



2019 Medicare Advantage Plans Caldwell Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Blue Advantage HMO	Blue Advantage PPO	Humana Gold Plus	HumanaChoice (NO Rx Coverage)
Phone Number	800-363-9152	800-363-9152	800-833-2364	800-833-2364
Contract ID	H6453-006-0	H6453-006-0	H1951-049-3	R0110-001-0
Organization Name	HMO Louisiana	Blue Cross Blue Shield of Louisiana	Humana	Humana
Medicare Plan Type	HMO	PPO	Local HMO	Regional PPO*
Total Monthly Premium	\$15	\$68	\$0	\$0
Health Plan Deductible	\$0	\$1,000 Out-of-Network	\$0	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	\$10	\$0 In-Network
Specialist Co-Pay	\$40	\$50	\$40	\$35 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	\$265	\$265
Skilled Nursing	\$0 per day: Days 1-20; \$165 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	\$0 per day: Days 1-20; \$164.50 per day: Days 21-100
Inpatient Hospital	\$195 per day: Days 1-10	\$175 per day: Days 1-10	\$215 per day: Days 1-8	\$195 per day: Days 1-6 In-Network
Annual Drug Deductible	\$415	\$0	\$0	*No Drugs Covered
Additional Coverage in the Rx Gap	Yes	Yes	No	
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network	\$5,000 In-Network; \$10,000 Combined	\$6,700 In-Network	\$6,700 In-Network; \$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	H5216-064-0	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	\$1,000 Out-of-Network	\$1000 Out-of-Network	\$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; \$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; \$170.50 per day: Days 21-100
Inpatient Hospital	\$225 per day: Days 1-7 (In-Network)	\$275 per day: Days 1-7 (In-Network)	\$275 per day: Days 1-10 (In-Network)	\$270 per day: Days 1-7 (In-Network)
Annual Drug Deductible	\$400	\$415	\$400	\$250
Additional Coverage in the Rx Gap	No	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$5,500



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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; \$172 per day: Days 21-100	\$0 per day: Days 1-20; \$170.50 per day: Days 21-100	\$0 per day: Days 1-20; \$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 Rx Gap	Yes	No	No
Chemo Drugs	20%	20%	20%
Out-of-Pocket Maximum	\$3,000	\$6,700	\$6,700