



2018 Medicare Advantage Plans Avoyelles



| Medicare Advantage Plans | Humana Choice | HumanaChoice | HumanaChoice | HumanaChoice |
|--------------------------------|---|---|---|---|
| | 800-833-26364 | 800-833-2364 | 800-833-2364 | 800-833-2364 |
| Contract ID | H5216-135 | R0110-001 | R0110-002 | R0110-003 |
| Organization Name | Humana Insurance Company | Humana Insurance Company | Humana Insurance Company | Humana Insurance Company |
| Type of Medicare Plan | Local PPO | Regional PPO | Regional PPO | Regional PPO |
| Monthly Consolidated Premium | \$47 | \$0 | \$53 | \$87 |
| Health Plan Deductible | \$1,000 annual deductible | \$1,000 annual deductible | \$1,000 annual deductible | \$1,000 annual deductible |
| PCP Co-Pay | \$5/30% | \$10/\$35 | \$15/30% | \$15/\$15 |
| Specialist Co-Pay | \$45/30% | \$35/\$50 | \$50/30% | \$50/\$40-\$60 |
| ER | \$80 per visit (always covered) | \$80 per visit (always covered) | \$80 per visit (always covered) | \$80 per visit (always covered) |
| Ambulance | \$265 or 20% | \$265 or 20% | \$265 or 20% | \$265 or 20% |
| Skilled Nursing | \$0 for days 1 through 20 \$164.50 for days 21 through 100 | \$0 for days 1 through 20 \$164.50 for days 21 through 100 | \$0 for days 1 through 20 \$164.50 for days 21 through 100 | \$0 for days 1 through 20 \$164.50 for days 21 through 100 |
| Inpatient Hospital | \$225 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond | \$195 for days 1 through 6 \$0 for days 7 through 90 \$0 for days 91 and beyond | \$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond | \$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond |
| Annual Drug Deductible | \$400 | Drugs not covered | \$300 | \$400 |
| Additional Coverage in the Gap | Talk with Plan | Drugs not covered | Talk with Plan | Talk with Plan |
| Chemo Drugs | 20%/30% | 20%/30% | 20%- 30% | 20%/ 17%-20% |
| Out-of-Pocket Maximum | \$6,700 | \$6700/\$10,000 | \$6700/\$10,000 | \$6700/\$10,000 |



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LOCAL HELP FOR PEOPLE WITH MEDICARE

| Medicare Advantage Plans | AAA0 Vantage Standard | AAA1 Vantage Premium | AAA4 Vantage Traditional Plus | AAA8 Vantage Basic |
|--------------------------------|--|--|---|--|
| | 866-704-0109 | 866-704-0109 | 866-704-0109 | 866-704-0109 |
| Contract ID | H5576-017 | H5576-018 | H5576-008 | H5576-020 |
| Organization Name | Vantage Health Plan | Vantage Health Plan | Vantage Health Plan | Vantage Health Plan |
| Type of Medicare Plan | Local HMO | Local HMO | Local HMO | Local HMO |
| Monthly Consolidated Premium | \$59 | \$169 | \$30.90 | \$0 |
| Health Plan Deductible | \$500 Out-of network | \$500 Out-of network | \$183 per year | \$500 Out-of network |
| PCP Co-Pay | \$20 / 0%- 20%/50% | \$15 or 0%- 20%/50% | \$10 0%- 20% | \$35 or 0-20% |
| Specialist Co-Pay | \$50 / 0%- 20%/50% | \$40 or 0%- 20%/50% | 20% per visit | \$50 or 0-20% |
| ER | \$80 per visit (always covered) | \$80 per visit (always covered) | \$80 per visit (always covered) | \$80 per visit (always covered) |
| Ambulance | \$250 | \$250 | 20% | \$250 |
| Skilled Nursing | \$0 for days 1 through 20 \$167 for days 21 through 100 | \$0 for days 1 through 20 \$167 for days 21 through 100 | \$0 for days 1 through 20 \$167 for days 21 through 100 | \$0 for days 1 through 20 \$167 for days 21 through 100 |
| Inpatient Hospital | \$325 for days 1 through 5 \$0 for days 6 through 90 | \$275 for days 1 through 5 \$0 for days 6 through 90 | \$1.316 deductible for days 1-60 \$329 copay per day (61-90) \$658 copay per day (91-150) | \$360 for days 1 through 5 \$0 for days 6 through 90 |
| Annual Drug Deductible | \$250 | \$0 | \$405 | \$380 |
| Additional Coverage in the Gap | Talk with Plan | Talk with Plan | Talk with Plan | Talk with Plan |
| Chemo Drugs | 20%/50% | 20% - 50% | 20% | 20%- 50% |
| Out-of-Pocket Maximum | \$5,500 | \$3,000 | \$6,700 | \$6,700 |