I T S

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# ADVANTRA FREEDOM

## FREEDOM 1

## FREEDOM 2

## FREEDOM 5

January 1, 2008 - December 31, 2008

**A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: [www.advantrafreedom.com](http://www.advantrafreedom.com).**



# SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS



## Freedom 1, Freedom 2 and Freedom 5

January 1, 2008 - December 31, 2008

*Thank you for your interest in Freedom 1, Freedom 2 and Freedom 5. Our plans are offered by FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY and COVENTRY HEALTH AND LIFE INSURANCE COMPANY, Medicare Advantage Private Fee-for-Service plans. 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 Freedom 1, Freedom 2 or Freedom 5. 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 Freedom 1, Freedom 2 and Freedom 5 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 plans cover 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 FREEDOM 1, FREEDOM 2 AND FREEDOM 5 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 complete service area for Freedom 1, Freedom 2 and Freedom 5 are listed on page 33 in the Table after Section II of this document.

### ***WHO IS ELIGIBLE TO JOIN FREEDOM 1, FREEDOM 2 AND FREEDOM 5?***

You can join Freedom 1, Freedom 2 and Freedom 5 if you are enrolled in Medicare Part B or entitled to Medicare Part A and live in the service area. However, individuals with End Stage Renal Disease are not eligible to enroll in Freedom 1, Freedom 2 and Freedom 5 unless you are a current member of this organization and have been since their dialysis began.

## **SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS**

### **Freedom 1, Freedom 2 and Freedom 5**

*January 1, 2008 - December 31, 2008*

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

As a member of Freedom 1, Freedom 2 and Freedom 5, 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?***

Freedom 1 and Freedom 2 cover Medicare Part B prescription drugs. Freedom 1 and Freedom 2 do NOT cover Medicare Part D prescription drugs. As a member of Freedom 1 and Freedom 2 you can receive prescription drug coverage by joining another Prescription Drug Plan. You can only join one Medicare Prescription Drug Plan.

Freedom 5 does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

#### ***WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?***

Freedom 5 has 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 current Pharmacy Network List or visit us at [www.advantrafreedom.com](http://www.advantrafreedom.com). Our customer service number is listed at the end of this introduction.

#### ***WHAT IS A PRESCRIPTION DRUG FORMULARY?***

Freedom 5 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.advantrafreedom.com](http://www.advantrafreedom.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.

## **SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS**

### **Freedom 1, Freedom 2 and Freedom 5**

*January 1, 2008 - December 31, 2008*

#### ***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 Freedom 5, 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 Freedom 5, 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 Freedom 5 for more details.

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

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 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.

## **SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS**

### **Freedom 1, Freedom 2 and Freedom 5**

*January 1, 2008 - December 31, 2008*

- 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:*

*Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 10:00 p.m., ET.*

#### *Current members should call:*

*1-866-386-2330 (TTY/TDD 1-866-386-2335), Monday - Friday, 8:00 a.m. - 10:00 p.m., ET.*

*From November 15 - March 1, additional Saturday hours, 8:00 a.m. - 4:00 p.m., ET.*

*for questions related to the Medicare Advantage program.*

#### *Current Members should call:*

*1-800-690-5924, TTY/TDD 1-866-236-1069, 24 hours a day, seven days a week, for questions related to the Medicare Part D Prescription Drug program.*

#### *Prospective members should call:*

*1-800-711-1607 (TTY/TDD 1-888-788-4010), Monday - Friday, 8:00 a.m. - 11:00 p.m., ET.*

*From November 15 - March 15, additional Saturday and Sunday hours, 8:00 a.m. - 11:00 p.m., ET.*

*for questions related to the Medicare Advantage program.*

#### *Prospective Members should call:*

*1-800-711-1607, TTY/TDD 1-888-788-4010, Monday - Friday, 8:00 a.m. - 11:00 p.m., ET.*

*From November 15 - March 15, additional Saturday and Sunday hours, 8:00 a.m. - 11:00 p.m.,*

*for questions related to the Medicare Part D Prescription Drug program.*

*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.*

## SECTION II: SUMMARY OF BENEFITS

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

Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
<b>IMPORTANT INFORMATION</b>				
<p>1 - Premium and Other Important Information</p>	<p>\$93.50* monthly Medicare Part B premium.</p> <p>\$131* yearly Medicare Part B deductible.</p> <p>*This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B premium amount and deductible.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>You pay \$98 each month for your plan benefits. You also continue to pay the Medicare Part B premium of \$93.50* each month.</p> <p>*This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B premium amount and deductible.</p> <p>General</p> <p>Balance billing means that a provider may charge and bill you more than the plan's payment amount for services.</p> <p>There is a limit on what providers may charge for Medicare-covered services.</p>	<p>There is no additional premium beyond the Medicare Part B premium of \$93.50* each month.</p> <p>*This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B premium amount and deductible.</p> <p>General</p> <p>Balance billing means that a provider may charge and bill you more than the plan's payment amount for services</p> <p>There is a limit on what providers may charge for Medicare-covered services.</p>	<p>You pay \$32 each month for your plan benefits. You also continue to pay the Medicare Part B premium of \$93.50* each month.</p> <p>*This is the 2007 amount and will change effective January 1, 2008. Each year Social Security notifies all Medicare beneficiaries of the new 2008 Part B premium amount and deductible.</p> <p>General</p> <p>Balance billing means that a provider may charge and bill you more than the plan's payment amount for services.</p> <p>There is a limit on what providers may charge for Medicare-covered services.</p>

## SECTION II: SUMMARY OF BENEFITS

<i>If you have any questions about this plan's benefits or costs, please contact Advantra Freedom for details.</i>				
Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
		Balance billing doesn't count towards your out-of-pocket limit.  \$1000 out-of-pocket limit. Contact the plan for services that apply. See page 41 for more information.	Balance billing doesn't count towards your out-of-pocket limit.  \$3000 out-of-pocket limit. Contact the plan for services that apply. See page 41 for more information.	Balance billing doesn't count towards your out-of-pocket limit.  \$3250 out-of-pocket limit. Contact the plan for services that apply. See page 41 for more information.
2 - Doctor and Hospital Choice  (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	You may have to pay a separate copay for certain doctor office visits.  You may go to any doctor, specialist, or hospital that accepts the plan's payment.	You may have to pay a separate copay for certain doctor office visits.  You may go to any doctor, specialist, or hospital that accepts the plan's payment.	You may have to pay a separate copay for certain doctor office visits.  You may go to any doctor, specialist, or hospital that accepts the plan's payment.
<b>INPATIENT CARE</b>				
3 - Inpatient Hospital Care  (includes Substance Abuse and Rehabilitation Services)	For each benefit period: Days 1 - 60: \$992* deductible Days 61 - 90: \$248* per day Days 91 - 150: \$496* per lifetime reserve day  *This is the 2007 amount and may change effective January 1, 2008.	General You may go to any doctor, specialist, or hospital that accepts the plan's payment.	General You may go to any doctor, specialist, or hospital that accepts the plan's payment.	General You may go to any doctor, specialist, or hospital that accepts the plan's payment.

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	<p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>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. There is no limit to the number of benefit periods you can have.</p>	<p>\$0 copay.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 41 for more information.</p>	<p>For Medicare-covered hospital stays:</p> <p>Days 1 – 5: \$180 copay per day.</p> <p>Days 6 – 90: \$0 copay per day.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 41 for more information.</p>	<p>For Medicare-covered hospital stays:</p> <p>Days 1 – 5: \$180 copay per day.</p> <p>Days 6 – 90: \$0 copay per day.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 41 for more information.</p>

## SECTION II: SUMMARY OF BENEFITS

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom Freedom 1 H0846-004</b>	<b>Advantra Freedom Freedom 2 H0846-005</b>	<b>Advantra Freedom Freedom 5 H5227-001</b>
4 - Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</p> <p>190 day limit in a Psychiatric Hospital.</p>	<p>50% of the cost for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 41 for more information.</p>	<p>For hospital stays:</p> <p>Days 1 - 5: \$180 copay per day.</p> <p>Days 6 - 90: \$0 copay per day.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 41 for more information.</p>	<p>For hospital stays:</p> <p>Days 1 - 5: \$180 copay per day.</p> <p>Days 6 - 90: \$0 copay per day.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 41 for more information.</p>

## SECTION II: SUMMARY OF BENEFITS

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Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
<p>5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>For each benefit period after at least a 3-day covered hospital stay:</p> <p>Days 1 - 20: \$0* per day Days 21 - 100: \$124* per day</p> <p>*This is the 2007 amount and may change effective January 1, 2008.</p> <p>100 days for each benefit period.</p> <p>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.</p>	<p>\$0 copay for SNF services.</p> <p>100 days covered for each benefit period.</p> <p>No prior hospital stay is required.</p>	<p>For SNF stays:</p> <p>Days 1 - 3: \$0 copay per day. Days 4 - 38: \$90 copay per day. Days 39 - 100: \$0 copay per day.</p> <p>100 days covered for each benefit period.</p> <p>No prior hospital stay is required.</p>	<p>For SNF stays:</p> <p>Days 1 - 3: \$0 copay per day. Days 4 - 39: \$92 copay per day. Days 40 - 100: \$0 copay per day.</p> <p>100 days covered for each benefit period.</p> <p>No prior hospital stay is required.</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom Freedom 1 H0846-004</b>	<b>Advantra Freedom Freedom 2 H0846-005</b>	<b>Advantra Freedom Freedom 5 H5227-001</b>
<p>6 - Home Health Care</p> <p>(includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)</p>	\$0 copay.	\$0 copay for each Medicare-covered home health visit.	\$0 copay for each Medicare-covered home health visit.	\$0 copay for each Medicare-covered home health visit.
7 - Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	You must get care from a Medicare-certified hospice.	You must get care from a Medicare-certified hospice.	You must get care from a Medicare-certified hospice.

## SECTION II: SUMMARY OF BENEFITS

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Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
<b>OUTPATIENT CARE</b>				
8 - Doctor Office Visits	20% coinsurance	<p>General You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>See "Routine Physical Exams," for more information.</p> <p>\$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>See "Routine Physical Exams," for more information.</p> <p>\$15-\$50 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>See page 41 for more information.</p> <p>\$30-\$50 copay for each specialist visit for Medicare-covered benefits.</p> <p>See page 41 for more information.</p>	<p>General You may go to any doctor, specialist, or hospital that accepts the plan's payment.</p> <p>See "Routine Physical Exams," for more information.</p> <p>\$15-\$50 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>See page 41 for more information.</p> <p>\$30-\$50 copay for each specialist visit for Medicare-covered benefits.</p> <p>See page 41 for more information.</p>

## SECTION II: SUMMARY OF BENEFITS

<i>If you have any questions about this plan's benefits or costs, please contact Advantra Freedom for details.</i>				
<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom Freedom 1 H0846-004</b>	<b>Advantra Freedom Freedom 2 H0846-005</b>	<b>Advantra Freedom Freedom 5 H5227-001</b>
9 - Chiropractic Services	<p>20% coinsurance</p> <p>Routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider.</p>	<p>\$15 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>	<p>\$30 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>	<p>\$35 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>
10 - Podiatry Services	<p>20% coinsurance</p> <p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>\$0 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>\$30 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>\$30 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11 - Outpatient Mental Health Care	<p>50% coinsurance for most outpatient mental health services.</p>	<p>\$15 copay for each Medicare-covered individual or group therapy visit.</p>	<p>\$30 copay for each Medicare-covered individual or group therapy visit.</p>	<p>\$35 copay for each Medicare-covered individual or group therapy visit.</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom Freedom 1 H0846-004</b>	<b>Advantra Freedom Freedom 2 H0846-005</b>	<b>Advantra Freedom Freedom 5 H5227-001</b>
12 - Outpatient Substance Abuse Care	20% coinsurance  20% coinsurance for the doctor.	\$15 copay for Medicare-covered individual or group visits.  Additional facility charges may apply.	\$30 copay for Medicare-covered individual or group visits.  Additional facility charges may apply.	\$35 copay for Medicare-covered individual or group visits.  Additional facility charges may apply.
13 - Outpatient Services/Surgery	20% of outpatient facility.	General Authorization rules may apply See page 41 for more information.  \$0 copay for each Medicare-covered ambulatory surgical center visit.  \$0 copay for each Medicare-covered outpatient hospital facility visit.  Additional facility charges may apply.	General Authorization rules may apply See page 41 for more information.  \$90 copay for each Medicare-covered ambulatory surgical center visit.  \$90 copay for each Medicare-covered outpatient hospital facility visit.  Additional facility charges may apply.	General Authorization rules may apply See page 41 for more information.  \$90 copay for each Medicare-covered ambulatory surgical center visit.  \$90 copay for each Medicare-covered outpatient hospital facility visit.  Additional facility charges may apply.
14 - Ambulance Services  (medically necessary ambulance services)	20% coinsurance	\$150 copay for Medicare-covered ambulance benefits.  If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.	\$150 copay for Medicare-covered ambulance benefits.  If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.	\$150 copay for Medicare-covered ambulance benefits.  If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.

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<p>15 - Emergency Care  (You may go to any emergency room if you need emergency care.)</p>	<p>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.</p>	<p>\$50 copay for Medicare-covered emergency room visits.  Worldwide coverage.  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>\$50 copay for Medicare-covered emergency room visits.  Worldwide coverage.  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>\$50 copay for Medicare-covered emergency room visits.  Worldwide coverage.  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16 - Urgently Needed Care  (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay  NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 copay for Medicare-covered urgently needed care visits.</p>	<p>General \$15-\$50 copay for Medicare-covered urgently needed care visits.  See page 41 for more information.</p>	<p>General \$15-\$50 copay for Medicare-covered urgently needed care visits  See page 41 for more information.</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom Freedom 1 H0846-004</b>	<b>Advantra Freedom Freedom 2 H0846-005</b>	<b>Advantra Freedom Freedom 5 H5227-001</b>
<p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	20% coinsurance	<p>\$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Additional facility charges may apply.</p>	<p>\$30 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Additional facility charges may apply.</p>	<p>\$30 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$30 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Additional facility charges may apply.</p>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>				
<p>18 - Durable Medical Equipment</p> <p>(includes wheel-chairs, oxygen, etc.)</p>	20% coinsurance	\$0 copay for Medicare-covered items.	20% of the cost for Medicare-covered items.	20% of the cost for Medicare-covered items.
<p>19 - Prosthetic Devices</p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	20% coinsurance	\$0 copay for Medicare-covered items.	20% of the cost for Medicare-covered items.	20% of the cost for Medicare-covered items.
<p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	20% coinsurance	<p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>0% of the cost for Diabetes supplies.</p>	<p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes .</p> <p>20% of the cost for Diabetes supplies.</p>	<p>\$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes</p> <p>20% of the cost for Diabetes supplies.</p>

## SECTION II: SUMMARY OF BENEFITS

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

Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
<p>21 - Diagnostic Tests, X-Rays, and Lab Services</p>	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>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.</p>	<p>\$0 copay for Medicare-covered lab services.</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests.</p> <p>0% of the cost for Medicare-covered X-rays.</p> <p>0% of the cost for Medicare-covered diagnostic radiology services.</p> <p>See page 42 for additional information.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Additional facility charges may apply.</p>	<p>\$5 copay for Medicare-covered lab services.</p> <p>\$5 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$15 to \$50 copay for Medicare-covered X-rays.</p> <p>\$15 to \$50 copay for Medicare-covered diagnostic radiology services.</p> <p>See page 42 for additional information.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Additional facility charges may apply.</p>	<p>\$5 copay for Medicare-covered lab services.</p> <p>\$5 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$15 to \$50 copay for Medicare-covered X-rays.</p> <p>\$15 to \$50 copay for Medicare-covered diagnostic radiology services.</p> <p>See page 42 for additional information.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Additional facility charges may apply.</p>

## SECTION II: SUMMARY OF BENEFITS

<i>If you have any questions about this plan's benefits or costs, please contact Advantra Freedom for details.</i>				
<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom Freedom 1 H0846-004</b>	<b>Advantra Freedom Freedom 2 H0846-005</b>	<b>Advantra Freedom Freedom 5 H5227-001</b>
<b>PREVENTIVE SERVICES</b>				
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.	\$0 copay for Medicare-covered bone mass measurement.  Additional facility charges may apply.	\$0 copay for Medicare-covered bone mass measurement.  Additional facility charges may apply.	\$0 copay for Medicare-covered bone mass measurement.  Additional facility charges may apply.
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.	\$0 copay for Medicare-covered colorectal screenings.  Additional facility charges may apply.	\$0 copay for Medicare-covered colorectal screenings.  Additional facility charges may apply.	\$0 copay for Medicare-covered colorectal screenings.  Additional facility charges may apply.
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.	\$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.	\$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.	\$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.

## SECTION II: SUMMARY OF BENEFITS

<i>If you have any questions about this plan's benefits or costs, please contact Advantra Freedom for details.</i>				
<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom Freedom 1 H0846-004</b>	<b>Advantra Freedom Freedom 2 H0846-005</b>	<b>Advantra Freedom Freedom 5 H5227-001</b>
<p>25 - Mammograms (Annual Screening)</p> <p>(for women with Medicare age 40 and older)</p>	<p>20% coinsurance</p> <p>No referral needed.</p> <p>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.</p>	<p>\$0 copay for Medicare-covered screening mammograms.</p> <p>Additional facility charges may apply.</p>	<p>\$0 copay for Medicare-covered screening mammograms.</p> <p>Additional facility charges may apply.</p>	<p>\$0 copay for Medicare-covered screening mammograms.</p> <p>Additional facility charges may apply.</p>
<p>26 - Pap Smears and Pelvic Exams</p> <p>(for women with Medicare)</p>	<p>\$0 copay for Pap smears.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams.</p>	<p>\$0 copay for Medicare-covered Pap Smears and Pelvic Exams.</p> <p>Additional facility charges may apply.</p>	<p>\$0 copay for Medicare-covered Pap Smears and Pelvic Exams.</p> <p>Additional facility charges may apply.</p>	<p>\$0 copay for Medicare-covered Pap Smears and Pelvic Exams.</p> <p>Additional facility charges may apply.</p>

## SECTION II: SUMMARY OF BENEFITS

<i>If you have any questions about this plan's benefits or costs, please contact Advantra Freedom for details.</i>				
<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom Freedom 1 H0846-004</b>	<b>Advantra Freedom Freedom 2 H0846-005</b>	<b>Advantra Freedom Freedom 5 H5227-001</b>
<p>27 - Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>\$0 copay for Medicare-covered prostate cancer screening.</p> <p>Additional facility charges may apply.</p>	<p>\$0 copay for Medicare-covered prostate cancer screening.</p> <p>Additional facility charges may apply.</p>	<p>\$0 copay for Medicare-covered prostate cancer screening.</p> <p>Additional facility charges may apply.</p>
28 - ESRD	20% coinsurance for dialysis.	<p>20% of the cost for in and out-of area dialysis.</p> <p>\$0 copay for Nutrition Therapy for Renal Disease.</p>	<p>20% of the cost for in and out-of area dialysis.</p> <p>\$0 copay for Nutrition Therapy for Renal Disease.</p>	<p>20% of the cost for in and out-of area dialysis.</p> <p>\$0 copay for Nutrition Therapy for Renal Disease.</p>

## SECTION II: SUMMARY OF BENEFITS

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

Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
29 - Prescription Drugs	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	<p>Drugs covered under Medicare Part B. Prior authorization requested. See page 42 for more information.</p> <p>General Most drugs not covered.</p> <p>20% of the cost for Part B-covered drugs (not including Part B covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D.</p> <p>General This plan does not offer prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B. Prior authorization requested. See page 42 for more information.</p> <p>General Most drugs not covered.</p> <p>20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D.</p> <p>General This plan does not offer prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B. Prior authorization requested. See page 42 for more information.</p> <p>General 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered chemotherapy drugs.</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 <a href="http://www.advantrafreedom.com">www.advantrafreedom.com</a> on the web.</p>

## SECTION II: SUMMARY OF BENEFITS

<p style="text-align: center;"><i>If you have any questions about this plan's benefits or costs, please contact Advantra Freedom for details.</i></p>				
Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
				<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>▪ have limited incomes,</li> <li>▪ live in long term care facilities, or</li> <li>▪ have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage. This means that you will pay the same 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>

## SECTION II: SUMMARY OF BENEFITS

<p style="text-align: center;"><i>If you have any questions about this plan's benefits or costs, please contact Advantra Freedom for details.</i></p>				
Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
				<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 Freedom 5 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>

## SECTION II: SUMMARY OF BENEFITS

<p style="text-align: center;"><i>If you have any questions about this plan's benefits or costs, please contact Advantra Freedom for details.</i></p>				
Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
				<p>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 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 copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p>\$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2510:</p> <p>Retail Pharmacy Preferred Generic</p>

## SECTION II: SUMMARY OF BENEFITS

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

Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
				<ul style="list-style-type: none"> <li>▪ \$7 copay for a one-month (30-day) supply of drugs</li> <li>▪ \$14 copay for a three-month (90-day) supply of drugs</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>▪ \$26 copay for a one-month (30-day) supply of drugs</li> <li>▪ \$52 copay for a three-month (90-day) supply of drugs</li> </ul> <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>▪ \$63 copay for a one-month (30-day) supply of drugs</li> <li>▪ \$189 copay for a three-month (90-day) supply of drugs</li> </ul> <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> <li>▪ 30% coinsurance for a one-month (30-day) supply of drugs</li> </ul>

## SECTION II: SUMMARY OF BENEFITS

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

Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
				<p>Long Term Care Pharmacy Preferred Generic</p> <ul style="list-style-type: none"> <li>▪ \$7 copay for a one-month (31-day) supply of drugs</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>▪ \$26 copay for a one-month (31-day) supply of drugs</li> </ul> <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>▪ \$63 copay for a one-month (31-day) supply of drugs</li> </ul> <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> <li>▪ 30% coinsurance for a one-month (31-day) supply of drugs</li> </ul> <p>Mail Order Preferred Generic</p> <ul style="list-style-type: none"> <li>▪ \$14 copay for a three-month (90-day) supply of drugs</li> </ul>

## SECTION II: SUMMARY OF BENEFITS

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

Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
				<p>Preferred Brand</p> <ul style="list-style-type: none"> <li>▪ \$52 copay for a three-month (90-day) supply of drugs</li> </ul> <p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>▪ \$189 copay for a three-month (90-day) supply of drugs</li> </ul> <p>Coverage Gap After your total yearly drug costs reach \$2510, you pay 100% until your yearly out-of-pocket drug costs reach \$4050.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>▪ 5% coinsurance.</li> </ul>

## SECTION II: SUMMARY OF BENEFITS

<p style="text-align: center;"><i>If you have any questions about this plan's benefits or costs, please contact Advantra Freedom for details.</i></p>				
Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
				<p>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 pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p>Out-of-Network Initial Coverage You pay the following until total yearly drug costs reach \$2510:</p> <p>Out-of-Network Pharmacy Preferred Generic</p> <ul style="list-style-type: none"> <li>▪ \$7 copay for a one-month (30-day) supply of drugs</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>▪ \$26 copay for a one-month (30-day) supply of drugs</li> </ul>

## SECTION II: SUMMARY OF BENEFITS

<p style="text-align: center;"><i>If you have any questions about this plan's benefits or costs, please contact Advantra Freedom for details.</i></p>				
Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
				<p>Non-Preferred Generic/Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>▪ \$63 copay for a one-month (30-day) supply of drugs</li> </ul> <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> <li>▪ 30% coinsurance for a one-month (30-day) supply of drugs</li> </ul> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>▪ 5% coinsurance.</li> </ul>

## SECTION II: SUMMARY OF BENEFITS

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

Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>\$0 copay for Medicare-covered dental benefits.</p> <ul style="list-style-type: none"> <li>▪ 50% of the cost for up to 1 oral exam every six months.</li> <li>▪ 50% of the cost for up to 1 cleaning every six months.</li> <li>▪ 50% of the cost for up to 1 dental x-ray visit every year.</li> </ul> <p>See page 43 for additional information.</p>	<p>\$30 copay for Medicare-covered dental benefits.</p> <ul style="list-style-type: none"> <li>▪ 50% of the cost for up to 1 oral exam every six months.</li> <li>▪ 50% of the cost for up to 1 cleaning every six months.</li> <li>▪ 50% of the cost for up to 1 dental x-ray visit every year.</li> </ul> <p>See page 43 for additional information.</p>	<p>\$30 copay for Medicare-covered dental benefits.</p> <ul style="list-style-type: none"> <li>▪ 50% of the cost for up to 1 oral exam every year.</li> <li>▪ 50% of the cost for up to 1 cleaning every year.</li> <li>▪ 50% of the cost for up to 1 dental x-ray visit every year.</li> </ul> <p>See page 43 for additional information.</p>

## SECTION II: SUMMARY OF BENEFITS

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

Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
31 - Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>\$0 copay for hearing aids.</p> <ul style="list-style-type: none"> <li>▪ \$20 copay for diagnostic hearing exams.</li> <li>▪ \$20 copay for up to 1 routine hearing test(s) every year.</li> </ul> <p>\$100 limit for routine hearing aids every year.</p> <p>See page 43 for additional information.</p>	<p>\$0 copay for hearing aids.</p> <ul style="list-style-type: none"> <li>▪ \$30 copay for diagnostic hearing exams.</li> <li>▪ \$30 copay for up to 1 routine hearing test(s) every year.</li> </ul> <p>\$100 limit for routine hearing aids every year.</p> <p>See page 43 for additional information.</p>	<p>\$0 copay for hearing aids.</p> <ul style="list-style-type: none"> <li>▪ \$30 copay for diagnostic hearing exams.</li> <li>▪ \$30 copay for up to 1 routine hearing test(s) every year.</li> </ul> <p>\$100 limit for routine hearing aids every year.</p> <p>See page 43 for additional information.</p>

## SECTION II: SUMMARY OF BENEFITS

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

Benefit	Original Medicare	Advantra Freedom Freedom 1 H0846-004	Advantra Freedom Freedom 2 H0846-005	Advantra Freedom Freedom 5 H5227-001
32 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<ul style="list-style-type: none"> <li>▪ 20% of the cost for one pair of eyeglasses or contact lenses after each cataract surgery.</li> <li>▪ \$20 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>▪ \$20 copay for up to 1 routine eye exam(s) every year.</li> <li>▪ 0% of the cost for glasses.</li> <li>▪ 0% of the cost for contacts.</li> <li>▪ 0% of the cost for lenses.</li> <li>▪ 0% of the cost for frames.</li> </ul> <p>\$100 limit for eye wear every year.</p> <p>See page 43 for additional information.</p>	<ul style="list-style-type: none"> <li>▪ 20% of the cost for one pair of eyeglasses or contact lenses after each cataract surgery.</li> <li>▪ \$30 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>▪ \$30 copay for up to 1 routine eye exam(s) every year.</li> <li>▪ 0% of the cost for glasses.</li> <li>▪ 0% of the cost for contacts.</li> <li>▪ 0% of the cost for lenses.</li> <li>▪ 0% of the cost for frames.</li> </ul> <p>\$100 limit for eye wear every year.</p> <p>See page 43 for additional information.</p>	<ul style="list-style-type: none"> <li>▪ 20% of the cost for one pair of eyeglasses or contact lenses after each cataract surgery.</li> <li>▪ \$30 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>▪ \$30 copay for up to 1 routine eye exam(s) every year.</li> <li>▪ 0% of the cost for glasses.</li> <li>▪ 0% of the cost for contacts.</li> <li>▪ 0% of the cost for lenses.</li> <li>▪ 0% of the cost for frames.</li> </ul> <p>\$100 limit for eye wear every year.</p> <p>See page 43 for additional information.</p>

## SECTION II: SUMMARY OF BENEFITS

<i>If you have any questions about this plan's benefits or costs, please contact Advantra Freedom for details.</i>				
<b>Benefit</b>	<b>Original Medicare</b>	<b>Advantra Freedom Freedom 1 H0846-004</b>	<b>Advantra Freedom Freedom 2 H0846-005</b>	<b>Advantra Freedom Freedom 5 H5227-001</b>
33 - Physical Exams	<p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>\$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p>\$0 copay for Medicare-covered benefits.</p>	<p>\$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p>\$0 copay for Medicare-covered benefits.</p>	<p>\$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p>\$0 copay for Medicare-covered benefits.</p>
Health/Wellness Education	Not covered.	<p>This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>▪ Nursing Hotline.</li> <li>▪ Other Wellness Benefits.</li> </ul> <p>See page 43 for additional information.</p>	<p>This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>▪ Nursing Hotline.</li> <li>▪ Other Wellness Benefits.</li> </ul> <p>See page 43 for additional information.</p>	<p>This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> <li>▪ Nursing Hotline.</li> <li>▪ Other Wellness Benefits.</li> </ul> <p>See page 43 for additional information.</p>

## TABLE

Advantra Freedom , Freedom 1, Freedom 2 and Freedom 5 are available in the following states and counties:  
 Freedom 5 is not available in the following States: Alaska, California, Florida, Idaho, Maine, Minnesota,  
 Montana, New Hampshire, New Mexico, Oregon, Rhode Island, Vermont

<b>State</b>	<b>Counties</b>
<b><i>Alabama</i></b>	Barbour, Bibb, Bullock, Chambers, Coffee, Elmore, Fayette, Franklin, Henry, Lee, Lowndes, Macon, Madison, Mobile, Montgomery, Russell, Shelby, Wilcox
<b><i>Alaska</i></b>	Denali*, Kenai Peninsula*, Kodiak*, Nome*, Yukon-Koyukuk*
<b><i>Arizona</i></b>	Cochise, Graham, Greenlee, Pima, Santa Cruz, Yavapai
<b><i>Arkansas</i></b>	Benton, Boone, Bradley, Carroll, Crawford, Faulkner, Franklin, Fulton, Howard, Jefferson, Johnson, Lee, Lincoln, Logan, Madison, Marion, Miller, Montgomery, Newton, Perry, Randolph, Scott, Searcy, Sebastian, Washington
<b><i>California</i></b>	Alameda*, Alpine*, Amador*, Calaveras*, Contra Costa*, Del Norte*, Eldorado*, Fresno*, Humboldt*, Kings*, Lake*, Madera*, Modoc*, Napa*, Placer*, Sacramento*, San Benito*, San Francisco*, San Joaquin*, Santa Barbara*, Santa Clara*, Sierra*, Solano*, Sonoma*, Tulare*, Yolo*, Yuba*
<b><i>Colorado</i></b>	Adams, Alamosa, Archuleta, Bent, Chaffee, Crowley, Custer, Dolores, Douglas, El Paso, Elbert, Fremont, Gunnison, Hinsdale, Kiowa, Lake, Larimer, Las Animas, Lincoln, Logan, Mesa, Montezuma, Otero, Park, Prowers, Routt, Saguache, San Juan, Teller, Weld
<b><i>Florida</i></b>	Escambia*, Flagler*, Franklin*, Gadsden*, Jefferson*, Santa Rosa*, Volusia*
<b><i>Georgia</i></b>	Baldwin, Barrow, Bartow, Berrien, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Chatham, Chattahoochee, Clarke, Clay, Clayton, Columbia, Coweta, Crisp, Dade, Dawson, De Kalb, Decatur, Dooly, Early, Effingham, Elbert, Evans, Fannin, Fayette, Franklin, Fulton, Gilmer, Grady, Greene, Gwinnett, Habersham, Hancock, Haralson, Harris, Heard, Irwin, Jasper, Jenkins, Jones, Lamar, Lanier, Liberty, Lumpkin, Macon, Madison, Marion, McIntosh, Meriwether, Morgan,

\* Note: Freedom 5 is not available in these counties.

**TABLE**

<b>State</b>	<b>Counties</b>
	Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Richmond, Rockdale, Stephens, Stewart, Sumter, Talbot, Taliaferro, Thomas, Tift, Treutlen, Turner, Twiggs, Walton, Washington, Webster, Wilkes
<i>Idaho</i>	Ada*, Bannock*, Bear Lake*, Bingham*, Blaine*, Boise*, Boundary*, Canyon*, Cassia*, Clark*, Custer*, Franklin*, Gem*, Jerome*, Latah*, Minidoka*, Owyhee*, Payette*, Power*, Twin Falls*
<i>Illinois</i>	Adams, Boone, Calhoun, Carroll, Cass, Champaign, Coles, Crawford, De Kalb, Douglas, Edgar, Edwards, Hancock, Henry, Johnson, Kendall, Madison, Marshall, McDonough, Mclean, Menard, Monroe, Morgan, Moultrie, Ogle, Peoria, Piatt, Pope, Sangamon, Schuyler, Scott, St Clair, Stark, Stephenson, Tazewell, Union, Winnebago, Woodford
<i>Indiana</i>	Adams, Allen, Brown, Cass, De Kalb, Dearborn, Decatur, Dubois, Elkhart, Fayette, Fountain, Franklin, Fulton, Gibson, Hamilton, Hancock, Harrison, Huntington, Jackson, Johnson, Kosciusko, Lagrange, Madison, Marshall, Monroe, Morgan, Noble, Ohio, Orange, Posey, Putnam, Randolph, Ripley, Scott, St Joseph, Wabash, Warrick, Washington, Wells, Whitley
<i>Iowa</i>	Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buena Vista, Butler, Carroll, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Muscatine, O Brien, Osceola, Page, Palo Alto, Plymouth, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth

\* Note: Freedom 5 is not available in these counties.

**TABLE**

<b>State</b>	<b>Counties</b>
<b><i>Kansas</i></b>	Butler, Clay, Cowley, Decatur, Dickinson, Franklin, Geary, Harvey, Johnson, Kearny, Linn, McPherson, Miami, Mitchell, Montgomery, Morris, Norton, Osborne, Ottawa, Pratt, Saline, Sedgwick, Smith, Wyandotte
<b><i>Kentucky</i></b>	Bath, Boone, Bourbon, Bullitt, Campbell, Carter, Christian, Clark, Cumberland, Elliott, Estill, Fayette, Grant, Henry, Jackson, Jessamine, Kenton, Lincoln, Madison, Marion, Meade, Menifee, Montgomery, Nelson, Ohio, Oldham, Pendleton, Powell, Scott, Shelby, Washington, Webster, Woodford
<b><i>Louisiana</i></b>	Allen, Ascension, Assumption, Avoyelles, Cameron, East Baton Rouge, East Feliciana, Grant, Iberville, Lafourche, Livingston, Madison, Orleans, Plaquemines, Pointe Coupee, Rapides, St Bernard, St James, St John Baptist, St Mary, Terrebonne, Vernon, Washington, West Baton Rouge
<b><i>Maine</i></b>	Androscoggin*, Aroostook*, Cumberland*, Kennebec*, Knox*, Oxford*, Penobscot*, Piscataquis*, Sagadahoc*, Somerset*, Waldo*, Washington*, York*
<b><i>Massachusetts</i></b>	Dukes, Franklin, Hampshire
<b><i>Michigan</i></b>	Allegan, Barry, Cass, Clinton, Dickinson, Eaton, Gogebic, Gratiot, Ionia, Kent, Lenawee, Marquette, Menominee, Midland, Missaukee, Muskegon, Newaygo, Otsego, Ottawa, St Clair
<b><i>Minnesota</i></b>	Becker*, Beltrami*, Blue Earth*, Brown*, Carlton*, Chippewa*, Clay*, Clearwater*, Cottonwood*, Douglas*, Faribault*, Freeborn*, Grant*, Houston*, Jackson*, Kandiyohi*, Kittson*, Lyon*, Martin*, Meeker*, Morrison*, Nicollet*, Nobles*, Otter Tail*, Pennington*, Polk*, Pope*, Red Lake*, Redwood*, Rock*, Sherburne*, St Louis*, Steele*, Todd*, Waseca*, Washington*, Watonwan*, Wilkin*, Winona*

\* Note: Freedom 5 is not available in these counties.

**TABLE**

<b>State</b>	<b>Counties</b>
<b><i>Mississippi</i></b>	Attala, Benton, Calhoun, Chickasaw, Choctaw, Claiborne, Clay, Copiah, George, Grenada, Holmes, Issaquena, Jackson, Lafayette, Lawrence, Leake, Lowndes, Madison, Marshall, Monroe, Montgomery, Noxubee, Oktibbeha, Pearl River, Prentiss, Quitman, Rankin, Scott, Tate, Tippah, Wilkinson, Yalobusha, Yazoo
<b><i>Missouri</i></b>	Adair, Audrain, Barry, Bollinger, Boone, Cass, Christian, Clark, Cooper, Dade, Dallas, Douglas, Franklin, Greene, Howell, Iron, Jackson, Jefferson, Knox, Laclede, Lawrence, Lincoln, McDonald, Miller, Oregon, Osage, Ozark, Pettis, Platte, Polk, Putnam, Ralls, Randolph, Saline, Schuyler, Scotland, St Charles, St Louis, St Louis City, Sullivan, Texas, Warren, Wayne, Webster, Wright
<b><i>Montana</i></b>	Beaverhead*, Broadwater*, Carter*, Custer*, Dawson*, Fallon*, Fergus*, Flathead*, Gallatin*, Garfield*, Golden Valley*, Jefferson*, Judith Basin*, Lake*, Lewis And Clark*, Lincoln*, McCone*, Petroleum*, Powder River*, Powell*, Prairie*, Ravalli*, Richland*, Rosebud*, Sanders*, Sheridan*, Stillwater*, Sweet Grass*, Treasure*, Wheatland*, Wibaux*, Yellowstone*
<b><i>Nebraska</i></b>	Banner, Boone, Box Butte, Buffalo, Butler, Cedar, Cheyenne, Cuming, Dakota, Dawes, Dawson, Deuel, Dixon, Furnas, Gage, Garfield, Gosper, Grant, Greeley, Hayes, Hooker, Jefferson, Kearney, Keya Paha, Knox, Logan, Loup, Madison, McPherson, Merrick, Morrill, Phelps, Sarpy, Scotts Bluff, Seward, Sheridan, Sioux, Stanton, Wayne, Wheeler
<b><i>New Hampshire</i></b>	Carroll*, Hillsboro*, Merrimack*, Strafford*, Sullivan*

\* Note: Freedom 5 is not available in these counties.

**TABLE**

<b>State</b>	<b>Counties</b>
<b><i>New Mexico</i></b>	Bernalillo*, Catron*, Chaves*, Cibola*, Colfax*, De Baca*, Dona Ana*, Grant*, Guadalupe*, Harding*, Hidalgo*, Lincoln*, Los Alamos*, Luna*, McKinley*, Mora*, Otero*, Quay*, Rio Arriba*, San Juan*, San Miguel*, Sandoval*, Santa Fe*, Sierra*, Socorro*, Taos*, Torrance*, Union*, Valencia*
<b><i>North Carolina</i></b>	Alamance, Alexander, Anson, Ashe, Beaufort, Bertie, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cumberland, Currituck, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Guilford, Halifax, Haywood, Henderson, Hoke, Jackson, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Moore, New Hanover, Northampton, Orange, Pasquotank, Pender, Perquimans, Person, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Yadkin, Yancey
<b><i>North Dakota</i></b>	Adams, Barnes, Billings, Burke, Burleigh, Cass, Cavalier, Eddy, Foster, Golden Valley, Grant, Griggs, Kidder, La Moure, Logan, Mc Henry, McKenzie, Mc Lean, Mercer, Morton, Mountrail, Pembina, Ramsey, Renville, Richland, Sioux, Slope, Stark, Steele, Stutsman, Towner, Traill, Ward, Wells, Williams
<b><i>Ohio</i></b>	Ashland, Brown, Butler, Carroll, Champaign, Clark, Clermont, Columbiana, Delaware, Fulton, Geauga, Greene, Hamilton, Holmes, Lake, Lawrence, Licking, Marion, Medina, Miami, Montgomery, Morgan, Muskingum, Preble, Seneca, Stark, Union, Warren, Wayne, Williams, Wood
<b><i>Oklahoma</i></b>	Craig, Delaware, Ellis, Garvin, Greer, Hughes, Kingfisher, Logan, Muskogee, Nowata, Osage, Ottawa, Sequoyah, Stephens, Washington

\* Note: Freedom 5 is not available in these counties.

**TABLE**

<b>State</b>	<b>Counties</b>
<i><b>Oregon</b></i>	Baker*, Benton*, Clackamas*, Columbia*, Crook*, Deschutes*, Hood River*, Klamath*, Lake*, Lincoln*, Malheur*, Marion*, Multnomah*, Polk*, Sherman*, Umatilla*, Union*, Wasco*, Washington*
<i><b>Pennsylvania</b></i>	Adams, Allegheny, Armstrong, Beaver, Berks, Butler, Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Erie, Fayette, Franklin, Greene, Huntingdon, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Montour, Northampton, Northumberland, Perry, Snyder, Susquehanna, Union, Warren, Washington, Westmoreland, Wyoming, York
<i><b>Rhode Island</b></i>	Bristol*, Kent*, Newport*, Providence*, Washington*
<i><b>South Carolina</b></i>	Allendale, Anderson, Calhoun, Cherokee, Dorchester, Edgefield, Greenville, Kershaw, Laurens, McCormick, Newberry, Pickens, Richland, Saluda, Spartanburg
<i><b>South Dakota</b></i>	Aurora, Beadle, Bennett, Brookings, Brule, Butte, Campbell, Clark, Clay, Codington, Corson, Custer, Davison, Fall River, Faulk, Grant, Hamlin, Hand, Hanson, Harding, Hughes, Hyde, Jones, Kingsbury, Lake, Lawrence, Lyman, Mc Cook, Meade, Mellette, Miner, Minnehaha, Pennington, Perkins, Potter, Roberts, Sanborn, Stanley, Sully, Tripp, Walworth, Washabaugh, Yankton
<i><b>Tennessee</b></i>	Anderson, Bledsoe, Blount, Cannon, Carter, Chester, De Kalb, Decatur, Dickson, Hardin, Hawkins, Jackson, Johnson, Knox, Lewis, Loudon, Marion, McMinn, McNairy, Morgan, Perry, Pickett, Polk, Sequatchie, Sevier, Sullivan, Unicoi, Union, Warren, Washington, White, Williamson

\* Note: Freedom 5 is not available in these counties.

**TABLE**

<b>State</b>	<b>Counties</b>
<b><i>Texas</i></b>	Anderson, Aransas, Atascosa, Austin, Bee, Bexar, Bowie, Brewster, Brooks, Camp, Carson, Cass, Chambers, Childress, Coke, Coleman, Collin, Collingsworth, Concho, Crane, Crockett, Culberson, Dallas, Deaf Smith, Delta, Denton, Dimmit, Duval, Edwards, El Paso, Ellis, Fort Bend, Frio, Galveston, Glasscock, Guadalupe, Hall, Hansford, Hardin, Harris, Hartley, Haskell, Hemphill, Hopkins, Howard, Hudspeth, Irion, Jack, Jasper, Jefferson, Jim Wells, Johnson, Jones, Kaufman, Kenedy, Kent, Kinney, Kleberg, Knox, La Salle, Liberty, Lipscomb, Live Oak, Loving, Lynn, Martin, Mason, Maverick, McCulloch, Medina, Menard, Montague, Montgomery, Morris, Nolan, Nueces, Orange, Parker, Presidio, Rains, Randall, Roberts, Rockwall, San Jacinto, San Patricio, Shackelford, Tarrant, Throckmorton, Titus, Upton, Val Verde, Wilson, Wood, Zavala
<b><i>Utah</i></b>	Box Elder, Cache, Daggett, Davis, Duchesne, Emery, Garfield, Grand, Iron, Kane, Millard, Morgan, Piute, Rich, Salt Lake, San Juan, Sevier, Summit, Tooele, Uintah, Wasatch, Wayne, Weber
<b><i>Vermont</i></b>	Addison*, Bennington*, Caledonia*, Lamoille*, Orleans*, Washington*, Windham*
<b><i>Virginia</i></b>	Amelia, Amherst, Appomattox, Augusta, Bedford, Bedford City, Botetourt, Bristol City, Brunswick, Buchanan, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Chesapeake, Chesterfield, Clarke, Colonial Heights, Craig, Culpeper, Cumberland, Danville City, Dinniddie, Emporia, Fairfax, Fairfax City, Floyd, Franklin, Franklin City, Galax City, Giles, Gloucester, Goochland, Grayson, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle Of Wight, James City Co, King And Queen, King William, Lancaster, Lee, Lexington, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City,

\* Note: Freedom 5 is not available in these counties.

**TABLE**

<b>State</b>	<b>Counties</b>
	Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Nottoway, Page, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Radford City, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Salem, Scott, Shenandoah, Smyth, South Boston City, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Virginia Beach City, Warren, Washington, Waynesboro City, Williamsburg City, Wythe, York
<b>Washington</b>	Clallam, Clark, Cowlitz, Island, King, Kitsap, Kittitas, Klickitat, Pierce, San Juan, Skamania, Snohomish, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Yakima
<b>West Virginia</b>	Berkeley, Boone, Braxton, Cabell, Clay, Doddridge, Grant, Hardy, Harrison, Jefferson, Kanawha, Lewis, Lincoln, Monroe, Morgan, Nicholas, Ohio, Pendleton, Putnam, Ritchie, Roane, Tucker, Upshur, Wayne, Wetzel
<b>Wisconsin</b>	Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Columbia, Crawford, Dane, Dodge, Douglas, Dunn, Eau Claire, Florence, Fond Du Lac, Forest, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Monroe, Oconto, Outagamie, Ozaukee, Pepin, Pierce, Portage, Racine, Richland, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St Croix, Taylor, Trempealeau, Vernon, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood
<b>Wyoming</b>	Crook, Goshen, Hot Springs, Johnson, Park, Sheridan

\* Note: Freedom 5 is not available in these counties.

## SECTION III - SUMMARY OF BENEFITS

### Important plan information

#### *Maximum Out of Pocket*

The Maximum out of pocket is the maximum amount you will pay for plan services. Out of pocket limit applies to **ALL** covered plan services except Part D prescription drugs. Once your out of pocket expenses meet this threshold, Advantra Freedom will pay 100% for medically necessary plan covered services.

**Prior Authorization is Requested for Inpatient and Outpatient Procedures** that must be performed in a Medicare approved facility that has been specifically approved to perform those services. These services include:

- Transplants
- Carotid Artery Stenting
- Ventricular Assist Device (VAD) Destination Therapy
- Bariatric Surgery
- Lung Volume Reduction Therapy (LVRT)
- National Oncological PET Registry (NOPR)

You may contact Advantra Freedom or dial 1-800-MEDICARE for more information. The list of CMS approved facilities is also posted on-line at [www.cms.hhs.gov/MedicareApprovedFacilities/](http://www.cms.hhs.gov/MedicareApprovedFacilities/). Approved transplant facilities are listed at [www.cms.hhs.gov/ApprovedTransplantCenters/](http://www.cms.hhs.gov/ApprovedTransplantCenters/)

Neither Medicare or Advantra Freedom will pay for procedures that are performed by facilities that have not been approved by CMS for that specific purpose

You do not need to request prior authorization for other inpatient or outpatient procedures.

#### *Doctor's Office Visits and Urgently Needed Services*

The following copayments apply for doctor's office visits and urgently needed services.

Provider Location	Freedom 1	Freedom 2 & 5
Primary Care Physician Office	\$0	\$15
Specialist Physician Office	\$0	\$30
Urgent Care Facility	\$0	\$50

## SUMMARY OF BENEFITS SECTION THREE

### Additional Information about the Advantra Freedom Plan

#### *Diagnostic Radiology Services*

The table below reflects copayments for each plan included in this Summary of Benefits for Diagnostic Radiology Services

	Freedom 1	Freedom 2 & 5
Nuclear Medicine	\$0	\$50
CT Scans	\$0	\$50
MRIs/MRAs	\$0	\$50
PET Scans	\$0	\$50
Diagnostic x-ray	\$0	\$15

#### *Part B Prescription Drugs*

Prior authorization is requested. In some situations, specific Part B drugs may be covered under Part D, Advantra Freedom needs to be able to make a decision before services are rendered so that claims are processed appropriately and/or redirected to another carrier if appropriate. Advantra Freedom also has a preferred Part B drug list. Using drugs on this list could result in savings to you.

#### *Preventive Services*

Advantra Freedom provides 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.

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 doctors who participate in the Medicare program and accept Advantra Freedom's terms and conditions of payment with no referrals for covered preventive services. What's more, there is NO COPAY for annual routine physicals or Medicare covered preventive services:

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

## SUMMARY OF BENEFITS SECTION THREE

### Additional Information about the Advantra Freedom Plan

#### *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 \$20 or \$30 copay, depending upon the Advantra Freedom plan selected. Advantra Freedom also contributes \$100 toward your prescription eyeglasses or contact lenses every calendar year. Members are responsible for amounts greater than the \$100 Advantra Freedom contribution. 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 \$20 or \$30 copay, depending upon the Advantra Freedom plan selected. Advantra Freedom also contributes \$100 toward a hearing aid every calendar year. Members are responsible for amounts greater than the \$100 Advantra Freedom contribution.

#### *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 for Freedom 1 and 2 and annual cleanings and check ups for Freedom 5. All plans cover 50% of the cost of dental x-rays (1 visit per year) based on usual and customary fees.

Prophylactic Periodontal Maintenance is not covered.

#### *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. Nurses are available 24 hours a day; 7 days a week even on holidays. You can call the Nurse Information 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 Fit For Life** is our online health and wellness program designed especially for beneficiaries. It engages you in activities promoting physical fitness, healthy eating habits and behavioral management. As an Advantra Freedom member, you will receive three customized wellness plans – GetPHIT, EatPHIT, LivePHIT and other fun health-related features:

## **SUMMARY OF BENEFITS SECTION THREE**

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

- **GetPHIT** – customized fitness plan incorporating cardiovascular, strength & flexibility exercises
- **EatPHIT** – personalized nutrition plan
- **LivePHIT** – personal self improvement program focusing on core values and communities
- **Coaching** – allows you to interact with certified personal trainers, registered dietitians, and licensed psychologists for fitness, nutrition and life management questions
- **Clubhouse** – a resource for health and wellness related articles, recipes and instructional tips



**CONTACT US AT:**

**Prospective members should call 1-800-711-1607, TTY/TDD: 1-888-788-4010**

**Customer Service Hours:**

**Monday through Friday, 8:00 a.m. - 11:00 p.m., ET.**

**From November 15 through March 15, additional Saturday and Sunday hours,  
8:00 a.m. - 11:00 p.m., ET.**

**Current Members should call 1-866-386-2330, TTY/TDD 1-866-386-2335**

**Customer Service Hours:**

**Monday through Friday, 8:00 a.m. - 10:00 p.m., ET.**

**From November 15 through March 1, additional Saturday hours,  
8:00 a.m. - 4:00 p.m., ET.**

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