



2019 Medicare Advantage Plans St. Martin Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

| Medicare Advantage Plans | Aetna Medicare Basics Plan (No Rx Coverage) | Aetna Medicare Freedom Plan PPO | Allwell Medicare HMO | Blue Advantage HMO | Blue Advantage PPO |
|--------------------------------|---|---|---|---|---|
| Phone Number | 833-859-6031 | 833-859-6031 | 877-891-6099 | 800-363-9152 | 800-363-9152 |
| Contract ID | H5521-235-0 | H5521-234-0 | H5117-003-0 | H6453-004-0 | H1248-004-0 |
| Organization Name | Aetna Medicare | Aetna Medicare | Allwell | HMO Louisiana | Blue Cross Blue Shield of Louisiana |
| Medicare Plan Type | PPO | PPO | HMO | HMO | PPO |
| Total Monthly Premium | \$0 | \$0 | \$0 | \$0 | \$68 |
| Health Plan Deductible | \$0 | \$150 Out-of-Network | \$0 | \$0 | \$1,000 |
| PCP Co-Pay | \$5 | \$5 | \$0 | \$0 | \$0 |
| Specialist Co-Pay | \$35 | \$35 | \$40 | \$40 | \$40 |
| ER | \$90 | \$90 | \$90 | \$90 | \$90 |
| Ambulance | \$250 | \$275 | \$235 | \$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; \$170 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 for days 1-7 | \$170 per day: Days 1-8 | \$195 per day for day 1-10 | \$175 per day for day 1-10 |
| Annual Drug Deductible | *No Drugs Covered | \$95 | \$0 | \$0 | \$0 |
| Additional Coverage in the Gap | | Yes | No | Yes | Yes |
| Chemo Drugs | 20% | \$0 | 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 | \$6,700 In-Network | \$5,000 In-Network; \$10,000 Combined |



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| Medicare Advantage Plans | Humana Gold Plus HMO | HumanaChoice (NO Rx Coverage) | HumanaChoice PPO | HumanaChoice PPO |
|--------------------------------|--|--|--|--|
| Phone Number | 800-833-2364 | 800-833-2364 | 800-833-2364 | 800-833-2364 |
| Contract ID | H1951-049-2 | R0110-001-0 | R0110-002-0 | R0110-003-0 |
| Organization Name | Humana | Humana | Humana | Humana |
| Medicare Plan Type | HMO | Regional PPO* | Regional PPO | Regional PPO |
| Total Monthly Premium | \$0 | \$0 | \$53 | \$87 |
| Health Plan Deductible | \$0 | \$1,000 Out-of-Network | \$1,000 | \$1,000 Out-of-Network |
| PCP Co-Pay | \$0 | \$0 In-Network | \$15 In-Network | \$15 In-Network |
| Specialist Co-Pay | \$35 | \$35 In-Network | \$50 In-Network | \$50 In-Network |
| ER | \$90 | \$90 | \$90 | \$90 |
| Ambulance | \$265 | \$265 | \$265 | \$265 |
| 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; \$164.50 per day: Days 21-100 |
| Inpatient Hospital | \$195 per day: Days 1-8 | \$195 per day: Days 1-6 (In-Network) | \$275 per day: Days 1-7 (In-Network) | \$275 per day: Days 1-10 (In-Network) |
| Annual Drug Deductible | \$0 | *No Drugs Covered | \$415 | \$400 |
| Additional Coverage in the Gap | No | | No | No |
| Chemo Drugs | 20% | 20% | 20% | 20% |
| Out-of-Pocket Maximum | \$6,700 In-Network | \$6,700 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 | Peoples Health Choices Gold | AAA0 Vantage Standard | AAA1 Vantage Premium |
|--------------------------------|--|---|--|---|
| Phone Number | 800-536-3570 | 800-536-3570 | 866-704-0109 | 866-704-0109 |
| Contract ID | H5216-064 | H1961-017-0 | H5576-017-2 | H5576-018-2 |
| Organization Name | Humana | Peoples Health | Vantage Health Plan Inc | Vantage Health Plan Inc |
| Medicare Plan Type | Local PPO | HMO with POS Option | Local HMO | Local HMO |
| Total Monthly Premium | \$45 | \$0 | \$59 | \$169 |
| Health Plan Deductible | \$1,000 Out-of-Network | \$1,500 Out-of-Network | \$0 | \$0 |
| PCP Co-Pay | \$5 | \$0 | \$15 | \$10 |
| Specialist Co-Pay | \$45 | \$35 | \$45 | \$40 |
| ER | \$90 | \$80 | \$90 | \$90 |
| Ambulance | \$265 | \$235 | \$250 | \$250 |
| Skilled Nursing | \$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 | \$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 | \$225 per day: Days 1-7 | \$195 per day: Days 1-7 | \$270 per day: Days 1-7 In-Network | \$250 per day: Days 1-7 |
| Annual Drug Deductible | \$400 | \$0 | \$250 | \$0 |
| Additional Coverage in the Gap | Yes | Yes | No | Yes |
| Chemo Drugs | 20% | 20% | 20% | 20% |
| Out-of-Pocket Maximum | \$6,700 In-Network; \$10,000 Combined | \$6,700 In-Network | \$5,500 | \$3,000 |



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| Medicare Advantage Plans | AAA4 Vantage Traditional Plus | AAA8 Vantage Basic | WellCare Rx HMO | WellCare Value HMO |
|--------------------------------|--|---|---|--|
| Phone Number | 866-704-0109 | 866-704-0109 | 866-527-0056 | 866-527-0056 |
| Contract ID | H5576-008-0 | H5576-020-2 | H2491-010-0 | H2491-007-0 |
| Organization Name | Vantage Health Plan Inc | Vantage Health Plan Inc | WellCare | WellCare |
| Medicare Plan Type | Local HMO | Local HMO | HMO | HMO |
| Total Monthly Premium | \$33.10 | \$0 | \$21.70 | \$0 |
| Health Plan Deductible | \$185 Part B | \$0 | \$0 | \$0 |
| PCP Co-Pay | \$10 | \$15 | \$0 | \$0 |
| Specialist Co-Pay | 20% after Pt B | \$45 | \$35 | \$40 |
| ER | \$90 | \$90 | \$90 | \$90 |
| Ambulance | 20% | \$250 | \$250 | \$250 |
| Skilled Nursing | \$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 | \$0 per day: Days 1-20; \$164.50 per day: Days 21-100 |
| Inpatient Hospital | \$1364 per Benefit Period | \$290 per day: Days 1-10 | \$100 per day: Days 1-9 | \$195 per day: Days 1-9 |
| Annual Drug Deductible | \$415 | \$310 | \$415 | \$0 |
| Additional Coverage in the Gap | No | No | No | No |
| Chemo Drugs | 20% | 20% | 20% | 20% |
| Out-of-Pocket Maximum | \$6,700 | \$6,700 | \$6,700 | \$6,700 |