



2018 Medicare Advantage Plans

Rapides



Medicare Advantage Plans	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
	800-833-2364	800-833-2364	800-833-2364	800-833-2367
Contract ID	H1951-049	R0110-003	R0110-001	R0110-002
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	\$87	\$0	\$53
Health Plan Deductible	\$0	\$1,000 out-of-network	\$1,000 annual deductible	\$1,000 out-of-network services
PCP Co-Pay	\$15	\$15	\$10 \$35	\$15 30%
Specialist Co-Pay	\$45	\$50 \$40-\$60	\$35 \$50	\$50 30%
ER	\$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) \$164.50 per day (days 21-100) 30% out-of-network
Inpatient Hospital	\$225 per day (days 1-7) \$0 per day (days 8-90) \$0 for days 91 & beyond	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 for days 91 & beyond	\$195 per day (days 1-6) \$0 per day (days 7-90) \$0 for days 91 & beyond	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 for days 91 & beyond
Annual Drug Deductible	\$200 (only on certain Tiers)	\$400	Drugs not covered	\$300
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Drugs not covered	Talk with Plan
Chemo Drugs	20%	20% / 17%-20%	20%/30%	20% / 30%
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

Rapides

Medicare Advantage Plans	AAA4 Vantage Traditional Plus (HMO)	AAA0 Vantage Standard (HMO-POS)	AAA6 Vantage Premium (HMO-POS)	AAA8 Vantage Basic (HMO-POS)
	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-008	H5576-017	H5576-018	H5576-020
Organization Name	Vantage Health Plan Inc.	Vantage Health Plan Inc.	Vantage Health Plan Inc	Vantage Health Plan
Type of Medicare Plan	Local HMO	HMO-POS	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$31.00	\$59	\$169	\$0
Health Plan Deductible	Contact Plan	\$500 Out-of-Network deductible	\$500 annual deductible out-of-network	\$500 annual deductible out-of-network
PCP Co-Pay	\$10 or 20%	\$20 or 0%-20% 50%	\$15 or 0-20% 50%	\$35 or 0-20% 50%
Specialist Co-Pay	20%	\$50 or 0%-20% 50%	\$40 or 0-20% 50%	\$50 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	20%	\$250	\$250	\$250
Skilled Nursing	Contact Plan	\$0 per day (days 1-20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$167 per day (days 21-100)
Inpatient Hospital	Contact Plan	\$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	\$360 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay
Annual Drug Deductible	\$405	\$250	\$0	\$380
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20% 50%	20% 50%	20% 50%
Out of Pocket Maximum	\$6,700	\$5,500	\$3,000	\$6,700



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Medicare Advantage Plans	WellCare Value (HMO)
	866-527-0056
Contract ID	H2491-007
Organization Name	WellCare Health Plans
Type of Medicare Plan	HMO
Monthly Consolidated Premium	\$0
Health Plan Deductible	\$0
PCP Co-Pay	\$0
Specialist Co-Pay	\$35
ER	\$80 per visit (always covered)
Ambulance	\$250
Skilled Nursing	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$195 per day (days 1-9) \$0 per day (days 10-90)
Annual Drug Deductible	\$0
Additional Coverage in the Gap	Talk with Plan
Chemo Drugs	20%
Out of Pocket Maximum	\$6,700