



2018 Medicare Advantage Plans

St. Mary



Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	HumanaChoice(PPO)
	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	R0110-001	R0110-002	R0110-003	H5216-064
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	Regional PPO	Regional PPO	Regional PPO	Local HMO
Monthly Consolidated Premium	\$0	\$53	\$87	\$47
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$1000 annual deductible
PCP Co-Pay	\$10/ \$35	\$15/ 30%	\$15	\$5
Specialist Co-Pay	\$35/ \$50	\$25- \$50/ 30%	\$15- \$50	\$45
ER	\$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 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$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	\$225 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)
Annual Drug Deductible	Drugs not covered	\$300	\$400	\$400 (only on certain Tiers)
Additional Coverage in the Gap	Drugs not covered	Yes	Yes	Yes
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700/ \$10,000	\$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	AAA8 Vantage Basic	AAA0 Vantage Standard	AAA4 Vantage Traditional Plus	AAA1 Vantage Premium
	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-020	H5576-017	H5576-008	H5576-018
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	\$0	\$59	\$31	\$169
Health Plan Deductible	\$500 Out-of-network	\$500 Out-of-network	\$183 per year	\$500 Out-of-network
PCP Co-Pay	\$35 0%- 20%	\$20 0%- 20%	\$10 0%- 20%	\$15 0%- 20%
Specialist Co-Pay	\$50 0%- 20%	\$50 0%- 20%	20%	\$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	\$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 99	\$0 for days 1 through 20 \$167 for days 21 through 100
Inpatient Hospital	\$360 for days 1 through 5 \$0 for days 6 through 90	\$325 for days 1 through 5 \$0 for days 6 through 90	\$1,316 deductible for days 1-60 \$329 copay perday (61-90) \$658 copay perday (91-150)	\$275 for days 1 through 5 \$0 for days 6 through 90
Annual Drug Deductible	\$350.00	\$0	\$405	0
Additional Coverage in the Gap	Yes	Yes	Yes	Yes
Chemo Drugs	20%	20%	20%	20%
Out of Pocket Maximum	\$6,700	\$5,500	\$6,700	\$3,000



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Medicare Advantage Plans	Blue Advantage(HMO)	Peoples Health Choices Gold (HMO)
	800-363-9152	866-301-8865
Contract ID	H6453-004	H1961-014
Organization Name	HMO Louisiana	Peoples Health
Type of Medicare Plan	Local HMO	Local HMO
Monthly Consolidated Premium	\$0	\$0
Health Plan Deductible	\$0	\$0
PCP Co-Pay	\$0	\$10
Specialist Co-Pay	\$40	\$35
ER	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$245	\$235
Skilled Nursing	\$0 per day (days 1-20) \$165 per day (days 21-100)	\$0 per day (days 1-20) \$160 per day (days 21-100)
Inpatient Hospital	\$195 per day (days 1-10) \$0 per day (days 11-90) \$195 per day (days 91-100) \$0 per day (days 101 & beyond)	\$195 per day (days 1-7) \$0 per day (days 8-90)
Annual Drug Deductible	\$0 (No deductible)	\$0 (No deductible)
Additional Coverage in the Gap	Yes	Yes
Chemo Drugs	20%	20%
Out of Pocket Maximum	\$6,700	\$6,700