Medicare Advantage Plans
Benefits Comparison
Benefits effective January 1, 2019 - December 31, 2019

	Blue Advantage HMO	Humana 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	N/A
You + Family	$0	$0	N/A
Out-of-Pocket Maximum			
You	$2,000 per member	$2,500 per member	$2,500 per member
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 - Treatment of illness or injury	100% coverage after a $5 PCP copayment or $20 SPC copayment	PCP -100% after $5 Copayment Specialist - 100% after $20 Copayment	100% coverage after a $5 PCP or $10 SPC copayment per visit.
Preventative Care 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 $5 Copayment Specialist - 100% after $20 Copayment	95% coverage
Outpatient Surgery/Services when billed as office visits	100% coverage	PCP - 100% after $5 Copayment Specialist - 100% after $20 Copayment	100% coverage
Inpatient Services Inpatient care, delivery and inpatient short-term acute rehabilitation services	100% coverage after $50 copayment per day (days 1-10)	100% after $50 copayment per day (days 1 - 10)	100% coverage after $50 copayment 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 copayment; waived if admitted	100% after $50 copayment; waived if admitted within 24 hours	100% coverage after $50 copayment per visit; waived if admitted

Medicare Advantage Plans Benefits Comparison Benefits effective January 1, 2019 - December 31, 2019		
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		
$2,000 per member	$3,000 per member	$6,700 per member
The Plan Pays		**The Plan Pays**
Not Available	Not Available	Not Available
The Plan Pays		**The Plan Pays**
100% coverage after a $5 or $0 AHN PCP co-payment and $20 or $10 AHN SPC copayment per visit	100% coverage after a $10 or $0 AHN PCP copay-ment and $40 or $30 AHN SPC copayment per visit	100% coverage after a $15 or $5 AHN PCP co-payment and $45 or $35 AHN SPC copayment 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 $0 copay for day 1, $100 /day for days 2-5 AHN or $100/day for days 1-5	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	100% coverage after $250 or $150 AHN copay-ment per visit	100% coverage after $350 or $250 AHN copay-ment per visit
100% coverage after $90 copayment per visit; waived if admitted	100% coverage after $90 copayment per visit; waived if admitted	100% coverage after $90 copayment per visit; waived if admitted

Medicare Advantage Plans Benefits Comparison Benefits effective January 1, 2019 - December 31, 2019			
	Blue Advantage HMO	**Humana 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 copayment days 1-5	100% after $25 copayment 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 copayment / substance abuse outpatient $20 copayment	100% after $20 copayment	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% at an Outpatient Hospital 100% after $25 copayment at all other places of treatment	100% coverage; subject to Medicare maximum
Chiropractic Care	100% coverage after $20 copayment	100% after $20 copayment (Medicare Covered)	100% coverage after a $10 copay per visit.
Vision Exam (routine)	100% coverage; one exam per year	Not Applicable	100% coverage after $15 copay; 1 exam per year
Urgent Care Center	100% coverage after $10 copayment	100% after $10 copayment	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 copayment 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+)
Hospice Care	Covered by Medicare	Covered by Medicare	Covered by Medicare
Durable Medical Equipment (DME) –Rental or Purchase	95% coverage	DME Provider - 95% coinsurance Pharmacy - 100% coinsurance	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	Retail 30 Day - $5/90 Day Retail - $15/90 Day Mail Order - $10	$0 copay
Tier 2 - Generic	$10	Retail 30 Day - $25/90 Day Retail - $75/90 Day Mail Order - $50	$0 copay
Tier 3 - Preferred Brand	$25	Retail 30 Day - $50/90 Day Retail - $150/90 Day Mail Order - $100	$20 copay
Tier 4 - Non-Preferred Brand	$50	Retail & Mail Order 30 Day - 25% Limited to a 30 day supply	$40 copay
Tier 5 - Specialty	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 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 deductibles/copays/coinsurance, if Medicare Deductibles have not been met

Medicare Advantage Plans Benefits Comparison Benefits effective January 1, 2019 - December 31, 2019		
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 $25 copay per day (days 1-5)	100% coverage after $415 copay per day (days 1-4)	100% coverage after $415 copay per day (days 1-4)
100% coverage after $30 AHN copay or $40 copay per visit	100% coverage after $30 AHN copay or $40 copay per visit	100% coverage after $30 AHN copay or $40 copay per visit
The Plan Pays	**The Plan Pays**	**The Plan Pays**
100% coverage after $25 AHN/$40 copay per visit, subject to Medicare maximum	100% coverage after $25AHN/ $40 copay per visit subject to Medicare maximum	100% coverage after $25AHN/ $40 copay per visit subject to Medicare maximum
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 $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); $25 copay per day (days 21-100)	100% coverage after $0 copay (days 1-20); $172 copay per day (days 21-100)	100% coverage after $0 copay (days 1-20); $172 copay per day (days 21-100)
Covered by Medicare	Covered by Medicare	Covered by Medicare
95% coverage	80% coverage	80% coverage
100% coverage after $0 copay for day 1, $100/ day for days 2 - 5 AHN, or $100/day for days 1-5	100% coverage after $270/day copay or $170 AHN copay per day (days 1-7)	100% coverage after $290/day copay or $190 AHN copay per day (days 1-7)
You Pay	**You Pay**	**You Pay**
$4 copay	$4 copay	$6 copay
$10 copay	$12 copay	$15 copay
$25 copay	$47 copay	25% coinsurance; after $310 deductible
$50 copay	25% coinsurance; after $250 deductible	25% coinsurance; after $310 deductible
20% coinsurance	28% coinsurance; after $250 deductible	25% coinsurance; after $125 deductible 28% coinsurance; after $250 deductible