2019 Medicare Advantage Plans

St.Tammany

Medicare Advantage Plans	Advantra	Aetna Medicare Basics Plan (No Rx)	Aetna Medicare Freedom Plan PPO	Allwell Medicare
Phone Number	833-859-6031	833-859-6031	833-859-6031	877-891-6099
Contract ID	H3928-002-0	H5521-234-0	H5521-178-0	H5117-002-0
Organization Name	Coventry	Aetna Medicare	Aetna	Allwell
Medicare Plan Type	HMO	PPO	PPO	HMO
Total Monthly Premium	$27	$0	$0	$0
Health Plan Deductible	$0	$0	$0	$0
PCP Co-Pay	$10	$5	$5	$5
Specialist Co-Pay	$35	$35	$35	$40
ER	$90	$90	$90	$90
Ambulance	$275	$250	$300	$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 21-100	$0 per day: Days 1-20; $170 per day: Days 21-100
Inpatient Hospital	$175 per day: Days 1-10	$175 per day: Days 1-6	$225 per day: Days 1-7	$160 per day: Days 1-10
Annual Drug Deductible	$95	*No Drugs Covered	$195	$0
Additional Coverage in the Gap	Yes		Yes	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	$6,700	$6,700 In-Network $10,000 Combined	$6,700 In-Network $10,000 Combined	$6,700

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Medicare Advantage Plans	Blue Advantage PPO	Blue Advantage HMO	Peoples Health Choices 65 #14	Humana Gold Plus
Phone Number	800-363-9152	800-363-9152	800-536-3570	800-833-2364
Contract ID	H1248-003-0	H6453-003-0	H1961-014-2	H1951-028-0
Organization Name	Blue Cross Blue Shield of Louisiana	HMO Louisiana	Peoples Health	Humana
Medicare Plan Type	PPO	HMO	HMO	HMO
Total Monthly Premium	$68	$0	$0	$26
Health Plan Deductible	$1,000 Out-of-Network	$0	$0	$0
PCP Co-Pay	$0	$0	$0	$10
Specialist Co-Pay	$40	$45	$40	$45
ER	$90	$90	$80	$90
Ambulance	$275	$275	$235	$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; $165 per day: Days 21-100	$0 per day: Days 1-20; $164.50 per day: Days 21-100
Inpatient Hospital	$175 per day: Days 1-10	$195 per day: Days 1-10	$180 per day: Days 1-10	$195 per day: Days 1-10
Annual Drug Deductible	$0	$0	$0	$400
Additional Coverage in the Gap	Yes	Yes	Yes	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	$5,000 In-Network $10,000 Combined	$6,700	$6,700	$6,700

2019 Medicare Advantage Plans

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Medicare Advantage Plans	HumanaChoice (NO Rx Coverage)	HumanaChoice	HumanaChoice	AAA0 Vantage Standard	AAA1 Vantage Premium
Phone Number	800-833-2364	800-833-2364	800-833-2364	866-704-0109	866-704-0109
Contract ID	R0110-001-0	R0110-002-0	R0110-003-0	H5576-017-2	H5576-018-2
Organization Name	Humana	Humana	Humana	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	Regional PPO*	Regional PPO	Regional PPO	Local HMO	Local HMO
Total Monthly Premium	$0	$53	$87	$59	$169
Health Plan Deductible	$1000 Out-of-Network	$1000 Out-of-Network	$1000 Out-of-Network	$0	$0
PCP Co-Pay	$0 In-Network	$15 In-Network	$15 In-Network	$15	$10
Specialist Co-Pay	$35 In-Network	$50 In-Network	$50 In-Network	$45	$40
ER	$90	$90	$90	$90	$90
Ambulance	$265	$265	$265	$250	$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; $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
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	$270 per day: Days 1-7 In-Network	$250 per day: Days 1-7
Annual Drug Deductible	*No Drugs Covered	$415	$400	$250	$0
Additional Coverage in the Gap		No	No	No	Yes
Chemo Drugs	20%	20%	20%	20%	20%
Out-of-Pocket Maximum	$6,700	$6,700	$6,700	$5,500	$3,000

2019 Medicare Advantage Plans

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Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic	WellCare Rx	WellCare Value
Phone Number	866-704-0109	866-704-0109	866-527-0056	866-527-0056
Contract ID	H5576-008-0	H5576-020-2	H2491-007-0	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