



2019 Medicare Advantage Plans Lafourche Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	AARP Medicare Complete Plan 1 HMO	AARP Medicare Complete Plan 2 HMO	Advantra HMO	Aetna Medicare Freedom Plan PPO
Phone Number	800-643-4845	800-643-4845	833-859-6031	833-859-6031
Contract ID	H4089-001-0	H4089-002-0	H3928-001-0	H5521-178-0
Organization Name	UnitedHealthcare	UnitedHealthcare	Coventry Health Care	Aetna Medicare
Medicare Plan Type	HMO	HMO	HMO	PPO
Total Monthly Premium	\$0	\$49	\$0	\$0
Health Plan Deductible	\$0	\$0	\$0	\$150
PCP Co-Pay	\$5	\$0	\$5	\$5
Specialist Co-Pay	\$40	\$25	\$30	\$35
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$250	\$275	\$300
Skilled Nursing	\$0 per day: Days 1-20; \$160 per day: Days 21-62	\$0 per day: Days 1-20; \$160 per day: Days 21-51	\$0 per day: Days 1-20; \$160 per day: Days 21-100	\$0 per day: Days 1-20; \$160 per day: Days 21-100
Inpatient Hospital	\$295 per day: Days 1-5	\$225 per day: Days 1-8	\$140 per day: Days 1-6	\$225 per day: Days 1-7
Annual Drug Deductible	\$275	\$0	\$95	\$195
Additional Coverage in the Gap	NO	Yes	Yes	Yes
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network	\$4,900 In-Network	\$6,700 In-Network	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	Aetna Medicare Basics Plan (No Rx)	Blue Advantage HMO	Blue Advantage PPO	Humana Gold Plus HMO
Phone Number	833-859-6031	800-363-9152	800-363-9152	800-833-2364
Contract ID	H5521-235-0	H6453-002-0	H1248-002-0	H1951-047-2
Organization Name	Aetna Medicare	HMO Louisiana	Blue Cross Blue Shield of Louisiana	Humana
Medicare Plan Type	PPO	HMO	PPO	HMO
Total Monthly Premium	\$0	\$0	\$68	\$0
Health Plan Deductible	\$0	\$0	\$1,000	\$0
PCP Co-Pay	\$5	\$0	\$0	\$5
Specialist Co-Pay	\$35	\$40	\$40	\$50
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$275	\$275	\$265
Skilled Nursing	\$0 per day: Days 1-20; \$160 per day: Days 21-100	\$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
Inpatient Hospital	\$175 per day: Days 1-6	\$125 per day: Days 1-10	\$175 per day: Days 1-10	\$150 per day: Days 1-10
Annual Drug Deductible	*No Drugs Covered	\$0	\$0	\$0
Additional Coverage in the Gap		Yes	Yes	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network	\$5,000 In-Network; \$10,000 Combined	\$6,700 In-Network



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Medicare Advantage Plans	HumanaChoice PPO	HumanaChoice PPO	HumanaChoice (NO Rx Coverage)	Peoples Health Choices 65 #14 HMO
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-536-3570
Contract ID	R0110-002-0	R0110-003-0	R0110-001-0	H1961-014-1
Organization Name	Humana	Humana	Humana	Peoples Health
Medicare Plan Type	Regional PPO	Regional PPO	Regional PPO*	HMO
Monthly Consolidated Premium	\$53	\$87	\$0	\$0
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1000 Out-of-Network	\$0
PCP Co-Pay	\$15 In-Network	\$15 In-Network	\$0 In-Network	\$0
Specialist Co-Pay	\$50 In-Network	\$50 In-Network	\$35 In-Network	\$20
ER	\$90	\$90	\$90	\$80
Ambulance	\$265	\$265	\$265	\$235
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; \$165 per day: Days 21-100
Inpatient Hospital	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-10 In-Network	\$195 per day: Days 1-6 In-Network	\$50 per day: Days 1-10
Annual Drug Deductible	\$415	\$400	*No Drugs Covered	\$0
Additional Coverage in the Gap	No	No		Yes
Chemo Drugs	20%	\$0	20%	\$0
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	\$6,700 In-Network



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Medicare Advantage Plans	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
Phone Number	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-017-2	H5576-018-2	H5576-008-0	H5576-020-2
Organization Name	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	Local HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$59	\$169	\$33.10	\$0
Health Plan Deductible	\$0	\$0	\$185 Part B	\$0
PCP Co-Pay	\$15	\$10	\$10	\$15
Specialist Co-Pay	\$45	\$40	20% after Pt B	\$45
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$250	20%	\$250
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 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	\$270 per day: Days 1-7 In-Network	\$250 per day: Days 1-7	\$1364 per Benefit Period	\$290 per day: Days 1-10
Annual Drug Deductible	\$250	\$0	\$415	\$310
Additional Coverage in the Gap	No	Yes	No	No
Chemo Drugs	\$0	20%	20%	20%
Out-of-Pocket Maximum	\$5,500	\$3,000	\$6,700	\$6,700