



## 2019 Medicare Advantage Plans West Feliciana Parish



Medicare Advantage Plans	Blue Advantage	Blue Advantage	Peoples Health Choices 65 #14	Humana Gold Plus
Phone Number	800-363-9152	800-363-9152	800-536-3570	800-833-2364
Contract ID	H1248-001	H6453-001	H1961-014	H1951-030
Organization Name	Blue Cross Blue Shield of Louisiana	HMO Louisiana	Peoples Health	Humana
Type of Medicare Plan	PPO	HMO	HMO	HMO
Monthly Consolidated Premium	\$68.00	\$0.00	\$0.00	\$59.00
Health Plan Deductible	\$0 in network; \$1,000 out of network	\$0.00	\$0.00	\$0.00
PCP Co-Pay	\$0.00	\$0.00	\$0.00	\$5.00
Specialist Co-Pay	\$40.00	\$45.00	\$20.00	\$50.00
ER	\$90.00	\$90.00	\$80.00	\$90.00
Ambulance	\$275.00	\$275.00	\$235.00	\$265.00
Skilled Nursing	\$0 per day for days 1-20; \$165.00 per day for days 21-100	\$0 per day for days 1-20; \$165.00 per day for days 21-100	\$0 per day for days 1-20; \$165 per day for days 21-100	\$0 per day for days 1-20; \$164.50 per day for days 21-100
Inpatient Hospital	\$175 per day for day \$1-10	\$195 per day for day \$1-10	\$50 per day for days 1-10	\$191 per day for days 1-10
Annual Drug Deductible	\$0.00	\$0.00	\$0.00	No Drugs Covered
Additional Coverage in the Gap	Yes	Yes	Yes	
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$5,000 in network; \$10,000 combined	\$6,700.00	\$6,700.00	\$6,700.00



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Medicare Advantage Plans	Humana Total Care Advantage	Humana Gold Plus	WellCare Rx	WellCare Value
Phone Number	800-833-2364	800-833-2364	866-527-0056	866-527-00506
Contract ID	H1951-039	H1951-048	H2491-010	H2491-007
Organization Name	Humana	Humana	WellCare	WellCare
Type of Medicare Plan	HMO	HMO	HMO	HMO
Monthly Consolidated Premium	\$0.00	\$0.00	\$21.70	\$0.00
Health Plan Deductible	0	\$0.00	\$0.00	\$0.00
PCP Co-Pay	\$0.00	\$0.00	\$0.00	\$0.00
Specialist Co-Pay	\$30.00	\$35.00	\$35.00	\$40.00
ER	\$90.00	\$90.00	\$90.00	\$90.00
Ambulance	\$265.00	\$265.00	\$250.00	\$250.00
Skilled Nursing	\$0 per day for days 1-20; \$164.50 per day for days 21-100	\$0 per day for days 1-20; \$164.50 per day for days 21-100	\$0 per day for days 1-20; \$164.50 per day for days 21-100	\$0 per day for days 1-20; \$164.50 per day for days 21-100
Inpatient Hospital	\$85 per day for day \$1-10	\$125 per day for days 1-10	\$100 per day for days 1-9	\$195 per day for days 1-9
Annual Drug Deductible	\$0.00	\$0.00	\$415.00	\$0.00
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	\$6,700.00	\$6,700	\$6,700



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	AAA4 Vantage Traditional Plus
Phone Number	800-833-2364	800-833-2364	800-833-2364	866-704-0109
Contract ID	R0110-001	R0110-002	R0110-003	H5576-008
Organization Name	Humana	Humana	Humana	Vantage Health Plan, Inc.
Type of Medicare Plan	Regional PPO*	Regional PPO	Regional PPO	HMO-POS
Monthly Consolidated Premium	\$0.00	\$53.00	\$87.00	\$33.10
Health Plan Deductible	\$1000 out of network	\$1000 out of network	\$1000 out of network	\$185.00
PCP Co-Pay	\$0 in network	\$15 in network	\$15 in network	\$10.00
Specialist Co-Pay	\$35 in network	\$50 in network	\$50 in network	20% after Pt B
ER	\$90.00	\$90.00	\$90.00	\$90.00
Ambulance	\$265.00	\$265.00	\$265.00	\$250.00
Skilled Nursing	\$0 per day for days 1-20; \$164.50 per day for days 21-100	\$0 per day for days 1-20; \$164.50 per day for days 21-100	\$0 per day for days 1-20; \$164.50 per day for days 21-100	\$0 per day for days 1-20; \$172 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 (in network)	\$1364 per benefit period (1-60 days)
Annual Drug Deductible	No Drugs Covered	\$415.00	\$400.00	\$415.00
Additional Coverage in the 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; \$10,000 combined	\$6,700 in network; \$10,000 combined	\$6,700



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Medicare Advantage Plans	AAA8 Vantage Basic	AAA0 Vantage Standard	AAA1 Vantage Premium
Phone Number	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-020	H5576-017	H5576-018
Organization Name	Vantage Health Plans, Inc.	Vantage Health Plans, Inc.	Vantage Health Plan, Inc.
Type of Medicare Plan	HMO-POS	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$0.00	\$59.00	\$169.00
Health Plan Deductible	\$0.00	\$0.00	\$0.00
PCP Co-Pay	\$15.00	\$15.00	\$10.00
Specialist Co-Pay	\$45.00	\$45.00	\$40.00
ER	\$90.00	\$90.00	\$90.00
Ambulance	\$250.00	\$250.00	\$250.00
Skilled Nursing	\$0 per day for days 1-20; \$172 per day for days 21-100	\$0 per day for days 1-20; \$172 per day for days 21-100	\$0 per day for days 1-20; \$172 per day for days 21-100
Inpatient Hospital	\$290 per day for days 1-7	\$270 per day for days 1-7	\$250 per day for days 1-7
Annual Drug Deductible	\$310.00	\$250.00	\$0.00
Additional Coverage in the Gap	No	No	No
Chemo Drugs	20%	20%	20%
Out of Pocket Maximum	\$6,700	\$5,500	\$3,000