2018 Medicare Advantage Plans

St. Landry

Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	Humana Gold Plus (HMO)
	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	R0110-001	R0110-002	R0110-003	H1951-049
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Humana Health Benefit Plan of Louisiana Inc
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	$40
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 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 per day (days 1-20) $164.50 per day (days 21-100)
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	$215 per day (days 1-8) $0 per day (days 9-90) $0 per day (days 91 & beyond)
Annual Drug Deductible	Drugs not covered	$300	$400	$200
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. Landry

Medicare Advantage Plans	HumanaChoice(PPO)	AAA8 Vantage Basic	AAA0 Vantage Standard	AAA4 Vantage Traditional Plus
	800-833-2364	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5216-064	H5576-020	H5576-017	H5576-008
Organization Name	Humana Insurance Company	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	$47	$0	$59	$31
Health Plan Deductible	$1000 annual deductible	$500 Out-of-network	$500 Out-of-network	Contact Plan
PCP Co-Pay	$5 30%	$35 or 0%- 20% 50%	$20 or 0%- 20% 50%	$10 or 20%
Specialist Co-Pay	$45 30%	$50 or 0%- 20% 50%	$50 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 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	$225 per day (days 1-7) $0 per day (days 8-90) $0 per day (days 91 & 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	$1,316 for days 1 through 60 $329 for days 61 through 90 $658 for days 91 thorugh 150
Annual Drug Deductible	$400	$380.00	$250	$405
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20% 30%	20% 50%	20% 50%	20%
Out of Pocket Maximum	$6,700 / $10,000	$6,700	$5,500	$6,700

2018 Medicare Advantage Plans

St. Landry

Medicare Advantage Plans	AAA1 Vantage Premium	WellCare Value (HMO)	Blue Advantage(HMO)	Peoples Health Choices Gold (HMO)
	866-704-0109	866-527-0056	800-363-9152	866-301-8865
Contract ID	H5576-018	H2491-007	H6453-004	H1961-017
Organization Name	Vantage Health Plan	WellCare Health Plans	HMO Louisiana	Peoples Health
Type of Medicare Plan	Local HMO	HMO	Local HMO	Local HMO
Monthly Consolidated Premium	$169	$0	$0	$0
Health Plan Deductible	$500 Out-of-network	$0	$0	$0
PCP Co-Pay	$15 or 0%- 20% 50%	$0	$0	$10
Specialist Co-Pay	$40 or 0%- 20% 50%	$35	$40	$35
ER	$80 per visit (always covered)	$80 per visit (always covered)	$80 per visit (always covered)	$80 per visit (always covered)
Ambulance	$250	$250	$245	$235
Skilled Nursing	$0 for days 1 through 20 $167 for days 21 through 100	$0 per day (days 1-20) $164.50 per day (days 21-100)	$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	$275 for days 1 through 5 $0 for days 6 through 90	$195 per day (days 1-9) $0 per day (days 10-90)	$195 per day (days 1-10) $0 per day (days 11-90) $195 per day (days 91-100) $0 per day (days 101 & beyond)	$195 per day (days 1-7) $0 per day (days 8-90)
Annual Drug Deductible	$0	$0	$0	$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20% 50%	20%	20%	20%
Out of Pocket Maximum	$3,000	$6,700	$6,700	$6,700