



2018 Medicare Advantage Plans

Richland



Medicare Advantage Plans	Humana Gold Plus	HumanaChoice	HumanaChoice *	HumanaChoice
	800-833-2364	800-833-2365	800-833-2366	800-833-2367
Contract ID	H1951-049	R0110-003	R0110-001 *	R0110-002
Organization Name	Humana Health Benefit Plan of LA Inc	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 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-Pay	\$15	\$15/\$15	\$10 / \$35	\$15 / 30%
Specialist Co-Pay	\$45	\$50/\$40-\$60	\$35 / \$50	\$50 / 30%
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)
Inpatient Hospital	\$215 per day (days 1-8) \$0 per day (days 9-90) \$0 per day (days 91 & beyond)	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$195 per day (days 1-6) \$0 per day (days 7-90) \$0 per day (days 91 & beyond)	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)
Annual Drug Deductible	\$200 (Tiers 4 & 5 only)	\$400 (Tiers 4 & 5 only)	* NO drug coverage	\$300 (Tiers 3, 4, & 5)
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	* NO drug coverage	Talk with Plan
Chemo Drugs	20%	20% / 17%-20%	20% / 30% (Part B)	20% / 30%
Out-of-Pocket Maximum	\$6,700	\$6,700 / \$10,000	\$6,700 / \$10,000	\$6,700 / \$10,000



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	AAA0 Vantage Standard	AAA6 Vantage Premium	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
	866-704-0109	866-704-0110	866-704-0111	866-704-0112
Contract ID	H5576-017	H5576-018	H5576-008	H5576-020
Organization Name	Vantage Health Plan Inc.	Vantage Health Plan Inc.	Vantage Health Plan Inc.	Vantage Health Plan Inc.
Type of Medicare Plan	HMO-POS	HMO-POS	HMO	HMO-POS
Monthly Consolidated Premium	\$49	\$169	\$30.90	\$0
Health Plan Deductible	\$500 Out-of-Network deductible	\$500 Out-of-Network deductible	Contact Plan	\$500 Out-of-Network deductible
PCP Co-Pay	\$0-\$20 or 0-20%/50%	\$0-\$15 or 0-20%/50%	\$10/0-20%	\$15-\$35 or 0-20%/ 50%
Specialist Co-Pay	50 or 0-20%/50%	\$40 or 0-20%/50%	20%	\$50 or 0%-20%/50%
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 per day (days 1-20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$167 per day (days 21-100)
Inpatient Hospital	\$325 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay	\$275 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay	\$1,316 for days 1 through 60 \$329 for days 61 through 90 \$658 for days 91 through 150	\$360 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay
Annual Drug Deductible	\$250	\$0	\$405	\$380 (Tiers 3, 4, & 5)
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