# Louisiana Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| Description | | | | | | | | | Cost | | | | | Coverage | | | | Convenience |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Type of Medicare Advantage Plan | | | | | | | | Drug Deductible | | | | Type of Additional Coverage Offered in Drug Coverage Gap | | | |
| County | Organization Name | Plan Name | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Zero | Reduced | Standard ($250) | Includes Tiered Copay-ments for Drugs | Generics Only | Generics and Brands | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| ACADIA | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| ALLEN | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | • | | | $25.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 100 | | | | • | | | $95.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| ASCENSION | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-001 | | • | | | | | $43.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-009 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-005 | • | | | | | | $0.00 | $0.00 | • | | | • | • | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 2 | | | | • | | | $0.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | • | | | $85.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| | WellCare | WellCare Value | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Advance | • | | | | | | $0.00 | - | | | | | | | | |
| | | WellCare Choice | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Select | • | | | | | | $8.54 | $8.54 | | | • | • | | | 85 | • |
| | | WellCare Access | • | | | | | | $25.52 | $25.52 | | | • | | | | 85 | • |
| ASSUMPTION | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-001 | | | | • | | | $12.97 | $12.97 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 2 | | | | • | | | $0.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | • | | | $85.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| AVOYELLES | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| BEAUREGARD | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| BIENVILLE | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| Description | | | | | | | | | Cost | | | | | Coverage | | | | Convenience |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Type of Medicare Advantage Plan | | | | | | | | Drug Deductible | | | | Type of Additional Coverage Offered in Drug Coverage Gap | | | |
| County | Organization Name | Plan Name | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Zero | Reduced | Standard ($250) | Includes Tiered Copay-ments for Drugs | Generics Only | Generics and Brands | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| BOSSIER | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-003 | | • | | | | | $59.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-013 | • | | | | | | $0.00 | $0.00 | • | | | • | | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 5 | | | | • | | | $45.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| CADDO | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-003 | | • | | | | | $59.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-013 | • | | | | | | $0.00 | $0.00 | • | | | • | | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| CALCASIEU | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | • | | | $25.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| CALDWELL | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| CAMERON | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | • | | | $25.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 100 | | | | • | | | $95.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| CATAHOULA | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| CLAIBORNE | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| CONCORDIA | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| Description | | | | | | | | | Cost | | | | | Coverage | | | | Convenience |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Type of Medicare Advantage Plan | | | | | | | | Drug Deductible | | | | Type of Additional Coverage Offered in Drug Coverage Gap | | | |
| County | Organization Name | Plan Name | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Zero | Reduced | Standard ($250) | Includes Tiered Copay-ments for Drugs | Generics Only | Generics and Brands | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| DE SOTO | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| E. BATON ROUGE | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-001 | | • | | | | | $43.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-009 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-005 | • | | | | | | $0.00 | $0.00 | • | | | • | • | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | • | | | $25.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 100 | | | | • | | | $95.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| | WellCare | WellCare Value | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Advance | • | | | | | | $0.00 | - | | | | | | | | |
| | | WellCare Choice | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Select | • | | | | | | $8.54 | $8.54 | | | • | • | | | 85 | • |
| | | WellCare Access | • | | | | | | $25.52 | $25.52 | | | • | | | | 85 | • |
| EAST CARROLL | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
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| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| EAST FELICIANA | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
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| | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | • | | | $25.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| | WellCare | WellCare Value | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
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| | | WellCare Select | • | | | | | | $8.54 | $8.54 | | | • | • | | | 85 | • |
| | | WellCare Access | • | | | | | | $25.52 | $25.52 | | | • | | | | 85 | • |
| EVANGELINE | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
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| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| FRANKLIN | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
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| Description | | | | | | | | | Cost | | | | | Coverage | | | | Convenience |
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| | | | Type of Medicare Advantage Plan | | | | | | | | Drug Deductible | | | | Type of Additional Coverage Offered in Drug Coverage Gap | | | |
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| GRANT | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 5 | | | | • | | | $45.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| IBERIA | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| IBERVILLE | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-001 | | • | | | | | $43.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-009 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-005 | • | | | | | | $0.00 | $0.00 | • | | | • | • | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-001 | | | | • | | | $12.97 | $12.97 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 1 | | | | • | | | $0.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | • | | | $85.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| JACKSON | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| JEFFERSON | HealthCare Select | HealthCare Select | | • | | | | | $60.00 | $0.00 | • | | | • | | • | 97 | • |
| | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-002 | | • | | | | | $43.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-008 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-001 | • | | | | | | $0.00 | $0.00 | • | | | • | | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | WellCare | WellCare Choice | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Prescription Plus | • | | | | | | $0.00 | $0.00 | • | | | • | • | | 85 | • |
| | | WellCare Advance | • | | | | | | $0.00 | - | | | | | | | | |
| | | WellCare Select | • | | | | | | $8.54 | $8.54 | | | • | • | | | 85 | • |
| JEFFRSON DAVIS | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| LA SALLE | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |

# Louisiana Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| Description | | | | | | | | | Cost | | | | | Coverage | | | | Convenience |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Type of Medicare Advantage Plan | | | | | | | | Drug Deductible | | | | Type of Additional Coverage Offered in Drug Coverage Gap | | | |
| County | Organization Name | Plan Name | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Zero | Reduced | Standard ($250) | Includes Tiered Copay-ments for Drugs | Generics Only | Generics and Brands | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| LAFAYETTE | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| LAFOURCHE | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-001 | | | | • | | | $12.97 | $12.97 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 3 | | | | • | | | $0.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | • | | | $85.00 | - | | | | | | | | |
| LINCOLN | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| LIVINGSTON | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-001 | | • | | | | | $43.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-009 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-005 | • | | | | | | $0.00 | $0.00 | • | | | • | • | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| | WellCare | WellCare Value | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Advance | • | | | | | | $0.00 | - | | | | | | | | |
| | | WellCare Choice | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Select | • | | | | | | $8.54 | $8.54 | | | • | • | | | 85 | • |
| | | WellCare Access | • | | | | | | $25.52 | $25.52 | | | • | | | | 85 | • |
| MADISON | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 3 | | | | • | | | $0.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 100 | | | | • | | | $95.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| MOREHOUSE | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| NATCHITOCHES | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |

## Louisiana Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| Description | | | | | | | | | Cost | | | | | Coverage | | | | Convenience |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Type of Medicare Advantage Plan | | | | | | | | Drug Deductible | | | | Type of Additional Coverage Offered in Drug Coverage Gap | | | |
| **County** | **Organization Name** | **Plan Name** | **HMO** | **Local PPO** | **Regional PPO** | **Private Fee-for-Service** | **Cost Plan** | **Demo Plan** | **Beneficiary Total Premium*** (Including Drug Premium) | **Beneficiary Drug Premium*** | Zero | Reduced | Standard ($250) | **Includes Tiered Copay-ments for Drugs** | Generics Only | Generics and Brands | **Number of Top 100 Drugs on Formulary** | **Mail Order Offered** |
| ORLEANS | HealthCare Select | HealthCare Select | | • | | | | | $60.00 | $0.00 | • | | | • | | • | 97 | • |
| | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-002 | | • | | | | | $43.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-008 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-001 | • | | | | | | $0.00 | $0.00 | • | | | • | | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | WellCare | WellCare Choice | • | | | | | | $0.00 | $0.00 | • | | | • | • | | 85 | • |
| | | WellCare Advance | • | | | | | | $0.00 | - | | | | | | | | |
| | | WellCare Select | • | | | | | | $8.54 | $8.54 | | | • | • | | | 85 | • |
| | | WellCare Access | • | | | | | | $25.57 | $25.57 | | | • | | | | 85 | • |
| OUACHITA | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| PLAQUEMINES | HealthCare Select | HealthCare Select | | • | | | | | $60.00 | $0.00 | • | | | • | | • | 97 | • |
| | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-002 | | • | | | | | $43.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-008 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-001 | • | | | | | | $0.00 | $0.00 | • | | | • | | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 2 | | | | • | | | $0.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | • | | | $85.00 | - | | | | | | | | |

# Louisiana Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| Description | | | | | | | | | Cost | | | | | Coverage | | | | Convenience |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Type of Medicare Advantage Plan | | | | | | | | Drug Deductible | | | | Type of Additional Coverage Offered in Drug Coverage Gap | | | |
| County | Organization Name | Plan Name | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Zero | Reduced | Standard ($250) | Includes Tiered Copay-ments for Drugs | Generics Only | Generics and Brands | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| POINTE COUPEE | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-001 | | | | • | | | $12.97 | $12.97 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 2 | | | | • | | | $0.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | • | | | $85.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| | WellCare | WellCare Value | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Advance | • | | | | | | $0.00 | - | | | | | | | | |
| | | WellCare Choice | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Select | • | | | | | | $8.54 | $8.54 | | | • | • | | | 85 | • |
| | | WellCare Access | • | | | | | | $25.52 | $25.52 | | | • | | | | 85 | • |
| RAPIDES | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 5 | | | | • | | | $45.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| RED RIVER | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| RICHLAND | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| SABINE | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |

# Louisiana Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| Description | | | | | | | | | Cost | | | | | Coverage | | | | Convenience |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Type of Medicare Advantage Plan | | | | | | | | Drug Deductible | | | | Type of Additional Coverage Offered in Drug Coverage Gap | | | |
| County | Organization Name | Plan Name | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Zero | Reduced | Standard ($250) | Includes Tiered Copay-ments for Drugs | Generics Only | Generics and Brands | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| ST. BERNARD | HealthCare Select | HealthCare Select | | • | | | | | $60.00 | $0.00 | • | | | • | | • | 97 | • |
| | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-002 | | • | | | | | $43.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-008 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-001 | • | | | | | | $0.00 | $0.00 | • | | | • | | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | WellCare | WellCare Choice | • | | | | | | $0.00 | $0.00 | • | | | • | • | | 85 | • |
| | | WellCare Advance | • | | | | | | $0.00 | - | | | | | | | | |
| | | WellCare Select | • | | | | | | $8.54 | $8.54 | | | • | • | | | 85 | • |
| | | WellCare Access | • | | | | | | $25.57 | $25.57 | | | • | | | | 85 | • |
| ST. CHARLES | HealthCare Select | HealthCare Select | | • | | | | | $60.00 | $0.00 | • | | | • | | • | 97 | • |
| | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-002 | | • | | | | | $43.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-008 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-001 | • | | | | | | $0.00 | $0.00 | • | | | • | | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| ST. HELENA | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| ST. JAMES | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 1 | | | | • | | | $0.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | • | | | $85.00 | - | | | | | | | | |
| ST. JOHN BAPTIST | HealthCare Select | HealthCare Select | | • | | | | | $60.00 | $0.00 | • | | | • | | • | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | • | | | $25.00 | - | | | | | | | | |
| ST. LANDRY | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |

# Louisiana Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| Description | | | | | | | | | Cost | | | | | Coverage | | | | Convenience |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Type of Medicare Advantage Plan | | | | | | | | Drug Deductible | | | | Type of Additional Coverage Offered in Drug Coverage Gap | | | |
| County | Organization Name | Plan Name | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Zero | Reduced | Standard ($250) | Includes Tiered Copay-ments for Drugs | Generics Only | Generics and Brands | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| ST. MARTIN | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| ST. MARY | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-001 | | | | • | | | $12.97 | $12.97 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 2 | | | | • | | | $0.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | • | | | $85.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| ST. TAMMANY | HealthCare Select | HealthCare Select | | • | | | | | $60.00 | $0.00 | • | | | • | | • | 97 | • |
| | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-002 | | • | | | | | $43.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-008 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-001 | • | | | | | | $0.00 | $0.00 | • | | | • | | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| TANGIPAHOA | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| TENSAS | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| TERREBONNE | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-001 | | | | • | | | $12.97 | $12.97 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | • | | | $25.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 100 | | | | • | | | $95.00 | - | | | | | | | | |
| UNION | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| VERMILION | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| VERNON | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |

## Louisiana Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| Description | | | | | | | | | Cost | | | | | Coverage | | | | Convenience |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Type of Medicare Advantage Plan | | | | | | | | Drug Deductible | | | | Type of Additional Coverage Offered in Drug Coverage Gap | | | |
| County | Organization Name | Plan Name | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Zero | Reduced | Standard ($250) | Includes Tiered Copay-ments for Drugs | Generics Only | Generics and Brands | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| W. BATON ROUGE | Humana Health Benefit Plan Of LA | HumanaChoicePPO PPO H1905-001 | | • | | | | | $43.00 | $27.44 | • | | | • | | | 97 | • |
| | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-009 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-005 | • | | | | | | $0.00 | $0.00 | • | | | • | • | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-002 | | | | • | | | $83.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 2 | | | | • | | | $0.00 | - | | | | | | | | |
| | | SecureHorizons Direct Premier Plan 200 | | | | • | | | $85.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| | WellCare | WellCare Value | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Advance | • | | | | | | $0.00 | - | | | | | | | | |
| | | WellCare Choice | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Select | • | | | | | | $8.54 | $8.54 | | | • | • | | | 85 | • |
| | | WellCare Access | • | | | | | | $25.52 | $25.52 | | | • | | | | 85 | • |
| WASHINGTON | Humana Health Benefit Plan Of Louisiana Inc | Humana Gold Plus HMO H1951-008 | • | | | | | | $0.00 | - | | | | | | | | |
| | | Humana Gold Plus HMO H1951-001 | • | | | | | | $0.00 | $0.00 | • | | | • | | | 97 | • |
| | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | SecureHorizons Direct | SecureHorizons Direct Plan 4 | | | | • | | | $25.00 | - | | | | | | | | |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| WEBSTER | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| WEST CARROLL | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |

## Louisiana Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

| Description | | | | | | | | | Cost | | | | | Coverage | | | | Convenience |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Type of Medicare Advantage Plan | | | | | | | | Drug Deductible | | | | Type of Additional Coverage Offered in Drug Coverage Gap | | | |
| County | Organization Name | Plan Name | HMO | Local PPO | Regional PPO | Private Fee-for-Service | Cost Plan | Demo Plan | Beneficiary Total Premium* (Including Drug Premium) | Beneficiary Drug Premium* | Zero | Reduced | Standard ($250) | Includes Tiered Copay-ments for Drugs | Generics Only | Generics and Brands | Number of Top 100 Drugs on Formulary | Mail Order Offered |
| WEST FELICIANA | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |
| | WellCare | WellCare Value | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Advance | • | | | | | | $0.00 | - | | | | | | | | |
| | | WellCare Choice | • | | | | | | $0.00 | $0.00 | • | | | • | | | 85 | • |
| | | WellCare Select | • | | | | | | $8.54 | $8.54 | | | • | • | | | 85 | • |
| | | WellCare Access | • | | | | | | $25.52 | $25.52 | | | • | | | | 85 | • |
| WINN | Humana Health Plan of LA, Inc. | Humana Gold Choice PFFS H1906-003 | | | | • | | | $103.00 | $27.38 | • | | | • | | | 97 | • |
| | Humana Insurance Company | HumanaChoicePPO PPO R5826-025 | | | • | | | | $37.00 | - | | | | | | | | |
| | | HumanaChoicePPO PPO R5826-039 | | | • | | | | $74.00 | $18.84 | | • | | | | | 97 | • |
| | | HumanaChoicePPO PPO R5826-011 | | | • | | | | $85.00 | $28.98 | • | | | • | | | 97 | • |
| | Sterling Option I | Sterling Option I | | | | • | | | $9.00 | - | | | | | | | | |