

2017 Medicare Advantage Plans	Summary of Benefits Table (St. Landry Parish)		
	Blue Advantage (HMO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Contract ID/Plan ID	H6453-004	H1951-042	R5826-011
Organization/Company Name	HMO Louisiana	Humana Health Benefit Plan of Louisiana Inc	Humana Insurance Co
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
Primary Care Provider Co-pay	\$5	\$15	\$15
Specialist Co-pay	\$40	\$15 - \$45	\$15 - 50
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$245	\$265 or 20%	\$265 or 20%
Skilled Nursing	\$0 per day (days 1-20) \$160 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	\$195 per day (days 1-10) \$0 per day (days 11-90) \$195 per day (days 91-100) \$0 per day (days 101 & beyond)	\$215 per day (days 1-8) \$0 per day (days 9-90) \$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	\$0 (No deductible)	\$200 (only on certain Tiers)	\$400 (only on certain Tiers)
Additional Coverage in Gap	Yes	Yes	Yes
Chemo Drugs	20% (Part B)	20% (Part B)	20% (Part B)
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700 / \$10,000

2017 Medicare Advantage Plans	Summary of Benefits Table (St. Landry Parish)		
	HumanaChoice * (PPO without Drug Coverage)	HumanaChoice (PPO)	HumanaChoice (PPO)
Contract ID/Plan ID	R5826-068 *	R5826-078	H6609-104
Organization/Company Name	Humana Insurance Co	Humana Insurance Co	Humana Insurance Co
Type of Medicare Plan	Regional PPO *	Regional PPO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$0	\$47	\$47
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$750 annual deductible
Primary Care Provider Co-pay	\$10 / \$35	\$15 / 30%	\$5
Specialist Co-pay	\$10 - \$35 / \$50	\$25 - \$50 / 30%	\$5 - \$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 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	\$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)	\$225 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)
Annual Drug Deductible	* NO drug coverage	\$400 (only on certain Tiers)	\$400 (only on certain Tiers)
Additional Coverage in Gap	* NO drug coverage	No Gap coverage	Yes
Chemo Drugs	20% / 30% (Part B)	20% / 30%	20% (Part B)
Out-of-Pocket Maximum	\$6,700 / \$10,000	\$6,700 / \$10,000	\$6,700 / \$10,000

2017 Medicare Advantage Plans	Summary of Benefits Table (St. Landry Parish)		
	Peoples Health Choices Gold (HMO)	AAA4 Vantage Traditional Plus (HMO)	AAA9 Vantage Capitol (HMO)
Contract ID/Plan ID	H1961-017	H5576-008	H5576-021
Organization/Company Name	Peoples Health	Vantage Health Plan Inc	Vantage Health Plan Inc
Type of Medicare Plan	Local HMO	HMO	HMO-POS
Monthly Consolidated Premium (includes part C & D)	\$0	\$32.80	\$0
Health Plan Deductible	\$0	\$166 annual deductible	\$350 Out-of-Network deductible
Primary Care Provider Co-pay	\$10	\$10	\$25 or 0-20%   POS 50%
Specialist Co-pay	\$40	20% after \$166 deductible	\$50 or 0-20%   POS 50%
ER	\$75 per visit (always covered)	20% per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$220	20% after \$166 deductible	\$250
Skilled Nursing	\$0 per day (days 1-20) \$160 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 per day (days 21-100)
Inpatient Hospital	\$195 per day (days 1-7) \$0 per day (days 8-90)	\$1,288 deductible (days 1-60) \$322 per day (days 61-90) \$644 per day (days 91-150)	\$335 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay
Annual Drug Deductible	\$0 (No deductible)	\$400	\$350 (only on certain Tiers)
Additional Coverage in Gap	Yes	No Gap coverage	No Gap coverage
Chemo Drugs	20% (Part B)	20% (Part B)	20% (Part B)
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700

<b>2017</b> Medicare Advantage Plans	<b>Summary of Benefits Table</b> <b>(St. Landry Parish)</b>
Contract ID/Plan ID	WellCare Value (HMO)
Organization/Company Name	H2491-007
Type of Medicare Plan	WellCare Health Plans
Monthly Consolidated Premium (includes part C & D)	HMO
Health Plan Deductible	\$0
Primary Care Provider Co-pay	\$0
Specialist Co-pay	\$5
ER	\$35
Ambulance	\$75 per visit (always covered)
Skilled Nursing	\$250
Inpatient Hospital	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Annual Drug Deductible	\$250 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91-150)
Additional Coverage in Gap	\$0
Chemo Drugs	No Gap coverage
Out-of-Pocket Maximum	20% (Part B)
	\$6,700