



# 2019 Medicare Advantage Plans Concordia Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Blue Advantage HMO	Blue Advantage PPO	HumanaChoice (NO Rx Coverage)	HumanaChoice	HumanaChoice
Phone Number	800-363-9152	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H6453-006-0	H1248-006-0	R0110-001-0	R0110-002-0	R0110-003-0
Organization Name	HMO Louisiana	Blue Cross Blue Shield of Louisiana	Humana	Humana	Humana
Medicare Plan Type	HMO	Local PPO	Regional PPO*	Regional PPO	Regional PPO
Total Monthly Premium	\$15	\$68	\$0	\$53	\$87
Health Plan Deductible	\$0	\$0 in network; \$1,000 out of network	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	\$0 In-Network	\$15 In-Network	\$15 In-Network
Specialist Co-Pay	\$50	\$40	\$35 In-Network	\$50 In-Network	\$50 In-Network
ER	\$90	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	\$265	\$265	\$265
Skilled Nursing	\$0: Days 1-20; \$165: Days 21-100	\$0: Days 1-20; \$165: 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 1-10	\$175 per day: Days 1-10	\$195 per day: Days 1-6 In-Network	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-10 In-Network
Annual Drug Deductible	\$415	\$0	*No Drugs Covered	\$415	\$400
Additional Coverage in the Gap	Yes	Yes		No	No
Chemo Drugs	20%	20%	20%	20%	\$0
Out-of-Pocket Maximum	\$6,700	\$5,000 In-Network; \$10,000 Out-of-Network	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined



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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 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