



2019 Medicare Advantage Plans Vernon Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Aetna Medicare Freedom Plan	Aetna Medicare Basics Plan	Blue Advantage	Blue Advantage
Phone Number	855-275-6627	855-275-6627	800-363-9152	800-363-9152
Contract ID	H5521-232	H5521-235	H6453-004	H1248-004
Organization Name	Aetna	Aetna	HMO Louisiana	Blue Cross Blue Shield of Louisiana
Type of Medicare Plan	PPO	PPO	HMO	PPO
Monthly Consolidated Premium	\$0.00	\$0.00	\$0.00	\$68.00
Health Plan Deductible	\$150	\$0.00	\$150	\$1,000
PCP Co-Pay	\$5.00	\$5.00	\$0.00	\$0.00
Specialist Co-Pay	\$35.00	\$35.00	\$40.00	\$40.00
ER	\$90.00	\$90.00	\$90.00	\$90.00
Ambulance	\$275.00	\$275.00	\$275.00	\$275.00
Skilled Nursing	\$160 per day for days 21-100	\$160 per day for days 12-100	\$165 per day for days 21-100	\$165 per day for days 21-100
Inpatient Hospital	\$225 per day for days 1-7	\$175 per day for days 1-6	\$195 per day for days 1-10	\$175 per day for days 1-10
Annual Drug Deductible	\$95.00	No Drug Coverage	\$0.00	\$0.00
Additional Coverage in the Gap	contact plan		No	contact plan
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 in network \$10,000 out of net	\$6,700 in network \$10,000 out of net	\$6,700.00	\$5,000 in network \$10,000 out of network



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	HumanaChoice
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	R0110-001	R0110-002	R0110-003	H5216-135
Organization Name	Humana	Humana	Humana	Humana
Type of Medicare Plan	Regional PPO*	Regional PPO	Regional PPO	Local PPO
Monthly Consolidated Premium	\$0.00	\$53.00	\$87.00	\$45.00
Health Plan Deductible	\$1000 out of network	\$1000 out of network	\$1000 out of network	\$1,000
PCP Co-Pay	\$0 in network	\$15 in network	\$15 in network	\$5 in network
Specialist Co-Pay	\$35 in network	\$50 in network	\$50 in network	\$45 in network
ER	\$90.00	\$90.00	\$90.00	\$90.00
Ambulance	\$265.00	\$265.00	\$265.00	\$265.00
Skilled Nursing	\$164.50 per day for days 21-100	\$164.50 per day for days 21-100	\$164.50 per day for days 21-100	\$167.50 per day for days 21-100
Inpatient Hospital	\$195 per day for days 1-6; in network	\$275 per day for days 1-7 in network	\$275 per day for days 1-10	\$225 per day for days 1 - 7
Annual Drug Deductible	No Drugs Covered	\$415.00	\$415.00	\$400.00
Additional Coverage in the Gap	N/A	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out of Pocket Maximum	\$6,700.00	\$6,700.00	\$6,700.00	\$6,700 in network \$10,000 out of network



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Vernon Parish



Medicare Advantage Plans	Humana Value Plus	Vantage Standard	Vantage Premium	Vantage Basic
Phone Number	800-833-2364	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5216-161	H5576-017	H5576-018	H5576-020
Organization Name	Humana	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local PPO	HMO-POS	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$28.90	\$59.00	\$169.00	\$0.00
Health Plan Deductible	\$185.00	\$500 out of network	\$500 out of network	\$500 out of network
PCP Co-Pay	20%	\$15 or 0-20% per visit	\$10 or 20% per visit	\$15 or 0-20% per visit
Specialist Co-Pay	20%	\$45 or 0-20% per visit	\$40 or 0-20% per visit	\$45 or 0-20% per visit
ER	\$90.00	\$90.00	\$90.00	\$90.00
Ambulance	20%	\$250.00	\$250.00	\$250.00
Skilled Nursing	\$172 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100	\$172 per day for days 21-100
Inpatient Hospital	\$600 per day for days 1-3	\$270 per day for days 1-7	\$250 per day for days 1-7	\$290 per day for days 1-7
Annual Drug Deductible	\$385.00	\$250	\$0.00	\$310.00
Additional Coverage in the Gap	No	No	Call Plan	No
Chemo Drugs	20%	\$20%	20%	20%
Out of Pocket Maximum	\$6,700 in network \$10,000 out of network	\$5,500 in network	\$3,000 in network	\$6,700.00



2019 Medicare Advantage Plans

Parish Name



Medicare Advantage Plans	AAA4 Vantage Traditional Plus
Phone Number	866-704-0109
Contract ID	H5576-008
Organization Name	Vantage Health Plan, Inc.
Type of Medicare Plan	HMO-POS
Monthly Consolidated Premium	\$33.10
Health Plan Deductible	\$500 out of network
PCP Co-Pay	\$10 or 20% per visit
Specialist Co-Pay	20% after Pt B
ER	\$90.00
Ambulance	20%
Skilled Nursing	\$172 per day for days 21-100
Inpatient Hospital	\$1364 for days 1-60
Annual Drug Deductible	\$0.00
Additional Coverage in the Gap	No
Chemo Drugs	20%
Out of Pocket Maximum	\$6,700.00