



# 2019 Medicare Advantage Plans Iberville Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

MEDICARE ADVANTAGE PLANS	Advantra HMO	Allwell Medicare HMO	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	HMO	HMO	PPO	HMO
Total Monthly Premium	\$0	\$0	\$0	\$68	\$0
Health Plan Deductible	\$0	\$0	\$0	\$0 In-Network; \$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; \$160 per day: Days 21-100	\$0 per day: Days 1-20; \$170 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	\$0 per day: Days 1-20; \$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; \$10,000 Combined	\$6,700



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MEDICARE ADVANTAGE PLANS	Humana Gold Plus HMO	Humana Total Care Advantage	HumanaChoice	HumanaChoice
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-048-2	H1951-039-0	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	\$40	\$30	\$50 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	\$125 per day: Days 1-10	\$85 per day: Days 1-10	\$275 per day: Days 1-7 (In-Network)	\$275 per day: Days 1-10 (In-Network)
Annual Drug Deductible	\$0	\$0	\$415	\$400
Additional Coverage in the Rx Gap	No	Yes	No	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network	\$5,000 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	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	H5576-017-2	H5576-018-2
Organization Name	Humana	Peoples Health	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	Regional PPO*	HMO	Local HMO	Local HMO
Total Monthly Premium	\$0	\$0	\$59	\$169
Health Plan Deductible	\$1000 Out-of Network	\$0	\$0	\$0
PCP Co-Pay	\$0 In-Network	\$0	\$15	\$10
Specialist Co-Pay	\$35 In-Network	\$20	\$45	\$40
ER	\$90	\$80	\$90	\$90
Ambulance	\$265	\$235	\$250	\$250
Skilled Nursing	\$0 per day: Days 1-20; \$164.50 per day: Days 21-100	\$0 per day: Days 1-20; \$165 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 1-6 (In-Network) Out-of-Network: 30%	\$50 per day: Days 1-10	\$270 per day: Days 1-7 In-Network	\$250 per day: Days 1-7
Annual Drug Deductible	*No Drugs Covered	\$0	\$250	\$0
Additional Coverage in the Rx Gap		Yes	No	Yes
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network; \$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	H5576-008-0	H5576-020-2	H2491-010-0	H2491-007-0
Organization Name	Vantage Health Plan Inc	Vantage Health Plan Inc	WellCare	WellCare
Medicare Plan Type	Local HMO	Local HMO	HMO	HMO
Total Monthly Premium	\$33.10	\$0	\$21.70	\$0
Health Plan Deductible	\$185 Part B	\$0	\$0	\$0
PCP Co-Pay	\$10	\$15	\$0	\$0
Specialist Co-Pay	20% after Pt B	\$45	\$35	\$40
ER	\$90	\$90	\$90	\$90
Ambulance	20%	\$250	\$250	\$250
Skilled Nursing	\$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	\$0 per day: Days 1-20; \$172 per day: Days 21-100	\$0 per day: Days 1-20; \$164.50 per day: Days 21-100
Inpatient Hospital	\$1364 per Benefit Period	\$290 per day: Days 1-10	\$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