2017 Medicare Advantage Plans	Summary of Benefits Table (St John the Baptist Parish)		
	Blue Advantage (HMO)	Humana Gold Plus (HMO)	HumanaChoice
Contract ID/Plan ID	H6453-002	H1951-047	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	$0	$77
Health Plan Deductible	$0	$0	$1,000 annual deductible
Primary Care Provider Co-pay	$5	$10	$15
Specialist Co-pay	$40	$20 - 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	$125 per day (days 1-10) $0 per day (days 11-90) $125 per day (days 91-100) $0 per day (days 101 & 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	$0 (No deductible)	$400 (only on certain Tiers)	$400 (only on certain Tiers)
Additional Coverage in Gap	Co-pays Tier 1 & 2 / 51% / 40%	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 Medicare Advantage Plans	Summary of Benefits Table (St John the Baptist Parish)		
	HumanaChoice *	HumanaChoice	Peoples Health Choices 65 #14
Contract ID/Plan ID	R5826-068 *	R5826-078	H1961-014
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%	$5
Specialist Co-pay	$10 - $35 / $50	$25 - $50 / 30%	$45
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)	$85 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 Medicare Advantage Plans	Summary of Benefits Table (St John the Baptist Parish)		
	AAA4 Vantage Traditional Plus	AAA9 Vantage Captiol	WellCare Value (HMO)
Contract ID/Plan ID	H5576-008	H5576-021	H2491-007
Organization/Company Name	Vantage Health Plan Inc	Vantage Health Plan Inc	WellCare Health Plans
Type of Medicare Plan	HMO	HMO-POS	HMO
Monthly Consolidated Premium (includes part C & D)	$32.80	$0	$0
Health Plan Deductible	$166 annual deductible	$350 Out-of-Network deductible	$0
Primary Care Provider Co-pay	$10	$25 or 0-20% | POS 50%	$5
Specialist Co-pay	20% after $166 deductible	$50 or 0-20% | POS 50%	$35
ER	20% per visit (always covered)	$75 per visit (always covered)	$75
Ambulance	20% after $166 deductible	$250	$250
Skilled Nursing	$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)	$0 per day (days 1-20) $164.50 per day (days 21-100)
Inpatient Hospital	$1,288 deductible (days 1-60) $322 per day (days 61-90) $644 per day (days 91-150)	$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	$400	$350 (only on certain Tiers)	$0
Additional Coverage in Gap	No Gap coverage	No Gap coverage	No Gap coverage
Chemo Drugs	20% (Part B)	20% (Part B)	20% (Part B)
Out-of-Pocket Maximum	$6,700	$6,700	$6,700