2018 Medicare Advantage Plans
Acadia

Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	Humana Gold Plus
	800-833-2364	800-833-2364	800-833-2364	800-233-2364
Contract ID	R0110-001	R0110-002	R0110-003	H1951-049
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Humana Health Benefit Plan of Louisiana
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	$5
Specialist Co-Pay	$35/ $50	$50/ 30%	$50/$40-$60	$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%	$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	$215 per day Days 1-8
Annual Drug Deductible	Drugs not covered	$300	$400	$200
Additional Coverage in the Gap	Drugs not covered	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20%/30%	20%/17%-20%	20%
Out-of-Pocket Maximum	$6700/$10,000	$6700/$10,000	$6700/$10,000	$6,700

2018 Medicare Advantage Plans

Acadia

Medicare Advantage Plans	AAA8 Vantage Basic	AAA0 Vantage Standard	AAA4 Vantage Traditional Plus	AAA1 Vantage Premium
	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-020	H5576-017	H5576-008	H5576-018
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	$59	$30.90	$169
Health Plan Deductible	$500 out-of-network	$500 out-of-network	$183 per year	$500 out-of-network
PCP Co-Pay	$35 0%- 20%	$20 or 0%- 20%/50%	$10/ 20%	$15 or 0%-20%/50%
Specialist Co-Pay	$50 0%- 20%	$50 or 0%- 20%/50%	20%	$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	$250	$250	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	$0 for days 1 through 20 $167 for days 21 through 99	$0 for days 1 through 20 $167 for days 21 through 100
Inpatient Hospital	$360 for days 1 through 5 $0 for days 6 through 90	$325 for day 1 through 5 $0 for days 6 through 90	$1,316 dedctable for days 1-60 $329 copay perday (61-90) $658 copay perday (91-150)	$275 for days 1 through 5 $0 for days 6 through 90
Annual Drug Deductible	$380	$250	$405	$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%/50%	20%/50%	20%	20%
Out of Pocket Maximum	$6,700	$6,700	$6,700	$3,000

2018 Medicare Advantage Plans

Acadia

Medicare Advantage Plans	Blue Advantage(HMO)	Peoples Health Choices Gold	WellCare Value
	800-363-9152	866-301-8865	866-527-0056
Contract ID	H6453-004	H1961-017	H2491-007
Organization Name	HMO Louisiana	Peoples Health Choices Gold	WellCare Health Plan
Type of Medicare Plan	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	$0	$0	$0
Health Plan Deductible	$0	$0	$0
PCP Co-Pay	$0	$10	$0
Specialist Co-Pay	$40	$35	$35
ER	$80 per visit (always covered)	$80 per visit (always covered)	$80 per visit (always covered)
Ambulance	$245	$235	$250
Skilled Nursing	$0 per day (days 1-20) $165 per day (days 21-100)	$0 for days 1 through 20 $160 for days 21 through 100	$0 for days 1 through 20 $164.50 for days 21 through 100
Inpatient Hospital	$195 per day (days 1-10) $0 per day (days 11-90) $195 per day (days 91-100) $0 per day (days 101 & beyond)	5195 for days 1 through 10 $0 for days 8 through 90	$195 for days 1 through9 $0 for days 10 through 90
Annual Drug Deductible	$0 (No deductible)	$0	$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20%	20%
Out of Pocket Maximum	$6,700	$6,700	$6,700