



# 2019 Medicare Advantage Plans

## Richland



Medicare Advantage Plans	Blue Advantage	Blue Advantage	Humana Gold Plus	HumanaChoice (No Rx Coverage)
Phone Number	800-363-9152	800-363-9152	800-833-2364	800-833-2364
Contract ID	H1248-006	H6453-006	H1951-049	R0110-001
Organization Name	Blue Cross and Blue Shield of Louisiana	HMO Louisiana	Humana	Humana
Type of Medicare Plan	Local PPO	HMO	Local HMO	Regional PPO*
Monthly Consolidated Premium	\$68.00	\$15.00	\$0.00	\$0.00
Health Plan Deductible	\$0.00	\$0.00	\$0.00	\$1000 out of network
PCP Co-Pay	\$0.00	\$0.00	\$10.00	\$0 in network
Specialist Co-Pay	\$40.00	\$50.00	\$40.00	\$35 in network
ER	\$90.00	\$90.00	\$90.00	\$90.00
Ambulance	\$275.00	\$275.00	\$265.00	\$265.00
Skilled Nursing	\$0 for days 1-20; \$165 for days 21-100	\$0 for days 1-20; \$165 for days 21-100	\$0 for days 1-20; \$164.50 for days 21-100	\$0 for days 1-20; \$164.50 for days 21-100
Inpatient Hospital	\$175 per day for days 1-10	\$195 per day for days 1-10	\$215 per day for days 1-8	\$195 per day for days 1-6
Annual Drug Deductible	\$0.00	\$415.00	\$0.00	No Drugs Covered
Additional Coverage in the Gap	Yes	Yes	No	
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$0 for in network; \$10,000 out of network	\$6,700.00	\$6,700	\$6,700.00



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
Phone Number	800-833-2364	800-833-2364	866-704-0109	866-704-0109
Contract ID	R0110-002	R0110-003	H5576-008	H5576-020
Organization Name	Humana	Humana	Vantage Health Plan, Inc.	Vantage Health Plans, Inc.
Type of Medicare Plan	Regional PPO	Regional PPO	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$53.00	\$87.00	\$33.10	\$0.00
Health Plan Deductible	\$1000 out of network	\$1000 out of network	\$185.00	\$0.00
PCP Co-Pay	\$15 in network	\$15 in network	\$10.00	\$5-15
Specialist Co-Pay	\$50 in network	\$50 in network	20% after Pt B	\$45.00
ER	\$90.00	\$90.00	\$90.00	\$90.00
Ambulance	\$265.00	\$265.00	\$250.00	\$250.00
Skilled Nursing	\$0 for days 1-20; \$164.50 for days 21-100	\$0 for days 1-20; \$164.50 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 1-7	\$275 per day for days 1-10	\$1364 per benefit period (days 1-60)	\$290 per day for days 1-7
Annual Drug Deductible	\$415.00	\$400.00	\$415.00	\$310.00
Additional Coverage in the Gap	No	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out of Pocket Maximum	\$6,700.00	\$6,700.00	\$6,700	\$6,700



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	AAA0 Vantage Standard	AAA1 Vantage Premium
Phone Number	866-704-0109	866-704-0109
Contract ID	H5576-017	H5576-018
Organization Name	Vantage Health Plans, Inc.	Vantage Health Plan, Inc.
Type of Medicare Plan	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$49.00	\$169.00
Health Plan Deductible	\$0.00	\$0.00
PCP Co-Pay	\$5-15	\$0-10
Specialist Co-Pay	\$45.00	\$40.00
ER	\$90.00	\$90.00
Ambulance	\$250.00	\$250.00
Skilled Nursing	\$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	\$270 per day for days 1-7	\$250 per day for days 1-7
Annual Drug Deductible	\$250.00	\$0.00
Additional Coverage in the Gap	No	No
Chemo Drugs	20%	20%
Out of Pocket Maximum	\$5,500	\$3,000