

**Medicare Advantage Plans
Benefits Comparison
Benefits effective January 1, 2024 - December 31, 2024**

	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 specialist 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 within 24 hours

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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; 1 exam per year
Urgent Care Center	100% coverage after \$10 copay	100% coverage after \$10 copay per visit	100% coverage after \$5 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	\$0 (3 months)	\$0 copay	\$0 copay
Tier 2 - Generic	\$0 (3 months)	\$0 copay	\$0 copay
Tier 3 - Preferred Brand	\$50 (3 months)	\$20 copay	\$20 copay (30-day supply)
Tier 4 - Non-Preferred Drug	\$100 (3 months)	\$40 copay	\$40 copay (30-day supply)
Tier 5 - Specialty Tier	20% coinsurance	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.