2017 Medicare Advantage Plans	Summary of Benefits Table (Rapides Parish)		
	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice * (PPO without Drug Coverage)
Contract ID/Plan ID	H1951-025	R5826-011	R5826-068 *
Organization/Company Name	Humana Health Benefit Plan of LA Inc	Humana Ins Co	Humana Ins Co
Type of Medicare Plan	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
Primary Care Provider 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 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 1-7) $0 per day (days 8-90) $0 per day (days 91 & beyond)	$275 per day (days 1-7) $0 per day (days 8-90) $0 per day (days 91 & beyond)	$195 per day (days 1-6) $0 per day (days 7-90) $0 per day (days 91 & beyond)
Annual Drug Deductible	$295 (only on certain Tiers)	$400 (Tiers 4 & 5 only)	* NO drug coverage
Additional Coverage in Gap	Yes	$6 - $100 &/or 29% - 51%	* NO drug coverage
Chemo Drugs	20% (Part B)	20% / 19%-25%	20% / 30% (Part B)
Out-of-Pocket Maximum	$6,700	$6,700 / $10,000	$6,700 / $10,000

2017 Medicare Advantage Plans	Summary of Benefits Table (Rapides Parish)		
	HumanaChoice (PPO)	AAA4 Vantage Traditional Plus (HMO)	AAA0 Vantage Standard (HMO-POS)
Contract ID/Plan ID	R5826-078	H5576-008	H5576-017
Organization/Company Name	Humana Ins Co	Vantage Health Plan Inc	Vantage Health Plan Inc
Type of Medicare Plan	Regional PPO	HMO	HMO-POS
Monthly Consolidated Premium (includes part C & D)	$47	$33	$35
Health Plan Deductible	$1,000 annual deductible	$166 annual deductible	$350 Out-of-Network deductible
Primary Care Provider Co-pay	$15 / 30%	$10	$15
Specialist Co-pay	$25 - $50 / 30%	20% after $166 deductible	$45
ER	$75 per visit (always covered)	20% per visit (always covered)	$75 per visit (always covered)
Ambulance	$265 or 20%	20% after $166 deductible	$250
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 per day (days 21-100)
Inpatient Hospital	$275 per day (days 1-7) $0 per day (days 8-90) $0 per day (days 91 & beyond)	$1,288 deductible for days 1-60 $322 per day (days 61-90) $644 per day (days 91-150)	$325 per day (days 1-5) $0 per day (days 6-90) Point-of-Service 50% per stay
Annual Drug Deductible	$400 (Tiers 3, 4, & 5)	400	$0 (No deductible)
Additional Coverage in Gap	No Gap coverage	No Gap coverage	No Gap coverage
Chemo Drugs	20% / 30%	0.2	20%
Out-of-Pocket Maximum	$6,700 / $10,000	$6,700	$5,900

2017 Medicare Advantage Plans	Summary of Benefits Table (Rapides Parish)		
	AAA6 Vantage Premium (HMO-POS)	AAA8 Vantage Basic (HMO-POS)	WellCare Value (HMO)
Contract ID/Plan ID	H5576-018	H5576-020	H2491-007
Organization/Company Name	Vantage Health Plan Inc	Vantage Health Plan Inc	WellCare Health Plans
Type of Medicare Plan	HMO-POS	HMO-POS	HMO
Monthly Consolidated Premium (includes part C & D)	$151	$0.00	$0
Health Plan Deductible	$350 Out-of-Network deductible	$350 Out-of-Network deductible	0
Primary Care Provider Co-pay	$10	$25 / 0 - 20%	5
Specialist Co-pay	$40	$50 / 0 - 20%	35
ER	$75 per visit (always covered)	$75 per visit (always covered)	$75 per visit (always covered)
Ambulance	$250	250	$250
Skilled Nursing	$0 per day (days 1-20) $164 per day (days 21-100)	$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	$275 per day (days 1-5) $0 per day (days 6-90) Point-of-Service 50% per stay	$360 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)
Annual Drug Deductible	$0 (No deductible)	$350 (Tiers 3, 4, & 5)	$0
Additional Coverage in Gap	Tier 1 only	No Gap coverage	No Gap coverage
Chemo Drugs	20%	20%	20% (Part B)
Out-of-Pocket Maximum	$3,600	$6,700	$6,700