



# 2019 Medicare Advantage Plans Allen Parish



| Medicare Advantage Plans       | Blue Advantage HMO                                    | Blue Advantage PPO                                    | Humana Value Plus PPO                                 | HumanaChoice (NO Rx Coverage)                            |
|--------------------------------|---|---|---|--|
| Phone Number                   | 800-363-9152  | 800-363-9152  | 800-833-2364  | 800-833-2364   |
| Contract ID                    | H6453-004-0   | H1248-004-0   | H5216-161-0   | R0110-001-0  |
| Organization Name              | HMO Louisiana   | Blue Cross Blue Shield of Louisiana                   | Humana  | Humana   |
| Medicare Plan Type             | HMO   | PPO   | PPO   | Regional PPO*  |
| Total Monthly Premium          | \$0   | \$68  | \$28.90   | \$0  |
| Health Plan Deductible         | \$0   | \$1,000   | \$185 for some In-Network & Out-of-Network services   | \$1000 Out-of-Network                                    |
| PCP Co-Pay                     | \$0   | \$0   | 20%   | \$0 In-Network   |
| Specialist Co-Pay              | \$40  | \$40  | 20%   | \$35 In-Network  |
| ER                             | \$90  | \$90  | \$90  | \$90   |
| Ambulance                      | \$275   | \$275   | 20%   | \$265  |
| Skilled Nursing                | \$0 per day: Days 1-20;<br>\$165 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$165 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$172 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$164.50 per day: Days 21-100 |
| Inpatient Hospital             | \$195 per day for day 1-10                            | \$175 per day for day 1-10                            | \$600 per day for day 1-3                             | \$195 per day: Days 1-6<br>(In-Network)                  |
| Annual Drug Deductible         | \$0   | \$0   | \$385   | <b>*No Drugs Covered</b>                                 |
| Additional Coverage in the Gap | Yes   | Yes   | No  |  |
| Chemo Drugs                    | 20%   | 20%   | 20%   | 20%  |
| Out-of-Pocket Maximum          | \$6,700 In-Network                                    | \$5,000 In-Network;<br>\$10,000 Combined              | \$6,700 In-Network;<br>\$10,000 Combined              | \$6,700 In-Network;<br>\$10,000 Combined                 |



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| Medicare Advantage Plans       | HumanaChoice PPO   | HumanaChoice PPO   | HumanaChoice PPO   | AAA0 Vantage Standard                                    |
|--------------------------------|--|--|--|--|
| Phone Number                   | 800-833-2364   | 800-833-2364   | 800-833-2364   | 866-704-0109   |
| Contract ID                    | H5216-135-0  | R0110-002-0  | R0110-003-0  | H5576-017-2  |
| Organization Name              | Humana   | Humana   | Humana   | Vantage Health Plan Inc                                  |
| Medicare Plan Type             | Local PPO  | Regional PPO   | Regional PPO   | Local HMO  |
| Total Monthly Premium          | \$45   | \$53   | \$87   | \$59   |
| Health Plan Deductible         | \$1000 Out-of-Network                                    | \$1,000  | \$1000 Out-of-Network                                    | \$0  |
| PCP Co-Pay                     | \$5 In-Network   | \$15 In-Network  | \$15 In-Network  | \$15   |
| Specialist Co-Pay              | \$45 In-Network  | \$50 In-Network  | \$50 In-Network  | \$45   |
| ER                             | \$90   | \$90   | \$90   | \$90   |
| Ambulance                      | \$265  | \$265  | \$265  | \$250  |
| Skilled Nursing                | \$0 per day: Days 1-20;<br>\$167.50 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 | \$0 per day: Days 1-20;<br>\$170.50 per day: Days 21-100 |
| Inpatient Hospital             | \$225 per day: Days 1-7<br>(In-Network)                  | \$275 per day: Days 1-7<br>(In-Network)                  | \$275 per day: Days 1-10<br>(In-Network)                 | \$270 per day: Days 1-7<br>In-Network                    |
| Annual Drug Deductible         | \$400  | \$415  | \$400  | \$250  |
| Additional Coverage in the Gap | No   | No   | No   | No   |
| Chemo Drugs                    | 20%  | 20%  | 20%  | 20%  |
| Out-of-Pocket Maximum          | \$6,700 In-Network;<br>\$10,000 Combined                 | \$6,700 In-Network;<br>\$10,000 Combined                 | \$6,700 In-Network;<br>\$10,000 Combined                 | \$5,500  |



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LOCAL HELP FOR PEOPLE WITH MEDICARE

| Medicare Advantage Plans       | AAA1 Vantage Premium                                  | AAA4 Vantage Traditional Plus                            | AAA8 Vantage Basic                                    |
|--------------------------------|---|--|---|
| Phone Number                   | 866-704-0109  | 866-704-0109   | 866-704-0109  |
| Contract ID                    | H5576-018-2   | H5576-008-0  | H5576-020-2   |
| Organization Name              | Vantage Health Plan Inc                               | Vantage Health Plan Inc                                  | Vantage Health Plan Inc                               |
| Medicare Plan Type             | Local HMO   | Local HMO  | Local HMO   |
| Total Monthly Premium          | \$169   | \$33.10  | \$0   |
| Health Plan Deductible         | \$0   | \$185 Part B   | \$0   |
| PCP Co-Pay                     | \$10  | \$10   | \$15  |
| Specialist Co-Pay              | \$40  | 20% after Pt B   | \$45  |
| ER                             | \$90  | \$90   | \$90  |
| Ambulance                      | \$250   | 20%  | \$250   |
| Skilled Nursing                | \$0 per day: Days 1-20;<br>\$172 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$170.50 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$172 per day: Days 21-100 |
| Inpatient Hospital             | \$250 per day: Days 1-7                               | \$1364 per Benefit Period                                | \$290 per day: Days 1-10                              |
| Annual Drug Deductible         | \$0   | \$415  | \$310   |
| Additional Coverage in the Gap | Yes   | No   | No  |
| Chemo Drugs                    | 20%   | 20%  | 20%   |
| Out-of-Pocket Maximum          | \$3,000   | \$6,700  | \$6,700   |