2017 Medicare Advantage Plans	Summary of Benefits Table (Allen Parish)			
	HumanaChoice	HumanaChoice	HumanaChoice	AAA0 Vantage Standard
Contract ID/Plan ID	R5826-011	R5826-068	R5826-078	H5576-017
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Vantage Health Plan
Type of Medicare Health Plan	Regional PPO	Regional PPO	Regional PPO	Local HMO
Monthly Consolidated Premium (includes part C & D)	$77	$0	$47	$35
Health Plan Deductible	$1,000 annual deductible	$1,000 annual deductible	$1,000 annual deductible	$350 Out-of-network
PCP Co-pay	$15	$10/ $35	$15/ 30%	15 0%- 20%
Specialist Co-pay	$15- $50	$10- $35/ $50	$25- $50/ 30%	$45 0%- 20%
ER	$75 per visit	$75 per visit	$75 per visit	$75 per visit
Ambulance	$265 or 20%	$265 or 20%	$265 or 20%	$250
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 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	$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	$325 for days 1 through 5 $0 for days 6 through 90
Annual Drug Deductible	$400	Drugs not covered	$400	$0
Additional Coverage Offered in the Gap	$6- $100 and/ or 25%- 51%	Drugs not covered	40%- 51%	40%- 51%
Chemo Drugs	20%/ 19%- 25%	20%- 30%	20%- 30%	20%
In Network Out of Pocket Maximum	$6,700	$6,700/ $10,000	$6,700/ $10,000	$5,900

Summary of Benefits Table (Allen Parish)			
Medicare Advantage Plans	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
Contract ID/Plan ID	H5576-018	H5576-008	H5576-020
Organization Name	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan
Type of Medicare Health Plan	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	$151	$32.80	$0
Health Plan Deductible	$350 Out-of-network		$350 Out-of-network
PCP Co-pay	$10 0%- 20%	$10 0%- 20%	$25 0%- 20%
Specialist Co-pay	$40 0%- 20%	20%	$50 0%- 20%
ER	$75 per visit	20% per visit	$75 per visit
Ambulance	$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
Inpatient Hospital	$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	$400.00	$350.00
Additional Coverage Offered in the Gap	$0- $4 and/ or 40%- 51%	40%- 51%	40%- 51%
Chemo Drugs	20%	20%	20%
In Network Out of Pocket Maximum	$3,600	$6,700	$6,700