

2017 Medicare Advantage Plans	Summary of Benefits Table (Franklin Parish)		
	Humana Gold Plus	HumanaChoice	HumanaChoice
Contract ID/Plan ID	H1951-042	R5826-011	R5826-068
Organization Name	Humana Health Benefit Plan of LA	Humana Health Insurance	Humana Insurance Company
Type of Medicare Plan	Local HMO	Regional PPO	Regional PPO
Monthly Consolidated Premium (includes part C & D)	\$0	\$77	\$0
Health Plan Deductible	\$0	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-pay	\$15	\$15	\$10/ \$35
Specialist Co-pay	\$15- \$45	\$15- \$50	\$10-\$35/ \$50
ER	\$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%
Skilled nursing	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$215 for days 1 through 8 \$0 for days 9 through 90 \$0 for days 91 and beyond	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond	\$195 for days 1 through 6 \$0 for days 7 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$200	\$400	Drugs not covered
Additional Coverage Offered in the Gap	\$6- \$100 and/or 29%- 51%	\$6- \$100 and/or 25%-51%	Drugs not covered
Chemo Drugs	20%	20%/ 19%- 25%	20%/ 30%
Out-of-Pocket Maximum	\$6,700	\$6,700/ \$10,000	\$6,700/ \$10,000

Summary of Benefits Table (Franklin Parish)			
Medicare Advantage Plans	HumanaChoice	AAA0 Vantage Standard	AAA1 Vantage Premium
Contract ID/Plan ID	R5826-078	H5576-017	H5576-018
Organization Name	Humana Insurance Company	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Regional PPO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$47	\$27	\$152
Health Plan Deductible	\$1,000 annual deductible	\$350 Out-of-network	\$350 Out-of-network
PCP Co-pay	\$15/ 30%	\$0- \$15 0%- 20%	\$0- \$10 0%- 20%
Specialist Co-pay	\$25- \$50/ 30%	\$45 0%- 20%	\$40 0%- 20%
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$265 or 20%	\$250	\$250
Skilled nursing	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164 for days 21 through 100	\$0 for days 1 through 20 \$164 for days 21 through 100
Inpatient Hospital	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond	\$325 for days 1 through 5 \$0 for days 6 through 90	\$275 for days 1 through 5 \$0 for days 6 through 90
Annual Drug Deductible	\$400	\$0	\$0
Additional Coverage Offered in the Gap	40%- 51%	40%- 51%	\$0- \$4 and/or 40%- 51%
Chemo Drugs	20%/ 30%	20%	20%
Out-of-Pocket Maximum	\$6,700/ \$10,000	\$5,900	\$3,600

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