



# 2018 Medicare Advantage Plans Morehouse



Medicare Advantage Plans	Humana Choice Gold Plus	HumanaChoice	HumanaChoice	HumanaChoice
	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-049	R0110-001	R0110-002	R0110-003
Organization Name	Humana Health Benefit Plan of LA Inc	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	HMO	Regional PPO	Regional PPO	Regional PPO
Monthly Consolidated Premium	\$0.00	\$0	\$53	\$87
Health Plan Deductible	\$0.00	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-Pay	\$15	\$10/ \$35	\$15/ 30%	\$15
Specialist Co-Pay	\$45.00	\$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 per day (days 1-20) \$164.50 per day (days 21-100)	\$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	\$215 per day (days 1-8) \$0 per day (days 9-90) \$0 per day (days 91 & 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	\$200	Drugs not covered	\$300	\$400
Additional Coverage in the Gap	Yes	Drugs not covered	Yes	Yes
Chemo Drugs	20%	20%/50%	20% 30%	20% 17%-20%
Out-of-Pocket Maximum	\$6,700	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700/ \$10,000



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Humana Choice	AAA0 Vantage Standard	AAA6 Vantage Premium	AAA4 Vantage Traditional Plus
	800-833-2364	800-704-0109	866-704-0109	866-704-0109
Contract ID	H5216-064	H5576-017	H5576-018	H5576-008
Organization Name	Humana Insurance Company	Vantage Health Plan Inc.	Vantage Health Plan Inc.	Vantage Health Plan
Type of Medicare Plan	Local PPO	HMO-POS	HMO-POS	Local HMO
Monthly Consolidated Premium	\$47	\$59	\$169	\$31.00
Health Plan Deductible	\$1,000 annual deductible	\$500 Out-of-Network deductible	\$500 Out-of-Network deductible	Contact Plan
PCP Co-Pay	\$5 / 30%	\$20 or 0%-20% 50%	\$15 or 0%-20% 50%	\$10 or 20%
Specialist Co-Pay	\$45 / 30%	\$50 or 0%-20% 50%	\$40 or 0%-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	\$265 or 20%	\$250	\$250	20%
Skilled Nursing	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 for days 1 through 20 \$167 for days 21 through 97	\$0 for days 1 through 20 \$167 for days 21 through 98	Contact Plan
Inpatient Hospital	\$225 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$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	Contact Plan
Annual Drug Deductible	\$400	\$250	\$0	\$405
Additional Coverage in the Gap	Yes	No	Yes	Yes
Chemo Drugs	20% 30%	20% 50%	20% 50%	20%
Out-of-Pocket Maximum	\$6,700 / \$10,000	\$5,500	\$3,000	\$6,700



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Medicare Advantage Plans	AAA8 Vantage Basic
	866-704-0109
Contract ID	H5576-020
Organization Name	Vantage Health Plan Inc.
Type of Medicare Plan	HMO-POS
Monthly Consolidated Premium	\$0
Health Plan Deductible	\$500 Out-of-Network deductible
PCP Co-Pay	\$35 or 0%-20% 50%
Specialist Co-Pay	\$50 or 9%-20% 50%
ER	\$80 per visit (always covered)
Ambulance	\$250
Skilled Nursing	\$0 for days 1 through 20 \$167 for days 21 through 100
Inpatient Hospital	\$360 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay
Annual Drug Deductible	\$380
Additional Coverage in the Gap	No Gap coverage
Chemo Drugs	20% 50%
Out-of-Pocket Maximum	\$6,700