



Advantra Freedom Plans

How Do Advantra Freedom Plans Help Me?

This section provides general information on Advantra Freedom as well as the specific plans available to you in your State / County (including benefit levels). With Advantra Freedom you get all of the following benefits and many more:

- No deductibles.
- Predictable copays for most services, with many as low as \$0, depending on the plans available in your service area.
- The comfort of seeing your own doctors as long as they accept Advantra Freedom's terms and conditions of payment.
- Flexibility of **no referrals**.
- \$100 annual benefits for eyewear and hearing aids (\$200 total).
- No copays for important preventive screening tests and annual physical exams.
- Full coverage while traveling anywhere in the United States.
- Nurses on call 7 days a week, 24 hours a day, even on holidays.

Here's How It Works

Advantra Freedom offers you many advantages in terms of choice, coverage and savings over traditional Medigap policies and other Medicare Advantage plans like HMOs:

- Advantra Freedom has low copays for annual routine vision and hearing exams and provides a benefit up to \$100 towards your eyewear **and** hearing aids (\$200 total).
- You pay set copays for most services, eliminating many surprise bills.
- Your annual costs are capped so you can rest easier knowing the maximum you will pay out of pocket no matter how many covered medical services you need.
- You continue to pay your Medicare Part B premium. Some plans require **no additional premium** above your Medicare Part B premium, depending on the plans available in your service area.

We're Here to Keep You Well

Advantra Freedom provides coverage when you are sick or injured. You can also count on Advantra Freedom for preventive care and wellness.

You are covered 100%* for preventive care such as:

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

*Medicare coverage guidelines apply.

Coverage for Vision, Hearing and Preventive Dental Care

Advantra Freedom provides coverage for routine hearing and vision exams as well as coverage for non-Medicare covered eyewear and hearing aids

You even save on preventive dental care where you pay only 50% of the usual and customary fees for preventive cleanings, check-ups, and annual dental x-rays.

Health Information Resources

Advantra Freedom provides you with a variety of tools to help you take charge of your health and get the information you need to make informed medical decisions.

You can tap into one of the country's leading online medical resources - WebMD - putting a wealth of information at your fingertips. You can still stay up to date on important health care issues with our informative member newsletter.

All Advantra Freedom members have access to nurses 24 hours a day; seven days a week, to answer health-related questions or to help you better understand your doctor's instructions. Medical advice is always just a quick phone call away — even in the middle of the night.

The Road to Better Health

Advantra Fit For Life — Our online wellness program designed especially for Medicare beneficiaries and can get you started on the road to better health habits. As an Advantra Freedom member you will receive a customized wellness plan, as well as supplemental tools and services, designed to help you achieve your personal health related goals.

Customer Service

Whether you need information on your benefits or about a medical condition, Advantra Freedom is here for you. Friendly, knowledgeable sales representatives are available for assistance with enrollment or benefit issues:

Prospective members should call 1(800) 711-1607, Monday-Friday 8 a.m. - 11 p.m. Eastern Standard Time. TTY/TDD users should call 1(888) 788-4010. From November 15 - March 15, additional Saturday and Sunday hours 8 a.m. - 11. p.m . Eastern Standard Time.

Current Members should call Customer Service at 1(866) 386-2330, Monday-Friday 8 a.m. - 10 p.m. Eastern Standard Time. TTY/TDD users should call 1(866) 386-2335. From November 15 - March 1, additional Saturday hours 8 a.m. - 4. p.m . Eastern Standard Time. Or visit www.advantrafreedom.com.

Travel Coverage

You are covered wherever you go with Advantra Freedom.

Should you need medical care while you are traveling **throughout the United States**, you are eligible for emergency care from any provider who accepts Medicare's and Advantra Freedom's terms and conditions of payment. Be sure to bring along your Advantra Freedom ID card and present it at the time of service.

If your travels take you out of the country, you are covered for urgent or emergency services that would have been covered by Original Medicare — anywhere in the world. You are responsible for the same copays as if the care had been rendered in the United States.

If you spend **several months of the year in another location**, your Advantra Freedom benefits accompany you. Unlike other Medicare plans that restrict coverage to a certain network or geographic area, you have the freedom to use any provider, who accepts Medicare and our Terms and Conditions of payment, any time, anywhere in the United States. There's no need to switch plans or even notify us in advance unless you will be out of the service area for more than 6 months. If you will be out of the service area for more than 6 months or have questions about this benefit, please contact Customer Service.

Prospective members should call 1(800) 711-1607, Monday-Friday 8 a.m. - 11 p.m. Eastern Standard Time. TTY/TDD users should call 1(888) 788-4010. From November 15 - March 15, additional Saturday and Sunday hours 8 a.m. - 11. p.m . Eastern Standard Time.

Current Members should call Customer Service at 1(866) 386-2330, Monday-Friday 8 a.m. - 10 p.m. Eastern Standard Time. TTY/TDD users should call 1(866) 386-2335. From November 15 - March 1, additional Saturday hours 8 a.m. - 4. p.m . Eastern Standard Time, Or visit www.advantrafreedom.com.

You are covered wherever you go with Advantra Freedom as long as your provider accepts Advantra Freedom's terms and conditions of payment.

Selecting a Provider

Under Private-Fee-For-Service, you may obtain Covered Services from any Medicare Eligible Provider anywhere in the United States. To be eligible to furnish services to an Advantra Freedom Enrollee, Providers must be state licensed, have a Medicare billing number or be eligible to obtain one. The Provider you select must also agree to Advantra Freedom's terms and conditions (**Non-hospital providers; Hospital**).

You must identify yourself as an Advantra Freedom Plan Enrollee each time you seek Covered Services. Each time you go to the Provider's office for services, you must:

- Show your Advantra Freedom Plan ID card.
- Confirm that your Provider is Medicare-eligible and accepts Medicare Assignment as full payment.
- Understand whether or not services you are about to receive are covered benefits. If you are at all unsure or have questions about Advantra Freedom, you should contact us at 1-866-386-2330, or for the hearing impaired, (TTY 1-866-386-2335), Customer Services Hours are:
 - November 15 - March 1: 8:00 am - 10:00 p.m., Eastern Standard Time, Monday through Friday; 8:00 a.m. - 4:00 p.m. Eastern Standard Time, Saturday
 - March 2 - November 14: 8:00 am - 10:00 p.m. Eastern Standard Time, Monday through Friday
- You may also contact Medicare at 1-800-MEDICARE, (1-800-633-4227), TTY: 1-877-486-2048, 24 hours a day/ 7 days a week.
- It is important to note that every Provider has the right to decide whether or not to agree or to accept Advantra Freedom's terms and conditions of payment each time they furnish a Covered Services to you. If your provider decides not to accept Advantra Freedom's payment terms and conditions, you will need to find another provider that will. They should not provide services to you, except in an emergency.

It is important to note that every Provider has the right to decide whether or not to agree or to accept Advantra Freedom's terms and conditions of payment each time they furnish a Covered Services to you. If your Provider does not agree to accept Advantra Freedom's terms and conditions of payment, then you may be financially responsible for services.

Deeming

In PFFS plans, providers are considered to be **Deemed** and are **treated** as having a contract if the following conditions are met:

- Services are covered under the Plan; (see your Advantra Freedom Summary of Benefits);
- Provider knows you are an Advantra Freedom member and this is why you should present your Advantra Freedom ID card every time you visit your provider.
- Provider had reasonable opportunity to obtain information about the terms and conditions of payment under the plan. Advantra Freedom's terms and conditions of payment are posted on the website at www.advantrafreedom.com or your provider may contact Provider Services at 1-800-713-5095 Monday-Friday 8:00 a.m. - 10:00 p.m., Eastern Standard Time. This contact information is also listed on the back of your ID card.

Payment Examples

Provider is Deemed and accepts Medicare Assignment — You will only be responsible for Copay/Coinsurance for services rendered. These expenses apply towards your annual Out-of-Pocket Maximum. The Provider will bill Advantra Freedom for the rest of the fee. The Provider must accept Advantra Freedom's payment as payment in full and may not bill you for any amounts except for your share of costs outlined in the Schedule of Benefits.

Provider is Deemed and does not accept Medicare Assignment — You will be responsible for all Copays/Coinsurance and may be Balanced Billed for Excess Charges. By law, Providers who do not accept Medicare Assignment may charge you up to an additional 15% above the Medicare Allowed Amount (95% of the Medicare Fee Schedule). These are called "Part B Excess Charges" or limiting charges. Some States do not permit providers to charge these Part B Excess/limiting charges. Advantra Freedom does not cover these Excess Charges, beyond 100% of the Medicare Fee Schedule. These Excess Charges would **not** apply to your annual Out-of-Pocket Maximum.

Provider has opted out of Medicare or is not permitted to bill under the Medicare program — You will be responsible to pay for all services rendered. These charges do not apply to your annual Out-of-Pocket Maximum.

Provider furnishes a service that is not covered by Advantra Freedom — Advantra Freedom is not required to pay for the service. You are responsible for full payment to the Provider.

CMS Website: Medicare beneficiaries may enroll in Advantra Freedom through the Centers for Medicare and Medicaid Services Online Enrollment Center located at www.medicare.gov or call 1-800-MEDICARE, (1-800-633-4227), TTY: 1-877-486-2048, 24 hours a day/ 7 days a week.

Your Advantra Freedom Identification (ID) Card

While you are enrolled in Advantra Freedom, **you must** use your Advantra Freedom ID card instead of your red, white, and blue Medicare card whenever you get Covered Services. Don't discard your Medicare card and keep it in a safe place. If you get medical services using your Medicare card while you are an Advantra Freedom Enrollee, the Medicare program will not pay for these services and you may have to pay the full cost yourself.

Please carry your Advantra Freedom ID card with you at all times. You will need to show this card at every provider's office, facility or emergency room. If your card is ever damaged, lost, or stolen, call Customer Service right away to get a new ID card.

What Is a Private Fee-For-Service Plan?

Private Fee-For-Service (PFFS) is a type of Medicare Advantage plan offered by private insurance companies under contract with Medicare. PFFS plans are not Medicare supplement, Medigap, or Medicare Select plans. This means that the private-fee-for-service plan pays your claims instead of Medicare. You will pay the cost sharing listed in the plan's summary of benefits.

How Do Private Fee-For-Service Plans Work?

Under Private Fee-For-Service, you may go to any licensed doctor or hospital in the U.S. that is willing to provide care and accepts the plan's terms and condition of payment. It is important to note that every Provider has the right to decide whether or not to agree or to accept the plan's terms and conditions each time they furnish a Covered Services to you. If your provider decides not to accept the plan's payment

terms and conditions of payment, you will need to find another provider that will. They should not provide services to you, except in an emergency.

Does a Private Fee-For-Service Plan Cover Everything That Original Medicare Covers?

Yes. By law, a Private Fee-For-Service plan must provide enrollees with all of the benefits they would receive under Original Medicare. However, Advantra Freedom also provides benefits such as 100% coverage for preventive care and \$100 benefits annually towards eyewear and hearing aids.

Can I Use the Same Doctors and Hospitals That I Use Now, or Do I Need to Use a Network of Physicians?

Under Private Fee-For-Service, you can see any licensed provider who is willing to accept the Medicare Private Fee-For-Service plan's terms and conditions of payment. You are not locked into a network of providers and you do not need a referral for covered services.

What if my provider won't accept my Private Fee-For-Service plan?

Providers are not required to provide services to enrollees in a Medicare Private Fee-For-Service plan. If your provider currently bills Medicare, he or she will receive the same reimbursement from Advantra Freedom as Original Medicare. If your providers do not want to accept the plan's terms and conditions of payment, you should seek care from another provider who is willing to provide services to Private Fee-For-Service members.

Do I Have to Go Through a Primary Care Doctor like an HMO?

No. Under Private Fee-For-Service, you can obtain care directly from any licensed providers who are willing to accept the Medicare Private Fee-For-Service plan's terms and conditions of payment.

Do I Need to Continue to Pay My Medicare Part B Premium with Private Fee-For-Service?

Yes. You must continue to pay your Medicare Part B premium once you enroll in Advantra Freedom.

What is Advantra Freedom?

Advantra Freedom is a Medicare Advantage Private Fee-For-Service Plan (PFFS) offered through a contract with the Centers for Medicare and Medicaid Services (CMS) - the federal agency that administers Medicare. Advantra Freedom gives you the flexibility of private insurance but at a lower cost. Advantra Freedom can provide you with every benefit to which you are entitled under Medicare Parts A and B, including the following:

- No deductibles.
- Predictable copays for most services.
- The comfort of seeing your own doctors as long as they accept Advantra Freedom's terms and conditions of payment.
- Flexibility of **no referrals**.
- Contributions towards eyeglasses, hearing aids and preventive dental care.
- No copays for important preventive screening tests and physical exams.
- Full coverage while traveling anywhere in the United States.
- Registered Nurses on call 7 days a week, 24 hours a day, even on holidays.

Advantra Freedom premiums, copays and benefits may vary by county. For complete details about the plans available to you, review the Summary of Benefits or contact Advantra Freedom toll-free

1 (866) 386-2330; (TDD) 1 (866) 386-2335

November 15, 2006 through March 1, 2007:

Monday through Sunday from 8:00 a.m. - 11:00 p.m., Eastern Standard Time

March 2, 2007 through November 14, 2007:

Monday through Friday from 8:00 a.m. - 11:00 p.m., Eastern Standard Time

How does Advantra Freedom work?

Advantra Freedom pays your physician and hospital the same as traditional Medicare. Most doctors should agree to Advantra Freedom payment terms, but it is smart to ask in advance. You never need a referral with Advantra Freedom **◆ you decide** which doctors to see. There are **no network restrictions** or minimal prior authorization* requirements. Simply show your ID card at the time of service to let the provider know you are a member of Advantra Freedom.

Your annual costs are capped so you can rest easier knowing the maximum you will pay out of pocket no matter how many covered medical services you need. And with

fixed copays for many services ♦ some as low as \$0 ♦ your costs are more predictable eliminating many surprise bills.

* Prior authorization is required for procedures that must be performed at Medicare approved facilities such as transplants or carotid artery stenting. Because some drugs may be covered under either Part B or Part D depending upon the situation, Advantra Freedom requires prior authorization on all Part B drugs to ensure that claims are submitted appropriately.

What does Advantra Freedom cover?

You can count on Advantra Freedom to provide the preventive care and wellness benefits that you need. You are covered 100%* for preventive care such as:

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

* Medicare coverage guidelines apply.

Advantra Freedom makes better vision and hearing more affordable with low copays for routine exams and with a \$100 benefit towards your eyewear **and** hearing aids for calendar year 2007.

You even save on preventive dental care where you pay only 50% of usual and customary fees for preventive dental services such as cleanings, check-ups, and dental x-rays.

How am I covered under Advantra Freedom if I am traveling?

You are covered wherever you go with Advantra Freedom. Should you need medical care while you are traveling throughout the United States, you are eligible for full benefits — not just emergency care — from any provider who accepts Medicare's and Advantra Freedom's terms and conditions of payment. Be sure to bring along your Advantra Freedom ID card and present it at the time of service.

If your travels take you out of the country, you are covered for urgent or emergency services that would have been covered by Original Medicare — anywhere in the world. You are responsible for the same copays as if the care had been rendered in the United States.

How am I covered if I spend several months of the year in another location?

If you spend several months of the year in another location, your Advantra Freedom benefits accompany you. Unlike other Medicare plans that restrict coverage to a certain network or geographic area, you have the freedom to use any Medicare provider who accepts Advantra Freedom's terms and conditions of payment, any time, anywhere in the United States. There's no need to switch plans or even notify us in advance unless you will be out of the service area for more than 6 months. If you will be out of the service area for more than 6 months, please contact Customer Service.

Prospective members should call 1 (800) 711-1607, Monday-Friday 8 a.m. - 11 p.m. Eastern Standard Time. TTY/TDD users should call 1 (888) 788-4010. From November 15 - March 15, additional Saturday and Sunday hours 8 a.m. - 11 p.m. Eastern Standard Time.

Current Members should call Customer Service at 1 (800) 711-1607, Monday-Friday 8 a.m. - 11 p.m. Eastern Standard Time. TTY/TDD users should call 1 (866) 386-2335. From November 15 - March 1, additional Saturday hours 8 a.m. - 4 p.m. Eastern Standard Time.

Why should I choose an Advantra Freedom Plan?

Advantra Freedom is offered through the following Coventry Health Care, Inc subsidiaries: Coventry Health and Life Insurance Company, Cambridge Life Insurance Company and First Health Life & Health Insurance Company, who contract with the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare. Coventry Health Care, Inc., one of the nation's respected insurance carriers, currently covers close to four million Americans, including many Medicare beneficiaries. You can trust Coventry to deliver the benefits and service you need at a cost you can afford.

- The strength and stability of more than 25 years of health care experience.
- Predictable monthly medical expenses.
- The comfort of seeing your own doctors as long as they accept Advantra Freedom's terms and conditions of payment.

- Flexibility of **no referrals**.
- Optional prescription plans that offer an extensive preferred medication list and more than 58,000 network pharmacies.
- Customer service that fits your schedule.
- A plan that's easy to use with minimal paperwork.

You will experience the peace of mind that comes from knowing you are protected should your health care needs change.

What should I consider when selecting a plan that's right for me?

Advantra Freedom offers you many advantages in terms of choice, coverage and savings. When selecting a Medicare Advantage plan, you should consider the trade-offs between the copay amount at the time of service, the monthly premium, the range of covered services including preventive care and wellness benefits, and the freedom to use the doctors and hospitals of your choice who accept Medicare and agree to accept Advantra Freedom's terms and conditions of payment.

When can I enroll in Advantra Freedom?

The Federal Government now limits enrollment into Advantra Freedom and other Medicare Advantage plans with or without Medicare prescription drug coverage to specific times of the year except under special circumstances.

You are eligible to join Advantra Freedom if you are entitled to Medicare Part A and are enrolled in Medicare Part B and reside within the plan's service area. Please note the following important enrollment dates as they apply to you:

- When you first become eligible for Medicare, you can join Advantra Freedom during the three months before or after your 65th birthday or when you are first eligible for Medicare. Your enrollment will be effective either when you are first eligible for Medicare or the first of the month after you sign up.
- If you are already Medicare-eligible, you can join Advantra Freedom during the annual Open Enrollment Period from 11/15 to 12/31 each year. Your coverage will be effective on 1/1.
- You can make one selection into or out of a Medicare Advantage plan from 1/1 to 3/31 each year. Your coverage would generally be the first of the month following Advantra Freedom's receipt of your application.
- If you move out of your current plan's service area or lose other group coverage — you can switch to Advantra Freedom at the time of your move.

Medicare-eligible beneficiaries with limited income and resources may qualify for special assistance. People under age 65 with certain disabilities may also be eligible to join Advantra Freedom. Call your local Social Security Office for more information.

The Effective Date of enrollment in Advantra Freedom will depend on when Advantra Freedom receives your signed and completed enrollment form, and the type of election period. Advantra Freedom will send you a letter that tells you when your coverage begins. In general, completed enrollment forms must be received by Advantra Freedom by the end of the month to be effective the first of the next month.

The exception is during your Initial Election Period. (This is when you first become entitled to both Medicare Part A and Part B.) Your enrollment will be effective as of the first day of that month you have coverage under both Medicare Part A and Part B.

Why enroll in Advantra Freedom now?

If you sign up within 90 days of your Medicare eligibility date (newly-turned 65) or during the annual Open Enrollment Period (already turned 65), you will enjoy the benefits of Advantra Freedom coverage right away. Otherwise, you will have to wait until the next Open Enrollment Period starting on 11/15/07 to sign up.

I already belong to another Medicare Advantage plan. Can I switch to Advantra Freedom?

Yes. You can switch to Advantra Freedom during the annual Open Enrollment period from 11/15/06 to 12/31/06. Under special circumstances, such as if you move out of your current plan's service area or lose other group coverage, you can switch to Advantra Freedom immediately as long as you are eligible. You can also make one selection into or out of a Medicare Advantage plan from 1/1 to 3/31 each year. Your coverage would generally be the first of the month following Advantra Freedom's receipt of your application. Your other Medicare Advantage coverage will be canceled as soon as your Advantra Freedom coverage goes into effect.

What if I decide to terminate my Advantra Freedom coverage?

If you decide to terminate your Advantra Freedom coverage, you may “disenroll.” You can disenroll because you have decided that you wish to change Medicare plans; however, starting in 2006, there is a new law that governs when and how often you can change plans and what choices you can make when you make the changes. (See **"When can I enroll in Advantra Freedom?"**)

There are also several situations where you would no longer be eligible for the plan’s benefits:

- If you permanently move out of the plan’s geographic service area, or
- If the plan leaves the Medicare program.

You may use any of the following ways to terminate your Advantra Freedom coverage:

- Write a letter or fill out a disenrollment form. Send it to the Enrollment Department at Advantra Freedom Enrollment, 2222 Ewing Road, Moon Township, PA 15108 or fax it to 866-415-2819.
- Call Customer Service at 1 (800) 386-2330 , 8:00 a.m. to 10:00 p.m.; Eastern Standard Time Monday through Friday. TTY users should call 1 (866) 386-2335 to get a disenrollment form. From November 15-March 1, additional Saturdays hours from 8:00 a.m. - 11:00 p.m. Eastern Standard Time.
- Call 1-800 Medicare (1 (800) 633-4227) or TTY users should call 1 (877) 486-2048, 24 hours a day, 7 days a week.

In most cases, your disenrollment date will be the 1st day of the month that comes after the month we receive your request to disenroll. For example, if we receive your request to disenroll during the month of February, your disenrollment date will be March 1.

Can I be involuntarily disenrolled from Advantra Freedom?

Members can be involuntarily disenrolled for failure to pay premiums, a permanent move outside Advantra Freedom’s geographic service area for six months or more, fraud and/or disruptive behavior.

What isn't covered by Advantra Freedom?

A Medicare Benefits Specialist can answer specific questions for you. When you enroll, you will receive a complete list of benefits and exceptions in your plan materials, but these are the most common exclusions about which we are asked:

- Services and equipment which are not reasonable or medically necessary to treat an illness
- Plastic or cosmetic surgery unless medically necessary
- Personal convenience items or services
- Meals delivered to the home
- Immunizations for travel or employment
- Experimental procedures or treatments in accordance with Medicare guidelines
- Special duty nurses unless medically necessary
- Private hospital room unless medically necessary and approved by Advantra Freedom in advance
- Services covered by other insurance
- Custodial care
- Benefits and services not covered by Medicare unless specifically described as a covered service in Advantra Freedom plan materials

Can my Advantra Freedom benefit package change after I enroll?

Advantra Freedom's benefit package, premiums, copays, formulary and service area are effective for the benefit year starting 1/1 and ending on 12/31. Advantra Freedom's contract with the Center for Medicare and Medicaid Services (CMS) is renewed annually at which time benefits, cost sharing, exclusions and service areas are subject to change for the next benefit year.

Can Advantra Freedom premiums be deducted from Social Security checks?

Yes. You have the option to have the premium deducted from your Social Security check (just like your Part B premium). Or, you or your former employer can pay the premium directly to Advantra Freedom either by check or an automatic fund transfer process. Social Security withhold option is not available to members enrolled in employer group plans.

Frequently Asked Questions about Medicare

For more information on Medicare coverage, visit www.medicare.gov or call 1-800-Medicare (1-800-633-4227). TTY for the hearing impaired 1-877-486-2048. 24 hours a day, seven days a week. Another useful resource is the CMS publication *Medicare and You*. This publication is located at www.medicare.gov and www.medicare.gov/publications

Who does Medicare cover?

- People age 65 and over
- People under 65 with certain disabilities
- People of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

What does Medicare Cover?

Part A is insurance covering most inpatient hospital care or hospitalization, skilled nursing facility care, home health care, and hospice care. Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working.

Part B is insurance for outpatient and doctors' services. Part B also covers some physical and occupational therapist services, and some home health care. Most people pay a monthly premium for Part B which is deducted from your Social Security check.

Part C refers to Medicare Advantage plans. Part C plans, like Advantra Freedom, provide additional benefits to Parts A and B. This means you will have all Part A and B benefits and possible Part D benefits with a range of premium options.

Prescription Drug Coverage, also known as Medicare Part D, provides coverage for some of your prescription drugs. Most people will pay a monthly premium for this coverage.

What isn't covered by Medicare Part A and Part B?

Medicare doesn't cover everything. Items and services that aren't covered include, but aren't limited to:

- Acupuncture.
- Deductibles, coinsurance, or copayments when you get health care services.
- Dental care and dentures (with only a few exceptions).
- Cosmetic surgery.
- Custodial care (help with bathing, dressing, using the bathroom, and eating) at home or in a nursing home.
- Eye refractions.
- Health care you get while traveling outside of the United States (except as listed on page).
- Hearing aids and hearing exams for the purpose of fitting a hearing aid.
- Hearing tests (other than for fitting a hearing aid) that haven't been ordered by your doctor.
- Long-term care, such as custodial care in a nursing home.
- Orthopedic shoes (with only a few exceptions).
- Prescription drugs — most prescription drugs aren't covered.
- Routine foot care such as cutting of corns or calluses (with only a few exceptions).
- Routine eye care and most eyeglasses.
- Routine or yearly physical exams. (Medicare will cover a one-time physical exam within the first six months you have Part B.)
- Screening tests and screening laboratory tests except those specifically identified by Medicare. See *Medicare and You* for more details www.medicare.gov.
- Shots (vaccinations) except those specifically identified by Medicare. See *Medicare and You* for more details - www.medicare.gov.
- Some diabetic supplies, such as syringes or insulin (unless the insulin is used with an insulin pump). These items may be covered under a Medicare Prescription Drug Plan.

What are my options?

The Original Medicare Plan—This is a fee-for-service plan that covers many health care services and certain drugs. You can go to any doctor or hospital that accepts Medicare and agrees to accept Advantra Freedom's terms and conditions of payment. The **following question** in this document describes the Original Medicare Plan, including how it works, what your costs are, and how you can buy a Medigap (Medicare Supplement Insurance) policy and join a Medicare Prescription Drug Plan to cover costs not covered in Original Medicare.

Medicare Advantage Plans and Other Medicare Health

Plans—These plans, which include HMOs, PPOs, private-fee-for-service (PFFS) and medical savings account (MSA), plans, may cover more services and have lower out-of-pocket costs than the Original Medicare Plan. However, in some plans, like HMOs, you may only be able to see certain doctors or go to certain hospitals.

Medicare drug plans—Medicare prescription drug coverage started January 1, 2006. You can get prescription drug coverage no matter how you get your Medicare health care.

What is the Original Medicare Plan?

The Original Medicare Plan is one of your health plan choices as part of the Medicare Program. You will stay in the Original Medicare Plan unless you choose to join a Medicare Advantage Plan or other Medicare Health Plan.

The Original Medicare Plan is a fee-for-service plan that is managed by the Federal Government. The rules for how the Original Medicare Plan works are below.

- You use your red, white, and blue Medicare card when you get health care
- If you have Medicare Part A, you get all Part A-covered services
- If you have Medicare Part B, you get all Part B-covered services. You usually pay a monthly premium for Part B
- You can go to any doctor or supplier that accepts Medicare and is accepting new Medicare patients, or to any hospital or other facility.
- You pay a set amount for your health care (deductible) before Medicare pays its part. Then, Medicare pays its share, and you pay your share (coinsurance or copayment) for covered services and supplies (unless you have a Medigap policy).
- For more detailed information about Medicare-covered items and services, visit www.medicare.gov on the web, or call 1-800-MEDICARE (1-800-633-4227) to get a free copy of *Your Medicare Benefits* (CMS Pub. No. 10116).

What things should I consider when choosing Medicare coverage

- **Cost**—What will you pay out-of-pocket, including premiums?
- **Benefits**—Are extra benefits and services, like additional drug coverage, eye exams or hearing aids covered? (These may be covered by some plans.)
- **Doctor and hospital choice**—Can you see the doctor(s) you want to see? Do you need a referral to see a specialist? Can you go to the hospital you want?

- **Convenience**—Where are the doctors offices? What are their hours? Is there paperwork? Are they accepting new patients? Do you spend part of each year in another state?
- **Prescription drugs**—Are they covered? Are your prescription drugs on the plan's list of covered drugs (formulary)?
- **Pharmacy choice**—Can you use the pharmacy you want? Are the pharmacies convenient?
- **Quality of care**—How is the quality of the plans in your area? Information about quality is available at www.medicare.gov on the web.

What is “assignment” in the Original Medicare Plan and why is it important?

Assignment is an agreement between people with Medicare, their doctors and other providers, and Medicare. The person with Medicare agrees to let the doctor or other provider request direct payment from Medicare for covered Part B services, items, and supplies. Doctors or providers who agree to (or must by law) accept assignment from Medicare can't try to collect more than the Medicare deductible and coinsurance amounts from the person with Medicare, their other insurance, or anyone else.

If assignment isn't accepted, doctors and providers may charge you more than the Medicare-approved amount. For most services, there is a limit on the amount over the Medicare-approved amount your doctors and providers can bill you. The highest amount of money you can be charged for a Medicare covered service by doctors and other providers who don't accept assignment is called the limiting charge. The limiting charge is 9.25% over the Medicare fee schedule. The limiting charge applies only to certain services and doesn't apply to supplies and items. In addition, you may have to pay the entire charge at the time of service. Medicare will send you its share of the charge when the claim is processed.

In some cases, your health care providers and suppliers must accept assignment. For example, if you get Medicare Part B-covered prescription drugs and biologicals from a pharmacy or supplier that is enrolled in the Medicare Program, the pharmacy or supplier must accept assignment.

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