



2018 Medicare Advantage Plans East Feliciana



Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	Humana Total Care Advantage
	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	R0110-001	R0110-002	R0110-003	H1951-039
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Humana Health Benefit Plan of LA
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/\$15	\$0
	\$35/ \$50	\$50/ 30%	\$50/\$40-\$60	\$40
ER	\$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 for days 1 through 20 \$164.50 for days 21 through 102
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	\$110 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	Drugs not covered	\$300	\$400	\$380
Additional Coverage in the Gap	Drugs not covered	No	No	Yes
Chemo Drugs	20%/30%	20%/30%	20%/17%-20%	20%
Out-of-Pocket Maximum	\$6700 /\$10,000	\$6700 / \$10,000	\$6700 / \$10,000	\$6,700



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Medicare Advantage Plans	Humana Gold Plus	Humana Gold Plus	AAA8 Vantage Basic	AAA0 Vantage Standard
	800-833-2364	800-833-2364	866-704-0109	866-704-0109
Contract ID	H1951-030	H1951-048	H5576-020	H5576-017
Organization Name	Humana Health Benefit Plan of LA	Humana Health Benefit Plan of LA	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$0	\$24	\$0	\$59
Health Plan Deductible	\$0	\$0	\$500 Out-of-network	\$500 Out-of-network
PCP Co-Pay	\$5	\$10	\$35 or 0%- 20%/50%	\$20 or 0%- 20%/50%
Specialist Co-Pay	\$50	\$50	\$50 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	\$265 or 20%	\$265 or 20%	\$250	\$250
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 101	\$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	\$110 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond	\$150 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and 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
Annual Drug Deductible	Drugs not covered	\$400	\$380.00	\$250
Additional Coverage in the Gap	Drugs not covered	No	No	No
Chemo Drugs	20%	20%	20%/50%	20%/50%
Out of Pocket Maximum	\$6,700	\$6,700	\$6,700	\$5,500



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Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA1 Vantage Premium	Blue Advantage(HMO)	WellCare Value
	866-704-0109	866-704-0109	800-363-9152	866-527-0056
Contract ID	H5576-008	H5576-018	H6453-001	H2491-007
Organization Name	Vantage Health Plan	Vantage Health Plan	HMO Louisiana	WellCare Health Plan
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$31	\$169	\$0	\$0
Health Plan Deductible	Contact Plan	\$500 Out-of-network	\$0	\$0
PCP Co-Pay	\$10 0%- 20%	\$15 or 0%- 20% 50%	\$0	\$0
	20%	\$40 or 0%- 20% 50%	\$40	\$35
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	20%	\$250	\$245	\$250
Skilled Nursing	Contact Plan	\$0 for days 1 through 20 \$167 for days 21 through 100	\$0 per day (days 1-20) \$165 per day (days 21-100)	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	Contact Plan	\$275 for days 1 through 5 \$0 for days 6 through 90	\$125 per day (days 1-10) \$0 per day (days 11-90) \$125 per day (days 91-100) \$0 per day (days 101 & beyond)	\$195 for days 1 through 9 \$0 for days 8 through 90
Annual Drug Deductible	\$405	\$0	\$0	\$0
Additional Coverage in the Gap	No	Yes	Yes	No
Chemo Drugs	20%	20% / 50%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$3,000	\$6,700	\$6,700



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Medicare Advantage Plans	Peoples Health Choices 65 #14
	866-301-8865
Contract ID	H1961-014
Organization Name	Peoples Health
Type of Medicare Plan	Local HMO
Monthly Consolidated Premium	\$0
Health Plan Deductible	\$0
PCP Co-Pay	\$5
	\$35
ER	\$80 per visit (always covered)
Ambulance	\$235
Skilled Nursing	\$0 for days 1 through 20 \$165 for days 21 through 100
Inpatient Hospital	\$85 for days 1 through 10 \$0 for days 11 through 90
Annual Drug Deductible	\$0
Additional Coverage in the Gap	Yes
Chemo Drugs	20%
Out-of-Pocket Maximum	\$6,700