

2010

SUMMARY OF BENEFITS

Advantra®Rx PDP

S5674



Section I – Introduction To Summary of Benefits

AdvantraRx (PDP) - S5674

January 1, 2010 – December 31, 2010

Thank you for your interest in AdvantraRx-Value, Premier, and Premier Plus (PDP). Our plan is offered by First Health Life & Health Insurance Company/ Coventry AdvantraRx-Value, Premier, and Premier Plus, 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-Value, Premier, and Premier Plus (PDP) 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-Value, Premier, and Premier Plus (PDP). 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-Value, Premier, and Premier Plus (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

WHERE IS ADVANTRARX-VALUE, PREMIER, AND PREMIER PLUS (PDP) AVAILABLE?

There is more than one plan listed in this Summary of Benefits. If you 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 service area for this plan includes: Iowa, Minnesota, Montana, Nebraska, North Dakota, South

Dakota, and Wyoming. You must live in one of these areas 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.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

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

AdvantraRx-Value, Premier, and Premier Plus (PDP) 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-Value, Premier, and Premier Plus (PDP) 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 visit us at <http://www.AdvantraRx.com>. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

AdvantraRx-Value, Premier, and Premier Plus (PDP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We

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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 <http://www.AdvantraRx.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.

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

If you have a Medigap (Medicare Supplement Insurance) 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 policy, your Medigap Issuer will remove the prescription drug coverage portion from 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-Value, Premier, and Premier Plus (PDP). Get this information before you decide to enroll in this plan.

HOW CAN I GET EXTRA HELP WITH MY 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 AdvantraRx-Value, Premier, and Premier Plus (PDP), 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.

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 coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

As a member of AdvantraRx-Value, Premier, and Premier Plus (PDP), 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

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prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state; **Iowa:** *Iowa Foundation for Medical Care*, 1776 West Lakes Parkway, West Des Moines, IA, 50266, 1-800-383-2856; **Minnesota:** *Stratis Health*, 2901 Metro Drive, Suite 400, Bloomington, MN, 55425-1525, 1-877-787-2847; **Montana:** *Mountain-Pacific Quality Health Foundation*, 3404 Conney Drive, Helena, MT, 59602, 1-800-497-8232; **Nebraska:** *CIMRO of Nebraska*, 1230 O Street, Suite 120, Lincoln, NE, 68508, 1-800-458-4262; **North Dakota:** *North Dakota Health Care Review, Inc.*, 800 31st Avenue SW, Minot, ND, 58701, 1-701-852-4231; **South Dakota:** *South Dakota Foundation for Medical Care*, 2600 W. 49th Street, Sioux Falls, SD, 57105, 1-605-336-3505; and **Wyoming:** *Mountain Pacific Quality Care*, P.O. Box 2242, Glenrock, WY, 82637, 1-877-810-6248.

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 AdvantraRx-Value, Premier, and Premier Plus (PDP) for more details.

Please call AdvantraRx (PDP) for more information about AdvantraRx-Value, Premier, and Premier Plus (PDP).

PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service.) If you have access to the web, you may use the web tools on www.medicare.gov and select “Compare Medicare Prescription Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan rates for Medicare plans in your area. You can also call us directly at 1-866-823-5178 to obtain a copy of the plan ratings for this plan. TTY users call (800) 716-3231.

Visit us at <http://www.AdvantraRx.com> or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Open 24 Hours Eastern

Current members should call toll-free 1-866-823-5178. (TTY/TDD (800) 716-3231)
Prospective members should call toll-free (800) 882-3822. (TTY/TDD (888) 788-4010)

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 on the web.

If you have special needs, this document may be available in other formats.

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Please refer to the Premium Table located after this section to find out the premiums in your area.

If you have any questions about this plan's benefits or costs, please contact Coventry AdvantraRx (PDP) for details.

Benefit	Original Medicare	AdvantraRx-Value (PDP)	AdvantraRx-Premier (PDP)	AdvantraRx-Premier Plus (PDP)
Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<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 http://www.AdvantraRx.com.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing 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>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 http://www.AdvantraRx.com.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing 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>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 http://www.AdvantraRx.com.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service).</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing 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>

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Benefit	Original Medicare	AdvantraRx-Value (PDP)	AdvantraRx-Premier (PDP)	AdvantraRx-Premier Plus (PDP)
		<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <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 AdvantraRx-Value (PDP) 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> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These</p>	<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <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 AdvantraRx-Premier (PDP) 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> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These</p>	<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <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 AdvantraRx-Premier Plus (PDP) 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> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These</p>

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Benefit	Original Medicare	AdvantraRx-Value (PDP)	AdvantraRx-Premier (PDP)	AdvantraRx-Premier Plus (PDP)
		<p>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 cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AdvantraRx-Value (PDP) approves the exception, you will pay Non-Preferred Generic and Non-Preferred Brand cost sharing for that drug.</p>	<p>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 cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AdvantraRx-Premier (PDP) approves the exception, you will pay Non-Preferred Generic and Non-Preferred Brand cost sharing for that drug.</p>	<p>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 cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and AdvantraRx Premier Plus (PDP) approves the exception, you will pay Non-Preferred Brand cost sharing for that drug.</p>
		<p>IN-NETWORK</p> <p>\$100.00 yearly deductible</p>	<p>IN-NETWORK</p> <p>\$0.00 deductible</p>	<p>IN-NETWORK</p> <p>\$0 deductible</p> <p>Some covered drugs don’t count toward out-of-pocket drug costs.</p>

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Benefit	Original Medicare	AdvantraRx-Value (PDP)	AdvantraRx-Premier (PDP)	AdvantraRx-Premier Plus (PDP)
		<p>INITIAL COVERAGE</p> <p>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:</p> <p>RETAIL PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$6.00 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$18.00 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 18% coinsurance for a one-month (30-day) supply of drugs in this tier. ▪ 18% coinsurance for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>INITIAL COVERAGE</p> <p>You pay the following until total yearly drug costs reach \$2,830:</p> <p>RETAIL PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$11.00 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$33.00 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 18% coinsurance for a one-month (30-day) supply of drugs in this tier. ▪ 18% coinsurance for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>INITIAL COVERAGE</p> <p>You pay the following until total yearly drug costs reach \$2,830:</p> <p>RETAIL PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$5.00 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$15.00 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Generics</p> <ul style="list-style-type: none"> ▪ \$25.00 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$75.00 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

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Benefit	Original Medicare	AdvantraRx-Value (PDP)	AdvantraRx-Premier (PDP)	AdvantraRx-Premier Plus (PDP)
		<p>Non Preferred Generic and Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ 61% coinsurance for a one-month (30-day) supply of drugs in this tier. ▪ 61% coinsurance for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> ▪ 30% coinsurance for a one-month (30-day) supply of drugs in this tier. 	<p>Non Preferred Generic and Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ 51% coinsurance for a one-month (30-day) supply of drugs in this tier. ▪ 51% coinsurance for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier. 	<p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 19% coinsurance for a one-month (30-day) supply of drugs in this tier. ▪ 19% coinsurance for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non Preferred Brand</p> <ul style="list-style-type: none"> ▪ 75% coinsurance for a one-month (30-day) supply of drugs in this tier. ▪ 75% coinsurance for a three-month (90-day) supply of drugs in this tier. <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier.

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		<p>LONG TERM CARE PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$6.00 copay for a one-month (31-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 18% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Non Preferred Generic and Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ 61% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> ▪ 30% coinsurance for a one-month (31-day) supply of drugs in this tier. 	<p>LONG TERM CARE PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$11.00 copay for a one-month (31-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 18% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Non Preferred Generic and Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ 51% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (31-day) supply of drugs in this tier. 	<p>LONG TERM CARE PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$5.00 copay for a one-month (31-day) supply of drugs in this tier. <p>Generics</p> <ul style="list-style-type: none"> ▪ \$25.00 copay for a one-month (31-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 19% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ 75% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (31-day) supply of drugs in this tier.

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		<p>MAIL ORDER</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$15.00 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 16% coinsurance for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Preferred Generic and Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ 61% coinsurance for a three-month (90-day) supply in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>MAIL ORDER</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$27.50 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 16% coinsurance for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Preferred Generic and Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ 51% coinsurance for a three-month (90-day) supply in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>MAIL ORDER</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$12.50 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Generics</p> <ul style="list-style-type: none"> ▪ \$62.50 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 17% coinsurance for a three-month (90-day) supply in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

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				<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ 75% coinsurance for a three month 90-day supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		<p>COVERAGE GAP</p> <p>After your total yearly drug costs reach \$2830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>COVERAGE GAP</p> <p>After your total yearly drug costs reach \$2830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>COVERAGE GAP</p> <p>The plan covers many generics (65%-99% of formulary generic drugs) through the coverage gap.</p> <p>You pay the following:</p> <p>RETAIL PHARMACY</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$15.00 copay for a one-month (30-day) supply of drugs in this tier. ▪ \$45.00 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

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				<p>LONG TERM CARE PHARMACY</p> <p><i>Preferred Generic</i></p> <ul style="list-style-type: none"> ▪ \$15.00 copay for a one-month (31-day) supply of drugs in this tier. <p>MAIL ORDER</p> <p><i>Preferred Generic</i></p> <ul style="list-style-type: none"> ▪ \$37.50 copay for a three-month (90-day) supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>For all other covered drugs, after your yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>

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Benefit	Original Medicare	AdvantraRx-Value (PDP)	AdvantraRx-Premier (PDP)	AdvantraRx-Premier Plus (PDP)
		<p>CATASTROPHIC COVERAGE</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>CATASTROPHIC COVERAGE</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>CATASTROPHIC COVERAGE</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.
		<p>OUT OF NETWORK</p> <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 have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from AdvantraRx-Value (PDP).</p>	<p>OUT OF NETWORK</p> <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 have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from AdvantraRx-Premier (PDP).</p>	<p>OUT OF NETWORK</p> <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 have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from AdvantraRx-Premier Plus (PDP).</p>

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Benefit	Original Medicare	AdvantraRx-Value (PDP)	AdvantraRx-Premier (PDP)	AdvantraRx-Premier Plus (PDP)
		<p>OUT OF NETWORK INITIAL COVERAGE</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$6.00 copay for a one-month (30-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 18% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Non-Preferred Generic and Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ 61% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> ▪ 30% coinsurance for a one-month (30-day) supply of drugs in this tier. 	<p>OUT OF NETWORK INITIAL COVERAGE</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$11.00 copay for a one-month (30-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 18% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Non-Preferred Generic and Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ 51% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier. 	<p>OUT OF NETWORK INITIAL COVERAGE</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$5.00 copay for a one-month (30-day) supply of drugs in this tier. <p>Generics</p> <ul style="list-style-type: none"> ▪ \$25.00 copay for a one-month (30-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> ▪ 19% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> ▪ 75% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty - Generic and Brand</p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier.

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AdvantraRx (PDP) - S5674

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Benefit	Original Medicare	AdvantraRx-Value (PDP)	AdvantraRx-Premier (PDP)	AdvantraRx-Premier Plus (PDP)
		<p>OUT OF NETWORK COVERAGE GAP</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket costs reach \$4,550. You will not be reimbursed by AdvantraRx-Value (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AdvantraRx-Value (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>OUT OF NETWORK COVERAGE GAP</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket costs reach \$4,550. You will not be reimbursed by AdvantraRx-Premier (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AdvantraRx-Premier (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>OUT OF NETWORK COVERAGE GAP</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Preferred Generic</p> <ul style="list-style-type: none"> ▪ \$15.00 copay for a one-month (30-day) supply of drugs in this tier. <p>Generics</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket costs reach \$4,550. You will not be reimbursed by AdvantraRx-Premier Plus (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AdvantraRx-Premier Plus (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

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Benefit	Original Medicare	AdvantraRx-Value (PDP)	AdvantraRx-Premier (PDP)	AdvantraRx-Premier Plus (PDP)
				<p>Preferred Brand After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket costs reach \$4,550. You will not be reimbursed by AdvantraRx Premier Plus (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AdvantraRx Premier Plus (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Non-Preferred Brand After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket costs reach \$4,550. You will not be reimbursed by AdvantraRx Premier Plus (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AdvantraRx Premier Plus</p>

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Benefit	Original Medicare	AdvantraRx-Value (PDP)	AdvantraRx-Premier (PDP)	AdvantraRx-Premier Plus (PDP)
				<p>(PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Specialty - Generic and Brand After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket costs reach \$4,550. You will not be reimbursed by AdvantraRx Premier Plus (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to AdvantraRx Premier Plus (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

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Benefit	Original Medicare	AdvantraRx-Value (PDP)	AdvantraRx-Premier (PDP)	AdvantraRx-Premier Plus (PDP)
		<p>OUT-OF-NETWORK CATASTROPHIC COVERAGE</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>OUT-OF-NETWORK CATASTROPHIC COVERAGE</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>OUT-OF-NETWORK CATASTROPHIC COVERAGE</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.

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Premium Table

The AdvantraRx (PDP) 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.

AdvantraRx (PDP)			
State	AdvantraRx Value (PDP)	AdvantraRx Premier (PDP)	AdvantraRx Premier Plus (PDP)
Alabama	\$39.10	\$46.80	\$64.30
Alaska	\$40.80	\$73.40	\$82.10
Arizona	\$31.10	\$44.20	\$63.40
Arkansas	\$39.70	\$44.20	\$63.10
California	\$41.10	\$47.20	\$62.80
Colorado	\$29.90	\$51.80	\$73.50
Connecticut	\$34.70	\$47.30	\$61.00
Delaware	\$41.40	\$48.60	\$63.80
District of Columbia	\$41.40	\$48.60	\$63.80
Florida	\$35.90	\$44.60	\$60.60
Georgia	\$35.30	\$44.80	\$61.30
Hawaii	\$22.60	\$25.50	\$60.80
Idaho	\$36.80	\$45.30	\$83.10
Illinois	\$37.00	\$49.00	\$64.40
Indiana	\$34.90	\$49.20	\$63.90
Iowa	\$34.70	\$47.20	\$62.00
Kansas	\$36.50	\$48.80	\$65.30
Kentucky	\$34.90	\$49.20	\$63.90
Louisiana	\$42.70	\$51.90	\$64.90
Maine	\$27.00	\$41.10	\$58.20
Maryland	\$41.40	\$48.60	\$63.80
Massachusetts	\$34.70	\$47.30	\$61.00
Michigan	\$29.70	\$43.60	\$60.30
Minnesota	\$34.70	\$47.20	\$62.00
Mississippi	\$37.60	\$49.20	\$65.40
Missouri	\$32.90	\$46.10	\$62.60
Montana	\$34.70	\$47.20	\$62.00
Nebraska	\$34.70	\$47.20	\$62.00
Nevada	\$37.80	\$53.90	\$72.80
New Hampshire	\$27.00	\$41.10	\$58.20
New Jersey	\$36.50	\$41.70	\$62.80
New Mexico	\$20.70	\$37.40	\$54.20

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AdvantraRx (PDP)			
State	AdvantraRx Value (PDP)	AdvantraRx Premier (PDP)	AdvantraRx Premier Plus (PDP)
New York	\$47.10	\$57.40	\$67.20
North Carolina	\$35.00	\$46.10	\$67.60
North Dakota	\$34.70	\$47.20	\$62.00
Ohio	\$33.30	\$42.50	\$60.20
Oklahoma	\$34.50	\$49.80	\$72.80
Oregon	\$29.90	\$47.20	\$67.10
Pennsylvania	\$29.20	\$41.00	\$61.20
Rhode Island	\$34.70	\$47.30	\$61.00
South Carolina	\$36.70	\$49.10	\$65.90
South Dakota	\$34.70	\$47.20	\$62.00
Tennessee	\$39.10	\$46.80	\$64.30
Texas	\$41.80	\$51.90	\$68.80
Utah	\$36.80	\$45.30	\$83.10
Vermont	\$34.70	\$47.30	\$61.00
Virginia	\$33.70	\$41.10	\$61.80
Washington	\$29.90	\$47.20	\$67.10
West Virginia	\$29.20	\$41.00	\$61.20
Wisconsin	\$30.60	\$41.60	\$60.20
Wyoming	\$34.70	\$47.20	\$62.00

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CHOICE OF BENEFIT PLANS

With so many prescription drug plans available, choosing just one can be overwhelming. AdvantraRx (PDP) offers three (3) benefit plans to choose from. You can select a plan that offers you the drugs you need covered, the premiums you want to pay and the cost-share that fits within your budget. We help you handle the complexities of the prescription drug program and believe you will be happy with an AdvantraRx (PDP) plan.

IN-NETWORK PHARMACIES

When you enroll in an AdvantraRx (PDP) plan you will have access to over 60,000 in-network pharmacies nationwide whether you are home or traveling. 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 our plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.Medicare.gov.

MAIL ORDER SERVICES

If you take medications for a long-term condition, our convenient and timely mail service, **Medco by Mail**, can help you manage your prescriptions and your health. And your medications will be conveniently delivered right to you, so you'll save time and gas as well.

Just as there are specialist doctors who treat specific medical conditions, now there are specialist pharmacists with extensive knowledge and training in your specific condition and the medications used to treat it. As a clinical enhancement to your mail order benefit, there are specialist pharmacists who have expertise in the medications used to treat long-term conditions, such as diabetes, asthma, or high cholesterol.

When you take advantage of mail-order, each of your prescriptions are reviewed and if there is a potential drug interaction or other safety concern, a specialist pharmacist will call you or your doctor to make sure

your medications are working well together and working best for you.

The specialist pharmacist is also familiar with your plan and can therefore consult with you and your doctor about ways you could save money and still receive effective treatment. Or if you prefer, you may continue to fill prescriptions for long-term medications at your local in-network pharmacy.

Medications delivered right to your home at no extra cost with **Medco By Mail**. You'll enjoy:

- Up to a 90-day supply of medication
- Free standard shipping on every order
- Fewer trips to the pharmacy
- Toll-free, 24/7 access to specialist pharmacists
- The convenience of our website:
<http://www.AdvantraRx.com>

FORMULARY

AdvantraRx (PDP) 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.

Quantity and days supply limits may apply to the medications on this list. To find the quantity and days supply limits, please refer to your Formulary. If you require another copy, please contact Customer Service at the phone numbers listed in Section 1 of this document.

You should bring a copy of the formulary with you to your office visits so your physician can prescribe you the most cost-effective therapy.

OVER-THE-COUNTER MEDICATIONS (OTCs)

The Over-the-Counter medications we cover as part of Step Therapy are listed below. These over-the-counter

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medications will require a prescription from your doctor, in order to have them filled at your pharmacy and covered under your pharmacy benefit. We provide a 31-day (one-month) supply for members in long-term care. Your copayment is \$0 for these covered over-the-counter drugs regardless of where you are in drug costs through out the benefit.

Drug Name	Type	Strength
Loratadine	Tablets	10mg
Loratadine	Dissolve Tablets	10mg
Loratadine	Syrup	5mg/5 ml
Loratadine and Pseudoephedrine Sulfate	12 Hour Tablets	5mg/120mg
Loratadine and Pseudoephedrine Sulfate	24 Hour Tablets	10mg/240mg
Cetirizine	Tablets	5mg
Cetirizine	Tablets	10 mg
Cetirizine	Syrup	1 mg/ml
Cetirizine HCL and Pseudoephedrine Hydrochloride	12 Hour Tablets	5 mg/120 mg
Prilosec OTC	Tablets	20 mg

MEDICARE PART D EXCLUDED DRUG COVERAGE – ADVANTRARX-PREMIER PLUS ONLY

AdvantraRx Premier Plus (PDP) covers some excluded Part D drugs. The quantity and days supply limits may apply to the medications on this list. The amount you pay when you fill a **prescription** for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Drug Name	Type	Strength
Alprazolam	Tablets	0.25 mg; 0.5 mg; 1 mg; 2 mg
Lorazepam	Tablets	0.5 mg; 1 mg; 2 mg
Temazepam	Tablets	15mg; 30 mg
Clonazepam	Tablets	0.5 mg; 1 mg; 2 mg
Folic Acid	Tablet	1 mg
Levitra	Tablets	2.5 mg; 5 mg; 10 mg; 20 mg
Phenobarbital	Tablets	15 mg; 16.2 mg; 30 mg; 32.4 mg; 60 mg; 97.2 mg; 100 mg
Mephyton	Tablets	5 mg
Vitamin D	Capsules	50000 units

In Long Term Care facilities, a 31-day, one month supply is allowed.

SPECIAL REQUIREMENTS ON MEDICATIONS

Some covered drugs may have additional requirements or limits on coverage. You can find out if your drug has any additional requirements or limits by looking in the AdvantraRx (PDP) Formulary. These additional requirements or limits may include:

- **Prior Authorization:** AdvantraRx (PDP) requires you or your physician to get prior authorization before you fill your prescriptions.
- **Quantity Limits:** For certain drugs, AdvantraRx (PDP) limits the amount of the drug that it will cover.
- **Step Therapy:** In some cases, AdvantraRx (PDP) requires that you first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- **90-Day Maintenance Supply:** AdvantraRx (PDP) allows these medications for an extended supply up to 90 days.

PLAN RULES TO REMEMBER

1. You must reside in the Plan's service area to remain enrolled. If you move out-of-the-area, you

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must contact Customer Service at the telephone numbers located on the last page of this Summary of Benefits under “For More Information” as soon as possible so that you can disenroll and find a new plan in your new service area.

2. You must stay continuously enrolled in Medicare A or Medicare B.
3. You must use Network Pharmacies, except in an emergency when you cannot reasonably use a Network Pharmacy.
4. You must pay your monthly plan premium by the due date. If you do not, you will receive written notice from us advising you that your plan premium is overdue and the grace period we will provide you in order for you to bring your plan premium payments up-to-date. If you fail to make your monthly plan premium payment by the end of the grace period, we will have to disenroll you.
5. You must tell us if you have any additional drug coverage.
6. If you wish to file a grievance or an appeal, you must do so within specified time periods. Please refer to either your pre-enrollment kit or the Plan’s Evidence of Coverage for details on how to file a grievance and/or appeal and the timeframes associated with both.
7. You must never let someone else use your Plan membership card to obtain prescription drug coverage.

YOUR RIGHTS AS A MEMBER

1. We must provide information in a way that works for you (in languages other than English that are spoken in the plan service area, in large print or other alternate formats, etc).
2. We must treat you with fairness and respect at all times.
3. We must ensure that you get timely access to your covered drugs.
4. We must protect the privacy of your personal health information.
5. We must give you information about the plan, its network of pharmacies, and your covered services.

6. We must support your right to make decisions about your care.
7. You have the right to make complaints and to ask us to reconsider decisions we have made.
8. You have the right to get more information about your rights.

YOUR RESPONSIBILITIES AS A MEMBER

1. Get familiar with your covered drugs and the rules you must follow to get these covered drugs.
2. If you have any other prescription drug coverage besides our plan, you are required to tell us.
3. Tell your doctor and pharmacist that you are enrolled in our plan.
4. Help your doctors and other providers help you by giving them information, asking questions, and following through on your care.
5. Pay what you owe.
6. Tell us if you move.
7. Call Customer Service for help if you have questions or concerns.

THINGS TO KNOW ABOUT COMPLAINTS, APPEALS AND GRIEVANCES

Your Right to Make Complaints

As a member of AdvantraRx (PDP), you have the right to make a complaint if you have concerns or problems related to your prescription drug coverage. Appeals and grievances are the two different types of complaints you can make.

A **grievance** is a type of complaint you make about us or one of our network pharmacies, including a complaint concerning the quality of your care. This type of complaint does not involve coverage or payment disputes.

A grievance does not involve problems related to approving or paying for Part D drugs. For example, you would file a grievance if you have a problem with things such as waiting too long for a prescription to be filled, the way your pharmacist or others behave, not

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being able to reach someone by phone or not being able to receive the information you need.

An **appeal** is a complaint you make when you want the plan to reconsider and change a decision it made about what prescription drugs are covered for you or what our plan will or will not pay for. To file a standard appeal, send the appeal to us in writing and either mail or fax it to:

AdvantraRx (PDP)
Attention: Appeals and Grievance Department
4300 Cox Road
Glen Allen, VA 23060
Fax: 1-800-535-4047

There are two kinds of appeals you can request for Part D Prescription drug benefits:

1. A Fast appeal where the decision is provided within 72 hours because your health requires it. You and your doctor or other prescriber will need to decide if you need a “fast appeal.”
2. A Standard appeal where the decision is provided within 7 days.

Medicare Prescription Drug Coverage Determinations - Exception

Under the Medicare Prescription Drug Program (PDP), a member can request a coverage determination, including a request for a tiering or formulary exception. A request can also be made on behalf of the member by their appointed representative or by the member’s prescribing physician.

There are two kinds of Coverage Determinations a member can request:

1. An expedited (or “Fast”) request decision is made 24 hours because your health requires it. You and your doctor or other prescriber will need to decide if you need to file a “fast” request.
2. A standard request decision made within 72 hours of the request.

A request for a fast coverage determination or exception can be made in writing and mailed to the address below or by calling 1-800-536-6167 (TTY/TDD 1-866-236-1069).

A request for a “standard” coverage determination or exception must be made in writing and either mailed or faxed to:

AdvantraRx (PDP)
Attention: Coverage Determinations
4300 Cox Road
Glen Allen, VA 23060
Fax: 1-800-535-4047

How Can I Request an Exception to the Formulary?

(1) You can ask us to waive coverage restrictions or limits on your drug or (2) You can ask us to provide a higher level of coverage for your drug.

Please refer to your Evidence of Coverage for detailed information about complaints, grievances and appeals. If you have questions, please call Customer Service at 1-866-823-5178 (TTY/TDD: 1-800-716-3231), 8 a.m. to 8 p.m., seven days a week.

For More Information

If you have any questions, please contact us at 1-866-823-5178 (TTY/TDD 800-716-3231) 24 hours a day, seven (7) days a week, or visit our website at <http://www.AdvantraRx.com>.

For more information about Medicare, please call Medicare at 1.800.MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, seven days a week. Or, visit www.Medicare.gov.

Contact Us At

1-800-882-3822

TTY/TDD – 1-800-716-3231

8 AM to 8 PM, local time 7 days a week

AdvantraRx (PDP)
P.O. Box 7763
London, KY 40742-9831

<http://www.AdvantraRx.com>