

2017 Summary of Benefits Table (Vernon Parish)			
Medicare Advantage Plans	Humana Gold Plus (HMO)	HumanaChoice * (PPO)	HumanaChoice (PPO)
Contract ID/Plan ID	R5826-011	R5826-068 *	R5826-078
Organization/Company Name	Humana Ins Co	Humana Ins Co	Humana Ins Co
Type of Medicare Plan	Regional PPO	Regional PPO *	Regional PPO
Monthly Consolidated Premium (includes part C & D)	\$77	\$0	\$47
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible
Primary Care Provider Co-pay	\$15	\$10 / \$35	\$15 / 30%
Specialist Co-pay	\$15 - 50	\$10 - \$35 / \$50	\$25 - \$50 / 30%
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 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$195 per day (days 1-6) \$0 per day (days 7-90) \$0 per day (days 91 & beyond)	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)
Annual Drug Deductible	\$400 (Tiers 4 & 5 only)	* NO drug coverage	\$400 (Tiers 3, 4, & 5)
Additional Coverage in Gap	\$6 - \$100 &/or 29% - 51%	* NO drug coverage	No Gap coverage
Chemo Drugs	20% / 19%-25%	20% / 30% (Part B)	20% / 30%
Out-of-Pocket Maximum	\$6,700 / \$10,000	\$6,700 / \$10,000	\$6,700 / \$10,000