



2019 Medicare Advantage Plans West Baton Rouge Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Allwell Medicare	Blue Advantage PPO	Blue Advantage HMO	Humana Gold Plus (NO Rx Coverage)
Phone Number	877-891-6099	800-363-9152	800-363-9152	800-833-2364
Contract ID	H5117-001	H1248-001	H6453-001	H1951-030
Organization Name	Allwell	Blue Cross Blue Shield of Louisiana	HMO Louisiana	Humana
Medicare Plan Type	HMO	PPO	HMO	HMO*
Monthly Consolidated Premium	\$0	\$68	\$0	\$0
Health Plan Deductible	\$0	\$0 In-Network; \$1,000 Out-of Network	\$0	\$0
PCP Co-Pay	\$0	\$0	\$0	\$5
Specialist Co-Pay	\$40	\$40	\$45	\$50
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$275	\$275	\$265
Skilled Nursing	\$0 per day: Days 1-20; \$170 per days: 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	\$90 per day: Days 1-10	\$175 per day: Days 1-10	\$195 per day: Days 1-10	\$110 per day: Days 1-10
Annual Drug Deductible	\$0	\$0	\$0	*No Drugs Covered
Additional Coverage in the Gap	No	Yes	Yes	
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$5,000 In-Network; \$10,000 Combined	\$6,700	\$6,700



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Medicare Advantage Plans	Humana Total Care Advantage	Humana Gold Plus	HumanaChoice	HumanaChoice
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-039	H1951-048	R0110-002	R0110-003
Organization Name	Humana	Humana	Humana	Humana
Medicare Plan Type	HMO	HMO	Regional PPO	Regional PPO
Monthly Consolidated Premium	\$0	\$0	\$53	\$87
Health Plan Deductible	\$0	\$0	\$1000 Out-of-Network	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	\$15 In-Network	\$15 In-Network
Specialist Co-Pay	\$30	\$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	\$85 per day: Days 1-10	\$125 per day: Days 1-10	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-10 In-Network
Annual Drug Deductible	\$0	\$0	\$415	\$400
Additional Coverage in the Gap	Yes	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$5,000 In-Network; \$10,000 Combined	\$3,700	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	HumanaChoice PPO (NO Rx Coverage)	Peoples Health Choices 65 #14	AAA4 Vantage Traditional Plus	AAA0 Vantage Standard
Phone Number	800-833-2364	800-536-3570	866-704-0109	866-704-0109
Contract ID	R0110-001	H1961-014	H5576-008	H5576-017-2
Organization Name	Humana	Peoples Health	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	Regional PPO*	HMO	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$0	\$0	\$33.10	\$59
Health Plan Deductible	\$1000 Out-of-Network	\$0	\$500 Out-of Network	\$500 Out-of Network
PCP Co-Pay	\$0 In-Network	\$0	\$10, or 0-20% per visit 50% Out-of-Network	\$15, or 0-20% per visit 50% Out-of-Network
Specialist Co-Pay	\$35 In-Network	\$20	20% per visit 50% Out-of-Network	\$45, or 0-20% per visit 50% Out-of-Network
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	\$195 per day: Days 1-6 In-Network	\$50 per day: Days 1-10	\$1364 Deductible: Days 1-60	\$270 per day: Days 1-7
Annual Drug Deductible	*No Drugs Covered	\$0	\$415	\$250
Additional Coverage in the Gap		Yes	No	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$10,000 In & Out-of-Network; \$6,700 In-Network	\$6,700	\$6,700	\$5,500



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Medicare Advantage Plans	AAA1 Vantage Premium	AAA8 Vantage Basic	WellCare Value HMO	WellCare Rx HMO
Phone Number	866-704-0109	866-704-0109	866-527-0056	866-527-0056
Contract ID	H5576-018-2	H5576-020-2	H2491-007	H2491-010
Organization Name	Vantage Health Plan Inc	Vantage Health Plan Inc	WellCare	WellCare
Medicare Plan Type	HMO-POS	HMO-POS	HMO	HMO
Monthly Consolidated Premium	\$169	\$0	\$0	\$21.70
Health Plan Deductible	\$500 Out-of Network	\$500 Out-of Network	\$0	\$0
PCP Co-Pay	\$10, or 0-20% per visit 50% Out-of-Network	\$15	\$0	\$0
Specialist Co-Pay	\$40, or 0-20% per visit 50% Out-of-Network	\$45	\$40	\$35
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$250	\$250	\$250
Skilled Nursing	\$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	\$0 per day: Days 1-20; \$172 per day: Days 21-100
Inpatient Hospital	\$250 per day: Days 1-7	\$290 per day: Days 1-7	\$195 per day: Days 1-9	\$100 per day: Days 1-9
Annual Drug Deductible	\$0	\$310	\$0	\$415
Additional Coverage in the Gap	No	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$3,000	\$6,700	\$6,700	\$6,700