



# 2019 Medicare Advantage Plans Morehouse



Medicare Advantage Plans	Aetna Medicare Basics Plan (No Rx Coverage)	Aetna Medicare Freedom Plan	Blue Advantage	Blue Advantage
Phone Number	833-859-6031	833-859-6031	800-363-9152	800-363-9152
Contract ID	H5521-235	H5521-230	H1248-006	H6453-006
Organization Name	Aetna Medicare	Aetna Medicare	Blue Cross Blue Shield of Louisiana	HMO Louisiana
Type of Medicare Plan	PPO	PPO	PPO	HMO
Monthly Consolidated Premium	\$0.00	\$0.00	\$68.00	\$15.00
Health Plan Deductible	\$0.00	\$150.00	\$0 in network; \$1,000 out of network	\$0.00
PCP Co-Pay	\$5.00	\$5	\$0.00	\$0.00
Specialist Co-Pay	\$35.00	\$35.00	\$40.00	\$50.00
ER	\$90.00	\$90.00	\$90.00	\$90.00
Ambulance	\$250.00	\$300.00	\$275.00	\$275.00
Skilled Nursing	\$0 per day for days 1-20; \$160 per day for days 21-100	\$0 per day for days 1-20; \$160 per day for days 21-100	\$0 per day for days 1-20; \$165.00 per day for days 21-100	\$0 per day for days 1-20; \$165.00 per day for days 21-100
Inpatient Hospital	\$175 per day for days 1-6	\$225 per day for days 1-7	\$175 per day for day \$1-10	\$195 per day for day \$1-10
Annual Drug Deductible	Drugs Not Covered	\$195.00	\$0.00	\$415.00
Additional Coverage in the Gap		Yes	Yes	Yes
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 in network; \$10,000 combined	\$6,700 in network; \$10,000 combined	\$5,000 in network; \$10,000 combined	\$6,700.00



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Humana Gold Plus	HumanaChoice	HumanaChoice (No Rx Coverage)	HumanaChoice
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-049	H5216-064	R0110-001	R0110-002
Organization Name	Humana	Humana	Humana	Humana
Type of Medicare Plan	Local HMO	Regional PPO	Regional PPO	Regional PPO
Monthly Consolidated Premium	\$0.00	\$45.00	\$0.00	\$53.00
Health Plan Deductible	\$0.00	\$1000 out of network	\$1000 out of network	\$1000 out of network
PCP Co-Pay	\$10.00	\$5.00	\$0 in network	\$15 in network
Specialist Co-Pay	\$40.00	\$45.00	\$35 in network	\$50 in network
ER	\$90.00	\$90.00	\$90.00	\$90.00
Ambulance	\$265.00	\$265.00	\$265.00	\$265.00
Skilled Nursing	\$0 for days 1-20; \$164.50 for days 21-100	\$0 per day for days 1-20; \$164.50 per day for days 21-100	\$0 per day for days 1-20; \$164.50 per day for days 21-100	\$0 per day for days 1-20; \$164.50 per day for days 21-100
Inpatient Hospital	\$215 per day for days 1-8	\$225 per day for days 1-7	\$195 per day for days 1-6	\$275 per day for days 1-7
Annual Drug Deductible	\$0.00	\$400.00	No Drugs Covered	\$415.00
Additional Coverage in the Gap	No	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	HumanaChoice	AAA1 Vantage Premium	AAA8 Vantage Basic	AAA4 Vantage Traditional Plus
Phone Number	800-833-2364	866-704-0109	866-704-0109	866-704-0109
Contract ID	R0110-003	H5576-018	H5576-020	H5576-008
Organization Name	Humana	Vantage Health Plan, Inc.	Vantage Health Plans, Inc.	Vantage Health Plan, Inc.
Type of Medicare Plan	Regional PPO	HMO-POS	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$87.00	\$169.00	\$0.00	\$33.10
Health Plan Deductible	\$1000 out of network	\$0.00	\$0.00	\$185.00
PCP Co-Pay	\$15 in network	\$0-10	\$5-15	\$10.00
Specialist Co-Pay	\$50 in network	\$40.00	\$45.00	20% after Pt B
ER	\$90.00	\$90.00	\$90.00	\$90.00
Ambulance	\$265.00	\$250.00	\$250.00	\$250.00
Skilled Nursing	\$0 per day for days 1-20; \$164.50 per day for days 21-100	\$0 per day for days 1-20; \$172 per day for days 21-100	\$0 per day for days 1-20; \$172 per day for days 21-100	\$0 per day for days 1-20; \$172 per day for days 21-100
Inpatient Hospital	\$275 per day for days	\$250 per day for days 1-7	\$290 per day for days 1-7	\$1364 per benefit period (days 1-60)
Annual Drug Deductible	\$400.00	\$0.00	\$310.00	\$415.00
Additional Coverage in the Gap	No	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out of Pocket Maximum	\$6,700 in network; \$10,000 combined	\$3,000	\$6,700	\$6,700



# 2019 Medicare Advantage Plans Morehouse



Medicare Advantage Plans	AAA0 Vantage Standard
Phone Number	866-704-0109
Contract ID	H5576-017
Organization Name	Vantage Health Plans, Inc.
Type of Medicare Plan	HMO-POS
Monthly Consolidated Premium	\$49.00
Health Plan Deductible	\$0.00
PCP Co-Pay	\$5-15
Specialist Co-Pay	\$45.00
ER	\$90.00
Ambulance	\$250.00
Skilled Nursing	\$0 per day for days 1-20; \$172 per day for days 21-100
Inpatient Hospital	\$270 per day for days 1-7
Annual Drug Deductible	\$250.00
Additional Coverage in the Gap	No
Chemo Drugs	20%
Out of Pocket Maximum	\$5,500