



2018 Medicare Advantage Plans Orleans



Medicare Advantage Plans	Aetna Medicare Freedom Plan	Advantra (HMO)	Blue Advantage (HMO)	Humana Total Care Advantage (HMO)
	855-338-7027	855-338-9551	800-363-9152	800-833-2364
Contract ID	H5521-178	H3928-001	H6453-002	H1951-038
Organization Name	Aetna Medicare	Coventry Health Care	HMO Louisiana	Humana Health Benefit Plan of Louisiana Inc.
Type of Medicare Plan	Local PPO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$0	\$0	\$0	\$0
Health Plan Deductible	\$50	\$0	\$0	\$0
PCP Co-Pay	\$5 \$40	\$5	\$0	\$0
Specialist Co-Pay	\$40 \$40	\$30	\$40	\$40
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$300	\$250	\$245	\$265 or 20%
Skilled Nursing	\$0 per day (days 1-20) \$145 per day (days 21-100)	\$0 per day (days 1-20) \$125 per day (days 21-100)	\$0 per day (days 1-20) \$165 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$195 per day (days 1-7) \$0 per day (days 8-90)	\$140 per day (days 1-6) \$0 per day (days 7-90)	\$125 per day (days 1-10) \$0 per day (days 11-90) \$125 per day (days 91-100) \$0 per day (days 101 & beyond)	\$85 per day (days 1-10) \$0 per day (days 11-90) \$0 per day (days 91 & beyond)
Annual Drug Deductible	\$50	\$0	\$0	\$300
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20% 40%	20%	20%	20%
Out-of-Pocket Maximum	\$5,900 / \$10,000	\$6,700	\$6,700	\$6,700



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Humana Gold Plus (HMO)	HumanaChoice*	HumanaChoice	HumanaChoice
	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-047	R0110-001	R0110-002	R0110-003
Organization Name	Humana Health Benefit Plan of Louisiana Inc.	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	Local HMO	Regional PPO*	Regional PPO	Regional PPO
Monthly Consolidated Premium	\$0	\$0	\$53	\$87
Health Plan Deductible	\$0	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-Pay	\$0	\$10 \$35	\$15/30%	\$15
Specialist Co-Pay	\$45	\$35 50%	\$50/30%	\$50/\$40-\$60
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	\$85 per day (days 1-10) \$0 per day (days 11-90) \$0 per day (days 91 & beyond)	\$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)
Annual Drug Deductible	\$400	No drug coverage	\$300	\$400
Additional Coverage in the Gap	Talk with Plan	No drug coverage	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20% 30%	20% 30%	20% 17%-20%
Out of Pocket Maximum	\$6,700	\$6,700 / \$10,000	\$6,700 / \$10,000	\$6,700 / \$10,000



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Medicare Advantage Plans	Peoples Health Choices 65 #14	AARP MedicareComplete Plan 1	AARP MedicareComplete Plan 2	WellCare Value (HMO)
	866-301-8865	800-555-5757	800-555-5757	866-527-0056
Contract ID	H1961-014	H4089-001	H4089-002	H2491-007
Organization Name	Peoples Health	United Healthcare	United Healthcare	WellCare Health Plans
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	HMO
Monthly Consolidated Premium	\$0	\$0	\$50	\$0.00
Health Plan Deductible	\$0	\$0	\$0	\$0
PCP Co-Pay	\$5	\$5	\$0	\$0
Specialist Co-Pay	\$35	\$40	\$25	\$35
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$235	\$250	\$250	\$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 62 \$0 for days 63 through 100	\$0 for days 1 through 20 \$160 for days 21 through 62 \$0 for days 63 through 100	\$0 for days 1-20 \$164.50 per days 21-100
Inpatient Hospital	\$85 per day (days 1-10) \$0 per day (days 11-90)	\$295 for days 1 through 5 \$0 for days 6 through 90 \$0 for 91 and beyond	\$225 for days 1 through 8 \$0 for days 9 through 90 \$0 for days 91 and beyond	\$195 per day (days 1-9) \$0 per day (days 10-90) \$0 per day (days 91-150)
Annual Drug Deductible	\$0	\$375	\$0	\$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20%	20%	20%
Out of Pocket Maximum	\$6,700	\$6,700	\$4,900	\$6,700



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA8Vantage Basic
	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-008	H5576-017	H5576-018	H5576-020
Organization Name	Vantage Health Plan	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan
Type of Medicare Plan	Local HMO	HMO-POS	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$31.00	\$59	\$169	\$0
Health Plan Deductible	Contact Plan	\$500 Out-of -Network	\$500 Out-of-Network	\$500 Out of Network
PCP Co-Pay	\$10 or 0%-20%	\$20 or 0-20% 50%	\$15 or 0-20% 50%	\$35 or 0-20% 50%
Specialist Co-Pay	20% per visit after \$183 deductible	\$50 or 0-20% 50%	\$40 or 0-20% 50%	\$50 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	20%	\$250	\$250	\$250
Skilled Nursing	Contact Plan	\$0 days 1 through 20 \$167 days 21 through 100	\$0 days 1 through 20 \$167 days 21 through 100	\$0 days 1 through 20 \$167 days 21 through 100
Inpatient Hospital	Contact Plan	\$325 for days 1 through 5 \$0 for days 6 through 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	\$360 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay
Annual Drug Deductible	\$405	\$250 (Tier 1, 2,&3)	\$0	\$380
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20% 50%	20% 50%	20% 50%
Out of Pocket Maximum	\$6,700	\$5,500	\$3,000	\$6,700