

2010 Benefits



Medicare Advantage Plans Advantra (HMO) from GHP

Benefits	Advantra Option 1	Advantra Option 2	Advantra Option 3	Gold Advantage Option 1
Contract Number/PBP Number	H2663-006	H2663-002	H2663-012	H2663-005
Plan Type	HMO	HMO	HMO	HMO
Premium	\$0	\$69	\$32.70	\$0
Deductible	None	None	Same as A&B for 2010	None
MOOP	\$4,500	\$2,900	N/A	\$3,400
Medical:				
Inpatient-Medical	\$320/day days 1-5	\$280/day days 1-5	2010 Part A Deductible	\$320/day days 1-5
PCP	\$15	\$15	20%	\$15
Specialist	\$30	\$30	20%	\$40
Outpatient	20%	20%	20%	20%
Out of Network	Emergent/Urgent Only	Emergent/Urgent Only	Emergent/Urgent Only	Emergent/Urgent Only
Podiatry Copay	\$30	\$30	20%	\$40
Skilled Nursing Facility (SNF) Copay	\$0 days 1-5 \$100 days 6-34	\$0 days 1-5 \$100 days 6-34	\$0 days 1-20	\$0 days 1-5 \$100 days 6-34
Outpatient Surgery Copay	\$275	\$275	20%	\$275
Lab Copay	\$0	\$0	\$0	\$0
Radiology Copay or Coinsurance	\$15 flat, 20% other	\$15 flat, 20% other	20%	\$15 flat, 20% other
Emergency/Urgent Care Copay	\$50/\$30	\$50/\$30	20%	\$50/\$30
Ambulance Copay	\$100	\$100	20%	\$100
Outpatient Rehab Coinsurance	20%	20%	20%	20%

Benefits	Advantra Option 1	Advantra Option 2	Advantra Option 3	Gold Advantage Option 1
Rx:				
Durable Medical Equipment (DME)	20%	20%	20%	20%
Prescriptions (3)				
Tier 1 Copay - Generic	\$4	\$6	\$7	\$4
Tier 2 Copay - Preferred Brand	\$34	\$31	\$28	\$34
Tier 3 Copay - Non-Preferred Brand/Generic	\$70	\$70	\$60	\$70
Tier 4 Copay - Specialty - Generic / Brand	33%	33%	33%	33%
Value Adds:				
Dental	None	None	\$0 co pay for 1 oral exam every 6 months \$0 co pay for 1 cleaning every 6 months \$0 co pay for 1 x-ray visit per year Additional benefits with \$1000 benefit limit per year	None
Fitness	Covered	Covered	Covered	Covered
OTC	No Benefit	No Benefit	\$20/month catalog	No Benefit
Eyewear	\$25 copay for up to 1 routine eye exam per year \$15 copay for up to 1 pair of glasses every 2 years	\$25 copay for up to 1 routine eye exam per year \$15 copay for up to 1 pair of glasses every 2 years	\$25 copay for up to 1 routine eye exam per year \$15 copay for up to 1 pair of glasses every 2 years	\$25 copay for up to 1 routine eye exam per year \$15 copay for up to 1 pair of glasses every 2 years
Transportation	\$0 for 24 One way trips	\$0 for 24 One way trips	\$0 for 24 One way trips	\$0 for 24 One way trips
Hearing Aids	None	None	None	None
Meal Plan	None	None	None	None
Preventive	\$10 copay for Bone Mass measurement Colorectal screening Mammograms Pap Smears & Pelvic Exams Prostate Cancer Screening *** No copay for immunizations	\$10 copay for Bone Mass measurement Colorectal screening Mammograms Pap Smears & Pelvic Exams Prostate Cancer Screening *** No copay for immunizations	No copays for immunizations, other 20%	\$10 copay for Bone Mass measurement Colorectal screening Mammograms Pap Smears & Pelvic Exams Prostate Cancer Screening *** No copay for immunizations

Availability

- Missouri Counties – Boone, Callaway, Cole, Franklin, Gasconade, Jefferson, Lincoln, Miller, Moniteau, Montgomery, Osage, St. Charles, St. Louis, St. Louis City, Warren
- Illinois Counties – Calhoun, Jersey, Madison, Monroe, St. Clair

