



Asuris TruAdvantage™ Asuris TruAdvantage™ + Rx Asuris TruAdvantage™ + Rx Enhanced

Use this simple comparison of premiums, deductibles, copays and coinsurance to help you determine which Asuris TruAdvantage plan best suits your needs.

With all Asuris TruAdvantage plans, you have

- Reasonable monthly premiums
- No deductibles for medical services
- Large selection of doctors, hospitals and other health care providers with no referrals
- 100% coverage--no copays--for diabetes self-monitoring training and supplies, X-rays and lab work; and a number of diagnostic screenings
- \$5 copays for in-network doctor and specialist visits, routine physical exams, eye exams and urgent care
- See any dentist for routine preventive care, up to \$500 each year
- Virtually no paperwork
- 24-hour nurse health-advice hotline
- Worldwide coverage
- myAsuris.com - a Web site where you can research health-related issues, review your claims history, and get help navigating the health care system

When you join Asuris TruAdvantage + Rx or Asuris TruAdvantage + Rx Enhanced, you get all of the benefits listed above, plus Part D prescription drug coverage, including:

- Over 50,000 network pharmacies nationwide
- Convenient mail order service
- Monthly explanation of benefits to help you track your deductible and out-of-pocket costs (Asuris TruAdvantage + Rx Enhanced has no deductible)

Choose Asuris TruAdvantage + Rx Enhanced, with all of the coverage described above, and you'll also get:

- No deductible for prescription drugs
- \$5 copay for Tier 1 generic prescription drugs throughout the coverage gap
- Your first fill of selected Tier 1 generic prescription drugs is free

The Asuris TruAdvantage + Rx and Asuris TruAdvantage + Rx Enhanced formulary includes all Medicare-covered Part D prescription drugs.

Asuris TruAdvantage plans provide reimbursement for all Medicare-covered benefits regardless of whether they are received in-network as long as they are medically necessary. Members receive their highest benefits when they receive their care from in-network providers. Care received out-of-network may cost more.

Monthly Premiums:

Asuris TruAdvantage
\$106.00

Asuris TruAdvantage + Rx
\$156.00

Asuris TruAdvantage + Rx Enhanced
\$168.00

Asuris TruAdvantage Benefits at a Glance

Following is a snapshot of Asuris TruAdvantage plan benefits. This is only a summary. For a full description of benefits, please see the Summary of Benefits booklet or Evidence of Coverage.

Description	Benefits		Considerations
	In-Network	Out-of-Network	
Deductible	\$0	\$0	No deductible for medical care and services.
Out-of-pocket maximum	\$1,000	\$2,000	This is the total amount you will pay, out-of-pocket per calendar year.
Professional Services			
Office visits	\$5 copay	\$20 copay	We pay 100% after the copay.
Routine physical exam	\$5 copay	\$20 copay	We pay 100% after the copay.
Urgent care	\$5 copay	\$20 copay	Copay waived if admitted to a hospital within 48 hours.
Annual exams for women	\$0 copay	\$20 copay	Includes pap smear.
Prostate cancer screening exams	\$0 copay	\$20 copay	For men 50 and older.
Immunizations	\$0 copay	\$0 copay	We pay 100% for flu, pneumonia, and hepatitis B immunizations.
Hospital Services			
Hospital stay	\$100 copay for days 1-3	\$200 copay for days 1-5	100% coverage for Medicare-covered services after 3 days in-network or 5 days out-of-network.
Skilled nursing	\$0 copay for first 100 days	\$0 copay for first 25 days	Up to 100 days covered per calendar year.
Inpatient mental illness treatment	\$100 copay ea., days 1-3	\$200 copay ea., days 1-5	190-day lifetime maximum.
Emergency room services	\$50 copay	\$50 copay	Worldwide coverage. Copay waived if admitted to a hospital within 48 hours.
Other Services and Benefits			
Eye exams	\$5 copay	\$20 copay	Ask about Asuris Advantages discount program for exams, glasses and lenses.
Diagnostic hearing exams	\$5 copay	\$20 copay	Copays apply to Medicare-covered services only.
Dental services - Medicare-covered	\$5 copay	\$20 copay	Copays apply to Medicare-covered services only.
Dental services - Preventive	\$0 copay	\$0 copay	Up to 500 for <u>routine</u> preventive care per calendar year. Full-mouth debridement not covered.
Vision hardware	\$0 copay	\$0 copay	Plan pays 100%, up to \$100, every two years.
Chiropractic services	\$5 copay	\$20 copay	We pay 100% after your copay for Medicare-covered Services only.
Podiatry services	\$5 copay	\$20 copay	We pay 100% after your copay.
Ambulance	\$50 copay	\$50 copay	Worldwide coverage. Copay applies to Medicare-covered services.

Benefits at a Glance (cont.)

Description	Benefits		Considerations
	In-Network	Out-of-Network	
Other Services and Benefits (cont.)			
Laboratory and radiology services	\$0 copay	\$0 copay	We pay 100%.
Outpatient surgery and services	\$0 copay	\$0 copay \$100 copay	\$100 copay for outpatient surgery out-of-network. \$0 copay for outpatient surgery services.
Durable medical equipment	You pay 10%	You pay 20%	Benefit applies only to Medicare-covered equipment.
Diabetes self-monitoring and training supplies	\$0 copay	\$0 copay	We pay 100% for lancets, test strips and glucometer supplies. (For insulin and syringes, see Part D coverage, Tier 2 on next page.)
Prosthetic devices	\$0 copay	You pay 20%	In-network, we pay 100%. Out-of-network we pay 80% of covered expenses.
Home health services	\$0 copay	You pay 20%	In-network, we pay 100%. Out-of-network we pay 80% of covered expenses.
Prescription drug coverage (Part D)	Part D coverage available on both Asuris TruAdvantage + Rx and Asuris TruAdvantage + Rx Enhanced. See table below for tiered pharmacy benefits for Part D prescription drugs		

"In-network" refers to our large Preferred Provider Organization network (PPO). To see if your doctor is in the network, see the provider directory, or visit us at www.asuris.com.

Tiered Pharmacy Benefit

	Asuris TruAdvantage + Rx	Asuris TruAdvantage + Rx Enhanced
Monthly premium	\$156.00	\$168.00
Deductible for prescription drugs	\$275.00	\$0
Tier 1 copay for generic drugs	\$5	\$5
Tier 2 copay for preferred brand-name drugs	\$18	\$25
Tier 3 copay for non-preferred brand-name drugs	\$35	\$50
Tier 4* coinsurance for specialty medications	25%	25%
Tier 5* coinsurance for miscellaneous injectables	25%	25%
Coverage during the "coverage gap"	You pay 100% of discounted drug costs until you have spent \$4,050 in out-of-pocket costs.	You pay \$5 copay for Tier 1 generics, or 100% of discounted drug costs for brand-name drugs until you have spent \$4,050 in out-of-pocket costs.
Catastrophic coverage	You pay the greater of 5% coinsurance or \$2.25/\$5.60 copay, depending upon the tier.	

*Tiers 4 and 5 products are limited to a 30-day supply and may contain generic products.

Deductibles, copays and coinsurance effective January 1, 2008 through December 31, 2008.

Pharmacy Benefit Comparison

	Asuris TruAdvantage + Rx		Asuris TruAdvantage + Rx Enhanced	
	Drug Costs	Cost-Sharing	Drug Costs	Cost-Sharing
Initial Coverage Limit	\$0 - \$275	\$275 Deductible You pay 100%.	\$0 - \$275	\$0 Deductible You pay your copay/ coinsurance of \$5/\$25/\$50/25%/25%.
	Next \$2,235	After you've paid your yearly deductible and before the total yearly drug costs (paid by you and your plan) reach \$2,510, your share is \$5/18/\$30/\$25%/25%, depending on the tier.	Up to \$2,510	Before the total yearly drug costs (paid by you and your plan) reach \$2,510, your share is \$5/\$25/\$50/25%/25%, depending upon the tier.
Coverage Gap	The coverage gap begins when total yearly drug costs (paid by you and your plan) reach \$2,510. Coverage resumes when the year's out-of-pocket drug costs reach \$4,050.	You pay 100% of discounted drug costs until you have spent \$4,050.	The coverage gap begins when total yearly drug costs (paid by you and your plan) reach \$2,510. Coverage resumes when the year's out-of-pocket drug costs reach \$4,050.	You pay the copay for Tier 1 generics, or 100% of discounted costs for brand-name drugs, until the total out-of-pocket costs for the year reach \$4,050.
Catastrophic Coverage	This level of coverage begins when the total out-of-pocket costs for the year reach \$4,050.	We pay 95% of drug costs. You pay the greater of \$2.25/\$5.60 copay or 5% coinsurance, depending upon the tier.	This level of coverage begins when the total out-of-pocket costs for the year reach \$4,050.	We pay 95% of drug costs. You pay the greater of \$2.25/\$5.60 copay or 5% coinsurance, depending upon the tier.

Asuris TruAdvantage plans are available to residents of Benton, Ferry, Franklin, Kittitas, Spokane, Stevens, and Whitman counties.

Anyone who resides in our service area, has Medicare Parts A and B, and does not have End Stage Renal Disease (ESRD) may apply.

Members must continue to pay their Part B premiums.

This brochure includes only highlights of the Asuris TruAdvantage plans. For complete information about benefits, eligibility, and enrollment, please refer to the Summary of Benefits or contact us at the numbers below:

1-888-734-3623

8 a.m. to 5 p.m., Pacific time, Monday through Friday

TTY users should call 1-800-833-6384



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www.asuris.com/needCoverage/medicare