

**Medicare Advantage Plans  
Benefits Comparison  
Benefits effective January 1, 2020 - December 31, 2020**

	<b>Blue Advantage (HMO)</b>	<b>Humana Medicare Advantage Employer HMO</b>	<b>Peoples Health HMO-POS</b>
	Network	Network	Network
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Deductible</b>			
You	\$0	\$0	\$0
You + 1 (Spouse)	\$0	\$0	\$0
You + Children	\$0	\$0	N/A
You + Family	\$0	\$0	N/A
<b>Out-of-Pocket Maximum</b>			
You	\$2,000 per member	\$2,500 per member	\$2,500 per member
You + 1 (Spouse or child)			
You + Children			
You + Family			
<b>State Funding</b>	<b>The Plan Pays</b>		
You	Not Available	Not Available	Not Available
You + 1 (Spouse or child)			
You + Children			
You + Family			
<b>Physicians' Services</b>	<b>The Plan Pays</b>		
<b>Primary Care Physician or Specialist Office</b> - Treatment of illness or injury	100% coverage after a \$5 PCP copay or \$20 SPC copay	PCP -100% after \$0 Copay Specialist - 100% after \$20 Copay	100% coverage after a \$5 PCP or \$10 SPC copay per visit.
<b>Preventative Care Primary Care Physician or Specialist Office or Clinic</b> For a complete list of benefits, refer to the Preventive and Wellness/Routine Care in the Benefit Plan	100% coverage	100% coverage	100% coverage
<b>Physician Services for Emergency Room Care</b>	100% coverage	100% coverage	100% coverage
<b>Allergy Shots and Serum</b>	100% coverage after \$5 copay	PCP - 100% after \$0 Copay Specialist - 100% after \$20 Copay	95% coverage
<b>Outpatient Surgery/Services</b> when billed as office visits	100% coverage	PCP - 100% after \$0 Copay Specialist - 100% after \$20 Copay	100% coverage
<b>Inpatient Services</b> Inpatient care, delivery and inpatient short-term acute rehabilitation services	100% coverage after \$50 copay per day (days 1-10)	100% after \$50 copay per day (days 1 - 10)	100% coverage after \$50 copay per day (days 1-10)
<b>Outpatient Surgery/Services</b> Hospital/Facility	100% coverage	100% coverage	100% coverage
<b>Emergency Room Care - Hospital</b> Treatment of an emergency medical condition or injury	100% coverage after \$50 copay; waived if admitted	100% after \$50 copay; waived if admitted within 24 hours	100% coverage after \$50 copay per visit; waived if admitted

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Vantage Premium HMO-POS	Vantage Standard HMO-POS	Vantage Basic HMO-POS
Network	Network	Network
<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Deductible</b>		
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
<b>Out-of-Pocket Maximum</b>		
\$3,000 per member	\$5,500 per member	\$6,700 per member
<b>The Plan Pays</b>		<b>The Plan Pays</b>
Not Available	Not Available	Not Available
<b>The Plan Pays</b>		<b>The Plan Pays</b>
100% coverage after a \$10 or \$0 AHN* PCP copay and \$40 or \$30 AHN* SPC copay per visit	100% coverage after a \$15 or \$5 AHN* PCP copay and \$45 or \$35 AHN* SPC copay per visit	100% coverage after a \$15 or \$5 AHN* PCP copay and \$45 or \$35 AHN* SPC copay per visit
100% coverage	100% coverage	100% coverage
100% coverage	100% coverage	100% coverage
80% coverage	80% coverage	80% coverage
100% coverage	100% coverage	100% coverage
100% coverage after \$250/day or \$150/Day AHN* for days 1-7	100% coverage after \$270/day or \$170/day AHN* for days 1-7	100% coverage after \$290/day or \$190/day AHN* for days 1-7
100% coverage after \$150 or \$50 AHN copay per visit	100% coverage after \$250 or \$150 AHN copay per visit	100% coverage after \$300 or \$200 AHN copay per visit
100% coverage after \$90 copay per visit; waived if admitted	100% coverage after \$90 copay per visit; waived if admitted	100% coverage after \$90 copay per visit; waived if admitted

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	<b>Blue Advantage (HMO)</b>	<b>Humana Medicare Advantage Employer HMO</b>	<b>Peoples Health HMO-POS</b>
	Network	Network	Network
<b>Behavioral Health</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>
<b>Mental Health and Substance Abuse</b> Inpatient Facility	100% after \$25 copay days 1-5	100% after \$25 copay per day (days 1 - 5) 190 day lifetime limit in a psychiatric facility	100% coverage after \$25 copay per day (days 1-5)
<b>Mental Health and Substance Abuse</b> Outpatient Visits - Professional	100% coverage after mental health outpatient \$10 copay / substance abuse outpatient \$20 copay	100% after \$20 copay	100% coverage
<b>Other Coverage</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>
<b>Outpatient Acute Short-Term Rehabilitation Services</b> Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	100% coverage	100% at an Outpatient Hospital 100% after \$25 copay at all other places of treatment	100% coverage; subject to Medicare maximum
<b>Chiropractic Care</b>	100% coverage after \$20 copay	100% after \$20 copay (Medicare Covered)	100% coverage after a \$10 copay per visit.
<b>Vision Exam (routine)</b>	100% coverage; one exam per year	Not Applicable	100% coverage after \$15 copay; 1 exam per year
<b>Urgent Care Center</b>	100% coverage after \$10 copay	100% after \$10 copay	100% coverage after \$10 copay per visit
<b>Home Health Care Services</b>	100% coverage	100% (Excludes Personal Home Care)	100% coverage
<b>Skilled Nursing Facility Services</b>	100% coverage after \$0 copay for days 1-20 and \$25 for days 21-100	100% per day (days 1 - 20); \$25 copay per day (days 21 - 100); plan pays \$0 after 100 days	100% coverage after \$0 copay (days 1-20); \$25 copay per day (days 21+)
<b>Hospice Care</b>	Covered by Medicare	Covered by Medicare	Covered by Medicare
<b>Durable Medical Equipment (DME) –Rental or Purchase</b>	95% coverage	DME Provider - 95% coinsurance Pharmacy - 100% coinsurance	95% coverage
<b>Transplant Services</b>	100% coverage after \$50 copay per day (days 1-10)	See Inpatient Services; requires prior authorization	100% coverage after \$50 copay per day (days 1-10)
<b>Pharmacy</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Tier 1 - Preferred Generic</b>	\$5	Retail 30 Day - \$5/90 Day Retail - \$15/90 Day Mail Order - \$10	\$0 copay
<b>Tier 2 - Generic</b>	\$10	Retail 30 Day - \$25/90 Day Retail - \$75/90 Day Mail Order - \$50	\$0 copay
<b>Tier 3 - Preferred Brand</b>	\$25	Retail 30 Day - \$50/90 Day Retail - \$150/90 Day Mail Order - \$100	\$20 copay
<b>Tier 4 - Non-Preferred Brand</b>	\$50	Retail & Mail Order 30 Day - 25% Limited to a 30 day supply	\$40 copay
<b>Tier 5 - Specialty</b>	20%	Not Applicable	20% coinsurance

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage.

The benefits outlined in this document were provided by HMO Louisiana, Humana, Peoples Health and Vantage Health Plan. OGB is not responsible for the accuracy of this information.

**NOTE:** Prior authorizations, visit limits and age and/or time restrictions may apply to some benefits - refer to your official plan document for details. All services are subject to the terms of the Plan document.

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Vantage Premium HMO-POS	Vantage Standard HMO-POS	Vantage Basic HMO-POS
Network	Network	Network
<b>The Plan Pays</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>
100% coverage after \$440 copay per day (days 1-4)	100% coverage after \$440 copay per day (days 1-4)	100% coverage after \$440 copay per day (days 1-4)
100% coverage after \$0 AHN copay or \$10 copay per visit	100% coverage after \$5 AHN copay or \$15 copay per visit	100% coverage after \$5 AHN copay or \$15 copay per visit
<b>The Plan Pays</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>
100% coverage after \$0 AHN/\$10 copay per visit, subject to Medicare maximum	100% coverage after \$5AHN/ \$15 copay per visit subject to Medicare maximum	100% coverage after \$5AHN/ \$15 copay per visit subject to Medicare maximum
100% coverage after a \$65 copay per visit	100% coverage after a \$20 copay per visit	100% coverage after a \$20 copay per visit.
100% coverage; 1 exam per year	100% coverage; 1 exam per year	100% coverage; 1 exam per year
100% coverage after \$20 copay per visit	100% coverage after \$65 copay per visit	100% coverage after \$65 copay per visit
100% coverage	100% coverage	100% coverage
100% coverage after \$0 copay (days 1-20); \$178 copay per day (days 21-100)	100% coverage after \$0 copay (days 1-20); \$178 copay per day (days 21-100)	100% coverage after \$0 copay (days 1-20); \$178 copay per day (days 21-100)
Covered by Medicare	Covered by Medicare	Covered by Medicare
80% coverage	80% coverage	80% coverage
100% coverage after \$250/day copay (days 1-7)	100% coverage after \$270/day copay (days 1-7)	100% coverage after \$290/day copay (days 1-7)
<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
\$4 copay	\$4 copay	\$6 copay
\$12 copay	\$12 copay	\$15 copay
\$47 copay	\$47 copay	\$47 copay
\$100 copay	\$100 copay; after \$275 deductible	\$100 copay; after \$435 deductible
33% coinsurance	28% coinsurance; after \$275 deductible	25% coinsurance; after \$435 deductible