



2018 Medicare Advantage Plans Vermilion



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Blue Advantage	Humana Gold Plus	Peoples Health Choices Gold	HumanaChoice
	800-363-9152	800-833-2364	866-301-8865	800-833-2364
Contract ID	H6453-004	H1951-049	H1961-017	R0110-001
Organization Name	HMO Louisiana	Humana Health Benefit Plan of LA Inc.	Peoples Health	Humana Insurance Company
Type of Medicare Plan	HMO	HMO	HMO	Regional PPO
Monthly Consolidated Premium	\$0	\$0	\$0	\$0
Health Plan Deductible	\$0	\$0	\$0	\$1,000 annual deductible
PCP Co-Pay	\$0	\$5	\$10	\$10/\$35
Specialist Co-Pay	\$40	\$40	\$35	\$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%	\$235	\$265 or 20%
Skilled Nursing	\$0 per day (days 1-20) \$165.00 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$160 per day (days 21-100)	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$195 for days 1 through 10 \$0 for days 11 through 90 \$195 for days 91 through 100 \$0 for days 101 and beyond	\$215 per day (days 1-8) \$0 per day (days 9-90) \$0 per day (days 91 & beyond)	\$195 for days 1 through 7 \$0 for days 8 through 90	\$195 for days 1 through 6 \$0 for days 7 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$0	\$200	\$0	Drugs not covered
Additional Coverage in the Gap	Yes	Yes	Yes	Drugs not covered
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	AAA0 Vantage Standard	AAA1 Vantage Premium
	800-833-2364	800-833-2364	866-704-0109	866-704-0109
Contract ID	R0110-002	R0110-003	H5576-017	H5576-018
Organization Name	Humana Insurance Company	Humana Insurance Company	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Regional PPO	Regional PPO	Local HMO	Local HMO
Monthly Consolidated Premium	\$53	\$87	\$59	\$169
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$500 Out of network	\$500 Out-of network
PCP Co-Pay	\$15/30%	\$15	\$20 / 0%- 20%/50%	\$10 0%- 20%
Specialist Co-Pay	\$50/30%	\$50/\$40-\$60	\$50 / 0%- 20%/50%	\$40 0%- 20%
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 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	\$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	\$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	\$300	\$400	\$250	\$0
Additional Coverage in the Gap	Yes	Yes	Yes	Yes
Chemo Drugs	20%- 30%	20%/ 17%-20%	20%/50%	20% - 50%
Out-of-Pocket Maximum	\$6,700/ \$10,000	\$6,700/ \$10,000	\$5,500	\$3,000



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Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
	866-704-0109	866-704-0109
Contract ID	H5576-008	H5576-020
Organization Name	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local HMO	Local HMO
Monthly Consolidated Premium	\$30.90	\$0
Health Plan Deductible	\$183 per year	\$500 Out-of network
PCP Co-Pay	\$10 0%- 20%	\$35 or 0-20%
Specialist Co-Pay	20% per visit	\$50 or 0-20%
ER	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	20%	\$250
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
Inpatient Hospital	\$1,316 deductible for days 1-60 \$329 copay per day (61-90) \$658 copay per day (91-150)	\$360 for days 1 through 5 \$0 for days 6 through 90
Annual Drug Deductible	\$405	\$380
Additional Coverage in the Gap	Yes	Yes
Chemo Drugs	20%	20%- 50%
Out-of-Pocket Maximum	\$6,700	\$6,700