



# 2019 Medicare Advantage Plans East Baton Rouge Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

| Medicare Advantage Plans          | Advantra  | Allwell Medicare                                      | Blue Advantage HMO                                    | Blue Advantage PPO                                    | Humana Gold Plus (NO Rx Coverage)                        |
|-----------------------------------|---|---|---|---|--|
| Phone Number                      | 833-859-6031  | 877-891-6099  | 800-363-9152  | 800-363-9152  | 800-833-2364   |
| Contract ID                       | H3928-001-0   | H5117-001-0   | H6453-001-0   | H1248-001-0   | H1951-030-0  |
| Organization Name                 | Coventry Health Care                                  | Allwell   | HMO Louisiana   | Blue Cross Blue Shield of Louisiana                   | Humana   |
| Medicare Plan Type                | HMO   | PPO   | HMO   | PPO   | HMO  |
| Total Monthly Premium             | \$0   | \$0   | \$0   | \$68  | \$0  |
| Health Plan Deductible            | \$0   | \$0   | \$0   | \$0 In-Network;<br>\$1,000 Out-of Network             | \$0  |
| PCP Co-Pay                        | \$5   | \$0   | \$0   | \$0   | \$5  |
| Specialist Co-Pay                 | \$30  | \$40  | \$45  | \$40  | \$50   |
| ER                                | \$90  | \$90  | \$90  | \$90  | \$90   |
| Ambulance                         | \$250   | \$250   | \$275   | \$275   | \$265  |
| Skilled Nursing                   | \$0 per day: Days 1-20;<br>\$160 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$170 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$165 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$165 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$164.50 per day: Days 21-100 |
| Inpatient Hospital                | \$140 per day: Days 1-6                               | \$90 per day: Days 1-10                               | \$195 per day: Days 1-10                              | \$175 per day: Days 1-10                              | \$110 per day: Days 1-10                                 |
| Annual Drug Deductible            | \$95  | \$0   | \$0   | \$0   | *No Drugs Covered  |
| Additional Coverage in the Rx Gap | Yes   | No  | Yes   | Yes   |  |
| Chemo Drugs                       | 20%   | 20%   | 20%   | 20%   | 20%  |
| Out-of-Pocket Maximum             | \$6,700   | \$6,700   | \$6,700   | \$5,000 In-Network;<br>\$10,000 Combined              | \$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                       | H1951-039-0  | H1951-048-1  | R0110-002-0  | R0110-003-0  |
| Organization Name                 | Humana   | Humana   | Humana   | Humana   |
| Medicare Plan Type                | HMO  | HMO  | Regional PPO   | Regional PPO   |
| Total Monthly 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;<br>\$164.50 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$164.50 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$164.50 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$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<br>(In-Network)                  | \$275 per day: Days 1-10<br>(In-Network)                 |
| Annual Drug Deductible            | \$0  | \$0  | \$415  | \$400  |
| Additional Coverage in the Rx Gap | Yes  | No   | No   | No   |
| Chemo Drugs                       | 20%  | 20%  | 20%  | 20%  |
| Out-of-Pocket Maximum             | \$5,000 In-Network;<br>\$10,000 Combined                 | \$3,700  | \$6,700 In-Network;<br>\$10,000 Combined                 | \$6,700 In-Network;<br>\$10,000 Combined                 |



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| Medicare Advantage Plans          | HumanaChoice (NO Rx Coverage)                                  | Peoples Health Choices 65 #14                         | AAA0 Vantage Standard                                 | AAA1 Vantage Premium                                  |
|-----------------------------------|--|---|---|---|
| Phone Number                      | 800-833-2364   | 800-536-3570  | 866-704-0109  | 866-704-0109  |
| Contract ID                       | R0110-001-0  | H1961-014-1   | H5576-017-1   | H5576-018   |
| Organization Name                 | Humana   | Peoples Health  | Vantage Health Plan Inc                               | Vantage Health Plan Inc                               |
| Medicare Plan Type                | Regional PPO*  | HMO   | HMO-POS   | HMO-POS   |
| Total Monthly Premium             | \$0  | \$0   | \$49  | \$169   |
| Health Plan Deductible            | \$1000 Out-of Network  | \$0   | \$500 Out-of Network                                  | \$500 Out-of Network                                  |
| PCP Co-Pay                        | \$0 In-Network   | \$0   | \$5-15, or 0-20% per visit<br>50% Out-of-Network      | \$10  |
| Specialist Co-Pay                 | \$35 In-Network  | \$20  | \$45, or 0-20% per visit<br>50% Out-of-Network        | \$40  |
| ER                                | \$90   | \$80  | \$90  | \$90  |
| Ambulance                         | \$265  | \$235   | \$250   | \$250   |
| Skilled Nursing                   | \$0 per day: Days 1-20;<br>\$164.50 per day: Days 21-100       | \$0 per day: Days 1-20;<br>\$165 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$172 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$172 per day: Days 21-100 |
| Inpatient Hospital                | \$195 per day: Days 1-6<br>(In-Network)<br>Out-of-Network: 30% | \$50 per day: Days 1-10                               | \$270 per day: Days 1-7                               | \$250 per day: Days 1-7                               |
| Annual Drug Deductible            | *No Drugs Covered  | \$0   | \$250   | \$0   |
| Additional Coverage in the Rx Gap |  | Yes   | No  | No  |
| Chemo Drugs                       | 20%  | 20%   | 20%   | 20%   |
| Out-of-Pocket Maximum             | \$6,700 In-Network;<br>\$10,000 Combined                       | \$6,700   | \$5,500   | \$3,000   |



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| Medicare Advantage Plans          | AAA4 Vantage Traditional Plus                            | AAA8 Vantage Basic                                    | WellCare Rx HMO                                       | WellCare Value HMO                                       |
|-----------------------------------|--|---|---|--|
| Phone Number                      | 866-704-0109   | 866-704-0109  | 866-527-0056  | 866-527-0056   |
| Contract ID                       | H5576-008-1  | H5576-020-1   | H2491-010-0   | H2491-007-0  |
| Organization Name                 | Vantage Health Plan Inc                                  | Vantage Health Plan Inc                               | WellCare  | WellCare   |
| Medicare Plan Type                | HMO-POS  | HMO-POS   | HMO   | HMO  |
| Total Monthly Premium             | \$33.10  | \$0   | \$21.70   | \$0  |
| Health Plan Deductible            | \$500 Out-of Network                                     | \$500 Out-of Network                                  | \$0   | \$0  |
| PCP Co-Pay                        | \$10, or 0-20% per visit<br>50% Out-of-Network           | \$15  | \$0   | \$0  |
| Specialist Co-Pay                 | 20% per visit<br>50% Out-of-Network                      | \$45  | \$35  | \$40   |
| ER                                | \$90   | \$90  | \$90  | \$90   |
| Ambulance                         | \$250  | \$250   | \$250   | \$250  |
| Skilled Nursing                   | \$0 per day: Days 1-20;<br>\$170.50 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$172 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$172 per day: Days 21-100 | \$0 per day: Days 1-20;<br>\$164.50 per day: Days 21-100 |
| Inpatient Hospital                | \$1364 per benefit period:<br>Days 1-60                  | \$290 per day: Days 1-7                               | \$100 per day: Days 1-9                               | \$195 per day: Days 1-9                                  |
| Annual Drug Deductible            | \$415  | \$310   | \$415   | \$0  |
| Additional Coverage in the Rx Gap | No   | No  | No  | No   |
| Chemo Drugs                       | 20%  | 20%   | 20%   | 20%  |
| Out-of-Pocket Maximum             | \$6,700  | \$6,700   | \$6,700   | \$6,700  |