



2018 Medicare Advantage Plans Livingston



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	Humana Gold Plus
	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	R0110-001	R0110-002	R0110-003	H1951-030
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Humana Health Benefit Plan of LA
Type of Medicare Plan	Regional PPO	Regional PPO	Regional PPO	Local HMO
Monthly Consolidated Premium	\$0	\$53	\$87	\$0
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$0
PCP Co-Pay	\$10/ \$35	\$15/ 30%	\$15	\$5
Specialist Co-Pay	\$35/ \$50	\$50/ 30%	\$50 \$40-\$60	\$50
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 for days 1 through 20 \$164.50 for days 21 through 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	\$110 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	Drugs not covered	\$300	\$400	Drugs not covered
Additional Coverage in the Gap	Drugs not covered	No	No	Drugs not covered
Chemo Drugs	20% 30%	20% 30%	20% 17%-20%	20%
Out-of-Pocket Maximum	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700



2018 Medicare Advantage Plans Livingston



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Humana Gold Plus	Humana Total Care Advantage	AAA8 Vantage Basic	AAA0 Vantage Standard
	800-833-2364	800-833-2364	866-704-0109	866-704-0109
Contract ID	H1951-048	H1951-039	H5576-020	H5576-017
Organization Name	Humana Health Benefit of LA	Humana Health Benefit of LA	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$0	\$0	\$0	\$59
Health Plan Deductible	\$0	\$0	\$500 Out-of-network	\$500 Out-of-network
PCP Co-Pay	\$5	\$0	\$35 or 0%- 20% 50%	\$20 or 0%- 20% 50%
Specialist Co-Pay	\$45	\$40	\$50 or 0%- 20% 50%	\$50 or 0%- 20% 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%	\$250	\$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 \$167 for days 21 through 100	\$0 for days 1 through 20 \$167 for days 21 through 100
Inpatient Hospital	125 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond	\$110 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond	\$360 for days 1 through 5 \$0 for days 6 through 90	\$325 for days 1 through 5 \$0 for days 6 through 90
Annual Drug Deductible	\$400	\$380	\$380.00	\$250
Additional Coverage in the Gap	No	No	No	No
Chemo Drugs	20%	20%	20% 50%	20% 50%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700	\$5,500



2018 Medicare Advantage Plans Livingston



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA1 Vantage Premium	Allwell Medicare	Blue Advantage
	866-704-0109	866-704-0109	877-891-6099	800-363-9152
Contract ID	H5576-008	H5576-018	H5117-001	H6453-001
Organization Name	Vantage Health Plan	Vantage Health Plan	Allwell	HMO LA
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$31	\$169	\$0	\$0
Health Plan Deductible	Contact Plan	\$500 Out-of-network	\$0	\$0
PCP Co-Pay	\$10 or 20%	\$15 or 0%- 20% 50%	\$0	\$0
Specialist Co-Pay	20%	\$40 or 0%- 20% 50%	\$40	\$40
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	20%	\$250	\$250	\$245
Skilled Nursing	Contact Plan	\$0 for days 1 through 20 \$167 for days 21 through 100	\$0 for days 1 through 20 \$160 for days 21 through 100	\$0 for days 1 through 20 \$165 for days 21 through 100
Inpatient Hospital	Contact Plan	\$275 for days 1 through 5 \$0 for days 6 through 90	\$199 fro days 1 through 10 \$0 for days 11 through 90	\$125 for days 1 through 10 \$0 for days 11 through 90 \$125 for days 91 through 100 \$0 for days 101 and beyond
Annual Drug Deductible	\$405	\$0	\$300	\$0
Additional Coverage in the Gap	No	Yes	No	Yes
Chemo Drugs	20%	20% 50%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$3,000	\$6,700	\$6,700



2018 Medicare Advantage Plans Livingston

Medicare Advantage Plans	Peoples Health Choices 65 #14	WellCare Value
	866-301-8865	866-527-0056
Contract ID	H1961-014	H2491-007
Organization Name	Peoples Health	WellCare Health Plan
Type of Medicare Plan	Local HMO	Local HMO
Monthly Consolidated Premium	\$0	\$0
Health Plan Deductible	\$0	\$0
PCP Co-Pay	\$5	\$0
Specialist Co-Pay	\$35	\$35
ER	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$235	\$250
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
Inpatient Hospital	\$85 for days 1 through 10 \$0 for days 11 through 90	\$195 for days 1 through 9 \$0 for days 10 through 90
Annual Drug Deductible	\$0	\$0
Additional Coverage in the Gap	Yes	No
Chemo Drugs	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700