



2018 Medicare Advantage Plans

Evangeline



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	H5216-135
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 PPO
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 30%
Specialist Co-Pay	\$35 \$50	\$50 30%	\$50 \$40-\$60	\$45 30%
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 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)	\$0 per day (days 1-20) \$167.50 per day (days 21-100)
Inpatient Hospital	\$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)	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per days (days 91 & 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 (certain tiers only)	\$400 (certain tiers only)
Additional Coverage in the Gap	Drugs not covered	No	No	No
Chemo Drugs	20% 30%	20% 30%	20% 17%-30%	20% 30%
Out-of-Pocket Maximum	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700 / \$10,000



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Medicare Advantage Plans	AAA8 Vantage Basic	AAA0 Vantage Standard	AAA6 Vantage Premium	AAA4 Vantage Traditional Plus
	800-704-0109	800-704-0109	800-704-0109	866-704-0109
Contract ID	H5576-020-2	H5576-017-2	H5576-018-2	H5576-008
Organization Name	Vantage Health Plan Inc.	Vantage Health Plan Inc.	Vantage Health Plan Inc.	Vantage Health Plan
Type of Medicare Plan	HMO-POS	HMO-POS	HMO-POS	Local HMO
Monthly Consolidated Premium	\$0	\$59	\$169	\$31.00
Health Plan Deductible	\$500 Out-of-Network deductible	\$350 Out-of-Network deductible	\$500 Out-of-Network deductible	Contact Plan
PCP Co-Pay	\$35 or 0%-20%/50%	\$20 or 20% 50%	\$15 or 20% 50%	\$10 20%
Specialist Co-Pay	\$50 or 0%-20%/50%	\$50 or 20% 50%	\$40 or 20% 50%	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	\$250	20%
Skilled Nursing	\$0 per day (days 1- 20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$167 per day (days 21-97)	\$0 per day (days 1-20) \$167 per day (days 21-98)	\$0 per day (days 1-20) \$167 per day (days 21-99)
Inpatient Hospital	\$360 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay	\$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	\$1,316 deductible (days 1-60) \$329 per day (days 61-90) \$658 per day (days 91-150)
Annual Drug Deductible	\$380	250	\$0	\$405
Additional Coverage in the Gap	No	No	Yes	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$5,500	\$3,000	\$6,700



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Medicare Advantage Plans	Blue Advantage(HMO)	Peoples Health Choices Gold
	800-363-9152	866-301-8865
Contract ID	H6453-004	H1961-017
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)	\$195 per day (days 1-7) \$0 per day (days 8-90)
Annual Drug Deductible	\$0	\$0
Additional Coverage in the Gap	Yes	Yes
Chemo Drugs	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700