



2018 Medicare Advantage Plans Lafourche



Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	Humana Gold Plus
	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	R0110-001	R0110-002	R0110-003	H1951-047
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Humana Health Benefit of LA
Type of Medicare Plan	Regional PPO	Regional PPO	Regional PPO	Local HMO
Monthly Consolidated Premium	\$0	\$53	\$87	\$23
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	\$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%	\$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	\$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	\$150 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	\$400
Additional Coverage in the Gap	Drugs not covered	No	No	No
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



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	AAA8 Vantage Basic	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus
	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-020	H5576-017	H5576-017	H5576-008
Organization Name	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$0.00	\$59	\$169	\$31
Health Plan Deductible	\$500 Out-of-Network	\$500 Out-of-network	\$500 Out-of-network	Contact Plan
PCP Co-Pay	\$35 or 0%-20% 50%	\$20 or 0%-20% 50%	\$15 or 0%-20% 50%	\$10 or 20%
Specialist Co-Pay	\$50 or 0%-20% 50%	\$50 or 0%-20% 50%	\$40 or 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	\$250	\$250	\$250	20%
Skilled Nursing	\$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	Contact Plan
Inpatient Hospital	\$360 fro days 1 through 5 \$0 for days 6 through 90	\$325 for days 1 through 5 \$0 for days 6 through 90	\$275 for days 1 through 5 \$0 for days 6 through 90	Contact Plan
Annual Drug Deductible	\$380	\$250	\$0	\$405
Additional Coverage in the Gap	No	No	Yes	No
Chemo Drugs	20%	20% 50%	20% 50%	20%
Out of Pocket Maximum	\$6,700	\$5,500	\$3,000	\$6,700



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Medicare Advantage Plans	Aetna Medicare Freedom Plan	Advantra	AARP Plan 1	AARP Plan 2
	855-338-7027	855-338-9551	800-555-5757	800-500-5757
Contract ID	H5521-178	H3928-001	H4089-001	H4089-002
Organization Name	Aetna Medicare	Coventry Health Care	United Health Care	United Health Care
Type of Medicare Plan	Local PPO	Local PPO	Local HMO	Local HMO
Monthly Consolidated Premium	\$0	\$0	\$0	\$50
Health Plan Deductible	\$50	\$0	\$0	\$0
PCP Co-Pay	\$5 \$40	\$5	\$5	\$0
Specialist Co-Pay	\$40	\$30	\$40	\$25
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$300	\$250	\$250	\$250
Skilled Nursing	\$0 for days 1 through 20 \$145 for days 21 through 100	\$0 for days 1 through 20 \$125 for days 21 through 100	\$0 Days 1 through 20 \$160 Per Day (Days 21 through 62) \$0 63 -100	\$0 Days 1 through 20 \$160 Days 21 through 51 \$0 52 -100
Inpatient Hospital	\$195 for days 1 through 7 \$0 for days 8 through 90	\$140 for days 1 through 6 \$0 for days 7 through 90	\$295 Days 1 through 5 \$0 Days 6 & Beyond	\$225 Days 1 through 8 \$0 Days 9 & Beyond
Annual Drug Deductible	\$50	\$0	\$375	\$0
Additional Coverage in the Gap	Yes	Yes	No	No
Chemo Drugs	20% 40%	20%	20%	20%
Out of Pocket Maximum	\$5900/\$10,000	\$6,700	\$6,700	\$4,900



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Medicare Advantage Plans	Blue Advantage	Peoples Health Choices 65# 14
	800-363-9152	866-301-8865
Contract ID	H6453-002	H1961-014
Organization Name	HMO Louisiana	Peoples Health
Type of Medicare Plan	Local HMO	Local HMO
Monthly Consolidated Premium	\$0	\$0
Health Plan Deductible	\$0	\$0
PCP Co-Pay	\$0	\$5
Specialist Co-Pay	\$40	\$35
ER	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$245	\$235
Skilled Nursing	\$0 Days 1-20 \$165 Per Day(Days 21-100)	\$0 for days 1 through 20 \$165 for days 21 through 100
Inpatient Hospital	\$125 PerDay (Days 1 through 10) \$0 Days 11 through 90 \$125 Per Days(days 91 & 100) \$0 101 Days & Beyond	\$85 for days 1 through 10 \$0 for days 11 through 90
Annual Drug Deductible	\$0	\$0
Additional Coverage in the Gap	Yes	Yes
Chemo Drugs	20%	20%
Out of Pocket Maximum	\$6,700	\$6,700