



2018 Medicare Advantage Plans

Ouachita



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Humana Gold Plus (HMO)	HumanaChoice	HumanaChoice * (PPO without Drug Coverage)	HumanaChoice
	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-049	R0110-003	R0110-001	R0110-002
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	HMO	Regional PPO	Regional PPO*	Regional PPO
Monthly Consolidated Premium	\$0	\$87	\$0	\$53
Health Plan Deductible	\$0	\$1,000 out-of-network services	\$1,000 out-of-network services	\$1,000 out-of-network services
PCP Co-Pay	\$15	\$15	\$10 \$35 out-of-network	\$15 30% out-of-network
Specialist Co-Pay	\$45	\$50 \$40-\$60 out-of-network	\$35 \$50 out-of-network	\$50 30% out-of-network
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 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100) 30% out of network
Inpatient Hospital	\$215 per day (days 1 -8) \$0 per day (days 9-90) \$0 for days 91 and beyond	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 for days 91 and beyond	\$195 per day (days 1-6) \$0 per day (days 7-90) \$0 for days 91 and beyond 30% out-of-network	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 for days 91 and beyond 30% out-of-network
Annual Drug Deductible	\$200 (only on certain Tiers)	\$400 (only on certain Tiers)	*Drugs not covered	\$300 (only on certain Tiers)
Additional Coverage in the Gap	No	Yes	*Drugs not covered	Yes
Chemo Drugs	20% (Part B)	20% 17% - 20% out-of-network	20% 30% out-of-network	20% 30% out-of-network
Out-of-Pocket Maximum	\$6,700	\$6,700 / \$10,000	\$6,700 / \$10,000	\$6,700 / \$10,000



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Medicare Advantage Plans	HumanaChoice (PPO)	AAA4 Vantage Traditional Plus (HMO)	AAA0 Vantage Standard (HMO-POS)	AAA6 Vantage Premium (HMO-POS)
	800-833-2367	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5216-064	H5576-008	H5576-017	H5576-018
Organization Name	Humana Insurance Company	Vantage Health Plan Inc.	Vantage Health Plan Inc.	Vantage Health Plan Inc.
Type of Medicare Plan	Local PPO	HMO	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$47	\$30.90	\$49	\$169
Health Plan Deductible	\$1,000 out-of-network services	\$183	\$500 out-of-network deductible	\$500 out-of-network deductible
PCP Co-Pay	\$5 30% out-of-network	\$10 or 20% per visit	\$0-\$20 50% out-of-network	\$0-\$15 50% out-of-network
Specialist Co-Pay	\$45 30% out-of-network	20% after \$183 deductible	\$50 50% out-of-network	\$40 50% out-of-network
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%	20%	\$250	\$250
Skilled Nursing	\$0 per day (days 1-20) \$164.50 per day (days 21-100) 30% out of network	\$0 per day (days 1-20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$167 per day (days 21-100) 50% out-of-network	\$0 per day (days 1-20) \$167 per day (days 21-100) 50% out-of-network
Inpatient Hospital	\$225 per day (days 1-7) \$0 per day (days 8-90) \$0 for days 91 and beyond 30% out-of-network	\$1,316 deductible (days 1-60) \$329 per day (days 61-90) \$658 per day (days 91-150)	\$325 per day (days 1-5) \$0 per day (days 6-90) 50% out-of-network	\$405 per day (days 1-4) \$0 per day (days 5-90) Point-of-Service 50% per stay/ out of network 50%
Annual Drug Deductible	\$400 (only on certain Tiers)	\$405	\$250 (only on certain Tiers)	\$0
Additional Coverage in the Gap	Yes	No Gap coverage	No Gap coverage	No Gap coverage
Chemo Drugs	20% 30% out-of-network	20%	20%	20%
Out of Pocket Maximum	\$6,700 / \$10,000	\$6,700	\$5,500	\$3,000



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Medicare Advantage Plans	AAA8 Vantage Basic (HMO-POS)
	866-704-0109
Contract ID	H5576-020
Organization Name	Vantage Health Plan Inc.
Type of Medicare Plan	HMO-POS
Monthly Consolidated Premium	\$0
Health Plan Deductible	\$500 out-of-network
PCP Co-Pay	\$15-35 or 20% 50% out-of-network
Specialist Co-Pay	\$50 or 0-20% 50% out-of-network
ER	\$80 per visit (always covered)
Ambulance	\$250
Skilled Nursing	\$0 per day (days 1-20) \$167 per day (days 21-100) 50% out-of-network
Inpatient Hospital	\$360 per day (days 1-5) \$0 per day (days 6-90) 50% out-of-network
Annual Drug Deductible	\$380 (only on certain Tiers)
Additional Coverage in the Gap	No Gap coverage
Chemo Drugs	20%
Out of Pocket Maximum	\$6,700