Medicare Advantage HMO Plans
Benefits Comparison
Benefits effective January 1, 2027 - December 31, 2027

	Blue adVantage (HMO)	Humana Medicare Advantage Employer HMO	Peoples Health HMO-POS
	Network	Network	Network *Some services are covered out-of- network. Out-of-network costs vary.*
	You Pay	**You Pay**	**You Pay**
Deductible			
RETIREE	$0	$0	$0
RETIREE + 1	$0	$0	$0
Out-of-Pocket Maximum			
RETIREE RETIREE + 1	$2,000 per member	$2,000 per member	$2,500 per member for Medicare-covered Part A and Part B services
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
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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Other Coverage	**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 $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) for the inpatient stay associated with the transplant
Pharmacy	**You Pay**		
Tier 1 - Preferred Generic	$5(3 months)	$0 copay ***(Generic/Preferred Generic)***	$0 copay
Tier 2 - Generic	$10 (3 months)	$20 copay ***(Preferred Brand)***	$0 copay
Tier 3 - Preferred Brand	$25 (3 months)	$40 copay ***(Non-Preferred Brand)***	$20 copay (30-day supply)
Tier 4 - Non-Preferred Drug	$50 (3 months)	20% coinsurance ***(Specialty)*** Limited to 30-day supply	$40 copay (30-day supply)
Tier 5 - Specialty Tier	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.