

2017 Summary of Benefits Table (Orleans Parish)			
Medicare Advantage Plans	Aetna Medicare Connect Plus (PPO)	Advantra (HMO)	Blue Advantage (HMO)
Contract ID/Plan ID	H5521-136	H3928-001	H6453-002
Organization/Company Name	Aetna Medicare	Coventry Health Care	HMO Louisiana
Type of Medicare Plan	Local PPO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$125	\$0	\$0
Health Plan Deductible	\$500 annual deductible	\$0	\$0
Primary Care Provider Co-pay	\$15	\$5	\$5
Specialist Co-pay	\$15 - 50	\$30	\$40
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$100	\$250	\$245
Skilled Nursing	\$0 per day (days 1-20) \$164 per day (days 21-100)	\$0 per day (days 1-20) \$125 per day (days 21-100)	\$0 per day (days 1-20) \$160 per day (days 21-100)
Inpatient Hospital	\$300 per day (days 1-6) \$0 per day (days 7-90)	\$140 per day (days 1-6) \$0 per day (days 7-90)	\$125 per day (days 1-10) \$0 per day (days 11-90) \$125 per day (days 91-100) \$0 per day (days 101 & beyond)
Annual Drug Deductible	\$400	\$95 (only on certain Tiers)	\$0 (No deductible)
Additional Coverage in Gap	Yes	Yes	Co-pays Tier 1 & 2 / 51% / 40%
Chemo Drugs	20% (Part B)	20% (Part B)	20% (Part B)
Out-of-Pocket Maximum	\$5,900 / \$10,000	\$6,700	\$6,700

2017 Summary of Benefits Table (Orleans Parish)			
Medicare Advantage Plans	Humana Total Care Advantage (HMO)	Humana Gold Plus (HMO)	HumanaChoice
Contract ID/Plan ID	H1951-038	H1951-047	R5826-011
Organization/Company Name	Humana Health Benefit Plan of Louisiana Inc	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	\$0	\$10	\$15
Specialist Co-pay	\$0 - \$40	\$20 - 50	\$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 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	\$105 per day (days 1-10) \$0 per day (days 11-90) \$0 per day (days 91 & beyond)	\$105 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	\$350 (only on certain Tiers)	\$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

2017 Summary of Benefits Table (Orleans Parish)			
Medicare Advantage Plans	HumanaChoice *	HumanaChoice	Peoples Health Choices Platinum #009
Contract ID/Plan ID	R5826-068 *	R5826-078	H1961-009
Organization/Company Name	Humana Insurance Co	Humana Ins Co	Peoples Health
Type of Medicare Plan	Regional PPO *	Regional PPO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$0	\$47	\$0
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$0
Primary Care Provider Co-pay	\$10 / \$35	\$15 / 30%	\$0
Specialist Co-pay	\$10 - \$35 / \$50	\$25 - \$50 / 30%	\$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) \$155 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)	\$55 per day (days 1-10) \$0 per day (days 11-90)
Annual Drug Deductible	* NO drug coverage	\$400 (only on certain Tiers)	\$0 (No deductible)
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

2017 Summary of Benefits Table (Orleans Parish)			
Medicare Advantage Plans	Peoples Health Choices 65 #14	Peoples Health Choices Premium	AAA4 Vantage Traditional Plus
Contract ID/Plan ID	H1961-014	H1961-016	H5576-008
Organization/Company Name	Peoples Health	Peoples Health	Vantage Health Plan Inc
Type of Medicare Plan	Local HMO	Local HMO	HMO
Monthly Consolidated Premium (includes part C & D)	\$0	\$186.80	\$32.80
Health Plan Deductible	\$0	\$0	\$166 annual deductible
Primary Care Provider Co-pay	\$5	You pay nothing	\$10
Specialist Co-pay	\$45	You pay nothing	20% after \$166 deductible
ER	\$75 per visit (always covered)	You pay nothing	20% per visit (always covered)
Ambulance	\$220	You pay nothing	20% after \$166 deductible
Skilled Nursing	\$0 per day (days 1-20) \$155 per day (days 21-100)	You pay nothing	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$85 per day (days 1-10) \$0 per day (days 11-90)	You pay nothing	\$1,288 deductible (days 1-60) \$322 per day (days 61-90) \$644 per day (days 91-150)
Annual Drug Deductible	\$0 (No deductible)	\$0 (No deductible)	\$400
Additional Coverage in Gap	Yes	Yes	No Gap coverage
Chemo Drugs	20% (Part B)	20% (Part B)	20% (Part B)
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700

2017 Summary of Benefits Table (Orleans Parish)		
Medicare Advantage Plans	AAA9 Vantage Capitol	WellCare Value (HMO)
Contract ID/Plan ID	H5576-021	H2491-007
Organization/Company Name	Vantage Health Plan Inc	WellCare Health Plans
Type of Medicare Plan	HMO-POS	HMO
Monthly Consolidated Premium (includes part C & D)	\$0	\$0.00
Health Plan Deductible	\$350 Out-of-Network deductible	\$0
Primary Care Provider Co-pay	\$25 or 0-20% POS 50%	\$5
Specialist Co-pay	\$50 or 0-20% POS 50%	\$35
ER	\$75 per visit (always covered)	\$75
Ambulance	\$250	\$250
Skilled Nursing	\$0 per day (days 1-20) \$164 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$335 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay	\$250 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91-150)
Annual Drug Deductible	\$350 (only on certain Tiers)	\$0
Additional Coverage in Gap	No Gap coverage	No Gap coverage
Chemo Drugs	20% (Part B)	20% (Part B)
Out-of-Pocket Maximum	\$6,700	\$6,700