



**Coventry Advantra® Freedom PFFS
2007 Benefit Summary**

Product Names	Freedom 1	Freedom 2	Freedom 3	Freedom 4
Service Areas	42 States + DC ex NV, MD, DE, CT, NJ, AK, HI and NY MA Only Purchase any Stand Alone Part D			New York Only Integrated Plan
Premium	\$98	\$0	\$0	\$0
MOOP (all inclusive)	\$1,000	\$3,000	\$3,000	\$3,000
Inpatient	\$0	\$180/day, 1-5	\$265/day, 1-11	\$180/day, 1-5
MH IP	50%	Same as IP	Same as IP	Same as IP
SNF	\$0	\$0, days 1-3; \$90/day, 4-100	\$125/day, 1-24	\$0, days 1-3; \$92/day, 4-100
Home Health	\$0	\$0	\$0	\$0
PCP Copay	\$0	\$15	\$10	\$15
Specialist copay	\$0	\$30	\$25	\$30
Chiro	\$15	Same as spec	Same as spec	\$35
OP MH	\$15	Same as spec	\$40/individual, \$30/group	\$35
Outpatient services/surgery	\$0	20%	20%	20%
Ambulance	\$150	20%	\$150	20%
E/R	\$50	\$50	\$50	\$50
Urgent care/facility	\$0	\$50	\$50	\$50
Outpatient rehab (therapies)	\$15	20%	20%	20%
DME/prosthetics	0%	20%	20%	20%
Diabetic supplies	0%	20%	20%	20%
Diagnostic tests, x-rays, lab				
Lab	\$0	20%	\$5	20%
Radiation Therapy	20%	20%	20%	20%
X-Ray	\$0	20%	20%	20%
Preventive	1 visit per year, no copay	1 visit per year, no copay	1 visit per year, no copay	1 visit per year, no copay

The following supplemental benefits are provided for all plans:

Dental (Freedom 1-3) - 50% coverage for 2 routine exams, 2 cleanings and 1 set of x-rays per year
Dental (Freedom 4 NY) - 50% coverage for 1 routine exams, 1 cleanings and 1 set of x-rays per year
Hearing - 1 routine exam/yr with copay and \$100 defined benefit for hearing aids
Vision - 1 routine exam/yr with copay and \$100 defined benefit for eyewear
Nurse line - 24 hours/day, 7 days/week
Advantra Fit For Life online wellness module

	Tier 1 Preferred Generic	Tier 2 Preferred Brand	Tier 3 Non-Preferred	Tier 4 Specialty Drugs
Freedom 4 - NY				
In network, initial coverage (up to c	\$5	\$25	\$60	25%
Donut hole - generics only	\$5			