



2019 Medicare Advantage Plans Jackson Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Blue Advantage HMO	Blue Advantage PPO	Humana Gold Plus	HumanaChoice	HumanaChoice
Phone Number	800-363-9152	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H6453-006-0	H1248-006-0	H1951-049-3	R0110-002-0	R0110-003-0
Organization Name	HMO Louisiana	Blue Cross and Blue Shield of Louisiana	Humana	Humana	Humana
Medicare Plan Type	HMO	Local PPO	Local HMO	Regional PPO	Regional PPO
Total Monthly Premium	\$15	\$68	\$0	\$53	\$87
Health Plan Deductible	\$0	\$0 In-Network; \$1,000 Out-of-Network	\$0	\$1000 Out-of-Network	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	\$10	\$15 In-Network	\$15 In-Network
Specialist Co-Pay	\$50	\$40	\$40	\$50 In-Network	\$50 In-Network
ER	\$90	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	\$265	\$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	\$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	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-10 In-Network
Annual Drug Deductible	\$415	\$0	\$0	\$415	\$400
Additional Coverage in the Rx Gap	Yes	Yes	No	No	No
Chemo Drugs	\$0	\$0	\$0	20%	\$0
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	\$6,700 In-Network; \$10,000 Combined



2019 Medicare Advantage Plans Jackson Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	HumanaChoice (NO Rx Coverage)	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA0 Vantage Standard	AAA1 Vantage Premium
Phone Number	800-833-2364	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	R0110-001-0	H5576-017-2	H5576-018-2	H5576-017	H5576-018
Organization Name	Humana	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plans, Inc.	Vantage Health Plan, Inc.
Medicare Plan Type	Regional PPO*	Local HMO	Local HMO	HMO-POS	HMO-POS
Total Monthly Premium	\$0	\$59	\$169	\$59.00	\$169.00
Health Plan Deductible	\$1000 Out-of-Network	\$0	\$0	\$0.00	\$0.00
PCP Co-Pay	\$0 In-Network	\$15	\$10	\$15.00	\$10.00
Specialist Co-Pay	\$35 In-Network	\$45	\$40	\$45.00	\$40.00
ER	\$90	\$90	\$90	\$90.00	\$90.00
Ambulance	\$265	\$250	\$250	\$250.00	\$250.00
Skilled Nursing	\$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	\$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; \$172 per day: Days 21-100
Inpatient Hospital	\$195 per day: Days 1-6 (In-Network)	\$270 per day: Days 1-7 In-Network	\$250 per day: Days 1-7	\$270 per day for days 1-7	\$250 per day for days 1-7
Annual Drug Deductible	*No Drugs Covered	\$250	\$0	\$250.00	\$0.00
Additional Coverage in the Rx Gap		No	Yes	No	No
Chemo Drugs	20%	\$0	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$5,500	\$3,000	\$5,500	\$3,000