



# 2019 Medicare Advantage Plans East Carroll Parish



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	H1248-006-0	H1951-049-3	R0110-001-0
Organization Name	HMO Louisiana	Blue Cross and Blue Shield of Louisiana	Humana	Humana
Medicare Plan Type	HMO	Local PPO	Local HMO	Regional PPO*
Total Monthly Premium	\$15	\$68	\$0	\$0
Health Plan Deductible	\$0	\$0 In-Network; \$1,000 Out-of-Network	\$0	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	\$10	\$0 In-Network
Specialist Co-Pay	\$50	\$40	\$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	\$0	\$0	\$0	20%
Out-of-Pocket Maximum	\$6,700 In-Network	\$5,000 In-Network; \$10,000 Out-of-Network	\$6,700 In-Network	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	HumanaChoice PPO	HumanaChoice PPO	AAA0 Vantage Standard	AAA1 Vantage Premium
Phone Number	800-833-2364	800-833-2364	866-704-0109	866-704-0109
Contract ID	R0110-002-0	R0110-003-0	H5576-017-1	H5576-018-1
Organization Name	Humana	Humana	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	Regional PPO	Regional PPO	HMO-POS	HMO-POS
Total Monthly Premium	\$53	\$87	\$49	\$169
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$500 Out-of Network	\$500 Out-of Network
PCP Co-Pay	\$15 In-Network	\$15 In-Network	\$5-15, or 0-20% per visit 50% Out-of-Network	\$10
Specialist Co-Pay	\$50 In-Network	\$50 In-Network	\$45, or 0-20% per visit 50% Out-of-Network	\$40
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$250	\$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; \$172 per day: Days 21-100	\$0 per day: Days 1-20; \$172 per day: Days 21-100
Inpatient Hospital	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-10 In-Network	\$270 per day: Days 1-7	\$250 per day: Days 1-7
Annual Drug Deductible	\$415	\$400	\$250	\$0
Additional Coverage in the Rx Gap	No	No	No	No
Chemo Drugs	20%	\$0	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$5,500	\$3,000



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic	AAA9 Vantage 100
Phone Number	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-008-0	H5576-020-1	H5576-022-0
Organization Name	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	Local HMO	HMO-POS	HMO-POS
Total Monthly Premium	\$33.10	\$0	\$245
Health Plan Deductible	\$185 Part B	\$500 Out-of Network	\$500 Out-of Network
PCP Co-Pay	\$10	\$15	\$0 In-Network
Specialist Co-Pay	20% after Pt B	\$45	\$0 In-Network
ER	\$90	\$90	\$0
Ambulance	20%	\$250	\$0 (Limits may apply)
Skilled Nursing	\$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	\$0 In-Network
Inpatient Hospital	\$1364 per Benefit Period	\$290 per day: Days 1-7	\$0 In-Network
Annual Drug Deductible	\$415	\$310	\$0
Additional Coverage in the Rx Gap	No	No	Yes
Chemo Drugs	20%	20%	\$0 In-Network
Out-of-Pocket Maximum	\$6,700	\$6,700	\$0 In-Network