



2019 Medicare Advantage Plans

Jefferson Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	AARP Medicare Complete Plan 1	AARP Medicare Complete Plan 2	Advantra	Aetna Medicare Freedom Plan	Aetna Medicare Basics Plan (No Rx)
Phone Number	800-643-4845	800-643-4845	833-859-6031	833-859-6031	833-859-6031
Contract ID	H4089-001-0	H4089-002-0	H3928-001-0	H5521-178-0	H5521-235-0
Organization Name	UnitedHealthcare	UnitedHealthcare	Coventry Health Care	Aetna Medicare	Aetna Medicare
Medicare Plan Type	HMO	HMO	HMO	PPO	PPO
Total Monthly Premium	\$0	\$49	\$0	\$0	\$0
Health Plan Deductible	\$0	\$0	\$0	\$150	\$0
PCP Co-Pay	\$5	\$0	\$5	\$5	\$5
Specialist Co-Pay	\$40	\$25	\$30	\$35	\$35
ER	\$90	\$90	\$90	\$90	\$90
Ambulance	\$250	\$250	\$275	\$300	\$250
Skilled Nursing	\$0 per day: Days 1-20; \$160 per day: Days 21-62	\$0 per day: Days 1-20; \$160 per day: Days 21-51	\$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
Inpatient Hospital	\$295 per day: Days 1-5	\$225 per day: Days 1-8	\$140 per day: Days 1-6	\$225 per day: Days 1-7	\$175 per day: Days 1-6
Annual Drug Deductible	\$275	\$0	\$95	\$195	*No Drugs Covered
Additional Coverage in the Rx Gap	NO	Yes	Yes	Yes	
Chemo Drugs	20%	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network	\$4,900 In-Network	\$6,700 In-Network	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	Blue Advantage HMO	Blue Advantage PPO	Humana Gold Plus	Humana Total Care Advantage	HumanaChoice (NO Rx Coverage)
Phone Number	800-363-9152	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H6453-002-0	H1248-002-0	H1951-047-1	H1951-038-0	R0110-001-0
Organization Name	HMO Louisiana	Blue Cross Blue Shield of Louisiana	Humana	Humana	Humana
Medicare Plan Type	HMO	PPO	HMO	HMO	Regional PPO*
Total Monthly Premium	\$0	\$68	\$0	\$0	\$0
Health Plan Deductible	\$0	\$1,000	\$0	\$0	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	\$0	\$0	\$0 In-Network
Specialist Co-Pay	\$40	\$40	\$35	\$25	\$35 In-Network
ER	\$90	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	\$265	\$235	\$265
Skilled Nursing	\$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	\$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	\$175 per day: Days 1-10	\$85 per day: Days 1-10	\$75 per day: Days 1-10	\$195 per day: Days 1-6 In-Network
Annual Drug Deductible	\$0	\$0	\$0	\$0	*No Drugs Covered
Additional Coverage in the Rx Gap	Yes	Yes	No	No	
Chemo Drugs	20%	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network	\$5,000 In-Network; \$10,000 Combined	\$3,700	\$3,400	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	Peoples Health Choices 65 #14	AAA0 Vantage Standard	AAA1 Vantage Premium
Phone Number	800-833-2364	800-833-2364	800-536-3570	866-704-0109	866-704-0109
Contract ID	R0110-002-0	R0110-003-0	H1961-014-1	H5576-017-2	H5576-018-2
Organization Name	Humana	Humana	Peoples Health	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	Regional PPO	Regional PPO	HMO	Local HMO	Local HMO
Total Monthly Premium	\$53	\$87	\$0	\$59	\$169
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$0	\$0	\$0
PCP Co-Pay	\$15 In-Network	\$15 In-Network	\$0	\$15	\$10
Specialist Co-Pay	\$50 In-Network	\$50 In-Network	\$20	\$45	\$40
ER	\$90	\$90	\$80	\$90	\$90
Ambulance	\$265	\$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; \$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	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-10 In-Network	\$50 per day: Days 1-10	\$270 per day: Days 1-7 In-Network	\$250 per day: Days 1-7
Annual Drug Deductible	\$415	\$400	\$0	\$250	\$0
Additional Coverage in the Rx Gap	No	No	Yes	No	Yes
Chemo Drugs	20%	\$0	\$0	\$0	20%
Out-of-Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network	\$5,500	\$3,000



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Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic	WellCare Rx	WellCare Value
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