



# 2019 Medicare Advantage Plans

## St. Mary



LOCAL HELP FOR PEOPLE WITH MEDICARE

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	H5521-178-0	H6453-004-0	H1248-004-0
Organization Name	Aetna Medicare	Aetna Medicare	HMO Louisiana	Blue Cross Blue Shield of Louisiana
Type of Medicare Plan	PPO	PPO	HMO	PPO
Monthly Consolidated Premium	\$0	\$0	\$0	\$68
Health Plan Deductible	\$0	\$150	\$0	\$1,000
PCP Co-Pay	\$5	\$5	\$0	\$0
Specialist Co-Pay	\$35	\$35	\$40	\$40
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$300	\$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	\$195 per day for day 1-10	\$175 per day for day 1-10
Annual Drug Deductible	*No Drugs Covered	\$195	\$0	\$0
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	\$6,700 In-Network	\$5,000 In-Network; \$10,000 Combined



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Medicare Advantage Plans	HumanaChoice PPO	Humana Value Plus PPO	HumanaChoice (NO Rx Coverage)	HumanaChoice PPO
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5216-064-0	H5216-161-0	R0110-001-0	R0110-002-0
Organization Name	Humana	Humana	Humana	Humana
Type of Medicare Plan	Local PPO	PPO	Regional PPO*	Regional PPO
Monthly Consolidated Premium	\$45	\$28.90	\$0	\$53
Health Plan Deductible	\$1000 Out-of-Network	\$185 - some In & Out-of-Network	\$1000 Out-of-Network	\$1,000
PCP Co-Pay	\$5	\$0.20	\$0 In-Network	\$15 In-Network
Specialist Co-Pay	\$45	\$0.20	\$35 In-Network	\$50 In-Network
ER	\$90	\$90.00	\$90	\$90
Ambulance	\$265	\$0.20	\$265	\$265
Skilled Nursing	\$0 per day: Days 1-20; \$164.50 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	\$0 per day: Days 1-20; \$164.50 per day: Days 21-100
Inpatient Hospital	\$225 per day: Days 1-7	\$600 per day for day 1-3	\$195 per day: Days 1-6 (In-Network)	\$275 per day: Days 1-7 (In-Network)
Annual Drug Deductible	\$400	\$385.00	*No Drugs Covered	\$415
Additional Coverage in the Gap	Yes	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



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Medicare Advantage Plans	HumanaChoice PPO	Peoples Health Choices 65 #14	AAA0 Vantage Standard	AAA1 Vantage Premium
Phone Number	800-833-2364	800-536-3570	866-704-0109	866-704-0109
Contract ID	R0110-003-0	H1961-014-1	H5576-017-2	H5576-018-2
Organization Name	Humana	Peoples Health	Vantage Health Plan Inc	Vantage Health Plan Inc
Type of Medicare Plan	Regional PPO	HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$87	\$0	\$59	\$169
Health Plan Deductible	\$1000 Out-of-Network	\$0	\$0	\$0
PCP Co-Pay	\$15 In-Network	\$0	\$15	\$10
Specialist Co-Pay	\$50 In-Network	\$20	\$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; \$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
Inpatient Hospital	\$275 per day: Days 1-10 (In-Network)	\$50 per day: Days 1-10	\$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	No	Yes	No	Yes
Chemo Drugs	20%	\$0	\$0	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
Phone Number	866-704-0109	866-704-0109
Contract ID	H5576-008	H5576-020-2
Organization Name	Vantage Health Plan, Inc.	Vantage Health Plans Inc
Type of Medicare Plan	Local HMO	HMO with POS Option
Monthly Consolidated Premium	\$33.10	\$0
Health Plan Deductible		\$500 Out-of-Network
PCP Co-Pay	\$10.00	\$15
Specialist Co-Pay	20% after Pt B	\$45
ER	\$90.00	\$90
Ambulance	20%	\$250
Skilled Nursing	awaiting 2019 Skilled Nursing copay	\$0 per day: Days 1-20; \$172 per day: Days 21-100
Inpatient Hospital	Awaiting 2019 In-Patient Deductible	\$290 per day: Days 1-7
Annual Drug Deductible	\$415.00	\$310
Additional Coverage in the Gap	No	No
Chemo Drugs	20%	20%
Out of Pocket Maximum	\$6,700.00	\$6,700