Medicare Advantage Plans Benefits Comparison Benefits effective January 1, 2022 - December 31, 2022			
	Blue Advantage (HMO)	**Humana Medicare Advantage Employer HMO**	**Peoples Health HMO-POS**
	Network	Network	Network
	You Pay	**You Pay**	**You Pay**
Deductible			
You	$0	$0	$0
You + 1 (Spouse)	$0	$0	$0
You + Children	$0	$0	$0
You + Family	$0	$0	$0
Out-of-Pocket Maximum			
You	$2,000 per member	$2,000 per member	$2,500 per member for Medicare-covered Part A and Part B services
You + 1 (Spouse or child)			
You + Children			
You + Family			
State Funding	**The Plan Pays**		
You	Not Available	Not Available	Not Available
You + 1 (Spouse or child)			
You + Children			
You + Family			
Physicians' Services	**The Plan Pays**		
Primary Care Physician or Specialist Office Visit- Treatment of illness or injury	100% coverage after a $5 PCP copay or $20 SPC copay	PCP -100% after $0 Copay Specialist - 100% after $10 Copay	100% coverage after a $0 PCP or $10 SPC copay per visit.
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 $5 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
Inpatient Services 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)
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

Medicare Advantage Plans Benefits Comparison Benefits effective January 1, 2022 - December 31, 2022		
Vantage Premium HMO-POS	**Vantage Standard HMO-POS**	**Vantage Basic HMO-POS**
Network	Network	Network
You Pay	**You Pay**	**You Pay**
Deductible		
$0	$0	$0
$0	$0	$0
$0	$0	$0
$0	$0	$0
Out-of-Pocket Maximum		
$3,500 per member	$4,900 per member	$5,900 per member
Not Available	Not Available	Not Available
100% coverage after a $0 PCP copay and $40 or $15 AHN* SPC copay per visit	100% coverage after a $0 PCP copay and $45 or $35 AHN* SPC copay per visit	100% coverage after a $0 PCP copay and $50 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 copay per day for days 1-7 or $0 copay for day 1, $250 copay per day AHN* for days 2-7	100% coverage after $270 copay per day for days 1-7 or $0 copay for day 1, $270 copay per day AHN* for days 2-7	100% coverage after $318 copay per day for days 1-7 or $0 copay for day 1, $318 copay per day AHN* for days 2-7
100% coverage after $150 or $50 AHN* copay per visit	100% coverage after $250 or $150 AHN*copay per visit	100% coverage after $350 or $250 AHN* copay per visit
100% coverage after $90 copay per visit; waived if admitted within 72 hours	100% coverage after $90 copay per visit; waived if admitted within 72 hours	100% coverage after $90 copay per visit; waived if admitted within 72 hours

Medicare Advantage Plans
Benefits Comparison
Benefits effective January 1, 2022 - December 31, 2022

	Blue Advantage (HMO)	Humana Medicare Advantage Employer HMO	Peoples Health HMO-POS
	Network	Network	Network
Behavioral Health	**The Plan Pays**	**The Plan Pays**	**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
Other Coverage	**The Plan Pays**	**The Plan Pays**	**The Plan Pays**
Outpatient Acute Short-Term Rehabilitation Services Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	100% coverage	100% coverage	100% coverage
Chiropractic Care	100% coverage after $20 copay	100% after $10 copay (Medicare Covered)	100% coverage after a $10 copay per visit.
Vision Exam (routine)	100% coverage; one exam per year	100% coverage; one exam per year.	100% coverage after $15 copay; 1 exam per year
Urgent Care Center	100% coverage after $10 copay	100% coverage after $10 copay per visit	100% coverage after $10 copay per visit
Home Health Care Services	100% coverage	100% (Excludes Personal Home Care)	100% coverage
Skilled Nursing Facility Services	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+
Hospice Care	Covered by Medicare	Covered by Medicare	Covered by Medicare
Durable Medical Equipment (DME) –Rental or Purchase	95% coverage	DME Provider - 95% coverage Pharmacy - 100% coverage	95% coverage
Transplant Services	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)
Pharmacy	**You Pay**	**You Pay**	**You Pay**
Tier 1 - Preferred Generic	$5	$0 copay	$0 copay
Tier 2 - Generic	$10	$0 copay	$0 copay
Tier 3 - Preferred Brand	$25	$20 copay	$20 copay (30-day supply)
Tier 4 - Non-Preferred Drug	$50	$40 copay	$40 copay (30-day supply)
Tier 5 - Specialty Tier	20%	20% coinsurance	20% coinsurance (limited to a 30-day supply)

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.

Medicare Advantage Plans
Benefits Comparison
Benefits effective January 1, 2022 - December 31, 2022

Vantage Premium HMO-POS	Vantage Standard HMO-POS	Vantage Basic HMO-POS
Network	Network	Network
The Plan Pays	**The Plan Pays**	**The Plan Pays**
100% coverage after $467 copay per day (days 1-4)	100% coverage after $467 copay per day (days 1-4)	100% coverage after $467 copay per day (days 1-4)
100% coverage after $0 AHN copay or 20% coinsurance	100% coverage after $0 AHN copay or $30 copay	100% coverage after $0 AHN copay or $40 copay
The Plan Pays	**The Plan Pays**	**The Plan Pays**
100% coverage after $0 AHN per visit or $10 copay	100% coverage after $0 AHN per visit or $10 copay	100% coverage after $0 AHN per visit or $20 copay
100% coverage after a $20 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 $65 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); $188 copay per day (days 21-100)	100% coverage after $0 copay (days 1-20); $188 copay per day (days 21-100)	100% coverage after $0 copay (days 1-20); $188 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 $318/day copay (days 1-7)
You Pay	**You Pay**	**You Pay**
$5 copay, coverage through the GAP and Catastrophic Coverage stage	$5 copay, coverage through the GAP and Catastrophic Coverage stage	$8 copay, coverage through the GAP and Catastrophic Coverage stage
$14 copay, coverage through the GAP	$14 copay, coverage through the GAP	$16 copay
$47 copay, coverage through the GAP	$47 copay, coverage through the GAP	$47 copay
$100 copay, coverage through the GAP	$100 copay, after $480 deductible, coverage through the GAP	$100 copay, after $480 deductible
33% coinsurance, coverage through the GAP	25% coinsurance, after $480 deductible, coverage through the GAP	25% coinsurance, after $480 deductible