2018 Medicare Advantage Plans

West Feliciana

Medicare Advantage Plans	Blue Advantage	Humana Gold Plus	Humana Gold Plus	HumanaChoice
	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H6453-001	H1951-030	H1951-048	R0110-001
Organization Name	HMO Louisiana	Humana Health Benefit Plan of LA	Humana Health Benefit Plan of LA	Humana Insurance Company
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Regional PPO
Monthly Consolidated Premium	$0	$0	$0	$0
Health Plan Deductible	$0	$0	$0	$1,000 annual deductible
PCP Co-Pay	$0	$5	$10	$10/$35
Specialist Co-Pay	$40	$50	$50	$35/$50
ER	$80 per visit (always covered)	$80 per visit (always covered)	$80 per visit (always covered)	$80 per visit (always covered)
Ambulance	$245	$265 or 20%	$265 or 20%	$265 or 20%
Skilled Nursing	$0 for days 1 through 20 $165 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	$125 for days 1 through 10 $0 for days 11 through 90 $125 for days 91 through 100 $0 for days 101 and beyond	$110 for days 1 through 10 $0 for days 11 through 90 $0 for days 91 and beyond	$150 for days 1 through 10 $0 for days 11 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
Annual Drug Deductible	$0	Drugs not covered	$400	Drugs not covered
Additional Coverage in the Gap	Talk with Plan	Drugs not covered	Talk with Plan	Drugs not covered
Chemo Drugs	20%	20%	20%	20%/30%
Out-of-Pocket Maximum	$6,700	$6,700	$6,700	$6,700/ $10,000

2018 Medicare Advantage Plans

West Feliciana

Medicare Advantage Plans	HumanaChoice	HumanaChoice	Peoples Health Choice 65 #14 (HMO)	AAA4 Vantage Traditional Plus
	800-833-2364	800-833-2364	866-301-8865	866-704-0109
Contract ID	R0110-002	R0110-003	H1961-014	H5576-008
Organization Name	Humana Insurance Company	Humana Insurance Company	Peoples Health	Vantage Health Plan
Type of Medicare Plan	Regional PPO	Regional PPO	Local HMO	Local HMO
Monthly Consolidated Premium	$53	$87	$0	$30.90
Health Plan Deductible	$1,000 annual deductible	$1,000 annual deductible	$0	$183 per year
PCP Co-Pay	$15/30%	$15	$5	$10 or 0%- 20%/50%
Specialist Co-Pay	$50/30%	$50/$40-$60	$35	20% per visit
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	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 $165 for days 21 through 100	$0 for days 1 through 20 $167 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	$85 for days 1 through 10 $0 for days 11 through 90	$1.316 deductible for days 1-60 $329 copay per day (61-90) $658 copay per day (91-150)
Annual Drug Deductible	$300	$400	$0	$405
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

2018 Medicare Advantage Plans

West Feliciana

Medicare Advantage Plans	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA8 Vantage Basic	WellCare Value
	866-704-0109	866-704-0109	866-704-0109	866-527-0056
Contract ID	H5576-017	H5576-018	H5576-020	H2491-007
Organization Name	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan	WellCare Health Plan
Type of Medicare Plan	HMO-POS	HMO-POS	HMO-Pos	Local HMO
Monthly Consolidated Premium	$49	$169	$0	$0
Health Plan Deductible	$500 out-of-network	$500 out of network	$500 out-of-network	$0
PCP Co-Pay	$20 20or 0-20%-50%	$15 or 0- 20%/50%	$35 or 0-20%/50%	$0
Specialist Co-Pay	$50 or 0-20%/50%	$40 or 0-20%/50%	$50 or 0-20%/50%	$35
ER	$80 per visit (always covered)	$80 per visit (always covered)	$80 per visit (always covered)	$80 per visit (always covered)
Ambulance	$250	$250	$250	$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 100	$0 for days 1 through 20 $164.50 for days 21 through 100
Inpatient Hospital	$325 for days 1 through 5 $0 for days 6 through 90	$275 for days 1 through 5 $0 for days 6 through 90	$360 for days 1 through 5 $0 for days 6 through 90	$195 for days 1 through 9 $0 for days 10 through 90
Annual Drug Deductible	$250	$0	$380	$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%-50%	20%-50%	20%/50%	20%
Out of Pocket Maximum	$5,500	$3,000	$6,700	$6,700