



2018 Medicare Advantage Plans St. Bernard



Medicare Advantage Plans	Blue Advantage (HMO)	Humana Choice	HumanaChoice	HumanaChoice *
	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H6453-002	H5216-064	R0110-001	R0110-002
Organization Name	HMO Louisiana	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	Local HMO	Regional PPO	Regional PPO	Regional PPO *
Monthly Consolidated Premium	\$0	\$47	\$0	\$53
Health Plan Deductible	\$0	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-Pay	\$0	\$5/30%	\$10	\$15/30%
Specialist Co-Pay	\$40	\$45/30%	\$35	\$50/30%
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$245	\$265	\$265 or 20%	\$265 or 20%
Skilled Nursing	\$0 per day (days 1-20) \$165 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	\$125 per day (days 1-10) \$0 per day (days 11-90) \$125 per day (days 91-100) \$0 per day (days 101 & beyond)	\$225 per day 1-7 \$0 per day 8-90 \$0 per day 91-100	\$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	\$0	\$400	No drug coverage	\$300
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	No drug coverage	Talk with Plan
Chemo Drugs	20%	20%/30%	20%	20%/30%
Out-of-Pocket Maximum	\$6,700	\$6700/\$10,000	\$6,700 / \$10,000	\$6,700 / \$10,000



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Medicare Advantage Plans	HumanaChoice	Peoples Health Choices Gold	AARP MedicareComplete Plan 1	AARP MedicareComplete Plan 2
	800-833-2364	866-301-8865	800-555-5757	800-555-5757
Contract ID	R0110-003	H1961-017	H4089-001	H4089-002
Organization Name	Humana Insurance Company	People Health	United Healthcare	United Healthcare
Type of Medicare Plan	Regional PPO	HMO-POS	Local HMO	Local HMO
Monthly Consolidated Premium	\$87	\$0	\$0	\$50
Health Plan Deductible	\$1,000 annual deductible	\$0	\$0	\$0
PCP Co-Pay	\$15/\$15	\$10	\$5	\$0
Specialist Co-Pay	\$50/\$40-\$60	\$35	\$40	\$25
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%	\$235	\$250	\$250
Skilled Nursing	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 for days 1 through 20 \$160 for days 21 through 100	\$0 for days 1 through 20 \$160 for days 21 through 62 \$0 for days 63 through 100	\$0 for days 1 through 20 \$160 for days 21 through 62 \$0 for days 63 through 100
Inpatient Hospital	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$195 for days 1 through 7 \$0 for days 8 through 90	\$295 for days 1 through 5 \$0 for days 6 through 90 \$0 for 91 and beyond	\$225 for days 1 through 8 \$0 for days 9 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$400	\$0	\$375	\$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%/17%-20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 / \$10,000	\$6,700	\$6,700	\$4,900



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Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA8Vantage Basic
	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-008	H5576-017	H5576-018	H5576-020
Organization Name	Vantage Health Plan	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan
Type of Medicare Plan	Local HMO	HMO-POS	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$30.90	\$59	\$169	\$0
Health Plan Deductible	Contact Plan	\$500 Out-of -Network	\$500 Out-of-Network	\$500 Out of Network
PCP Co-Pay	\$10 or 20%	\$20 or 0-20% /50%	\$15 or 0-20% / 50%	\$35 0-20%/50%
Specialist Co-Pay	20% per visit	\$50 or 0-20% POS 50%	\$40 or 0-20% / 50%	\$50 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	20%	\$250	\$250	\$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	\$1,316 for days 1 through 60 \$329 for days 61 through 90 \$658 for days 91 through 150	\$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	\$360 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay
Annual Drug Deductible	\$405	\$250 (Tier 1, 2,&3)	\$0	\$380
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20% /50%	20%	20%
Out of Pocket Maximum	\$6,700	\$5,500	\$3,000	\$6,700



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Medicare Advantage Plans	WellCare Value (HMO)
	866-527-0056
Contract ID	H2491-007
Organization Name	WellCare Health Plans
Type of Medicare Plan	HMO
Monthly Consolidated Premium	\$0.00
Health Plan Deductible	\$0
PCP Co-Pay	\$0
Specialist Co-Pay	\$35
ER	\$80 per visit (always covered)
Ambulance	\$250
Skilled Nursing	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$195 per day (days 1-9) \$0 per day (days 10-90) \$0 per day (days 91-150)
Annual Drug Deductible	\$0
Additional Coverage in the Gap	Talk with Plan
Chemo Drugs	20%
Out of Pocket Maximum	\$6,700