



# 2019 Medicare Advantage Plans Bossier Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Advantra	Aetna Medicare Basics Plan (No Rx)	Aetna Medicare Freedom Plan PPO	Blue Advantage HMO	Blue Advantage PPO
Phone Number	833-859-6031	833-859-6031	833-859-6031	800-363-9152	800-363-9152
Contract ID	H3928-002-0	H5521-235-0	H5521-178-0	H6453-005-0	H1248-005-0
Organization Name	Coventry	Aetna Medicare	Aetna Medicare	HMO Louisiana	Blue Cross Blue Shield of Louisiana
Medicare Plan Type	HMO	PPO	PPO	HMO	PPO
Total Monthly Premium	\$27	\$0	\$0	\$15	\$68
Health Plan Deductible	\$0	\$0	\$150	\$0	\$0 In-Network; \$1,000 Out-of-Network
PCP Co-Pay	\$10	\$5	\$5	\$0	\$0 In-Network
Specialist Co-Pay	\$35	\$35	\$35	\$50	\$40 In-Network
ER	\$90	\$90	\$90	\$90	\$90
Ambulance	\$275	\$250	\$300	\$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; \$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 1-10	\$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	\$95	*No Drugs Covered	\$195	\$415	\$0
Additional Coverage in the Rx Gap	Yes		Yes	Yes	Yes
Chemo Drugs	20%	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 In-Network	\$5,000 In-Network; \$10,000 Combined



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Medicare Advantage Plans	Humana Gold Plus	HumanaChoice (NO Rx Coverage)	HumanaChoice	HumanaChoice	Peoples Health Choices Gold
Phone Number	800-536-3570	800-833-2364	800-833-2364	800-833-2364	800-536-3570
Contract ID	H1951-013-0	R0110-001-0	R0110-002-0	R0110-003-0	H1961-017-0
Organization Name	Humana	Humana	Humana	Humana	Peoples Health
Medicare Plan Type	HMO	Regional PPO*	Regional PPO	Regional PPO	HMO-POS
Total Monthly Premium	\$0	\$0	\$53	\$87	\$0
Health Plan Deductible	\$0	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1,500 Out-of-Network
PCP Co-Pay	\$5	\$0 In-Network	\$15 In-Network	\$15 In-Network	\$0
Specialist Co-Pay	\$40	\$35 In-Network	\$50 In-Network	\$50 In-Network	\$35
ER	\$90	\$90	\$90	\$90	\$80
Ambulance	\$265	\$265	\$265	\$265	\$235
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	\$0 per day: Days 1-20; \$160 per day: Days 21-100
Inpatient Hospital	\$195 per day: Days 1-8	\$195 per day: Days 1-6 In-Network	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-10 In-Network	\$195 per day: Days 1-7
Annual Drug Deductible	\$0	*No Drugs Covered	\$415	\$400	\$0
Additional Coverage in the Rx Gap	No		No	No	Yes
Chemo Drugs	20%	20%	20%	\$0	\$0
Out-of-Pocket Maximum	\$6,700	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network



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Medicare Advantage Plans	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
Phone Number	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-017-2	H5576-018-2	H5576-008-0	H5576-020-2
Organization Name	Vantage Health Plans Inc	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plans Inc
Medicare Plan Type	HMO with POS Option	HMO with POS Option	HMO with POS Option	HMO with POS Option
Total Monthly Premium	\$59	\$169	\$33.10	\$0
Health Plan Deductible	\$500 Out-of-Network	\$500 Out-of-Network	\$500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	\$15	\$10	\$10	\$15
Specialist Co-Pay	\$45	\$40	20% (after Pt B) In-Network	\$45
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$250	20% In-Network 50% Out-of-Network	\$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; \$170.50 per day: Days 21-100	\$0 per day: Days 1-20; \$172 per day: Days 21-100
Inpatient Hospital	\$270 per day: Days 1-7	\$250 per day: Days 1-7	\$1364 per Benefit Period: Days 1-60	\$290 per day: Days 1-7
Annual Drug Deductible	\$250	\$0	\$415	\$310
Additional Coverage in the Rx Gap	No	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$5,500	\$3,000 In-Network	\$6,700 In-Network	\$6,700