

# Summary of Benefits

A STEP-BY-STEP GUIDE



**Advantra<sup>®</sup>Rx**

*Medicare Prescription Drug Plans Made Easy*

AR07SB008

S5670



## SUMMARY OF BENEFITS

**AdvantraRx** - S5670

January 1, 2007 - December 31, 2007

**AdvantraRx**<sup>®</sup>  
Medicare Prescription Drug Plans Made Easy

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

### **YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE**

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

### **HOW CAN I COMPARE MY OPTIONS?**

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

### **WHERE IS ADVANTRARX AVAILABLE?**

The service area for this plan includes: North Carolina. You must live in this area to join this plan.

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

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

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

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

### **WHERE CAN I GET MY PRESCRIPTIONS?**

AdvantraRx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service listed on the back cover for an up-to-date list.

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

AdvantraRx uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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 website at [www.AdvantraRx.com](http://www.AdvantraRx.com). If you are currently taking a drug that is not on our formulary or subject to additional requirement 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.

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

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details. If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join AdvantraRx. Get this information before you decide to enroll in this plan.

### **HOW CAN I GET HELP WITH MY DRUG PLAN COSTS?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join AdvantraRx, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 1-877-486-2048, 24 hours a day/7 days a week).

### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of AdvantraRx, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us

to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request.

If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Please call AdvantraRx for more information about this plan, or visit our website at [www.AdvantraRx.com](http://www.AdvantraRx.com) or call us:

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

**Current members should call  
1-866-823-5177 (TDD 1-866-236-1069)  
Open 7 days a week, 24 hours a day;**

**Prospective members should call  
1-800-882-3822 (TDD 1-800-508-9548)  
Open 8 am to 8 pm, local time, 7 days a week.**

**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.**

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### SECTION II: SUMMARY OF BENEFITS

This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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 website at [www.AdvantraRx.com](http://www.AdvantraRx.com).

People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.

Benefit	Original Medicare	AdvantageRx Value	AdvantageRx Premier	AdvantageRx Premier Plus
<p><b>Deductibles:</b> All AdvantageRx plans have no deductible, which means that you have first dollar coverage as soon as you're eligible.</p>				
<p><b>You pay 100% for most prescription drugs.</b></p> <p><b>There is no deductible</b></p> <p><b>There is no deductible</b></p> <p><b>There is no deductible</b></p>				
<p><b>Initial Coverage Limit:</b> Before the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay the following for prescription drugs:</p>				
<p><b>In-Network Retail Pharmacy</b></p>		<ul style="list-style-type: none"> <li>· \$7 for a one month (30 day) supply of Preferred Generic drugs</li> <li>· \$25 for a one month (30 day) supply of Preferred Brand drugs</li> <li>· \$67 for a one month (30 day) supply of Non-Preferred</li> </ul>	<ul style="list-style-type: none"> <li>· \$5 for a one month (30 day) supply of Preferred Generic drugs</li> <li>· \$20 for a one month (30 day) supply of Preferred Brand drugs</li> <li>· \$52 for a one month (30 day) supply of Non-Preferred</li> </ul>	<ul style="list-style-type: none"> <li>· \$0 for a one month (30 day) supply of Preferred Generic drugs</li> <li>· \$25 for a one month (30 day) supply of Preferred Brand drugs</li> <li>· \$69 for a one month (30 day) supply of Non-Preferred</li> </ul>

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Benefit	Original Medicare	AdvantRx Value	AdvantRx Premier	AdvantRx Premier Plus
		<ul style="list-style-type: none"> <li>Generic/Non-Preferred Brand drugs</li> <li>· 25% coinsurance for a one month (30 day) supply of Specialty drugs</li> <li>· \$21 for a three month (90 day) supply of Preferred Generic drugs</li> <li>· \$75 for a three month (90 day) supply of Preferred Brand drugs</li> <li>· \$201 for a three month (90 day) supply of Non-Preferred Generic/Non-Preferred Brand drugs</li> <li>· 25% coinsurance for a three month (90 day) supply of Specialty drugs</li> </ul>	<ul style="list-style-type: none"> <li>Generic/Non-Preferred Brand drugs</li> <li>· 25% coinsurance for a one month (30 day) supply of Specialty drugs</li> <li>· \$15 for a three month (90 day) supply of Preferred Generic drugs</li> <li>· \$60 for a three month (90 day) supply of Preferred Brand drugs</li> <li>· \$156 for a three month (90 day) supply of Non-Preferred Generic/Non-Preferred Brand drugs</li> <li>· 25% coinsurance for a three month (90 day) supply of Specialty drugs</li> </ul>	<ul style="list-style-type: none"> <li>Generic/Non-Preferred Brand drugs</li> <li>· 25% coinsurance for a one month (30 day) supply of Specialty drugs</li> <li>· \$0 for a three month (90 day) supply of Preferred Generic drugs</li> <li>· \$75 for a three month (90 day) supply of Preferred Brand drugs</li> <li>· \$207 for a three month (90 day) supply of Non-Preferred Generic/Non-Preferred Brand drugs</li> <li>· 25% coinsurance for a three month (90 day) supply of Specialty drugs</li> </ul>

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Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
<b>Mail Order</b>		<ul style="list-style-type: none"> <li>· \$14 for a three month (90 day) supply of Preferred Generic drugs</li> <li>· \$50 for a three month (90 day) supply of Preferred Brand drugs</li> <li>· \$134 for a three month (90 day) supply of Non-Preferred Generic/Non-Preferred Brand drugs</li> </ul>	<ul style="list-style-type: none"> <li>· \$10 for a three month (90 day) supply of Preferred Generic drugs</li> <li>· \$40 for a three month (90 day) supply of Preferred Brand drugs</li> <li>· \$104 for a three month (90 day) supply of Non-Preferred Generic/Non-Preferred Brand drugs</li> </ul>	<ul style="list-style-type: none"> <li>· \$0 for a three month (90 day) supply of Preferred Generic drugs</li> <li>· \$50 for a three month (90 day) supply of Preferred Brand drugs</li> <li>· \$138 for a three month (90 day) supply of Non-Preferred Generic/Non-Preferred Brand drugs</li> </ul>
<b>Coverage After You Reach Your Initial Coverage Limit:</b> <i>Also called Coverage Gap or Donut Hole</i>				
		<p>After the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3,850.</p>	<p>After the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3,850.</p>	<ul style="list-style-type: none"> <li>· \$15 for a one month (30 day) supply of Preferred Generic drugs</li> <li>· \$45 for a three month (90 day) supply of Preferred Generic drugs</li> <li>· Mail Order \$30 for a three month (90 day) supply of Preferred Generic drugs</li> </ul>

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Benefit	Original Medicare	AdvantraRx Value	AdvantraRx Premier	AdvantraRx Premier Plus
<p><b>Catastrophic Coverage:</b> <i>After your yearly out-of-pocket drug costs reach \$3,850</i></p>				
		<p>After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of: \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or 5% coinsurance.</p>	<p>After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of: \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or 5% coinsurance.</p>	<p>After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of: \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or 5% coinsurance.</p>
<p><b>General Information</b></p>	<ul style="list-style-type: none"> <li>• You may incur a cost in addition to the copayment if you select a higher cost drug when a lesser cost drug is available.</li> <li>• In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</li> <li>• Certain prescription drugs will have maximum quantity limits.</li> <li>• In Long Term Care, a 31-day, one month supply is allowed.</li> <li>• Your provider must get prior authorization from AdvantraRx for certain prescription drugs.</li> <li>• Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</li> <li>• Please contact the plan for details.</li> </ul>			

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### PREMIUM TABLE

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

State	Monthly Premiums		
	Value	Premier	Premier Plus
<b>Alabama</b>	\$ 26.80	\$ 38.30	\$ 48.20
<b>Alaska</b>	\$ 26.70	\$ 38.30	\$ 50.40
<b>Arizona</b>	\$ 23.50	\$ 34.20	\$ 46.10
<b>Arkansas</b>	\$ 25.80	\$ 37.40	\$ 48.60
<b>California</b>	\$ 23.70	\$ 34.90	\$ 46.00
<b>Colorado</b>	\$ 23.40	\$ 34.20	\$ 47.20
<b>Connecticut</b>	\$ 24.10	\$ 35.00	\$ 48.40
<b>Delaware</b>	\$ 25.70	\$ 36.90	\$ 49.50
<b>District Of Columbia</b>	\$ 25.70	\$ 36.90	\$ 49.50
<b>Florida</b>	\$ 23.70	\$ 34.80	\$ 46.80
<b>Georgia</b>	\$ 26.00	\$ 37.40	\$ 48.70
<b>Hawaii</b>	\$ 23.40	\$ 34.20	\$ 44.40
<b>Idaho</b>	\$ 26.10	\$ 37.70	\$ 50.00
<b>Illinois</b>	\$ 26.50	\$ 36.10	\$ 48.00
<b>Indiana</b>	\$ 26.40	\$ 38.30	\$ 50.70
<b>Iowa</b>	\$ 24.40	\$ 35.70	\$ 47.50
<b>Kansas</b>	\$ 26.00	\$ 37.50	\$ 49.60
<b>Kentucky</b>	\$ 26.40	\$ 38.30	\$ 50.70
<b>Louisiana</b>	\$ 26.70	\$ 38.30	\$ 50.30
<b>Maine</b>	\$ 25.30	\$ 36.80	\$ 50.20
<b>Maryland</b>	\$ 25.70	\$ 36.90	\$ 49.50
<b>Massachusetts</b>	\$ 24.10	\$ 35.00	\$ 48.40
<b>Michigan</b>	\$ 26.30	\$ 37.00	\$ 48.00
<b>Minnesota</b>	\$ 24.40	\$ 35.70	\$ 47.50
<b>Mississippi</b>	\$ 26.60	\$ 38.30	\$ 49.00
<b>Missouri</b>	\$ 25.80	\$ 37.40	\$ 50.80

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### PREMIUM TABLE

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State	Monthly Premiums		
	Value	Premier	Premier Plus
<b>Montana</b>	\$ 24.40	\$ 35.70	\$ 47.50
<b>Nebraska</b>	\$ 24.40	\$ 35.70	\$ 47.50
<b>Nevada</b>	\$ 23.60	\$ 34.40	\$ 45.50
<b>New Hampshire</b>	\$ 25.30	\$ 36.80	\$ 50.20
<b>New Jersey</b>	\$ 24.50	\$ 35.80	\$ 47.70
<b>New Mexico</b>	\$ 23.30	\$ 34.20	\$ 45.10
<b>New York</b>	\$ 23.20	\$ 34.20	\$ 46.30
<b>North Carolina</b>	\$ 26.50	\$ 37.80	\$ 51.00
<b>North Dakota</b>	\$ 24.40	\$ 35.70	\$ 47.50
<b>Ohio</b>	\$ 23.80	\$ 36.20	\$ 48.30
<b>Oklahoma</b>	\$ 26.80	\$ 38.30	\$ 48.90
<b>Oregon</b>	\$ 23.90	\$ 34.70	\$ 46.30
<b>Pennsylvania</b>	\$ 24.00	\$ 35.20	\$ 47.60
<b>Rhode Island</b>	\$ 24.10	\$ 35.00	\$ 48.40
<b>South Carolina</b>	\$ 25.70	\$ 36.90	\$ 48.30
<b>South Dakota</b>	\$ 24.40	\$ 35.70	\$ 47.50
<b>Tennessee</b>	\$ 26.80	\$ 38.30	\$ 48.20
<b>Texas</b>	\$ 26.70	\$ 38.10	\$ 49.00
<b>Utah</b>	\$ 26.10	\$ 37.70	\$ 50.00
<b>Vermont</b>	\$ 24.10	\$ 35.00	\$ 48.40
<b>Virginia</b>	\$ 25.10	\$ 36.30	\$ 49.10
<b>Washington</b>	\$ 23.90	\$ 34.70	\$ 46.30
<b>West Virginia</b>	\$ 24.00	\$ 35.20	\$ 47.60
<b>Wisconsin</b>	\$ 23.40	\$ 34.20	\$ 48.30
<b>Wyoming</b>	\$ 24.40	\$ 35.70	\$ 47.50

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### SECTION III: PLAN SPECIFIC FEATURES

#### **Choice**

With so many prescription drug plans available, choosing just one can be overwhelming. AdvantraRx may have the best coverage for you because you can select from three plan options for the coverage that best meets your individual needs and budget. We help you handle the complexities of the prescription drug program and believe you'll be happy with an AdvantraRx plan.

#### **Service**

Whether you're new to the prescription drug program or are ready to change plans, AdvantraRx, is ready to assist you every step of the way. We can help you complete your enrollment form and answer all your questions. Your satisfaction is our reward.

#### **Value**

We continue to improve our AdvantraRx program and deliver the necessary support to you when you need it most. Choice plus a fair price, coupled with outstanding service equal AdvantraRx value for you.

#### **In-Network Pharmacies**

When you enroll in an AdvantraRx plan you will have access to over 58,000 in-network pharmacies nationwide whether you are home or traveling.

#### **Mail Order**

For added value and convenience, as an AdvantraRx member, you can order your prescription maintenance medications through our mail order service. Copayment amounts for mail order are calculated based on two copayments even though you receive a three month supply.

#### **Over-the-counter Medications**

AdvantraRx offers certain over-the-counter medications to you at no cost. The over-the-counter medications we cover with a physician's prescription and as part of Step Therapy (with no copayment) are as follows:

- Loratadine, 10mg Tablets, Tier 1
- Loratadine, 5mg/5ml Syrup, Tier 1
- Loratadine-D, 12 Hour Tablets, Tier 1
- Loratadine-D, 24 Hour Tablets, Tier 1
- Prilosec OTC, 20mg Tablets, Tier 1

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#### Excluded Drugs - AdvantraRx Premier Plus Plan ONLY

Our Premier Plus plan covers some excluded Part D drugs and are offered at no cost. The excluded drugs we cover with a physician's prescription and as part of Step Therapy are listed below. The quantity and days supply limits may apply to the medications on this list.

<b>Drug Name</b>	<b>Type</b>	<b>Strength</b>
<i>Alprazolam</i>	<i>tablets</i>	<i>0.25mg, .5mg, 1mg, 2mg</i>
<i>Clonazepam</i>	<i>tablets</i>	<i>0.5mg, 1mg, 2mg</i>
<i>Folic Acid</i>	<i>tablets</i>	<i>1mg</i>
<i>Levitra</i>	<i>tablets</i>	<i>10mg, 2.5mg, 5mg, 20mg</i>
<i>Lorazepam</i>	<i>tablets</i>	<i>0.5mg, 1mg, 2mg</i>
<i>Phenobarbital</i>	<i>(#1000) tablets</i>	<i>97.2mg, 100mg</i>
<i>Phenobarbital</i>	<i>tablets</i>	<i>15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg</i>
<i>Phenobarbital</i>	<i>(#100) tablets</i>	<i>97.2mg</i>
<i>Temazepam</i>	<i>tablets</i>	<i>7.5mg, 15mg, 30mg</i>

#### Formulary

AdvantraRx prescription drug plans use a drug formulary which is a list of preferred or recommended drugs that have been selected by our physicians and pharmacists based upon the safety, efficacy and cost of those drugs.

The formulary is a comprehensive list of medications used by physicians to guide their medication prescribing decisions. The formulary includes FDA-approved brand name and generic drugs.

#### For More Information

For more information on our plans, please contact an AdvantraRx customer service representative at the following toll-free number: 1-866-823-5177, 7 days a week, 24 hours a day or TDD 1-866-236-1069 for additional details.

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).

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## CONTACT US AT:

**1-800-882-3822**

**(TDD 1-800-508-9548)**

**8 am to 8 pm**

**local time, 7 days a week**

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

