



2018 Medicare Advantage Plans

Bossier



Medicare Advantage Plans	Advantra	Aetna Medicare Freedom Plus	Humana Gold Plus	HumanaChoice
	855-338-9551	855-338-7027	800-833-2364	800-833-2364
Contract ID	H3928-002	H5521-178	H1951-013	R0110-001
Organization Name	Coventry Health Care	Aetna Medicare	Humana Health Benefit Plan of LA	Humana Insurance Company
Type of Medicare Plan	Local HMO	Local PPO	Local HMO	Regional PPO
Monthly Consolidated Premium	\$36	\$0	\$27	\$0
Health Plan Deductible	\$0	\$50 annual deductible	\$0	\$1,000 annual deductible
PCP Co-Pay	\$10	\$5	\$5	\$10/\$35
Specialist Co-Pay	\$35	\$40	\$40	\$35/\$50
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$275	\$300	\$265 or 20%	\$265 or 20%
Skilled Nursing	\$0 for days 1 through 20 \$150 for days 21 through 100	\$0 for days 1 through 20 \$145 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	\$175 for days 1 through 10 \$0 for days 11 through 90	\$195 for days 1 through 7 \$0 for days 7 through 90	\$175 for days 1 through 10 \$0 for days 11 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
Annual Drug Deductible	\$0	\$50	\$400	Drugs not covered
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Drugs not covered
Chemo Drugs	20%	20%/40%	20%	20%/30%
Out-of-Pocket Maximum	\$6,700	\$5,900	\$6,700	\$6700/\$10,000



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	AAA0 Vantage Standard	AAA1 Vantage Premium
	800-833-2364	800-833-2364	866-704-0109	866-704-0109
Contract ID	R0110-002	R0110-003	H5576-017	H5576-018
Organization Name	Humana Insurance Company	Humana Insurance Company	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Regional PPO	Regional PPO	Local HMO	Local HMO
Monthly Consolidated Premium	\$53	\$87	\$59	\$169
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$500 Out-of network	\$500 Out-of network
PCP Co-Pay	\$15/30%	\$15/\$15	\$20 / 0%- 20%/50%	\$15 0%- 20%
Specialist Co-Pay	\$50/30%	\$50/\$40-\$60	\$50 / 0%- 20%/50%	\$40 0%- 20%
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%	\$250	\$250
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 \$167 for days 21 through 100	\$0 for days 1 through 20 \$167 for days 21 through 100
Inpatient Hospital	\$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	\$325 for days 1 through 5 \$0 for days 6 through 90	\$275 for days 1 through 5 \$0 for days 6 through 90
Annual Drug Deductible	\$300	\$400	\$250	\$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%- 30%	20%/ 17%-20%	20%/50%	20% - 50%
Out of Pocket Maximum	\$6700/\$10,000	\$6700/\$10,000	\$5,500	\$3,000



2018 Medicare Advantage Plans Bossier

Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
	866-704-0109	866-704-0109
Contract ID	H5576-008	H5576-020
Organization Name	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local HMO	Local HMO
Monthly Consolidated Premium	\$30.90	\$0
Health Plan Deductible	\$183 per year	\$500 Out-of network
PCP Co-Pay	\$10 0%- 20%	\$35 or 0-20%
Specialist Co-Pay	20% per visit	\$50 or 0-20%
ER	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	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
Inpatient Hospital	\$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	\$405	\$380
Additional Coverage in the Gap	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20%- 50%
Out of Pocket Maximum	\$6,700	\$6,700