



## 2018 Medicare Advantage Plans St Helena

Medicare Advantage Plans	Blue Advantage	Humana Gold Plus * (HMO without Drug Coverage)	Humana Total Care Advantage	Humana Gold Plus (HMO)
	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H6453-001	H1951-030 *	H1951-039	H1951-048
Organization Name	HMO Louisiana	Humana Insurance Company	Humana Health Benefit Plan of LA	Humana Health Benefit Plan of Louisiana Inc.
Type of Medicare Plan	Local HMO	Local HMO *	Local HMO	Local HMO
Monthly Consolidated Premium	\$0	\$0	\$0	\$24
Health Plan Deductible	\$0	\$0	\$0	\$0
PCP Co-Pay	\$0	\$5	\$0	\$10
Specialist Co-Pay	\$40	\$50	\$40	\$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 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 per day (days 1-20) \$164.50 per day (days 21-100)
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 per day (days 1-10) \$0 per day (days 11-90) \$0 per day (days 91 & beyond)	\$110 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond	\$150 per day (days 1-10) \$0 per day (days 11-90) \$0 per day (days 91 & beyond)
Annual Drug Deductible	\$0	NO drug coverage	\$380	\$400
Additional Coverage in the Gap	Talk with the Plan	NO drug coverage	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700	\$6,700



# 2018 Medicare Advantage Plans St Helena



Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	Peoples Health Choices 65 #14
	800-833-2364	800-833-2364	800-833-2364	866-301-8865
Contract ID	R0110-001	R0110-002	R0110-003	H1961-014
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Peoples Health
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	\$35
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%	\$235
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 \$165 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	\$85 for days 1 through 10 \$0 for days 11 through 90
Annual Drug Deductible	Drugs not covered	\$300	\$400	\$0
Additional Coverage in the Gap	Drugs not covered	Talk with Plan	Talk with Plan	Talk with Plan
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 St. Helena



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA8 Vantage Basic
	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	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local HMO	HMO-POS	HMO-POS	HMO-Pos
Monthly Consolidated Premium	\$31.00	\$49	\$169	\$0
Health Plan Deductible	Contact Plan	\$500 out-of-network	\$500 out of network	\$500 out-of-network
PCP Co-Pay	\$10 or 0%- 20%	\$0-\$20 or 0%-20% 50%	\$0-\$15 or 0%-20% 50%	\$15-\$35 or 0%-20% 50%
Specialist Co-Pay	20% per visit	\$50 or 0%-20% 50%	\$40 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	20%	\$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 \$167 for days 21 through 100
Inpatient Hospital	\$1,316 for days 1 through 60 \$329 for days 61 through 90 \$658 for days 91 through 150	\$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
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



## 2018 Medicare Advantage Plans St. Helena

Medicare Advantage Plans	WellCare Value
	866-527-0056
Contract ID	H2491-007
Organization Name	WellCare Health Plan
Type of Medicare Plan	Local 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 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$195 for days 1 through 9 \$0 for days 10 through 90
Annual Drug Deductible	\$0
Additional Coverage in the Gap	Talk with Plan
Chemo Drugs	20%
Out of Pocket Maximum	\$6,700