



2018 Medicare Advantage Plans St. Charles



Medicare Advantage Plans	Blue Advantage (HMO)	Humana Total Care Advantage (HMO)	Humana Gold Plus (HMO)	HumanaChoice
	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H6453-002	H1951-038	H1951-047	R0110-001
Organization Name	HMO Louisiana	Humana Health Benefit Plan of Louisiana Inc.	Humana Health Benefit Plan of Louisiana Inc.	Humana Insurance Company
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Regional PPO
Monthly Consolidated Premium	\$0	\$0	\$0	\$0
Health Plan Deductible	\$0	\$0	\$0	\$1,000 annual deductible
PCP Co-Pay	\$0	\$0	\$10	\$10/\$35
Specialist Co-Pay	\$40	\$40	\$45	\$35/\$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 per day (days 1-20) \$165 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	\$125 per day (days 1-10) \$0 per day (days 11-90) \$125 per day (days 91-100) \$0 per day (days 101 & beyond)	\$85 per day (days 1-10) \$0 per day (days 11-90) \$0 per day (days 91 & beyond)	\$85 per day (days 1-10) \$0 per day (days 11-90) \$0 per day (days 91 & beyond)	\$195 per day (days 1-6) \$0 per day (days 7-90) \$0 per day (days 91 & beyond)
Annual Drug Deductible	\$0	\$300	\$400	No drug coverage
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	No drug coverage
Chemo Drugs	20%	20%	20%	20%/30%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700	\$6,700 / \$10,000



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Medicare Advantage Plans	HumanaChoice *	HumanaChoice	Peoples Health Choices 65 #14	AARP MedicareComplete Plan 1
	800-833-2364	800-833-2364	866-301-8865	800-555-5757
Contract ID	R0110-002	R0110-003	H1961-014	H4089-001
Organization Name	Humana Insurance Company	Humana Insurance Company	Peoples Health	United Healthcare
Type of Medicare Plan	Regional PPO *	Regional PPO	Local HMO	Local HMO
Monthly Consolidated Premium	\$53	\$87	\$0	\$0
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$0	\$0
PCP Co-Pay	\$15/30%	\$15/\$15	\$5	\$5
Specialist Co-Pay	\$50/30%	\$50/\$40-\$60	\$35	\$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%	\$235	\$250
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) \$165 per day (days 21-100)	\$0 for days 1 through 20 \$160 for days 21 through 62 \$0 for days 63 through 100
Inpatient Hospital	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$85 per day (days 1-10) \$0 per day (days 11-90)	\$295 for days 1 through 5 \$0 for days 6 through 90 \$0 for 91 and beyond
Annual Drug Deductible	\$300	\$400	\$0	\$375
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%/30%	20%/17%-20%	20%	20%
Out-of-Pocket Maximum	\$6,700 / \$10,000	\$6,700 / \$10,000	\$6,700	\$6,700



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Medicare Advantage Plans	AARP Medicare Complete Plan 2	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus
	800-555-5757	866-704-0109	866-704-0109	866-704-0109
Contract ID	H4089-002	H5576-017	H5576-018	H5576-008
Organization Name	United Healthcare	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan
Type of Medicare Plan	Local HMO	HMO-POS	HMO-POS	Local HMO
Monthly Consolidated Premium	\$50	\$59	\$169	\$30.90
Health Plan Deductible	\$0	\$500 Out-of-Network	\$500 Out-of-Network	Contact Plan
PCP Co-Pay	\$0	\$20 or 0-20% /50%	\$15 or 0-20% / 50%	\$10 0%- 20%
Specialist Co-Pay	\$25	\$50 or 0-20% /50%	\$40 or 0-20% / 50%	20% per visit
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$250	\$250	\$250	20%
Skilled Nursing	\$0 for days 1 through 20 \$160 for days 21 through 62 \$0 for days 63 through 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)	Contact Plan
Inpatient Hospital	\$225 for days 1 through 8 \$0 for days 9 through 9 \$0 for days 91 and beyond	\$325 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay	\$275 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay	Contact Plan
Annual Drug Deductible	\$0	\$250 (Tier 1, 2,&3)	\$0	\$405
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%
Out-of-Pocket Maximum	\$4,900	\$5,500	\$3,000	\$6,700



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Medicare Advantage Plans	AAA8Vantage Basic	WellCare Value (HMO)
	866-704-0109	866-527-0056
Contract ID	H5576-020	H2491-007
Organization Name	Vantage Health Plan	WellCare Health Plans
Type of Medicare Plan	HMO-POS	HMO
Monthly Consolidated Premium	\$0	\$0.00
Health Plan Deductible	\$500 Out of Network	\$0
PCP Co-Pay	\$35 0-20%/50%	\$0
Specialist Co-Pay	\$50 0-20%/50%	\$35
ER	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$250	\$250
Skilled Nursing	\$0 per day (days 1-20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$360 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay	\$195 per day (days 1-9) \$0 per day (days 10-90) \$0 per day (days 91-150)
Annual Drug Deductible		\$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