

**Medicare Advantage HMO Plans**  
**Benefits Comparison**  
**Benefits effective January 1, 2026 - December 31, 2026**

	Blue adVantage (HMO)	Humana Medicare Advantage Employer HMO	Peoples Health HMO-POS
	Network	Network	Network <i>Some services are covered out-of- network. Out-of-network costs vary.</i>
	You Pay	You Pay	You Pay
Deductible			
RETIREE	\$0	\$0	\$0
RETIREE + 1	\$0	\$0	\$0
Out-of-Pocket Maximum			
RETIREE	\$2,000 per member	\$2,000 per member	\$2,500 per member for Medicare-covered Part A and Part B services
RETIREE + 1			
Physicians’ Services	The Plan Pays		
Primary Care Physician or Specialist Office Visit- Treatment of illness or injury	100% coverage after a \$0 PCP copay or \$20 SPC copay	PCP -100% after \$0 Copay Specialist - 100% after \$10 Copay	100% coverage after \$0 PCP or \$10 specialist copay per visit.; referrals are required for in-network specialist physician services and other health care professional visits
Medicare A & B Covered Preventative Care in a Primary Care Physician or Specialist Office or Clinic For a complete list of benefits, refer to the Preventive and Wellness/Routine Care in the Benefit Plan	100% coverage	100% coverage	100% coverage
Physician Services for Emergency Room Care	100% coverage	100% coverage	100% coverage
Allergy Shots and Serum	100% coverage after \$0 copay	PCP -100% after \$0 Copay Specialist - 100% after \$10 Copay	95% coverage
Outpatient Surgery/Services when billed as office visits	100% coverage	PCP - 100% after \$0 Copay Specialist - 100% after \$10 Copay	100% coverage after \$0 PCP copay per visit; 100% coverage after \$10 specialist copay per visit
Inpatient Services Inpatient care, delivery and inpatient short-term acute rehabilitation services	\$50 copay each day for days 1-10 and \$0 copay each day for days 11-90	100% after \$50 copay per day (days 1 - 10)	100% coverage after \$50 copay per day (days 1-10)
Outpatient Surgery/Services Hospital/Facility	100% coverage	100% coverage	100% coverage
Emergency Room Care - Hospital 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 within 24 hours
Behavioral Health	The Plan Pays		
Mental Health and Substance Abuse 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)
Mental Health and Substance Abuse Outpatient Visits - Professional	100% coverage after mental health outpatient \$10 copay / substance abuse outpatient \$20 copay	100% coverage	100% coverage

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<b>Other Coverage</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% coverage	100% coverage ; referrals are required for in-network occupational therapy, physical therapy and speech-language pathology therapy
<b>Chiropractic Care</b>	100% coverage after \$20 copay	100% after \$10 copay (Medicare Covered)	100% coverage after \$10 copay per visit
<b>Vision Exam (routine)</b>	100% coverage; one exam per year	100% coverage; one exam per year.	100% coverage; 1 exam per year
<b>Urgent Care Center</b>	100% coverage after \$10 copay	100% coverage after \$10 copay per visit	100% coverage after \$5 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)	100% coverage days 1-20 100% coverage after \$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% coverage Pharmacy - 100% coverage	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) for the inpatient stay associated with the transplant
<b>Pharmacy</b>	<b>You Pay</b>		
<b>Tier 1 - Preferred Generic</b>	\$5(3 months)	\$0 copay <b>(Generic/Preferred Generic)</b>	\$0 copay
<b>Tier 2 - Generic</b>	\$10 (3 months)	\$20 copay <b>(Preferred Brand)</b>	\$0 copay
<b>Tier 3 - Preferred Brand</b>	\$25 (3 months)	\$40 copay <b>(Non-Preferred Brand)</b>	\$20 copay (30-day supply)
<b>Tier 4 - Non-Preferred Drug</b>	\$50 (3 months)	20% coinsurance <b>(Specialty)</b> Limited to 30-day supply	\$40 copay (30-day supply)
<b>Tier 5 - Specialty Tier</b>	20% coinsurance	N/A	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 (Blue Advantage), Humana, and Peoples Health; 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.