



# 2019 Medicare Advantage Plans

## Red River Parish



Medicare Advantage Plans	Blue Advantage HMO	Blue Advantage PPO	Humana Value Plus	HumanaChoice (NO Rx Coverage)
Phone Number	800-363-9152	800-363-9152	800-833-2364	800-833-2364
Contract ID	H6453-005-0	H1248-005-0	H5525-037-0	R0110-001-0
Organization Name	HMO Louisiana	Blue Cross Blue Shield of Louisiana	Humana	Humana
Medicare Plan Type	HMO	PPO	PPO	Regional PPO*
Total Monthly Premium	\$15	\$68	\$28.60	\$0
Health Plan Deductible	\$0	\$0 In-Network; \$1,000 Out-of-Network	\$185	\$1,000 Out-of-Network
PCP Co-Pay	\$0	\$0 In-Network	20%	\$0 In-Network
Specialist Co-Pay	\$50	\$40 In-Network	20%	\$35 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	20%	\$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; \$172 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	\$600 per day: Days 1-3	\$195 per day: Days 1-6 (In-Network)
Annual Drug Deductible	\$415	\$0	\$390	*No Drugs Covered
Additional Coverage in the Gap	Yes	Yes	No	
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; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	HumanaChoice PPO	HumanaChoice PPO	HumanaChoice PPO	AAA0 Vantage Standard
Phone Number	800-833-2364	800-833-2364	800-833-2364	866-704-0109
Contract ID	H5525-015-0	R0110-002-0	R0110-003-0	H5576-017-2
Organization Name	Humana	Humana	Humana	Vantage Health Plan Inc
Medicare Plan Type	Local PPO	Regional PPO	Regional PPO	Local HMO
Total Monthly Premium	\$45	\$53	\$87	\$59
Health Plan Deductible	\$1,000 Out-of-Network	\$1,000	\$1,000 Out-of-Network	\$0
PCP Co-Pay	\$5 In-Network	\$15 In-Network	\$15 In-Network	\$15
Specialist Co-Pay	\$45 In-Network	\$50 In-Network	\$50 In-Network	\$45
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$265	\$250
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; \$170.50 per day: Days 21-100
Inpatient Hospital	\$225 per day: Days 1-7	\$275 per day: Days 1-7 (In-Network)	\$275 per day: Days 1-10 (In-Network)	\$270 per day: Days 1-7 In-Network
Annual Drug Deductible	\$400	\$415	\$400	\$250
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	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$5,500



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LOCAL HELP FOR PEOPLE WITH MEDICARE

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