



2019 Medicare Advantage Plans

St. John the Baptist



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Blue Advantage HMO	Blue Advantage PPO	Humana Gold Plus	HumanaChoice (NO Rx Coverage)
Phone Number	800-363-9152	800-363-9152	800-833-2364	800-833-2364
Contract ID	H6453-002-0	H1248-002-0	H1951-047-1	R0110-001-0
Organization Name	HMO Louisiana	Blue Cross Blue Shield of Louisiana	Humana	Humana
Type of Medicare Plan	HMO	PPO	HMO	Regional PPO*
Monthly Consolidated Premium	\$0	\$68	\$0	\$0
Health Plan Deductible	\$0	\$1,000	\$0	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	\$0	\$0 In-Network
Specialist Co-Pay	\$40	\$40	\$35	\$35 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	\$265	\$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; \$164.50 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	\$85 per day: Days 1-10	\$195 per day: Days 1-6 In-Network
Annual Drug Deductible	\$0	\$0	\$0	*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	\$3,700	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	Peoples Health Choices 65 #14	AAA0 Vantage Standard
Phone Number	800-833-2364	800-833-2364	800-536-3570	866-704-0109
Contract ID	R0110-002-0	R0110-003-0	H1961-014-1	H5576-017-2
Organization Name	Humana	Humana	Peoples Health	Vantage Health Plan Inc
Type of Medicare Plan	Regional PPO	Regional PPO	HMO	Local HMO
Monthly Consolidated Premium	\$53	\$87	\$0	\$59
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$0	\$0
PCP Co-Pay	\$15 In-Network	\$15 In-Network	\$0	\$15
Specialist Co-Pay	\$50 In-Network	\$50 In-Network	\$20	\$45
ER	\$90	\$90	\$80	\$90
Ambulance	\$265	\$265	\$235	\$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; \$165 per day: Days 21-100	\$0 per day: Days 1-20; \$170.50 per day: Days 21-100
Inpatient Hospital	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-10 In-Network	\$50 per day: Days 1-10	\$270 per day: Days 1-7 In-Network
Annual Drug Deductible	\$415	\$400	\$0	\$250
Additional Coverage in the Gap	No	No	Yes	No
Chemo Drugs	20%	\$0	\$0	\$0
Out of Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network	\$5,500



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Medicare Advantage Plans	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic	WellCare Rx
Phone Number	866-704-0109	866-704-0109	866-704-0109	866-527-0056
Contract ID	H5576-018-2	H5576-008-0	H5576-020-2	H2491-010-0
Organization Name	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan Inc	WellCare
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	HMO
Monthly Consolidated Premium	\$169	\$33.10	\$0	\$21.70
Health Plan Deductible	\$0	\$185 Part B	\$0	\$0
PCP Co-Pay	\$10	\$10	\$15	\$0
Specialist Co-Pay	\$40	20% after Pt B	\$45	\$35
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	20%	\$250	\$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	\$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	\$100 per day: Days 1-9
Annual Drug Deductible	\$0	\$415	\$310	\$415
Additional Coverage in the Gap	Yes	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out of Pocket Maximum	\$3,000	\$6,700	\$6,700	\$6,700



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Medicare Advantage Plans	WellCare Value
Phone Number	866-527-0056
Contract ID	H2491-007-0
Organization Name	WellCare
Type of Medicare Plan	HMO
Monthly Consolidated Premium	\$0
Health Plan Deductible	\$0
PCP Co-Pay	\$0
Specialist Co-Pay	\$40
ER	\$90
Ambulance	\$250
Skilled Nursing	\$0 per day: Days 1-20; \$164.50 per day: Days 21-100
Inpatient Hospital	\$195 per day: Days 1-9
Annual Drug Deductible	\$0
Additional Coverage in the Gap	No
Chemo Drugs	20%
Out of Pocket Maximum	\$6,700