

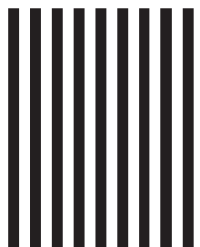
AdvantraRx
Medicare Prescription Drug Plans Made Easy



Find out more about
AdvantraRx by calling toll-free
1-877-MS-PARTD (1-877-677-2783)
or TDD for the hearing impaired
1-800-961-7651, 7:30 a.m.–
4:30 p.m., Central Standard
Time, Monday–Friday.

CGI Part D
PO Box 29142
Shawnee Mission, KS 66201-9926

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1140 SHAWNEE, KS
POSTAGE WILL BE PAID BY ADDRESSEE



NO POSTAGE
NECESSARY IF
MAILED IN THE
UNITED STATES

The sooner you get the facts, the less you'll pay!

Why enroll now?

- **Being on time pays.** To maximize your prescription drug benefits, you need to sign up between November 15, 2005, and May 15, 2006. After that time, you may pay a penalty *for every month you delay*. So, the sooner you mail back the attached **AdvantraRx** reply card, the sooner you can benefit from your new coverage.
- **Protect yourself** from rising prescription costs down the road.

Why AdvantraRx?

- **AdvantraRx** offers you three plans—all with no deductible.
- We cover a wide range of frequently used prescription drugs available at over 58,000 pharmacies or by mail.

AdvantraRx is a Medicare-approved Prescription Drug Plan offered through the following Coventry health plans that contract with the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare: Coventry Health and Life Insurance Company, Cambridge Life Insurance Company, and First Health Life & Health Insurance Company.

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S5670_S5674_S0197-Rx/Adv003e

CMS Approved 10/03/2005



If You're Eligible for
MEDICARE,
You Can
SAVE MONEY
on Your
PRESCRIPTION DRUGS



AdvantraRx
Medicare Prescription Drug Plans Made Easy

ARCGDM4000

A Valuable Addition to Medicare

Prescription drug coverage has been added to the Medicare program, which means you may be able to spend less on your medications. Coventry Health Care created **Advantra®Rx** prescription drug plans after listening to people with Medicare like you. We make Medicare easy to understand. **And AdvantraRx plans help you prepare for the future while protecting you from high out-of-pocket costs today.**



5 Steps to Getting the Most Out of Your New Prescription Benefit

- Step 1 Relax.** Choosing the right prescription coverage doesn't have to be confusing. **AdvantraRx** can guide you through the process, step by step.
- Step 2 Think about your needs.** Do you have a lot of prescriptions? Just a few? Are you on a tight monthly budget or do you have a little more to spend? What if things change down the road?
- Step 3 Get all the facts.** The more information you have, the easier it will be to make the right decision. *Making Medicare's Prescription Drug Coverage Work for You* can give you all the answers. Call toll-free 1-877-MS-PARTD (1-877-677-2783) or TDD for the hearing impaired 1-800-961-7651, 7:30 a.m.–4:30 p.m., Central Standard Time, Monday–Friday to receive it FREE.
- Step 4 Choose a plan that's right for you.** **AdvantraRx** offers several plan options with a wide range of benefits to meet your needs:
- **AdvantraRx Value**
 - **AdvantraRx Premier**
 - **AdvantraRx Premier Plus**
- All three plans feature affordable premiums, no deductibles, low copays, comprehensive formularies, over 58,000 pharmacies including national chains and local drug stores, and even greater savings through mail order.
- Step 5 Enroll.** Signing up couldn't be easier. Just call us and we'll send you a free, easy-to-understand enrollment kit. You'll get step-by-step explanations on all the plan options and a special phone number to contact one of our Continental General consultants who will be able to answer your questions.

"I want to get more out of my new prescription drug benefit!"

If you would like clear, easy-to-understand information about AdvantraRx, Medicare-approved prescription drug coverage, please call toll-free
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1-800-961-7651, 7:30 a.m.–4:30 p.m.,
Central Standard Time, Monday–Friday
or complete this postage-paid
reply card and drop it in the mail

- Please send my **FREE** copy of *Making Medicare's Prescription Drug Coverage Work for You.*



Name _____
Address _____
City _____
State _____ ZIP _____
Telephone () _____
Email _____

A Sales Representative may call.