

2017 Medicare Advantage Plans	Summary of Benefits Table (Grant Parish)		
	Humana Gold Plus	HumanaChoice	HumanaChoice
Contract ID/Plan ID	H1951-025	R5826-011	R5826-068
Organization Name	Humana Health Benefit Plan of LA	Humana Insurance Company	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	\$10	\$15	\$10/ \$35
Specialist Co-pay	\$10- \$40	\$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	\$195 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
Annual Drug Deductible	\$295	\$400	Drugs not covered
Additional Coverage Offered in the Gap	\$5- \$100 and/ or 27%- 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 (Grant Parish)				
Medicare Advantage Plans	HumanaChoice	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional
Contract ID/Plan ID	R5826-078	H5576-017	H5576-018	H5576-008
Organization Name	Humana Insurance Company	Vantage Health Plan	Vantage Health Plan	Vantage Health
Type of Medicare Plan	Regional PPO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$47	\$35	\$151	\$32.80
Health Plan Deductible	\$1,000 annual deductible	\$350 Out-of-network	\$350 Out-of-network	
PCP Co-pay	\$15/ 30%	\$15 or 0-20%	\$10 0%- 20%	\$10 0%- 20%
Specialist Co-pay	\$25- \$50/ 30%	\$45 or 0-20%	\$40 0%- 20%	20%
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)	20% per visit (always covered)
Ambulance	\$265 or 20%	\$250	\$250	20%
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	\$400
Additional Coverage Offered in the Gap	40%- 51%	40%- 51%	\$0- \$4 and/or 40%- 51%	40%- 51%
Chemo Drugs	20%/ 30%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700/ \$10,000	\$5,900	\$3,600	\$6,700

Summary of Benefits Table (Grant Parish)		
Medicare Advantage Plans	AAA8 Vantage Basic	WellCare Value
Contract ID/Plan ID	H5576-020	H2491-007
Organization Name	Vantage Health Plan	WellCare Health Plan
Type of Medicare Plan	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$0	\$0
Health Plan Deductible	\$350 Out-of-network	\$0
PCP Co-pay	\$25 or 0-20%	\$5
Specialist Co-pay	\$50 or 0-20%	\$35
ER	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$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	\$360 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	\$350	\$0
Additional Coverage Offered in the Gap	40%- 51%	40%- 51%
Chemo Drugs	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700