



2019 Medicare Advantage Plans

St. Bernard



Medicare Advantage Plans	Aetna Medicare Basics Pln	Aetna Medicare Freedom Plan PPO	AARP MedicareComplete Plan 1	AARP MedicareComplete Plan 2
Phone Number	833-859-6031	833-859-6031	800-643-4845	800-643-4845
Contract ID	H5521-235-0	H5521-178-0	H4089-001-0	H4089-002-0
Organization Name	Aetna Medicare	Aetna	UnitedHealthcare	UnitedHealthcare
Type of Medicare Plan	PPO	PPO	HMO	HMO
Monthly Consolidated Premium	\$0	\$0	\$0	\$49
Health Plan Deductible	\$0	\$0	\$0	\$0
PCP Co-Pay	\$5	\$5	\$5	\$0
Specialist Co-Pay	\$35	\$35	\$40	\$25
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$300	\$250	\$250
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; \$160 per day: Days 21-62	\$0 per day: Days 1-20; \$160 per day: Days 21-51
Inpatient Hospital	\$175 per day: Days 1-6	\$225 per day: Days 1-7	\$295 per day: Days 1-5	\$225 per day: Days 1-8
Annual Drug Deductible	*No Drugs Covered	\$195	\$275	\$0
Additional Coverage in the Gap		Yes	NO	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	\$6,700 In-Network	\$4,900 In-Network



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Medicare Advantage Plans	Blue Advantage HMO	Blue Advantage PPO	Humana Value Plus PPO	HumanaChoice
Phone Number	800-363-9152	800-363-9152	800-833-2364	800-833-2364
Contract ID	H6453-002-0	H1248-002-0	H5216-161-0	H5216-064-0
Organization Name	HMO Louisiana	Blue Cross Blue Shield of Louisiana	Humana	Humana
Type of Medicare Plan	HMO	PPO	PPO	PPO
Monthly Consolidated Premium	\$0	\$68	\$28.90	\$45
Health Plan Deductible	\$0	\$1,000	\$185 - some In & Out-of-Network	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	20%	\$0 In-Network
Specialist Co-Pay	\$40	\$40	20%	\$45
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	\$125 per day: Days 1-10	\$175 per day: Days 1-10	\$600 per day for day 1-3	\$225 per day: Days 1-7
Annual Drug Deductible	\$0	\$0	\$385	\$400
Additional Coverage in the Gap	Yes	Yes	No	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 (NO Rx Coverage)	HumanaChoice	HumanaChoice	Peoples Health Choices Gold
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-536-3570
Contract ID	R0110-001-0	R0110-002-0	R0110-003-0	H1961-017-0
Organization Name	Humana	Humana	Humana	Peoples Health
Type of Medicare Plan	Regional PPO*	Regional PPO	Regional PPO	HMO-POS
Monthly Consolidated Premium	\$0	\$53	\$87	\$0
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1,500 Out-of-Network
PCP Co-Pay	\$0 In-Network	\$15 In-Network	\$15 In-Network	\$0
Specialist Co-Pay	\$35 In-Network	\$50 In-Network	\$50 In-Network	\$35
ER	\$90	\$90	\$90	\$80
Ambulance	\$265	\$265	\$265	\$235
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; \$160 per day: Days 21-100
Inpatient Hospital	\$195 per day: Days 1-6 In-Network	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-10 In-Network	\$195 per day: Days 1-7
Annual Drug Deductible	*No Drugs Covered	\$415	\$400	\$0
Additional Coverage in the Gap		No	No	Yes
Chemo Drugs	20%	20%	\$0	\$0
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



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Medicare Advantage Plans	Peoples Health Choices 65 #14	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus
Phone Number	800-536-3570	866-704-0109	866-704-0109	866-704-0109
Contract ID	H1961-014-1	H5576-017-2	H5576-018-2	H5576-008-0
Organization Name	Peoples Health	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan Inc
Type of Medicare Plan	HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$0	\$59	\$169	\$33.10
Health Plan Deductible	\$0	\$0	\$0	\$185 Part B
PCP Co-Pay	\$0	\$15	\$10	\$10
Specialist Co-Pay	\$20	\$45	\$40	20% after Pt B
ER	\$80	\$90	\$90	\$90
Ambulance	\$235	\$250	\$250	20%
Skilled Nursing	\$0 per day: Days 1-20; \$165 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	\$50 per day: Days 1-10	\$270 per day: Days 1-7 In-Network	\$250 per day: Days 1-7	\$1364 per Benefit Period
Annual Drug Deductible	\$0	\$250	\$0	\$415
Additional Coverage in the Gap	Yes	No	Yes	No
Chemo Drugs	\$0	\$0	20%	20%
Out of Pocket Maximum	\$6,700 In-Network	\$5,500	\$3,000	\$6,700



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Medicare Advantage Plans	AAA8 Vantage Basic	WellCare Rx	WellCare Value
Phone Number	866-704-0109	866-527-0056	866-527-0056
Contract ID	H5576-020-2	H2491-010-0	H2491-007-0
Organization Name	Vantage Health Plan Inc	WellCare	WellCare
Type of Medicare Plan	Local HMO	HMO	HMO
Monthly Consolidated Premium	\$0	\$21.70	\$0
Health Plan Deductible	\$0	\$0	\$0
PCP Co-Pay	\$15	\$0	\$0
Specialist Co-Pay	\$45	\$35	\$40
ER	\$90	\$90	\$90
Ambulance	\$250	\$250	\$250
Skilled Nursing	\$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; \$164.50 per day: Days 21-100
Inpatient Hospital	\$290 per day: Days 1-10	\$100 per day: Days 1-9	\$195 per day: Days 1-9
Annual Drug Deductible	\$310	\$415	\$0
Additional Coverage in the Gap	No	No	No
Chemo Drugs	20%	20%	20%
Out of Pocket Maximum	\$6,700	\$6,700	\$6,700