



2019 Medicare Advantage Plans Calcasieu Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Aetna Medicare Basics Plan (No Rx Coverage)	Aetna Medicare Freedom Plan PPO	Blue Advantage PPO	Blue Advantage HMO
Phone Number	833-859-6031	833-859-6031	800-363-9152	800-363-9152
Contract ID	H5521-235-0	H5521-233-0	H1248-004-0	H6453-004-0
Organization Name	Aetna Medicare	Aetna Medicare	Blue Cross Blue Shield of Louisiana	HMO Louisiana
Medicare Plan Type	PPO	PPO	PPO	HMO
Total Monthly Premium	\$0	\$0	\$68	\$0
Health Plan Deductible	\$0	\$150	\$0 In-Network; \$1,000 Out-of-Network	\$0
PCP Co-Pay	\$5	\$5	\$0	\$0
Specialist Co-Pay	\$35	\$30	\$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	\$175 per day: Days 1-10	\$195 per day: Days 1-10
Annual Drug Deductible	*No Drugs Covered	\$95	\$0	\$0
Additional Coverage in the 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	\$5,000 In-Network; \$10,000 Combined	\$6,700 In-Network



2019 Medicare Advantage Plans Calcasieu Parish



Medicare Advantage Plans	HumanaChoice (NO Rx Coverage)	Humana Gold Plus	HumanaChoice PPO	HumanaChoice PPO
Phone Number	800-833-2364	800-536-3570	800-833-2364	800-833-2364
Contract ID	R0110-001-0	H1951-049-1	H5216-064-0	R0110-002-0
Organization Name	Humana	Humana	Humana	Humana
Medicare Plan Type	Regional PPO*	HMO	Local PPO	Regional PPO
Total Monthly Premium	\$0	\$0	\$45	\$53
Health Plan Deductible	\$1,000 Out-of-Network	\$0	\$1,000 Out-of-Network	\$1000 Out-of-Network
PCP Co-Pay	\$0 In-Network	\$10	\$5 In-Network	\$15 In-Network
Specialist Co-Pay	\$35 In-Network	\$35	\$45 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	\$225 per day: Days 1-7 In-Network	\$275 per day: Days 1-7 In-Network
Annual Drug Deductible	*No Drugs Covered	\$0	\$400	\$415
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	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined



2019 Medicare Advantage Plans Calcasieu Parish



Medicare Advantage Plans	Peoples Health Choices Gold	AAA0 Vantage Standard	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
Phone Number	800-536-3570	866-704-0109	866-704-0109	866-704-0109
Contract ID	H1961-017-0	H5576-017-2	H5576-008-0	H5576-020-2
Organization Name	Peoples Health	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	HMO-POS	Local HMO	Local HMO	Local HMO
Total Monthly Premium	\$0	\$59	\$33.10	\$0
Health Plan Deductible	\$1,500 Out-of-Network	\$0	\$185 Part B	\$0
PCP Co-Pay	\$0	\$15	\$10	\$15
Specialist Co-Pay	\$35	\$45	20% after Pt B	\$45
ER	\$80	\$90	\$90	\$90
Ambulance	\$235	\$250	20%	\$250
Skilled Nursing	\$0 per day: Days 1-20; \$160 per day: Days 21-100	\$0 per day: Days 1-20; \$170.50 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 1-7	\$270 per day: Days 1-7 In-Network	\$1364 per Benefit Period	\$290 per day: Days 1-10
Annual Drug Deductible	\$0	\$250	\$415	\$310
Additional Coverage in the Gap	Yes	No	No	No
Chemo Drugs	\$0	\$0	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network	\$5,500	\$6,700	\$6,700