

ADVANTRA FREEDOM

from Coventry® Health Care, Inc



The Freedom of Choice Freedom 2, 3, 5 Benefit Comparison Chart



For more detailed information on these and other benefits for Avantara Freedom- Freedom 2, Freedom 3 and Freedom 5, please refer to the Summary of Benefits in your Enrollment Packet.

Covered Services	Freedom 2	Freedom 3	Freedom 5	My Current Benefits:
Monthly Premium*	\$23/\$35	\$0/\$31/\$23	\$34/\$36	\$ _____
Office Visits: o Primary Physician o Specialist o Podiatrist	\$15 copay \$30 copay \$30 copay	\$20 copay \$30 copay \$30 copay	\$15 copay \$30 copay \$30 copay	\$ _____
Diagnostic X-rays	\$15 copay	\$35 copay	\$15 copay	\$ _____
MRIs/MRAs/CT/PET/Nuclear Medicine	\$110 copay	\$200 copay	\$110 copay	
Laboratory Services	\$5 copay	\$5 copay	\$5 copay	
Inpatient Hospitalization	Days 1 - 5: \$180/day Days 6 - unlimited days: \$0/day	Days 1 - 11: \$265/day Days 12 - unlimited days: \$0/day	Days 1 - 6: \$180/day Days 7 - unlimited days: \$0/day	\$ _____
Outpatient Surgery	\$90 copay	\$200 copay	\$90 copay	\$ _____
Annual Physical Exams	\$0 copay	\$0 copay	\$0 copay	
Preventive Care** o Immunizations o GYN Exams o Screening Mammograms o Bone Mass Measurements o Colorectal Screening Exams o Prostate Screening Exams	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Routine Vision & Hearing o Annual Routine Exams o Non-Medicare Covered Eyewear o Hearing Aids	\$30 copay \$100 benefit annually \$100 benefit annually	\$30 copay \$100 benefit annually \$100 benefit annually	\$30 copay \$100 benefit annually \$100 benefit annually	\$ _____ \$ _____ \$ _____
Preventive Dental o Cleanings & Checkups o X-rays (annual)	50% co-insurance (semi-annual) 50% co-insurance	50% co-insurance (semi-annual) 50% co-insurance	50% co-insurance (semi-annual) 50% co-insurance	\$ _____ \$ _____
Maximum Out-of-Pocket	\$3,000	\$3,350	\$3,350	\$ _____
Prescription Drugs	Select any Part D Plan.	Select any Part D Plan.	\$7/\$30/\$73/30% See Summary of Benefits for details.	\$ _____

* Premium varies by service area. Please refer to the Summary of Benefits for details.

** Medicare coverage guidelines apply.

Advantra Freedom is a Medicare Advantage Private Fee-for-Service Plan offered through First Health Life & Health Insurance Company, Coventry Health and Life Insurance Company and Cambridge Life Insurance Company, subsidiaries of Coventry Health Care, Inc., which contract with the Centers for Medicare & Medicaid Services (CMS), the Federal agency that administers Medicare.

Advantra Freedom's contract with CMS is renewed annually and the availability of coverage beyond the contract year is not guaranteed.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: www.AdvantraFreedom.com. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

If a person is discussing plan options with you, he or she may be either employed by or contracted with First Health Life & Health Insurance Company, Coventry Health and Life Insurance Company and Cambridge Life Insurance Company, subsidiaries of Coventry Health Care, Inc. This person may be compensated based on your enrollment in the Advantra Freedom plan.

You can join Advantra Freedom as long as you have Medicare Part A (hospital coverage), pay your Medicare Part B (medical and outpatient coverage) premiums and live in Advantra Freedom's service area. Individuals with End-Stage Renal Disease are generally not eligible to enroll in Advantra Freedom unless they are members of our organization and have been since their dialysis began.

You may join or leave a plan only at certain times. For details on eligibility and enrollment, log on to our Web site www.AdvantraFreedom.com or call the Customer Service number below.

Advantra Freedom Part D benefits are only available to members of our Freedom 4, Freedom 5 and Freedom 7 plans. If you are enrolled in Freedom 4, Freedom 5, or Freedom 7, you must receive your Medicare Part D coverage through Advantra Freedom. Enrollment in another Medicare Part D plan will cause you to be automatically disenrolled from Advantra Freedom.

I understand that if I choose Freedom 1, Freedom 1B, Freedom 2, Freedom 3, Freedom 6 or Freedom 8, a plan that does not offer Medicare prescription drug coverage, I may obtain coverage from another Medicare prescription drug plan. If I do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7days a week; the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or your State Medicaid Office.

This document is available in other formats.

CONTACT US AT:

1-800-711-1607 (TDD 1-888-788-4010)
8 a.m. to 8 p.m., local time, seven days a week
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