

| 2017 Medicare Advantage Plans | Summary of Benefits Table (De Soto Parish) | | | | |
|--|---|---|---|---|--|
| | HumanaChoice | HumanaChoice | HumanaChoice | HumanaChoice | AAAO Vantage Standard |
| Contract ID/Plan ID | H5525-015 | R5826-011 | R5826-068 | R5826-078 | H5576-017 |
| Organization Name | Humana Benefit Plan of Illinois | Humana Insurance Company | Humana Insurance Company | Human Insurace Company | Vantage Health Plan |
| Type of Medicare Plan | Local PPO | Regional PPO | Regional PPO | Regional PPO | Local HMO |
| Monthly Consolidated Premium (includes part C & D) | \$47 | \$77 | \$0 | \$47 | \$27 |
| Health Plan Deductible | \$750 annual deductible | \$1,000 annual deductible | \$1,000 annual deductible | \$1,000 annual deductible | \$350 Out-of-network |
| PCP Co-pay | \$5/ 30% | \$15 | \$10/ \$35 | \$15/ 30% | \$0- \$15 0%- 20% |
| Specialist Co-pay | \$5- \$50/ 30% | \$15- \$50 | \$10- \$35/ \$50 | \$25- \$50/ 30% | \$45 0%- 20% |
| ER | \$75 per visit (always covered) | \$75 per visit (always covered) | \$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% | \$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 \$164.50 for days 21 through 100 | \$0 for days 1 through 20 \$164 for days 21 through 100 |
| Inpatient Hospital | \$185 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 | \$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 | \$400 | Drugs not covered | \$400 | \$0 |
| Additional Coverage Offered in the Gap | \$5- \$100 and/ or 25%- 51% | \$6- \$100 and/or 25%- 51% | Drugs not covered | 40%- 51% | 40%- 51% |
| Chemo Drugs | 20%/ 30% | 20%/ 19%- 25% | 20%/ 30% | 20%/ 30% | 20% |
| Out-of-Pocket Maximum | \$6,700/ \$10,000 | \$6,700/ \$10,000 | \$6,700/ \$10,000 | \$6,700/ \$10,000 | \$5,900 |

| Summary of Benefits Table (De Soto 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 Plan | Local HMO | Local HMO | Local HMO |
| Monthly Consolidated Premium (includes part C & D) | \$152 | \$32.80 | \$0 |
| Health Plan Deductible | \$350 Out-of-network | | \$350 Out-of-network |
| PCP Co-pay | \$0- \$10 | \$10 0%- 20% | \$10- \$25 0%- 20% |
| Specialist Co-pay | \$40 0%- 20% | 20% | \$50 0%- 20% |
| ER | \$75 per visit (always covered) | 20% per visit (always covered) | \$75 per visit (always covered) |
| 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 | \$350 |
| Additional Coverage Offered in the Gap | \$0- \$4 and/ or 40%- 51% | 40%- 51% | 40%- 51% |
| Chemo Drugs | 20% | 20% | 20% |
| Out-of-Pocket Maximum | \$3,600 | \$6,700 | \$6,700 |