

2010 Benefits



Medicare Advantage Plans from HealthAmerica

Benefits	Advantra Silver (HMO) Central & Western PA	Advantra Gold (PPO) Central PA (EXCEPT Berks, Cumberland & Dauphin)		Advantra Silver (PPO) Central PA		**NEW** Advantra Elite (PPO) Central PA	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Contract Number/PBP Number	H3959-011	H5522-002		H5522-004		H5522-008	
Plan Type	HMO	PPO		PPO		PPO	
Premium	\$0	\$66		\$0		\$0	
MOOP	No MOOP	No MOOP		No MOOP		\$2,000	No MOOP
Deductible	\$0	\$0	\$1,000	\$0	\$1,000	\$1,350	\$2,000
Medical:							
Inpatient-Medical	\$150/days 1-7	\$100/days 1-5	20%	\$100/days 1-5	20%	\$0	30%
PCP	\$20	\$10	20%	\$15	20%	\$10	30%
Specialist	\$40	\$30	20%	\$35	20%	\$30	30%
Outpatient Surgery	\$150	\$150	20%	\$150	20%	\$0	30%
Rx:							
Tier 1	\$6	\$2		\$6		\$4	
Tier 2	\$32	\$40		\$37		\$40	
Tier 3	\$64	\$75		\$69		\$69	
Tier 4	33%	33%		33%		33%	
Gap	No	Tier 1		No		No	

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	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Services Not Covered by Medicare:							
Part B Premium Benefit	Up to \$10 credited monthly to Part B Premium	N/A		N/A		N/A	
Dental	Preventive Services Not Covered \$30 Comp Dental Medicare Covered Only	\$0 for 2 exams, 2 cleanings, 1 X-ray/yr; 50% Coinsurance for extractions, restorative services & fillings; \$25 deductible up to \$1000 max; \$25 Comp Dental Medicare Covered Only		Preventive Services Not Covered \$25 Comp Dental Medicare Covered Only	Preventive Services Not Covered 20% Comp Dental Medicare Covered Only	Preventive Services Not Covered \$0 Comp Dental Medicare Covered Only	Preventive Services Not Covered 30% Comp Dental Medicare Covered Only
Fitness	Yes	Yes		Yes		Yes	
Vision	Preventive Services Not Covered \$25 exam for Medicare Covered only; 1 pair of glasses after cataract surgery - Medicare Covered Only	\$25 exam; 1 routine exam per year - Non-Medicare Covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 1 pair of glasses after cataract surgery - Medicare Covered Only.	\$25 max exam benefit/year - Non-Medicare covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 20% - Medicare Covered Only	Preventive Services Not Covered \$25 exam for Medicare Covered only; 1 pair of glasses after cataract surgery - Medicare Covered Only	Preventive Services Not Covered 20% Medicare Covered Only	\$30 exam; 1 routine exam per year - Non-Medicare Covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 1 pair of glasses after cataract surgery - Medicare Covered Only.	\$30 max exam benefit/year - Non-Medicare covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 30% - Medicare Covered Only
Transportation	N/A	N/A		N/A		N/A	
Hearing	Preventive Services Not Covered \$30 exam for Medicare Covered only	\$25 - 1 routine exam/year Non-Medicare Covered; \$750 limit every 3 years (\$500 for 1st aid, \$250 for 2nd aid); \$25 Diagnostic Only - Medicare Covered Only	20% - Medicare Covered Only. \$25 max exam benefit/year - Non-Medicare covered. \$375 every 3 years for hearing aids	Preventive Services Not Covered \$25 exam for Medicare Covered only	Preventive Services Not Covered 20% for Medicare Covered only	Preventive Services Not Covered \$0 exam for Medicare Covered only	Preventive Services Not Covered 30% for Medicare Covered only

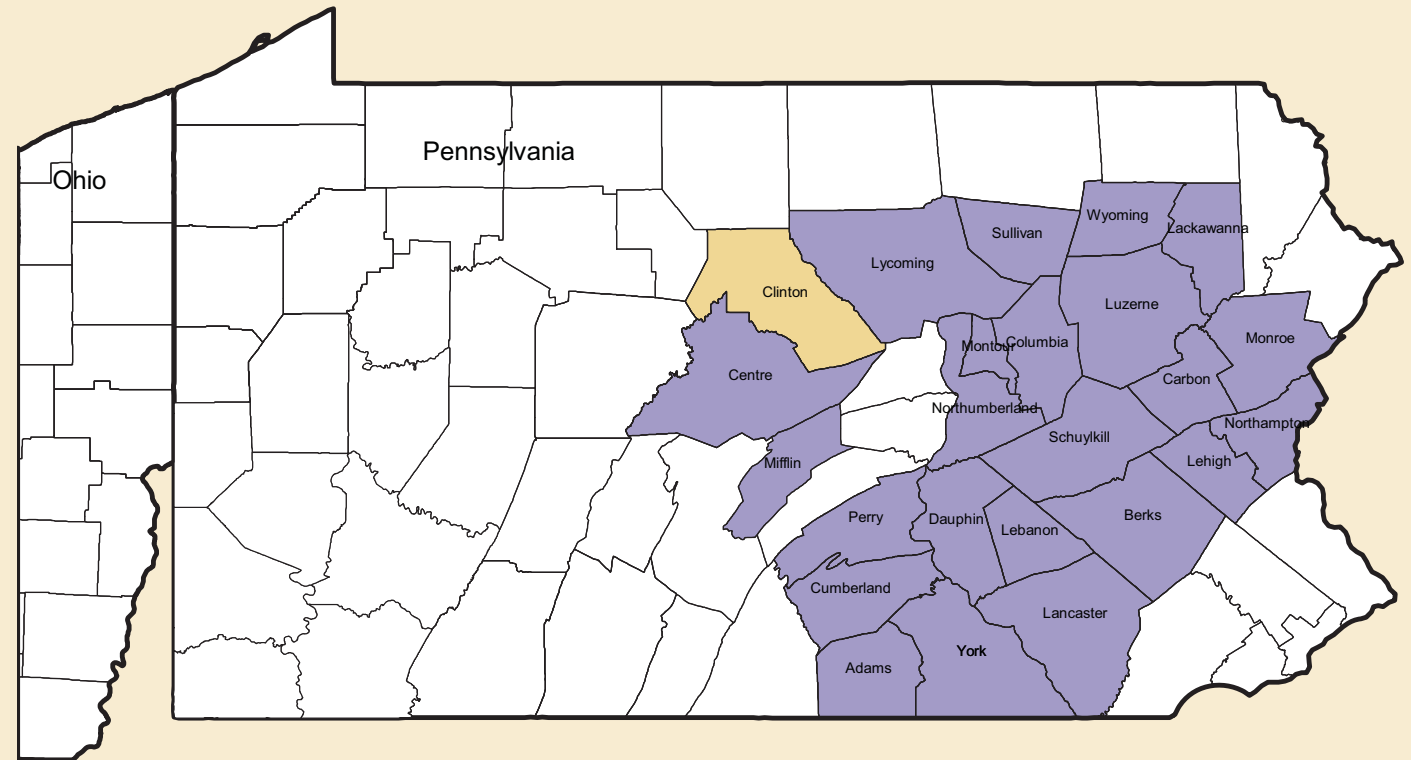
Availability

Current Service Area

- Adams, Berks, Carbon, Centre, Columbia, Cumberland, Dauphin, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Schuylkill, Sullivan, Wyoming and York counties

2010 Expansion

- Clinton county



- Expansion county
- Existing counties