



2018 Medicare Advantage Plans Iberville



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Advantra	Blue Advantage	Humana Gold Plus	Humana Total Care Advantage
	855-338-9551	800-363-9152	800-833-2364	800-833-2364
Contract ID	H3928-001	H6453-001	H1951-030	H1951-039
Organization Name	Coventry Health Care	HMO Louisiana Health Maintenance Organization	Humana Health Benefit Plan of LA	Humana Health Benefit Plan of LA
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$0	\$0	\$0	\$0
Health Plan Deductible	\$0	\$0	\$0	\$0
PCP Co-Pay	\$5	\$0	\$5	\$0
Specialist Co-Pay	\$30	\$40	\$50	\$40
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$250	\$245	\$265 or 20%	\$265 or 20%
Skilled Nursing	\$0 for days 1 through 20 \$125 for days 21 through 100	\$0 for days 1 through 20 \$165 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
Inpatient Hospital	\$140 for days 1 through 6 \$0 for days 7 through 90	\$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 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond	\$110for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$0	\$0	Drugs not covered	\$380
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Drugs not covered	Talk with Plan
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700	\$6,700



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Medicare Advantage Plans	Humana Gold Plus	HumanaChoice	HumanaChoice	HumanaChoice
	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-048	R0110-001	R0110-002	R0110-003
Organization Name	Humana Health Benefit Plan of LA	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	Local HMO	Regional PPO	Regional PPO	Regional PPO
Monthly Consolidated Premium	\$24	\$0	\$53	\$87
Health Plan Deductible	\$0	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-Pay	\$10	\$10/\$35	\$15/30%	\$15
Specialist Co-Pay	\$50	\$35/\$50	\$50/30%	\$50/\$40-\$60
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 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$150 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond	\$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
Annual Drug Deductible	\$400	Drugs not covered	\$300	\$400
Additional Coverage in the Gap	Talk with Plan	Drugs not covered	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20%/30%	20%/ 30%	20%/ 17%-20%
Out of Pocket Maximum	\$6,700	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700/ \$10,000



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Medicare Advantage Plans	Peoples Health Choices 65 #14	AAA4 Vantage Traditional Plus	AAA0 Vantage Standard	AAA1 Vantage Premium
	866-301-8865	866-704-0109	866-704-0109	866-704-0109
Contract ID	H1961-014	H5576-008	H5576-017	H5576-018
Organization Name	Peoples Health	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local HMO	Local HMO	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$0	\$31.00	\$59	\$169
Health Plan Deductible	\$0	Contact Plan	\$500 out-of-network	\$500 out of network
PCP Co-Pay	\$5	\$10 or 20%	\$20 or 0%-20% 50%	\$15 or 0%-20% 50%
Specialist Co-Pay	\$35	20% per visit	\$50 or 0%-20% 50%	\$40 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	\$235	20%	\$250	\$250
Skilled Nursing	\$0 for days 1 through 20 \$165 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	\$85 for days 1 through 10 \$0 for days 11 through 90	\$1,316 deductible for days 1-60 \$329 copay per day (61-90) \$658 copay per day (91-150)	\$325 for days 1 through 5 \$0 for days 6 through 90	\$275 for days 1 through 5 \$0 for days 6 through 90
Annual Drug Deductible	\$0	\$405	\$250	\$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20%	20%/50%	20%/50%
Out of Pocket Maximum	\$6,700	\$6,700	\$5,500	\$3,000



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Medicare Advantage Plans	AAA8 Vantage Basic	WellCare Value
	866-704-0109	866-527-0056
Contract ID	H5576-020	H2491-007
Organization Name	Vantage Health Plan	WellCare Health Plan
Type of Medicare Plan	HMO-Pos	Local HMO
Monthly Consolidated Premium	\$0	\$0
Health Plan Deductible	\$500 out-of-network	\$0
PCP Co-Pay	\$35 or 0%-20% 50%	\$0
Specialist Co-Pay	\$50 or 0%-20% 50%	\$35
ER	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$250	\$250
Skilled Nursing	\$0 for days 1 through 20 \$167 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$360 for days 1 through 5 \$0 for days 6 through 90	\$195 for days 1 through 9 \$0 for days 10 through 90
Annual Drug Deductible	\$380	\$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan
Chemo Drugs	20%/50%	20%
Out of Pocket Maximum	\$6,700	\$6,700