



# 2018 Medicare Advantage Plans Plaquemines



| Medicare Advantage Plans       | Blue Advantage (HMO)  | Humana Gold Plus (HMO)  | HumanaChoice  | HumanaChoice *  |
|--------------------------------|---|---|---|---|
|                                | 800-363-9152  | 800-833-2364  | 800-833-2364  | 800-833-2364  |
| Contract ID                    | H6453-002   | H1951-047   | R0110-001   | R0110-002   |
| Organization Name              | HMO Louisiana   | Humana Health Benefit Plan of Louisiana Inc.                                      | Humana Insurance Company  | Humana Insurance Company  |
| Type of Medicare Plan          | Local HMO   | Local HMO   | Regional PPO*   | Regional PPO  |
| Monthly Consolidated Premium   | \$0   | \$0   | \$0   | \$53  |
| Health Plan Deductible         | \$0   | \$0   | \$1,000 annual deductible only for out-of-network                               | \$1,000 annual deductible only for out-of-network                               |
| PCP Co-Pay                     | \$0   | \$5   | \$10<br>\$35 out-of-network   | \$15<br>30% out-of-network  |
| Specialist Co-Pay              | \$40  | \$50  | \$35<br>\$50 out-of-network   | \$50<br>\$35 out-of-network   |
| ER                             | \$80 per visit<br>(always covered)  | \$80 per visit<br>(always covered)  | \$80 per visit<br>(always covered)  | \$80 per visit<br>(always covered)  |
| Ambulance                      | \$245   | \$265 or 20%  | \$265 or 20%  | \$265 or 20%  |
| Skilled Nursing                | \$0 per day (days 1-20)<br>\$165 per day (days 21-100)  | \$0 per day (days 1-20)<br>\$164.50 per day (days 21-100)                         | \$0 per day (days 1-20)<br>\$164.50 per day (days 21-100)                       | \$0 per day (days 1-20)<br>\$164.50 per day (days 21-100)                       |
| Inpatient Hospital             | \$125 per day (days 1-10)<br>\$0 per day (days 11-90)<br>\$125 per day (days 91-100)<br>\$0 for days 101 & beyond | \$150 per day (days 1-10)<br>\$0 per day (days 11-90)<br>\$0 for days 91 & beyond | \$195 per day (days 1-6)<br>\$0 per day (days 7-90)<br>\$0 for days 91 & beyond | \$275 per day (days 1-7)<br>\$0 per day (days 8-90)<br>\$0 for days 91 & beyond |
| Annual Drug Deductible         | \$0   | \$400 (only on certain tiers)   | *No drug coverage   | \$300 (only on certain tiers)   |
| Additional Coverage in the Gap | Yes   | No  | *No drug coverage   | No  |
| Chemo Drugs                    | 20% (Part B)  | 20% (Part B)  | 20% (Part B)  | 20% (Part B)  |
| Out-of-Pocket Maximum          | \$6,700   | \$6,700   | \$6,700 / \$10,000  | \$6,700 / \$10,000  |



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| Medicare Advantage Plans       | HumanaChoice  | Peoples Health Choices 65 #14                          | AAA4 Vantage Traditional Plus (HMO)   | AAA0 Vantage Standard  |
|--------------------------------|---|--|---|--|
|                                | 800-833-2364  | 866-301-8865   | 866-704-0109  | 866-704-0109   |
| Contract ID                    | R0110-003   | H1961-014  | H5576-008   | H5576-017  |
| Organization Name              | Humana Insurance Company  | Peoples Health   | Vantage Health Plan   | Vantage Health Plan Inc  |
| Type of Medicare Plan          | Regional PPO  | Local HMO  | Local HMO   | HMO-POS  |
| Monthly Consolidated Premium   | \$87  | \$0  | \$30.90   | \$59   |
| Health Plan Deductible         | \$1,000 annual deductible only for out-of-network                               | \$0  | \$183 per year  | \$500 annual deductible only for out-of-network                                      |
| PCP Co-Pay                     | \$15  | \$5  | \$10 or 20% per visit   | \$20 or 0-20%   POS 50%  |
| Specialist Co-Pay              | \$50<br>\$40-60 out-of-network  | \$35   | 20% per visit   | \$50 or 0-20%   POS 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%  | \$235  | 20%   | \$250  |
| Skilled Nursing                | \$0 per day (days 1-20)<br>\$164.50 per day (days 21-100)                       | \$0 per day (days 1-20)<br>\$165 per day (days 21-100) | \$0 for days 1 through 20<br>\$167 per day (days 21-100)  | \$0 per day (days 1-20)<br>\$167 per day (days 21-100)                               |
| Inpatient Hospital             | \$275 per day (days 1-7)<br>\$0 per day (days 8-90)<br>\$0 for days 91 & beyond | \$85 per day (days 1-10)<br>\$0 per day (days 11-90)   | \$1.316 deductible for days 1-60<br>\$329 copay per day (61-90)<br>\$658 copay per day (91-150) | \$325 per day (days 1-5)<br>\$0 per day (days 6-90)<br>Point-of-Service 50% per stay |
| Annual Drug Deductible         | \$400 (only on certain tiers)   | \$0  | \$405   | \$250 (only on certain tiers)  |
| Additional Coverage in the Gap | Yes   | Yes  | No  | No   |
| Chemo Drugs                    | 20% (Part B)  | 20% (Part B)   | 20% (Part B)  | 20% /50%(Part B)   |
| Out-of-Pocket Maximum          | \$6,700 / \$10,000  | \$6,700  | \$6,700   | \$5,500  |



## 2018 Medicare Advantage Plans Plaquemines

| Medicare Advantage Plans       | AAA1 Vantage Premium   | AAA8 Vantage Basic   | WellCare Value (HMO)                                      |
|--------------------------------|--|--|---|
|                                | 866-704-0109   | 866-704-0109   | 866-527-0056  |
| Contract ID                    | H5576-018  | H5576-020  | H2491-007   |
| Organization Name              | Vantage Health Plan Inc  | Vantage Health Plan  | WellCare Health Plans                                     |
| Type of Medicare Plan          | HMO-POS  | HMO-POS  | HMO   |
| Monthly Consolidated Premium   | \$169  | \$0  | \$0   |
| Health Plan Deductible         | \$500 annual deductible only for out-of-network                                      | \$500 annual deductible only for out-of-network                                      | \$0   |
| PCP Co-Pay                     | \$15 or 0-20%   POS 50%  | \$35 or 0-20%   POS 50%  | \$0   |
| Specialist Co-Pay              | \$40 or 0-20%   POS 50%  | \$50 0-20%   POS 50%   | \$35  |
| ER                             | \$80 per visit (always covered)  | \$80 per visit (always covered)  | \$80 per visit (always covered)                           |
| Ambulance                      | \$250  | \$250  | \$250   |
| Skilled Nursing                | \$0 per day (days 1-20)<br>\$167 per day (days 21-100)                               | \$0 per day (days 1-20)<br>\$167 per day (days 21-100)                               | \$0 per day (days 1-20)<br>\$164.50 per day (days 21-100) |
| Inpatient Hospital             | \$275 per day (days 1-5)<br>\$0 per day (days 6-90)<br>Point-of-Service 50% per stay | \$360 per day (days 1-5)<br>\$0 per day (days 6-90)<br>Point-of-Service 50% per stay | \$195 per day (days 1-9)<br>\$0 per day (days 10-90)      |
| Annual Drug Deductible         | \$0  | \$380 (only on certain tiers)  | \$0   |
| Additional Coverage in the Gap | Yes  | No   | No  |
| Chemo Drugs                    | 20% (Part B)   | 20% (Part B)   | 20% (Part B)  |
| Out-of-Pocket Maximum          | \$3,000  | \$6,700  | \$6,700   |