



2018 Medicare Advantage Plans

Winn



Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	HumanaChoice
	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5525-015	R0110-001	R0110-002	R0110-003
Organization Name	Humana Benefit Plan of Illinois Inc	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	PPO	Regional PPO	Regional PPO	Regional PPO
Monthly Consolidated Premium	\$47	\$0	\$53	\$87
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-Pay	\$5 30% (out-of-network)	\$10 \$35 (out-of-network)	\$15 30% (out-of-network)	\$15
Specialist Co-Pay	\$45 30% (out-of-network)	\$35 \$50 (out-of-network)	\$50 30% (out-of-network)	\$50 \$40 - \$60 (out of network)
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 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)
Inpatient Hospital	\$225 per day (days 1-7) \$0 per day (days 8-90) \$0 for days 91 and beyond	\$195 per day (days 1-6) \$0 per day (days 7-90) \$0 for days 91 and beyond	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 for days 91 and beyond	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 for days 91 and beyond
Annual Drug Deductible	\$400	Drugs not covered	\$300	\$400
Additional Coverage in the Gap	No	Drugs not covered	No	No
Chemo Drugs	20%	20% 30% (out-of-network)	20% 30% (out-of-network)	20% 17%-20% (out-of-network)
Out-of-Pocket Maximum	\$6,700 / \$10,000	\$6,700 / \$10,000	\$6,700 / \$10,000	\$6,700 / \$10,000



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Medicare Advantage Plans	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-017	H5576-018	H5576-008	H5576-020
Organization Name	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	HMO-POS	HMO-POS	Local HMO	HMO-POS
Monthly Consolidated Premium	\$59	\$169	\$30.90	\$0
Health Plan Deductible	\$500 out-of-network	\$500 out-of-network	\$183 per year	\$500 out-of-network
PCP Co-Pay	\$20 or 0-20% per visit	\$15 or 0%-20%	\$10 20% of other services	\$35 or 0-20%
Specialist Co-Pay	\$50 or 0-20% per visit	\$40 or 0%-20%	20%	\$50 or 0-20%
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$250	\$250	20%	\$250
Skilled Nursing	\$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)	\$0 per day (days 1-20) \$167 per day (days 21-100)
Inpatient Hospital	\$325 per day (days 1-5) \$0 per day (days 6-90)	\$275 per day (days 1-5) \$0 per day (days 6-90)	\$1,316 (deductible) days 1-60 \$329 per day (days 61-90) \$658 per lifetime reserve time (91-150)	\$360 per day (days 1-5) \$0 for days 6-90
Annual Drug Deductible	\$250	\$0	\$405	\$380
Additional Coverage in the Gap	No	Yes	No	No
Chemo Drugs	20%/50%	20% - 50%	20%	20%
Out of Pocket Maximum	\$5,500	\$3,000	\$6,700	\$6,700