



# 2019 Medicare Advantage Plans Vermillion Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Aetna Medicare Basics Plan	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	H5521-234-0	H6453-004-0	H1248-004-0
Organization Name	Aetna Medicare	Aetna Medicare	HMO Louisiana	Blue Cross Blue Shield of Louisiana
Medicare Plan Type	PPO	PPO	HMO	PPO
Total Monthly 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	\$275	\$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: Days 1-10	\$175 per day: Days 1-10
Annual Drug Deductible	*No Drugs Covered	\$95	\$0	\$0
Additional Coverage in the Rx 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 (NO Rx Coverage)	Humana Gold Plus HMO	HumanaChoice PPO	HumanaChoice PPO
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	R0110-001-0	H1951-049-2	R0110-002-0	R0110-003-0
Organization Name	Humana	Humana	Humana	Humana
Medicare Plan Type	Regional PPO*	HMO	Regional PPO	Regional PPO
Total Monthly Premium	\$0	\$0	\$53	\$87
Health Plan Deductible	\$1000 Out-of-Network	\$0	\$1,000	\$1000 Out-of-Network
PCP Co-Pay	\$0 In-Network	\$0	\$15 In-Network	\$15 In-Network
Specialist Co-Pay	\$35 In-Network	\$35	\$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 1-6 (In-Network)	\$195 per day: Days 1-8	\$275 per day: Days 1-7 (In-Network)	\$275 per day: Days 1-10 (In-Network)
Annual Drug Deductible	*No Drugs Covered	\$0	\$415	\$400
Additional Coverage in the Rx Gap		No	No	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	Peoples Health Choices Gold	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	H1961-017-0	H5576-017-2	H5576-018-2	H5576-008-0
Organization Name	Peoples Health	Vantage Health Plans Inc	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	HMO with POS Option			
Total Monthly Premium	\$0	\$59	\$169	\$33.10
Health Plan Deductible	\$1,500 Out-of-Network	\$500 Out-of-Network	\$500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	\$0	\$15	\$10	\$10
Specialist Co-Pay	\$35	\$45	\$40	20% (after Pt B) In-Network
ER	\$80	\$90	\$90	\$90
Ambulance	\$235	\$250	\$250	20% In-Network 50% Out-of-Network
Skilled Nursing	\$0 per day: Days 1-20; \$160 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; \$170.50 per day: Days 21-100
Inpatient Hospital	\$195 per day: Days 1-7	\$270 per day: Days 1-7	\$250 per day: Days 1-7	\$1364 per Benefit Period: Days 1-60
Annual Drug Deductible	\$0	\$250	\$0	\$415
Additional Coverage in the Rx Gap	Yes	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network	\$5,500	\$3,000 In-Network	\$6,700 In-Network



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Medicare Advantage Plans	AAA8 Vantage Basic
Phone Number	866-704-0109
Contract ID	H5576-020-2
Organization Name	Vantage Health Plans Inc
Medicare Plan Type	HMO with POS Option
Total Monthly Premium	\$0
Health Plan Deductible	\$500 Out-of-Network
PCP Co-Pay	\$15
Specialist Co-Pay	\$45
ER	\$90
Ambulance	\$250
Skilled Nursing	\$0 per day: Days 1-20; \$172 per day: Days 21-100
Inpatient Hospital	\$290 per day: Days 1-7
Annual Drug Deductible	\$310
Additional Coverage in the Rx Gap	No
Chemo Drugs	20%
Out-of-Pocket Maximum	\$6,700