



2018 Medicare Advantage Plans

Vernon



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Humana Choice	HumanaChoice	HumanaChoice	HumanaChoice
	800-833-26364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5216-135	R0110-001	R0110-002	R0110-003
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	Local PPO	Regional PPO	Regional PPO	Regional PPO
Monthly Consolidated Premium	\$47	\$0	\$53	\$87
Health Plan Deductible	\$1,0000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-Pay	\$5/30%	\$10/\$35	\$15/30%	\$15
Specialist Co-Pay	\$45/30%	\$35/\$50	\$50/30%	\$50/\$40-\$60
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 for days 1 through 20 \$167.00 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 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$225 for days 1 through 7 \$0 for days 8 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	\$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
Annual Drug Deductible	\$400	Drugs not covered	\$300	\$400
Additional Coverage in the Gap	Talk with Plan	Drugs not covered	Talk with Plan	Talk with Plan
Chemo Drugs	20%/30%	20%/30%	20%- 30%	20%/ 17%-20%
Out-of-Pocket Maximum	\$6,700/\$10,000	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700/ \$10,000