

| 2017<br>Medicare<br>Advantage Plans<br>Contract ID/Plan ID | Summary of Benefits Table ( Bienville Parish)   |   |   |   |  |
|--|---|---|---|---|--|
|  | HumanaChoice  | HumanaChoice  | HumanaChoice  | HumanaChoice  | AAA0 Vantage Standard                                      |
|  | H5525-015   | R5826-011   | R5826-068   | R5826-078   | H5576-017  |
| Organization Name  | Humana Benefit Plan of Illinois   | Humana Insurance Company  | Humana Insurance Company  | Humana Insurance Company  | Vantage Health Plan  |
| Type of Medicare Plan                                      | Local PPO   | Regional PPO  | Regional PPO  | Regional PPO  | Local HMO  |
| Monthly Consolidated Premium (includes part C & D)         | \$47  | \$77  | \$0   | \$47  | \$35   |
| Health Plan Deductible                                     | \$750 annual deductible   | \$1,000 annual deductible   | \$1,000 annual deductible   | \$1,000 annual deductible   | \$350 Out-of-network                                       |
| PCP Co-pay   | \$5/ 30%  | \$15  | \$10/ \$35  | \$15/ 30%   | \$15 0%- 20%   |
| Specialist Co-pay  | \$5- \$50/ 30%  | \$15- \$50  | \$10- \$35/ \$50  | \$25- \$50/ 30%   | \$45 0%- 20%   |
| ER   | \$75 per visit (always covered)   | \$75 per visit (always covered)   | \$75 per visit (always covered)   | \$75 per visit (always covered)   | \$75 per visit (always covered)                            |
| Ambulance  | \$265 or 20%  | \$265 or 20%  | \$265 or 20%  | \$265 or 20%  | \$250  |
| Skilled nursing  | 0 for days 1 through 20<br>\$164.50 for days 21 through 100                           | \$0 for days 1 through 20<br>\$164.50 for days 21 through 100                         | \$0 for days 1 through 20<br>\$164.50 for days 21 through 100                         | \$0 for days 1 through 20<br>\$164.50 for days 21 through 100                         | \$0 for days 1 through 20<br>\$164 for days 21 through 100 |
| Inpatient Hospital   | \$185 for days 1 through 7<br>\$0 for days 8 through 90<br>\$0 for days 91 and beyond | \$275 for days 1 through 7<br>\$0 for days 8 through 90<br>\$0 for days 91 and beyond | \$195 for days 1 through 6<br>\$0 for days 7 through 90<br>\$0 for days 91 and beyond | \$275 for days 1 through 7<br>\$0 for days 8 through 90<br>\$0 for days 91 and beyond | \$325 for days 1 through 5<br>\$0 for days 6 through 90    |
| Annual Drug Deductible                                     | \$400   | \$400   | Drugs not covered   | \$400   | \$0  |
| Additional Coverage Offered in the Gap                     | \$5- \$100 and/ or 25%- 51%   | \$6- \$100 and/ or 25%- 51%   | Drugs not covered   | 40%- 51%  | 40%- 51%   |
| Chemo Drugs  | 20%/ 30%  | 20%/ 19%- 25%   | 20%/ 30%  | 20%/ 30%  | 20%  |
| Out-of-Pocket Maximum                                      | \$6,700/ \$10,000   | \$6,700/ \$10,000   | \$6,700/ \$10,000   | \$6,700/ \$10,000   | \$5,900  |

| Summary of Benefits Table ( Bienville Parish)      |  |                                |  |
|--|--|--------------------------------|--|
| Medicare Advantage Plans<br>Contract ID/Plan ID    | AAA1 Vantage Premium                                       | AAA4 Vantage Traditional Plus  | AAA8 Vantage Basic   |
|  | H5576-018  | H5576-008                      | H5576-020  |
| Organization Name                                  | Vantage Health Plan  | Vantage Health Plan            | Vantage Health Plan  |
| Type of Medicare Plan                              | Local HMO  | Local HMO                      | Local HMO  |
| Monthly Consolidated Premium (includes part C & D) | \$151  | \$32.80                        | \$0  |
| Health Plan Deductible                             | \$350 Out-of-network                                       |                                | \$350 Out-of-network                                       |
| PCP Co-pay   | \$10 0%- 20%   | \$10 0%- 20%                   | \$25 0%- 20%   |
| Specialist Co-pay                                  | \$40 0%- 20%   | 20%                            | \$50 0%- 20%   |
| ER   | \$75 per visit (always covered)                            | 20% per visit (always covered) | \$75 per visit (always covered)                            |
| Ambulance  | \$250  | 20%                            | \$250  |
| Skilled nursing                                    | \$0 for days 1 through 20<br>\$164 for days 21 through 100 |                                | \$0 for days 1 through 20<br>\$164 for days 21 through 100 |
| Inpatient Hospital                                 | \$275 for days 1 through 5<br>\$0 for days 6 through 90    |                                | \$360 for days 1 through 5<br>\$0 for days 6 through 90    |
| Annual Drug Deductible                             | \$0  | \$400                          | \$350  |
| Additional Coverage Offered in the Gap             | \$0- \$4 and/or 40%- 51%                                   | 40%- 51%                       | 40%- 51%   |
| Chemo Drugs  | 20%  | 20%                            |  |
| Out-of-Pocket Maximum                              | \$3,600  | \$6,700.00                     | \$6,700  |