



Advantra Freedom 2008 Plan Designs

Confidential and Proprietary Information. Not for Re-Disclosure

Plan Name	Freedom 1	Freedom 2	Freedom 3	Freedom 4	Freedom 5	Freedom 6
Plan Type	MA Only	MA Only	MA Only	MAPD	MAPD	MA Only
Monthly Premium	\$98	\$0/\$17/\$46	\$0/\$19	\$0	\$32/\$55	\$0
Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Doctor visit						
Primary Physician	\$0 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$10 copay
Specialist	\$0 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$20 copay
Podiatrist	\$0 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Chiropractor	\$15 copay	\$30 copay	\$30 copay	\$40 copay	\$35 copay	\$30 copay
X-Rays	\$0 copay	\$15-\$50 copay	\$25-\$75 copay	\$15-\$50 copay	\$15-\$50 copay	\$15-\$50 copay
Laboratory Services	\$0 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Radiology (Therapeutic)	20%	20%	20%	20%	20%	20%
Inpatient Hospitalization	days 1 - unlimited: \$0/day	days 1 - 5: \$180/day	days 1 - 11: \$265/day	days 1 - 5: \$180/day	days 1 - 5: \$180/day	days 1 - 4: \$170/day
		days 6 - unlimited: \$0/day	days 12 - unlimited: \$0/day	days 6 - unlimited: \$0/day	days 6 - unlimited: \$0/day	days 5 - unlimited: \$0/day
Skilled Nursing Facility	days 1- 100: \$0/day	days 1-3: \$0/day; days 4-38: \$90/day; days 39 - 100: \$0/day	days 1-24: \$125/day; days 25 - 100: \$0/day	days 1-3: \$0/day; days 4-38: \$94/day; days 39-100: \$0/day	days 1-3:\$0/day; days 4-39: \$92/day; days 40-100: \$0/day	days 1-3: \$0/day; days 4-32: \$90/day; days 33-100: \$0/day
Outpatient Mental Health and Substance Abuse	\$15 copay	\$30 copay	\$35 copay	\$40 copay	\$35 copay	\$30 copay
Outpatient Surgery	\$0 copay	\$90 copay	\$100 copay	\$90 copay	\$90 copay	\$75 copay
Emergency Room Visit	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Urgent Care Facility Visit	\$0 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Ambulance Services	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay
DME and Prosthetics	\$0 copay	20%	20%	20%	20%	20%
Preventive Care						
Annual Physical Exam	\$0	\$0	\$0	\$0	\$0	\$0
Immunizations	\$0	\$0	\$0	\$0	\$0	\$0
GYN Exams	\$0	\$0	\$0	\$0	\$0	\$0
Screening Mammograms	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0
Prostate Exam	\$0	\$0	\$0	\$0	\$0	\$0
Routine Vision & Hearing						
Annual Exams	\$20 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Eyeglass Benefit	\$100 / year	\$100 / year	\$100 / year	\$100 / year	\$100 / year	\$100 / year
Hearing Aid Benefit	\$100 / year	\$100 / year	\$100 / year	\$100 / year	\$100 / year	\$100 / year
Preventive Dental						
Cleanings & Checkups	50% coinsurance semi-annual	50% coinsurance semi-annual	50% coinsurance semi-annual	50% coinsurance annual	50% coinsurance annual	50% coinsurance semi-annual
X-Rays (annual)	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Out-of-Pocket Maximum	\$1,000	\$3,000	\$3,000	\$3,250	\$3,250	\$2,500
Prescription Drug Coverage	Select any Part D plan	Select any Part D plan	Select any Part D plan	Part D prescription benefits	Part D prescription benefits	Select any Part D plan
Part D Drug Coverage	Not applicable	Not applicable	Not applicable			Not applicable
Copayments for 30 day Retail						
Tier 1				\$5 copay	\$7 copay	
Tier 2				\$25 copay	\$26 copay	
Tier 3				\$60 copay	\$63 copay	
Specialty Drugs				30%	30%	
Gap Coverage				Tier 1	No	