

2019 Medicare Advantage Plans

Natchitoches Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Aetna Medicare Basics Plan (No Rx)	Aetna Medicare Freedom Plan PPO	Blue Advantage HMO	Blue Advantage PPO	Humana Value Plus PPO
Phone Number	833-859-6031	833-859-6031	800-363-9152	800-363-9152	800-833-2364
Contract ID	H5521-235-0	H5521-232-0	H1248-005-0	H6453-005-0	H5525-037-0
Organization Name	Aetna Medicare	Aetna Medicare	Blue Cross Blue Shield of Louisiana	HMO Louisiana	Humana
Medicare Plan Type	РРО	PPO	РРО	НМО	РРО
Total Monthly Premium	\$0	\$0	\$68	\$0	\$28.60
Health Plan Deductible	\$0	\$150	\$0 In-Network; \$1,000 Out-of-Network	\$0	\$185
РСР Со-Рау	\$5	\$5	\$0	\$0	20%
Specialist Co-Pay	\$35	\$35	\$40	\$50	20%
ER	\$90	\$90	\$90	\$90	\$90
Ambulance	\$250	\$275	\$275	\$275	20%
Skilled Nursing	\$0 per day: Days 1-20; \$160 per day: Days 21-100	\$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; \$172 per day: Days 21-100
Inpatient Hospital	\$175 per day: Days 1-6	\$225 per day: Days 1-7	\$175 per day: Days 1-10	\$195 per day: Days 1-10	\$600 per day: Days 1-3
Annual Drug Deductible	*Na Duura Causad	\$95	\$0	\$415	\$390
Additional Coverage in the Gap	*No Drugs Covered	Yes	Yes	Yes	No
Chemo Drugs	20%	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	\$6,700 In-Network; \$10,000 Combined



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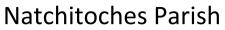


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Medicare Advantage Plans	HumanaChoice PPO	HumanaChoice (NO Rx Coverage)	HumanaChoice PPO	HumanaChoice PPO
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5525-015-0	R0110-001-0	R0110-002-0	R0110-003-0
Organization Name	Humana	Humana	Humana	Humana
Medicare Plan Type	РРО	Regional PPO	Regional PPO	Regional PPO
Total Monthly Premium	\$45	\$0	\$53	\$87
Health Plan Deductible	\$1,000 Out-of-Network	\$1,000 Out-of-Network	\$1,000 Out-of-Network	\$1,000 Out-of-Network
РСР Со-Рау	\$5	\$0 In-Network	\$15 In-Network	\$15 In-Network
Specialist Co-Pay	\$45	\$35 In-Network	\$50 In-Network	\$50 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	\$225 per day: Days 1-7	\$195 per day: Days 1-6	\$275 per day: Days 1-7	\$275 per day: Days 1-7
Annual Drug Deductible	\$400	No Druge Covered	\$415	\$400
Additional Coverage in the Gap	No	No Drugs Covered	No	No
Chemo Drugs	20%	20%	20%	20%
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; \$10,000 Combined



2019 Medicare Advantage





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Medicare Advantage Plans	AAA4 Vantage TRADITIONAL PLUS	AAA0 Vantage STANDARD	AAA1 Vantage PREMIUM	AAA8 Vantage BASIC
Phone Number	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-008	H5576-017	H5576-018	H5576-020
Organization Name	Vantage Health Plan Inc	Vantage Health Plans Inc	Vantage Health Plan Inc	Vantage Health Plans Inc
Medicare Plan Type	HMO-POS	HMO-POS	HMO-POS	HMO-POS
Total Monthly Premium	\$33.10	\$59	\$169	\$0
Health Plan Deductible	\$500 Out-of-Network	\$500 Out-of-Network	\$500 Out-of-Network	\$500 Out-of-Network
РСР Со-Рау	\$10	\$15	\$10	\$15
Specialist Co-Pay	20%	\$45	\$40	\$45
ER	\$90	\$90	\$90	\$90
Ambulance	20%	\$250	\$250	\$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; \$172 per day: Days 21-100	\$0 per day: Days 1-20; \$172 per day: Days 21-100
Inpatient Hospital	\$1364 per benefit period (Days 1-60)	\$270 per day: Days 1-7	\$250 per day: Days 1-7	\$290 per day: Days 1-7
Annual Drug Deductible	\$415	\$250	\$0	\$310
Additional Coverage in the Gap	No	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network	\$5,500 In-Network	\$3,000 In-Network	\$6,700