



2018 Medicare Advantage Plans Grant



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	H1951-049
Organization Name	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company	Humana Health Benefit Plan of LA
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
Specialist Co-Pay	\$35 \$50	\$50 30%	\$50 \$40-\$60	\$15- \$45
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 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)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$195 per day (days 1-6) \$0 per day (days 7-90) \$0 per day (days 91 & beyond)	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$275 per day (days 1 -7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$225 per day (days 1-8) \$0 per day (days 9-90) \$0 per day (days 91 & beyond)
Annual Drug Deductible	Drugs not covered	\$300	\$400	\$200
Additional Coverage in the Gap	Drugs not covered	Yes	Yes	Yes
Chemo Drugs	20% 30%	20% 30%	20% 17%-30%	20%
Out-of-Pocket Maximum	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700



2018 Medicare Advantage Plans Grant



Medicare Advantage Plans	AAA8 Vantage Basic	AAA0 Vantage Standard	AAA6 Vantage Premium	AAA4 Vantage Traditional Plus
	800-704-0109	800-704-0109	800-704-0109	866-704-0109
Contract ID	H5576-020	H5576-017	H5576-018	H5576-008
Organization Name	Vantage Health Plan Inc.	Vantage Health Plan Inc.	Vantage Health Plan Inc.	Vantage Health Plan
Type of Medicare Plan	HMO-POS	HMO-POS	HMO-POS	Local HMO
Monthly Consolidated Premium	\$0	\$59	\$169	\$31.00
Health Plan Deductible	\$500 Out-of-Network deductible	\$500 Out-of-Network deductible	\$500 Out-of-Network deductible	Contact Plan
PCP Co-Pay	\$35 or 0%-20% 50%	20 or 0%-20% 50%	\$15 or 0%-20% 50%	\$10 or 0%- 20%
Specialist Co-Pay	50 or 0%-20% 50%	50 or 0%-20% 50%	\$40 or 9%-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 per day (days 1-20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$167 per day (days 21- 100)	\$0 per day (days 1-20) \$167 per day (days 21-100)	\$0 per day (days 1-20) \$167 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	\$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	\$1,316 deductible (days 1-60) \$329 per day (days 61-90) \$658 per day (days 91-150)
Annual Drug Deductible	\$380	\$250	\$0 (No deductible)	\$405
Additional Coverage in the Gap	No Gap coverage	No Gap coverage	Yes	No
Chemo Drugs	20%	20%	20%	20%
Out of Pocket Maximum	\$6,700	\$5,500	\$3,000	\$6,700



2018 Medicare Advantage Plans Grant

Medicare Advantage Plans	WellCare Value
	866-527-0056
Contract ID	H2491-007
Organization Name	WellCare Health Plan
Type of Medicare Plan	Local HMO
Monthly Consolidated Premium	\$0
Health Plan Deductible	\$0
PCP Co-Pay	\$5
Specialist Co-Pay	\$35
ER	\$80 per visit (always covered)
Ambulance	\$250
Skilled Nursing	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$195 per day (days 1-9) \$0 per day (days 10-90)
Annual Drug Deductible	\$0
Additional Coverage in the Gap	No
Chemo Drugs	20%
Out of Pocket Maximum	\$6,700