



2019 Medicare Advantage Plans

Sabine Parish



Medicare Advantage Plans	Aetna Medicare Basics Plan (No Rx)	Aetna Medicare Freedom Plan PPO	Blue Advantage HMO	Blue Advantage PPO
Phone Number	833-859-6031	833-859-6031	800-363-9152	800-363-9152
Contract ID	H5521-235-0	H5521-232-0	H1248-005-0	H6453-005-0
Organization Name	Aetna Medicare	Aetna Medicare	Blue Cross Blue Shield of Louisiana	HMO Louisiana
Medicare Plan Type	PPO	PPO	PPO	HMO
Total Monthly Premium	\$0	\$0	\$68	\$0
Health Plan Deductible	\$0	\$150	\$0 In-Network; \$1,000 Out-of-Network	\$0
PCP Co-Pay	\$5	\$5	\$0	\$0
Specialist Co-Pay	\$35	\$35	\$40	\$50
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$275	\$275	\$275
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
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
Annual Drug Deductible	*No Drugs Covered	\$95	\$0	\$415
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



2019 Medicare Advantage Plans

Sabine Parish



Medicare Advantage Plans	Humana Value Plus PPO	HumanaChoice PPO	HumanaChoice PPO	HumanaChoice PPO
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5525-037-0	H5525-015-0	R0110-002-0	R0110-003-0
Organization Name	Humana	Humana	Humana	Humana
Medicare Plan Type	PPO	PPO	Regional PPO	Regional PPO
Total Monthly Premium	\$28.60	\$45	\$53	\$87
Health Plan Deductible	\$185	\$1,000 Out-of-Network	\$1,000 Out-of-Network	\$1,000 Out-of-Network
PCP Co-Pay	20%	\$5	\$15 In-Network	\$15 In-Network
Specialist Co-Pay	20%	\$45	\$50 In-Network	\$50 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	20%	\$265	\$265	\$265
Skilled Nursing	\$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	\$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	\$600 per day: Days 1-3	\$225 per day: Days 1-7	\$275 per day: Days 1-7	\$275 per day: Days 1-7
Annual Drug Deductible	\$390	\$400	\$415	\$400
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	\$6,700 In-Network; \$10,000 Combined



2019 Medicare Advantage Plans

Sabine Parish



Medicare Advantage Plans	HumanaChoice (NO Rx Coverage)	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus
Phone Number	800-833-2364	866-704-0109	866-704-0109	866-704-0109
Contract ID	R0110-001-0	H5576-017-2	H5576-018-2	H5576-008-0
Organization Name	Humana	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	Regional PPO	Local HMO	Local HMO	Local HMO
Total Monthly Premium	\$0	\$59	\$169	\$33.10
Health Plan Deductible	\$1,000 Out-of-Network	\$0	\$0	\$185 Part B
PCP Co-Pay	\$0 In-Network	\$15	\$10	\$10
Specialist Co-Pay	\$35 In-Network	\$45	\$40	20% after Pt B
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$250	\$250	20%
Skilled Nursing	\$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	\$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
Inpatient Hospital	\$195 per day: Days 1-6	\$270 per day: Days 1-7 In-Network	\$250 per day: Days 1-7	\$1364 per Benefit Period
Annual Drug Deductible	No Drugs Covered	\$250	\$0	\$415
Additional Coverage in the Gap		No	Yes	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$5,500	\$3,000	\$6,700



2019 Medicare Advantage Plans

Sabine Parish



Medicare Advantage Plans	AAA8 Vantage Basic
Phone Number	866-704-0109
Contract ID	H5576-020-2
Organization Name	Vantage Health Plan Inc
Medicare Plan Type	Local HMO
Total Monthly Premium	\$0
Health Plan Deductible	\$0
PCP Co-Pay	\$15
Specialist Co-Pay	\$45
ER	\$90
Ambulance	\$250
Skilled Nursing	\$0 per day: Days 1-20; \$172 per day: Days 21-100
Inpatient Hospital	\$290 per day: Days 1-10
Annual Drug Deductible	\$310
Additional Coverage in the Gap	No
Chemo Drugs	20%
Out-of-Pocket Maximum	\$6,700