

<b>2017 Summary of Benefits Table (Washington Parish)</b>			
<b>Medicare Advantage Plans</b>	<b>Blue Advantage</b>	<b>Humana Gold Plus (HMO)</b>	<b>HumanaChoice (PPO)</b>
Contract ID/Plan ID	H6453-003	H1951-028	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	\$28.90	\$77
Health Plan Deductible	\$0	\$0	\$1,000 annual deductible
Primary Care Provider Co-pay	\$5	\$10	\$15
Specialist Co-pay	\$40	\$10 - 50	\$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)	\$195 per day (days 1-10) \$0 per day (days 11-90) \$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)	\$400 (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

<b>2017 Summary of Benefits Table (Washington Parish)</b>			
<b>Medicare Advantage Plans</b>	<b>HumanaChoice * (PPO without Drug Coverage)</b>	<b>HumanaChoice (PPO)</b>	<b>HumanaChoice (PPO)</b>
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 PPO
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 / 30%
Specialist Co-pay	\$10 - \$35 / \$50	\$25 - \$50 / 30%	\$5 - \$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%	\$220
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 & beyond) 30% Out of Network
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

<b>2017 Summary of Benefits Table (Washington Parish)</b>		
<b>Medicare Advantage Plans</b>	<b>Peoples Health Choices Select (HMO)</b>	<b>WellCare Value (HMO)</b>
Contract ID/Plan ID	H1961-007	H2491-007
Organization/Company Name	Peoples Health	WellCare Health Plans
Type of Medicare Plan	Local HMO	HMO
Monthly Consolidated Premium (includes part C & D)	\$65	\$0
Health Plan Deductible	\$0	\$0
Primary Care Provider Co-pay	\$5	\$5
Specialist Co-pay	\$40	\$35
ER	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$220	\$250
Skilled Nursing	\$0 per day (days 1-20) \$155 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$185 per day (days 1-10) \$0 per day (days 11-90)	\$250 per day (days 1-7) \$0 per day (days 8-90)
Annual Drug Deductible	\$0 (No deductible)	\$0
Additional Coverage in Gap	Yes	No Gap coverage
Chemo Drugs	20% (Part B)	20% (Part B)
Out-of-Pocket Maximum	\$6,700	\$6,700