



# 2019 Medicare Advantage Plans East Feliciana Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Blue Advantage HMO	Blue Advantage PPO	Humana Gold Plus	Humana Total Care Advantage
Phone Number	800-363-9152	800-363-9152	800-536-3570	800-833-2364
Contract ID	H6453-001-0	H1248-001-0	H1951-048-2	H1951-039-0
Organization Name	HMO Louisiana	Blue Cross Blue Shield of Louisiana	Humana	Humana
Medicare Plan Type	HMO	PPO	HMO	HMO
Total Monthly Premium	\$0	\$68	\$0	\$0
Health Plan Deductible	\$0	\$0 In-Network; \$1,000 Out-of Network	\$0	\$0
PCP Co-Pay	\$0	\$0	\$0	\$0
Specialist Co-Pay	\$45	\$40	\$40	\$30
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	\$125 per day: Days 1-10	\$85 per day: Days 1-10
Annual Drug Deductible	\$0	\$0	\$0	\$0
Additional Coverage in the Rx Gap	Yes	Yes	No	Yes
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	\$5,000 In-Network; \$10,000 Combined



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Medicare Advantage Plans	Humana Gold Plus (NO Rx Coverage)	HumanaChoice	HumanaChoice	HumanaChoice (NO Rx Coverage)
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-030-0	R0110-002-0	R0110-003-0	R0110-001-0
Organization Name	Humana	Humana	Humana	Humana
Medicare Plan Type	HMO	Regional PPO	Regional PPO	Regional PPO*
Total Monthly Premium	\$0	\$53	\$87	\$0
Health Plan Deductible	\$0	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1000 Out-of Network
PCP Co-Pay	\$5	\$15 In-Network	\$15 In-Network	\$0 In-Network
Specialist Co-Pay	\$50	\$50 In-Network	\$50 In-Network	\$35 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$265	\$265
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	\$110 per day: Days 1-10	\$275 per day: Days 1-7 (In-Network)	\$275 per day: Days 1-10 (In-Network)	\$195 per day: Days 1-6 (In-Network) Out-of-Network: 30%
Annual Drug Deductible	*No Drugs Covered	\$415	\$400	*No Drugs Covered
Additional Coverage in the Rx Gap		No	No	
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	Peoples Health Choices 65 #14	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus
Phone Number	800-536-3570	866-704-0109	866-704-0109	866-704-0109
Contract ID	H1961-014-1	H5576-017-2	H5576-018-2	H5576-008-0
Organization Name	Peoples Health	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	HMO	Local HMO	Local HMO	Local HMO
Total Monthly Premium	\$0	\$59	\$169	\$33.10
Health Plan Deductible	\$0	\$0	\$0	\$185 Part B
PCP Co-Pay	\$0	\$15	\$10	\$10
Specialist Co-Pay	\$20	\$45	\$40	20% after Pt B
ER	\$80	\$90	\$90	\$90
Ambulance	\$235	\$250	\$250	20%
Skilled Nursing	\$0 per day: Days 1-20; \$165 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	\$0 per day: Days 1-20; \$170.50 per day: Days 21-100
Inpatient Hospital	\$50 per day: Days 1-10	\$270 per day: Days 1-7 In-Network	\$250 per day: Days 1-7	\$1364 per Benefit Period
Annual Drug Deductible	\$0	\$250	\$0	\$415
Additional Coverage in the Rx Gap	Yes	No	Yes	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$5,500	\$3,000	\$6,700



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Medicare Advantage Plans	AAA8 Vantage Basic	WellCare Rx HMO	WellCare Value HMO
Phone Number	866-704-0109	866-527-0056	866-527-0056
Contract ID	H5576-020-2	H2491-010-0	H2491-007-0
Organization Name	Vantage Health Plan Inc	WellCare	WellCare
Medicare Plan Type	Local HMO	HMO	HMO
Total Monthly Premium	\$0	\$21.70	\$0
Health Plan Deductible	\$0	\$0	\$0
PCP Co-Pay	\$15	\$0	\$0
Specialist Co-Pay	\$45	\$35	\$40
ER	\$90	\$90	\$90
Ambulance	\$250	\$250	\$250
Skilled Nursing	\$0 per day: Days 1-20; \$172 per day: Days 21-100	\$0 per day: Days 1-20; \$172 per day: Days 21-100	\$0 per day: Days 1-20; \$164.50 per day: Days 21-100
Inpatient Hospital	\$290 per day: Days 1-10	\$100 per day: Days 1-9	\$195 per day: Days 1-9
Annual Drug Deductible	\$310	\$415	\$0
Additional Coverage in the Rx Gap	No	No	No
Chemo Drugs	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700