

2017 Medicare Advantage Plans	Summary of Benefits Table ( East Baton Rouge Parish)			
	Aetna Medicare Connect Plus	Advantra	Blue Advantage	Humana Gold Plus
Contract ID/Plan ID	H5521-136	H3928-001	H6453-001	H1951-030
Organization Name	Aetna Medicare	Coventry Health Care	HMO Louisiana	Humana Health Benefit Plan of LA
Type of Medicare Plan	Local PPO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$125	\$0	\$0	\$0
Health Plan Deductible	\$500 annual deductible	\$0	\$0	\$0
PCP Co-pay	\$5/ 20%	\$5	\$5	\$5
Specialist Co-pay	\$25/ 20%	\$30	\$40	\$5- \$50
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$100	\$250	\$245	\$265 or 20%
Skilled nursing	\$0 for days 1 through 20 \$164 for days 21 through 100	\$0 for days 1 through 20 \$125 for days 21 through 100	\$0 for days 1 through 20 \$160 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$300 for days 1 through 6 \$0 for days 7 through 90	\$140 for days 1 through 6 \$0 for days 7 through 90	\$125 for days 1 through 10 \$0 for days 11 through 90 \$125 for days 91 through 100 \$0 for days 101 and beyond	\$110 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$400	\$95	\$0	Drugs not covered
Additional Coverage Offered in the Gap	\$2- \$20 and/or 40%- 51%	\$2- \$20 and/ or 40%- 51%	\$3- \$12 and/or 40%- 51-%	Drugs not covered
Chemo Drugs	\$0	20%	20%	15%- 20%
Out-of-Pocket Maximum	\$5,900/ \$10,00	\$6,700	\$6,700	\$6,700

Summary of Benefits Table ( East Baton Rouge Parish)			
Medicare Advantage Plans	Humana Gold Plus	Humana Total Care Advantage	HumanaChoice
Contract ID/Plan ID	H1951-048	H1951-039	R5826-011
Organization Name	Humana Health Benefit Plan of LA	Humana Health Benefit Plan of LA	Humana Insurance Company
Type of Medicare Plan	Local HMO	Local HMO	Regional PPO
Monthly Consolidated Premium (includes part C & D)	\$0	\$0	\$77
Health Plan Deductible	\$0	\$0	\$1,000 annual deductible
PCP Co-pay	\$10	\$0	\$15
Specialist Co-pay	\$10- \$50	\$0- \$45	\$15- \$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	\$145 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond	\$145 for days 1 through 10 \$0 for days 11 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	\$400	\$350	\$400
Additional Coverage Offered in the Gap	\$7- \$100 and/ or 25%- 51%	\$5- \$100 and/ or 26%- 51%	\$6- \$100 and/ or 25%- 51%
Chemo Drugs	20%	20%	20%/ 19%- 25%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700/ \$10,000

<b>Summary of Benefits Table ( East Baton Rouge Parish)</b>				
Medicare Advantage Plans	HumanaChoice	HumanaChoice	Peoples Health Choices 65 #14	Peoples Health Choices Platinum #009
Contract ID/Plan ID	R5826-068	R5826-078	H1961-014	H1961-009
Organization Name	Humana Insurance Company	Human Insurace Company	Peoples Health	Peoples Health
Type of Medicare Plan	Regional PPO	Regional PPO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$0	\$47	\$0	\$0
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$0	\$0
PCP Co-pay	\$10/ \$35	\$15/ 30%	\$5	\$0
Specialist Co-pay	\$10- \$35/ \$50	\$25- \$50/ 30%	\$45	\$30
ER	\$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%	\$220	\$220
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 \$155 for days 21 through 100	\$0 for days 1 through 20 \$155 for days 21 through 100
Inpatient Hospital	\$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	\$85 for days 1 through 10 \$0 for days 11 through 90	\$55 for days 1 through 10 \$0 for days 11 through 90
Annual Drug Deductible	Drugs not covered	\$400	\$0	\$0
Additional Coverage Offered in the Gap	Drugs not covered	40%- 51%	\$0- \$15 and/ or 40%- 51%	\$0- \$15 and/or 40%- 51%
Chemo Drugs	20%- 30%	20%/ 30%	15%	15%
Out-of-Pocket Maximum	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700	\$6,700

<b>Summary of Benefits Table ( East Baton Rouge Parish)</b>			
Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA6 Vantage CAPITOL	WellCare Value
Contract ID/Plan ID	H5576-008	H5576-021	H2491-007
Organization Name	Vantage Health Plan	Vantage Health Plan	WellCare Health Plan
Type of Medicare Plan	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$32.80	\$0	\$0
Health Plan Deductible		\$350 Out-of-network	\$0
PCP Co-pay	\$10 0%- 20%	\$10- \$25 0%- 20%	\$5
Specialist Co-pay	20%	\$50 0%- 20%	\$35
ER	20% per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	20%	\$250	\$250
Skilled nursing		\$0 for days 1 through 20 \$164 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital		\$335 for days 1 through 5 \$0 for days 6 through 90	\$250 for days 1 through 7 \$0 for days 8 through 90
Annual Drug Deductible	\$400	\$350	\$0
Additional Coverage Offered in the Gap	40%- 51%	40%- 51%	40%- 51%
Chemo Drugs	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700