

**Penn State University
Summary of Benefits
Advantra 2007**

In order to be enrolled in Advantra, you MUST continue to be enrolled in Medicare Parts A & B.

Benefit Category	HealthAmerica Advantra
Important Information	
<p>1. Premium Premium and Other Important Information</p>	<p>Plan premium information can be obtained by contacting Penn State University.</p> <p>You also continue to pay the Medicare Part B premium of \$93.50 each month.</p>
<p>2. Doctor and Hospital Choice (For more information, see Emergency #15 and Urgently Needed Care #16.)</p>	<p>You must go to network doctors, specialists, and hospitals.</p> <p>You do not need a referral to go to network doctors, specialists, and hospitals.</p> <p>A separate doctor office visit copayment may apply for certain services.</p>
<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>There is no copayment for Inpatient Hospital services received at a network hospital.</p> <p>You are covered for unlimited days each benefit period.</p> <p>Except in an emergency, your provider must obtain authorization from HealthAmerica Advantra.</p>
<p>4. Inpatient Mental Health Care</p>	<p>There is no copayment for services at a network hospital.</p> <p>Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your provider must obtain authorization from HealthAmerica Advantra.</p>
<p>5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>You pay:</p> <ul style="list-style-type: none"> • \$0 each day for day(s) 1 – 100 for a stay in a Skilled Nursing Facility. <p>No prior hospital stay is required.</p> <p>You are covered for 100 days each benefit period.</p> <p>Authorization rules may apply for services.</p>

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<p>6. Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>There is no copayment for Medicare-covered home health visits.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
<p>7. Hospice</p>	<p>You must receive care from a Medicare-certified hospice.</p>
<p>8. Doctor Office Visits</p>	<p>You pay \$10 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$10 for each specialist visit for Medicare-covered services.</p> <p>Authorization rules may apply for services. Contact plan for details.</p> <p>(See 32 - Physical Exams for more information.)</p>
<p>9. Chiropractic Services</p>	<p>You pay \$10 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
<p>10. Podiatry Services</p>	<p>You pay: \$10 for each Medicare-covered visit (medically necessary foot care). \$10 for each routine visit up to 1 visit every three months.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
<p>11. Outpatient Mental Health Care</p>	<p>For Medicare-covered Mental Health services, you pay \$25 for each individual/group therapy visit.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
<p>12. Outpatient Substance Abuse Care</p>	<p>For Medicare-covered services, you pay \$25 for each individual/ group visit.</p> <p>Except in an emergency, your provider must obtain authorization from HealthAmerica Advantra.</p>

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13. Outpatient Services/ Surgery	<p>There is no copayment for each Medicare-covered visit to an ambulatory surgical center.</p> <p>There is no copayment for each Medicare-covered visit to an outpatient hospital facility.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
14. Ambulance Services (medically necessary ambulance services)	<p>You pay \$0 for Medicare-covered ambulance services.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 24 hour(s) for the same condition.</p> <p>Worldwide coverage.</p>
16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<p>You pay \$50 for each Medicare-covered urgently needed care visit; you do not pay this amount if you are admitted to the hospital within 24 hour(s) for the same condition.</p> <p>Worldwide coverage.</p>
17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<p>You pay \$10 for each Medicare-covered Occupational Therapy visit.</p> <p>You pay \$10 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
18. Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	<p>There is no copayment for Medicare-covered items.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>
19. Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	<p>There is no copayment for Medicare-covered items.</p> <p>Authorization rules may apply for services. Contact plan for details.</p>

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<p>20. Diabetes Self-Monitoring Training and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>There is no copayment for Diabetes self-monitoring training.</p> <p>There is no charge for Medicare-covered Diabetes Supply items.</p> <p><i>(Please reference Section 20 at the end of this document for additional information and quantity limits for Diabetic Supplies)</i></p>
<p>21. Diagnostic Tests, X-Rays, and Lab Services</p>	<p>There is no copayment for the following Medicare-covered service(s):</p> <ul style="list-style-type: none"> • Clinical/diagnostic lab services • Radiation therapy • X-ray visits <p>Authorization rules may apply for services. Contact plan for details.</p>
<p>22. Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>There is no copayment for each Medicare-covered Bone Mass Measurement.</p>
<p>23. Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>There is no copayment for Medicare-covered Colorectal Screening Exams.</p>
<p>24. Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccines)</p>	<p>There is no copayment for the Pneumonia and Flu vaccines.</p> <p>No referral necessary for Medicare-covered influenza and pneumococcal vaccines.</p> <p>No referral necessary for other immunizations.</p> <p>There is no copayment for the Hepatitis B vaccine.</p>
<p>25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>There is no copayment for Medicare-covered Screening Mammograms.</p> <p>No referral necessary for Medicare-covered screenings.</p>
<p>26. Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>There is no copayment for:</p> <ul style="list-style-type: none"> • Medicare-covered Pap Smears and Pelvic Exams <p>Additional Pap Smears and Pelvic Exams up to one Pap Smear(s) and Pelvic Exam(s) every year.</p>

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27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	There is no copayment for Medicare-covered Prostate Cancer Screening exams.
28. Prescription Drugs Drugs covered under Medicare Part B (Original Medicare) Drugs covered under Medicare Part D (Prescription drug Benefit)	There is no charge for Medicare Part B drugs. 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.
Deductible	There is no deductible.
Initial Coverage	Unlimited
<u>Retail (30-day supply) Medications</u>	
• Tier 1: Generic	\$10 co-pay
• Tier 2: Formulary Preferred Brand	\$10 co-pay
• Tier 3: Formulary Non-Preferred Brand	\$20 co-pay
<u>Maintenance (90-day supply) Medications available through Caremark Mail Order or University Health Services (MPDP)</u>	
Tier 1: Generic	\$10
Tier 2: Formulary Preferred Brand	\$10
Tier 3: Formulary Non-Preferred Brand	\$20
<u>Specialty Drugs</u> (available through Caremark Specialty Pharmacy)	\$50
Annual Maximum	Unlimited
Out-of-Pocket Maximum	\$3,850

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Section 20 - Diabetes Monitoring Supplies

Advantra coverage includes Diabetes Monitoring Supplies, which are test strips and lancets. You have coverage for the following:

Retail

100 test strips

100 lancets

Mail-Order

300 test strips

300 lancets

Section 29 – Dental Services- Dominion Dental Network

Dominion Dental is the participating provider network for your Routine Dental Services benefit that includes one annual routine cleaning exam for a \$15 copayment. Your routine dental benefit must be obtained through **Dominion Dental** participating providers to be covered by HealthAmerica Advantra.

Section 30 – Hearing Services - HEAR USA

Your hearing benefits must be obtained through **Hear USA** participating providers to be covered by Advantra.

NOTE: Important Hearing Aid benefit information-

Hearing aid benefit coverage is \$500 for **one** hearing aid every three years and \$250 towards the second hearing aid every three years. (This benefit may not be available in subsequent years.)

Section 31 – Vision Services - Cole Managed Vision

Vision benefits are available to you through the **Cole Managed Vision** provider network, which includes Sears Optical, participating Pearle Vision locations, Target Optical, JC Penney Optical and many independents.

NOTE: When **Cole Managed Vision** network locations are running an in-store promotion, members can use *either* their Cole Managed Vision benefit *or* the in-store promotion. Advantra benefits cannot be combined with any in-store promotion.

All post cataract hardware should be obtained through a participating **Cole Managed Vision** provider. You are eligible to receive one pair of conventional eyeglasses or contact lenses after cataract surgery that includes insertion of an intraocular lens. Coverage is limited to the amount that would have been paid by Original Medicare. You are also eligible to receive corrective lenses/frames (and replacements) needed after a cataract removal without lens implant. Coverage is limited to the amount that would have been paid by Original Medicare.

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Transplants

A \$1500 copayment applies per Transplant.

Definition of Transplants – Certain Medically Necessary transplants considered non-experimental by Medicare, preauthorized by your Physician and approved through Advantra’s Utilization Management program.

Transplants currently considered non-experimental include:

<i>Bone marrow transplants</i>	<i>Kidney transplants</i>
<i>Pancreas transplants</i>	<i>Liver transplants</i>
<i>Heart transplants</i>	<i>Heart/Lung transplants</i>
<i>Lung transplants</i>	

Transplants are covered only when performed at an Advantra Contracted Provider Hospital that has been approved by Medicare for this procedure. Determinations of Medical Necessity shall take into account the proposed Medicare approved procedure’s stability for the potential Member recipient and availability of Medicare approved facilities for performing such procedures.

Outpatient Prescription Drug Coverage

Prescription drug coverage is a very important part of your health care plan. At Advantra, we understand your needs, and will always strive to provide the best prescription drug coverage to our members. Read below to learn the many ways Advantra can save you money on your prescription drug costs.

HealthAmerica Advantra is a Medicare Advantage Part D Plan. That means that we provide you with a comprehensive prescription drug benefit with your Advantra plan, at no additional charge to you. Plus, you will have creditable coverage for as long as you remain enrolled in Advantra. You do not need to enroll in an additional Part D prescription drug plan.

The HealthAmerica Advantra Outpatient Prescription Drug benefit will provide coverage for both generic and brand name drugs. The level of coverage is determined by whether or not the drug prescribed by your physician is a preferred drug. You can call Customer Service or the HealthAmerica Advantra sales office to request a copy of the Prescription Drug formulary. Our representatives will be happy to help.

In-Network Pharmacies – Nationwide Coverage

When you enroll in the Advantra plan you will have access to over 58,000 in-network pharmacies nationwide. Just show your HealthAmerica Advantra ID card at any in-network pharmacy, and you will receive your HealthAmerica Advantra pharmacy benefit. Whether you are at home in Pennsylvania, visiting family in New York, or vacationing in Arizona, HealthAmerica Advantra has you covered.

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Mail Order – Same copay for a 90-day supply!

HealthAmerica Advantra includes a mail-order benefit through Caremark, our pharmacy vendor. The mail-order program allows you to order a 90-day supply of your prescription maintenance medications, and the prescriptions are delivered right to your front door, saving you a trip to the pharmacy. Plus, copayment amounts for mail-order prescriptions are calculated at the same co-payment even though you receive a 3-month supply – that’s three months for the price of one! If you have several drugs that are eligible for the mail-order program, your savings will grow even more.

Select Over-the-Counter Medications – at no cost to you!

In order to save you money, HealthAmerica Advantra offers several over-the-counter medications to you at no cost. **You will need to have a prescription from your doctor** to receive these drugs at the \$0 copay; with the prescription, just stop in at your favorite in-network pharmacy and take the medication to the pharmacy counter. Show the pharmacist your HealthAmerica Advantra ID card, and you will receive the following medications at no cost to you (\$0 copay):

- Prilosec OTC, 20mg tabs
- Loratadine 10mg tabs
- Loratadine-D 12 hour tabs
- Loratadine-D 24 hour tabs
- Loratadine 5mg/5ml syrup

Formulary

The HealthAmerica Advantra plan uses a drug formulary. A formulary is a list of preferred or recommended drugs that have been selected by our physicians and pharmacists based upon the safety, effect 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.

Part D Excluded Drugs

The following drugs are excluded Part D drugs that are covered under HealthAmerica Advantra with a \$0 copay:

Alprazolam 0.25mg Tablets	Alprazolam 0.5mg Tablets	Alprazolam 1mg Tablets
Alprazolam 2mg Tablets	Clonazepam 0.5mg Tablets	Clonazepam 1 mg Tablets
Clonazepam 2mg Tablets	Folic Acid 1mg Tablets	Levitra 10mg Tablets
Levitra 2.5mg Tablets	Levitra 20mg Tablets	Levitra 5mg Tablets
Lorazepam 0.5mg Tablets	Lorazepam 1mg Tablets	Lorazepam 2mg Tablets
Phenobarbital 100mg (#100) Tablets	Phenobarbital 100mg (#1000 Tablets)	Phenobarbital 15mg Tablets
Phenobarbital 16.2 mg Tablets	Phenobarbital 30mg Tablets	Temazepam 15mg Tablets
Phenobarbital 32.4mg Tablets	Phenobarbital 60mg Tablets	Temazepam 30mg Tablets
Phenobarbital 64.8mg Tablets	Phenobarbital 97.2mg (#100) Tablets	Temazepam 7.5mg Tablets
Phenobarbital 97.2mg (1000) Tablets		