



2018 Medicare Advantage Plans Assumption



| Medicare Advantage Plans | HumanaChoice | HumanaChoice | HumanaChoice | Humana Gold Plus |
|--------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| | 800-833-2364 | 800-833-2364 | 800-833-2364 | 800-833-2364 |
| Contract ID | R0110-001 | R0110-002 | R0110-003 | H1951-047-002 |
| Organization Name | Humana Insurance Company | Humana Insurance Company | Humana Insurance Company | Humana Health Benefit Plan of LA |
| Type of Medicare Plan | Regional PPO | Regional PPO | Regional PPO | Local HMO |
| Monthly Consolidated Premium | \$0 | \$53 | \$87 | \$23 |
| Health Plan Deductible | \$1,000 annual deductible | \$1,000 annual deductible | \$1,000 annual deductible | \$0 |
| PCP Co-Pay | \$10/ \$35 | \$15/ 30% | \$15 | \$5 |
| Specialist Co-Pay | \$35/ \$50 | \$50/ 30% | \$15- \$50 | \$50 |
| ER | \$80 per visit (always covered) |
| Ambulance | \$265 or 20% | \$265 or 20% | \$265 or 20% | \$265 |
| 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 \$164.50 for days 21 through 100 |
| Inpatient Hospital | \$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 | \$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond | \$150 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond |
| Annual Drug Deductible | Drugs not covered | \$300 | \$400 | \$400 |
| Additional Coverage in the Gap | Drugs not covered | Talk with Plan | Talk with Plan | Talk with Plan |
| Chemo Drugs | 20% | 20% | 20%/17%-20% | 20% |
| Out-of-Pocket Maximum | \$6700/\$10,000 | \$6700/\$10,000 | \$6700/\$10,000 | \$6,700 |



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| Medicare Advantage Plans | AAA8 Vantage Basic | AAA0 Vantage Standard | AAA1 Premium | AAA4 Vantage Traditional Plus |
|--------------------------------|------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|---------------------------------|
| | 866-704-0109 | 866-704-0109 | 866-704-0109 | 866-704-0109 |
| Contract ID | H5576-020 | H5576-017 | H5576-018 | H5576-008 |
| Organization Name | Vantage Health Plan | Vantage Health Plan | Vantage Health Plan | Vantage Health Plan |
| Type of Medicare Plan | Local HMO | Local HMO | Local HMO | Local HMO |
| Monthly Consolidated Premium | \$0 | \$59 | \$169 | \$31 |
| Health Plan Deductible | \$500 Out-of-network | \$500 Out-of-network | \$500 | Contact Plan |
| PCP Co-Pay | \$35 0%- 20% | \$20 0%- 20% | \$15 or 0-20% | \$10 0%- 20% |
| Specialist Co-Pay | \$50 0%- 20% | \$50 0%- 20% | \$40 or 0-20% | 20% |
| ER | \$80 per visit (always covered) | \$80 per visit (always covered) | \$80 per visit (always covered) | \$80 per visit (always covered) |
| Ambulance | \$250 | \$250 | \$250 | 20% |
| Skilled Nursing | \$0 for days 1 through 20 \$167 for days 21 through 100 | \$0 for days 1 through 20 \$167 for days 21 through 100 | \$0 Days 1-20 \$167 Per Day(Days 21-100) | Contact Plan |
| Inpatient Hospital | \$360 for days 1 through 5 \$0 for days 6 through 90 | \$325 for days 1 through 5 \$0 for days 6 through 90 | \$275 for days 1 through 5 \$0 Days 6 through 90 | Contact Plan |
| Annual Drug Deductible | \$380.00 | \$250 | \$0 | \$405 |
| Additional Coverage in the Gap | Talk with Plan | Talk with Plan | Talk with Plan | Talk with Plan |
| Chemo Drugs | 20% | 20% | 20%/50% | 20% |
| Out of Pocket Maximum | \$6,700 | \$5,500 | \$3,000 | \$6,700 |



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| Medicare Advantage Plans | Blue Advantage | Peoples Health Choices 65 #14 |
|--------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| | 800-363-9152 | 866-301-8865 |
| Contract ID | H6453-002 | H1961-014 |
| Organization Name | HMO Louisiana | Peoples Health |
| Type of Medicare Plan | Local HMO | Local HMO |
| Monthly Consolidated Premium | \$0 | \$0 |
| Health Plan Deductible | \$0 | \$0 |
| PCP Co-Pay | \$0 | \$5 |
| Specialist Co-Pay | \$40 | \$35 |
| ER | \$80 per visit (always covered) | \$80 per visit (always covered) |
| Ambulance | \$245 | \$235 |
| Skilled Nursing | \$0 Days 1-20 \$165 Per Day(Days 21-100) | \$0 for days 1 through 20 \$165 for days 21 through 100 |
| Inpatient Hospital | \$125 Pe Days 1 through 10 \$0 Days 11 through 90 \$125 Per Days 91 & 100 \$0 Days & Beyond | \$85 for days 1 through 10 \$0 for days 11 through 90 |
| Annual Drug Deductible | \$0 | \$0 |
| Additional Coverage in the Gap | Talk with Plan | Talk with Plan |
| Chemo Drugs | 20% | 20% |
| Out of Pocket Maximum | \$6,700 | \$6,700 |