



2018 Medicare Advantage Plans Washington



Medicare Advantage Plans	Blue Advantage	Humana Gold Plus (HMO)	Humana Choice	HumanaChoice
	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H6453-003	H1951-028	H5216-064	R0110-001
Organization Name	HMO Louisiana	Humana Health Benefit Plan of Louisiana Inc.	Humana Health Benefit Plan of Louisiana Inc.	Humana Insurance Company
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Regional PPO
Monthly Consolidated Premium	\$0	\$27	\$47	\$0
Health Plan Deductible	\$0	\$0	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-Pay	\$0	\$10	\$5/30%	\$10/\$35
Specialist Co-Pay	\$40	\$45	\$45/30%	\$35/\$50
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 \$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 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$195 for days 1 through 10 \$0 for days 11 through 90 \$195 for days 91 through 100 \$0 for days 101 & beyond	\$195 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 & beyond	\$225 for days 1 through 7 \$0 for days 11 through 90 \$0 for days 91 & beyond	\$195 for days 1 through 6 \$0 for days 7 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$0	\$400	\$400	Drugs not covered
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Drugs not covered
Chemo Drugs	20%	20%	20%/30%	20%/30%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6700/\$10,000	\$6,700/ \$10,000



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	Peoples Health Choices Select (HMO)	WellCare Value (HMO)
	800-833-2364	800-833-2364	866-301-8865	866-527-0056
Contract ID	R0110-002	R0110-003	H1961-007	H1961-007
Organization Name	Humana Insurance Company	Humana Insurance Company	Peoples Health	WellCare Health Plans
Type of Medicare Plan	Regional PPO	Regional PPO	Local HMO	HMO
Monthly Consolidated Premium	\$53	\$87	\$ 62.50	\$0
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$0	\$0
PCP Co-Pay	\$15/30%	\$15/\$15	\$5	\$0
Specialist Co-Pay	\$50/30%	\$50/\$40-\$60	\$40	\$35
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%	\$235	\$250
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 \$155 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$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	\$185 for days 1 through 10 \$0 for days 11 through 90	\$195 for days 1 through 9 \$0 for days 8 through 90
Annual Drug Deductible	\$300	\$400	\$0	\$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%- 30%	20%/ 17%-20%	20%	20%
Out of Pocket Maximum	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700	\$6,700