

January 1, 2015 – December 31, 2015

Summary of Benefits

Advantra Basic Medical (HMO)
H3959-041

Advantra Silver Plus (HMO)
H3959-032

Summary of Benefits

January 1, 2015 – December 31, 2015

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Advantra Basic Medical (HMO) or Advantra Silver Plus (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Advantra Basic Medical (HMO) and Advantra Silver Plus (HMO)** cover and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Advantra Basic Medical (HMO) and Advantra Silver Plus (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-855-338-9566, TTY: 711.

Things to Know About Advantra Basic Medical (HMO) and Advantra Silver Plus (HMO)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Advantra Basic Medical (HMO) and Advantra Silver Plus (HMO) Phone Numbers and Website

- If you are a member of one of these plans, call toll-free 1-800-290-0190, TTY: 711.
- If you are not a member of one of these plans, call toll-free 1-855-338-9566, TTY: 711.
- Our website: <http://www.pa.chcadvantra.com>

Who can join?

To join **Advantra Basic Medical (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Pennsylvania: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Butler, Cameron, Carbon, Centre, Clearfield, Clinton, Columbia,

Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Union, Venango, Washington, Wayne, Westmoreland, Wyoming, and York.

To join **Advantra Silver Plus (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Pennsylvania: Cameron, Crawford, Elk, Erie, Forest, Mercer, and Venango.

Which doctors, hospitals, and pharmacies can I use?

Advantra Basic Medical (HMO) and Advantra Silver Plus (HMO) have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plans may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plans' provider directory at our website (<http://www.providerdirectory.coventry-medicare.com>).

You can see our plans' pharmacy directory at our website (<http://www.pharmacylocator.coventry-medicare.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

The **Advantra Basic Medical (HMO)** covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs. The **Advantra Silver Plus (HMO)** covers Part D drugs. In addition, the **Advantra Silver Plus (HMO)** covers Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.PAFormulary.coventry-medicare.com>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plans group each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

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January 1, 2015 – December 31, 2015

	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
How much is the monthly premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.	\$39 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Is there a limit on how much the plan will pay?	No. There are no limits on how much our plan will pay.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

HealthAmerica Pennsylvania, Inc. is a Coordinated Care plan with a Medicare contract. Enrollment in our Plan depends on contract renewal.

	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)
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COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE:

- SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.
- SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

OUTPATIENT CARE AND SERVICES

Acupuncture and Other Alternative Therapies	Not covered	Not covered
Ambulance ¹	<p>\$250 copay</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p> <p>Non-emergency transportation requires prior authorization.</p>	<p>\$225 copay</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p> <p>Non-emergency transportation requires prior authorization.</p>
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$45 copay	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$35 copay
Diabetes Supplies and Services ¹	<p>Diabetes monitoring supplies: 0-20% of the cost, depending on the supply</p> <p>Diabetes self-management training: You pay nothing</p>	<p>Diabetes monitoring supplies: 0-20% of the cost, depending on the supply</p> <p>Diabetes self-management training: You pay nothing</p>

	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)
Diabetes Supplies and Services ¹	Therapeutic shoes or inserts: 20% of the cost Prior authorization is required for blood glucose test strips and blood glucose monitors other than One Touch/Lifescan, test strips in excess of 100 strips per 30 days (any brand), and blood glucose monitors (any brand) in excess of one per year.	Therapeutic shoes or inserts: 20% of the cost Prior authorization is required for blood glucose test strips and blood glucose monitors other than One Touch/Lifescan, test strips in excess of 100 strips per 30 days (any brand), and blood glucose monitors (any brand) in excess of one per year.
Diagnostic Tests, Lab and Radiology Services, and X-Rays ¹	Diagnostic radiology services (such as MRIs, CT scans): \$295 copay Diagnostic tests and procedures: \$25 copay Lab services: \$25 copay Outpatient x-rays: \$35 copay Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay	Diagnostic radiology services (such as MRIs, CT scans): \$275 copay Diagnostic tests and procedures: \$5 copay Lab services: \$5 copay Outpatient x-rays: \$30 copay Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay
Doctor's Office Visits	Primary care physician visit: \$10 copay Specialist visit: \$45 copay	Primary care physician visit: \$10 copay Specialist visit: \$35 copay
Durable Medical Equipment (<i>wheelchairs, oxygen, etc.</i>) ¹	20% of the cost	20% of the cost
Emergency Care	\$65 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for	\$65 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for

	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)
Emergency Care	emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Foot Care (<i>podiatry services</i>)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$40 copay Routine foot care (for up to 1 visit(s) every three months): \$40 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$35 copay Routine foot care (for up to 1 visit(s) every three months): \$35 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: \$45 copay Routine hearing exam (for up to 1 every year): You pay nothing	Exam to diagnose and treat hearing and balance issues: \$35 copay Routine hearing exam (for up to 1 every year): You pay nothing
Home Health Care ¹	You pay nothing	You pay nothing
Mental Health Care ¹	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.

	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)
Mental Health Care ¹	<p>But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$150 copay per day for days 1 through 10 • You pay nothing per day for days 11 through 90 <p>Outpatient group therapy visit: \$40 copay Outpatient individual therapy visit: \$40 copay</p>	<p>But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$350 copay per stay <p>Outpatient group therapy visit: \$40 copay Outpatient individual therapy visit: \$40 copay</p>
Outpatient Rehabilitation ¹	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</p> <p>Occupational therapy visit: \$35 copay Physical therapy and speech and language therapy visit: \$40 copay</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</p> <p>Occupational therapy visit: \$35 copay Physical therapy and speech and language therapy visit: \$30 copay</p>
Outpatient Substance Abuse ¹	<p>Group therapy visit: \$45 copay Individual therapy visit: \$45 copay</p>	<p>Group therapy visit: \$45 copay Individual therapy visit: \$45 copay</p>
Outpatient Surgery ¹	<p>Ambulatory surgical center: \$325 copay Outpatient hospital: \$0-350 copay, depending on the service</p> <p>Outpatient services that are preventive have no copay. Maximum copayment applies to outpatient surgical procedures only.</p>	<p>Ambulatory surgical center: \$250 copay Outpatient hospital: \$0-250 copay, depending on the service</p> <p>Outpatient services that are preventive have no copay. Maximum copayment applies to outpatient surgical procedures only.</p>
Over-the-Counter Items	Not Covered	Not Covered

	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)
Prosthetic Devices (braces, artificial limbs, etc.) ¹	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost
Renal Dialysis ¹	\$10 copay	\$10 copay
Transportation	Not covered	Not covered
Urgent Care	\$50 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the "Inpatient Hospital Care" section of this booklet for other costs. The plan covers urgently needed care if you receive the care outside of the United States. Plan limits may apply.	\$50 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the "Inpatient Hospital Care" section of this booklet for other costs. The plan covers urgently needed care if you receive the care outside of the United States. Plan limits may apply.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$45 copay Routine eye exam (for up to 1 every year): You pay nothing Eyeglasses or contact lenses after cataract surgery: You pay nothing	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$35 copay Routine eye exam (for up to 1 every year): You pay nothing Contact lenses (for up to 1 every two years): You pay nothing Eyeglasses (frames and lenses) (for up to 1 every two years): You pay nothing

	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)
Vision Services		<p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Our plan pays up to \$150 every two years for contact lenses and eyeglasses (frames and lenses).</p>
Preventive Care	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) 	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)

	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)
Preventive Care	<ul style="list-style-type: none"> • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
INPATIENT CARE		
Inpatient Hospital Care¹	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$195 copay per day for days 1 through 7 • You pay nothing per day for days 8 through 90 • You pay nothing per day for days 91 and beyond 	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$350 copay per stay • You pay nothing per day for days 91 and beyond
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$156 copay per day for days 21 through 100 	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$156 copay per day for days 21 through 100

	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)																				
PRESCRIPTION DRUG BENEFITS																						
How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p> <p>Our plan does not cover Part D prescription drug.</p>	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p>																				
Initial Coverage		<p>You pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>Preferred Retail Cost-Sharing</p> <table border="1"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Two-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$7 copay</td> <td>\$14 copay</td> <td>\$17.50 copay</td> </tr> <tr> <td>Tier 2 (Non-Preferred Generic)</td> <td>\$10 copay</td> <td>\$20 copay</td> <td>\$25 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$45 copay</td> <td>\$90 copay</td> <td>\$112.50 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Brand)</td> <td>50% of the cost</td> <td>50% of the cost</td> <td>50% of the cost</td> </tr> </tbody> </table>	Tier	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$7 copay	\$14 copay	\$17.50 copay	Tier 2 (Non-Preferred Generic)	\$10 copay	\$20 copay	\$25 copay	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$112.50 copay	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost
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	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)			
Initial Coverage					
		Tier	One-month supply	Two-month supply	Three-month supply
		Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
		Standard Retail Cost-Sharing			
		Tier	One-month supply	Two-month supply	Three-month supply
		Tier 1 (Preferred Generic)	\$10 copay	\$20 copay	\$25 copay
		Tier 2 (Non-Preferred Generic)	\$20 copay	\$40 copay	\$50 copay
		Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$112.50 copay
		Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost
		Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)																								
Initial Coverage		<p>Standard Mail Order Cost-Sharing</p> <table border="1"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Two-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$7 copay</td> <td>\$14 copay</td> <td>\$17.50 copay</td> </tr> <tr> <td>Tier 2 (Non-Preferred Generic)</td> <td>\$10 copay</td> <td>\$20 copay</td> <td>\$25 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$45 copay</td> <td>\$90 copay</td> <td>\$112.50 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Brand)</td> <td>50% of the cost</td> <td>50% of the cost</td> <td>50% of the cost</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>33% of the cost</td> <td>Not Offered</td> <td>Not Offered</td> </tr> </tbody> </table> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy and pay the same as an in-network pharmacy, but you will get less of the drug.</p>	Tier	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$7 copay	\$14 copay	\$17.50 copay	Tier 2 (Non-Preferred Generic)	\$10 copay	\$20 copay	\$25 copay	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$112.50 copay	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
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Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered																							
Coverage Gap		<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your</p>																								

	Advantra Basic Medical (HMO)	Advantra Silver Plus (HMO)
Coverage Gap		<p>drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 65% of the plan's cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs.

