2017 Medicare Advantage Plans	Summary of Benefits Table (Caldwell Parish)				
	Humana Gold Plus	HumanaChoice	HumanaChoice	HumanaChoice	HumanaChoice
Contract ID/Plan ID	H1951-042	H6609-104	R5826-011	R5826-068	R5826-078
Organization Name	Humana Health Benefit Plan of LA	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Humana Insurace Company
Type of Medicare Plan	Local HMO	Local PPO	Regional PPO	Regional PPO	Regional PPO
Monthly Consolidated Premium (includes part C & D)	$0	$47	$77	$0	$47
Health Plan Deductible	$0	$750 annual deductible	$1,000 annual deductible	$1,000 annual deductible	$1,000 annual deductible
PCP Co-pay	$15	$5/ 30%	$15	$10/ $35	$15/ 30%
Specialist Co-pay	$15- $45	$5- $50/ 30%	$15- $50	$10- $35/ $50	$25- $50/ 30%
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%	$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	$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	$225 for days 1 through 7 $0 for days 8 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	$275 for days 1 through 7 $0 for days 8 through 90 $0 for days 91 and beyond
Annual Drug Deductible	$200	$400	$400	Drugs not covered	$400
Additional Coverage Offered in the Gap	$6- $100 and/ or 29%- 51%	$5- $100 and/ or 25%- 51%	$6- $100 and/ or 25%- 51%	Drugs not covered	40%- 51%
Chemo Drugs	20%	20%/ 30%	20%/ 19%- 25%	20%/ 30%	20%/ 30%
Out-of-Pocket Maximum	$6,700	$6,700/ $10,000	$6,700/ $10,000	$6,700/ $10,000	$6,700/ $10,000

Summary of Benefits Table (Caldwell Parish)				
Medicare Advantage Plans	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
Contract ID/Plan ID	H5576-017	H5576-018	H5576-008	H5576-020
Organization Name	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local HMO	Local MO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	$35	$151	$32.80	$0
Health Plan Deductible	$350 Out-of-network	$350 Out-of-network		$350 Out-of-network
PCP Co-pay	$15 0%- 20%	$10 0%- 20%	$10 0%- 20%	$25 0%- 20%
Specialist Co-pay	$45 0%- 20%	$40 0%- 20%	20%	$50 0%- 20%
ER	$75 per visit (always covered)	$75 per visit (always covered)	20% per visit (always covered)	$75 per visit (always covered)
Ambulance	$250	$250	20%	$250
Skilled nursing	$0 for days 1 through 20 $164 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	$325 for days 1 through 5 $0 for days 6 through 90	$275 for days 1 through 5 $0 for days 6 through 90		$360 for days 1 through 5 $0 for days 6 through 90
Annual Drug Deductible	$0	$0	$400	$350.00
Additional Coverage Offered in the Gap	40%- 51%	$0- $4 and/ or 40%- 51%	40%- 51%	40%- 51%
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	$5,900	$3,600	$6,700	$6,700