



2019 Medicare Advantage Plans Plaquemines



LOCAL HELP FOR PEOPLE WITH MEDICARE

| Medicare Advantage Plans | Blue Advantage | Blue Advantage | Humana Gold Plus | Peoples Health Choices 65 #14 |
|--------------------------------|---|---|--|---|
| Phone Number | 800-363-9152 | 800-363-9152 | 800-833-2364 | 800-536-3570 |
| Contract ID | H1248-002 | H6453-002 | H1951-047 | H1961-014 |
| Organization Name | Blue Cross Blue Shield of Louisiana | HMO Louisiana | Humana | Peoples Health |
| Medicare Plan Type | PPO | HMO | HMO | HMO |
| Monthly Consolidated Premium | \$68.00 | \$0.00 | \$22.00 | \$0.00 |
| Health Plan Deductible | \$0 in network; \$1,000 out of network | \$0.00 | \$0.00 | \$0.00 |
| PCP Co-Pay | \$0.00 | \$0.00 | \$5.00 | \$0.00 |
| Specialist Co-Pay | \$40.00 | \$40.00 | \$50.00 | \$20.00 |
| ER | \$90.00 | \$90.00 | \$90.00 | \$80.00 |
| Ambulance | \$275.00 | \$275.00 | \$265.00 | \$235.00 |
| 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; \$165 per day: Days 21-100 |
| Inpatient Hospital | \$175 per day for days 1-10 | \$125 per day for days 1-10 | \$150 per day for days 1-10 | \$50 per day for days 1-10 |
| Annual Drug Deductible | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Additional Coverage in the Gap | Yes | Yes | No | Yes |
| Chemo Drugs | 20% | 20% | 20% | 20% |
| Out-of-Pocket Maximum | \$5,000 in network; \$10,000 combined | \$6,700.00 | \$6,700.00 | \$6,700.00 |



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| Medicare Advantage Plans | HumanaChoice (No Rx Coverage) | HumanaChoice | HumanaChoice | AAA4 Vantage Traditional Plus |
|--------------------------------|--|--|--|---|
| Phone Number | 800-833-2364 | 800-833-2364 | 800-833-2364 | 866-704-0109 |
| Contract ID | R0110-001 | R0110-002 | R0110-003 | H5576-008 |
| Organization Name | Humana | Humana | Humana | Vantage Health Plan, Inc. |
| Medicare Plan Type | Regional PPO* | Regional PPO | Regional PPO | HMO-POS |
| Monthly Consolidated Premium | \$0.00 | \$53.00 | \$87.00 | \$33.10 |
| Health Plan Deductible | \$1000 out of network | \$1000 out of network | \$1000 out of network | \$185.00 |
| PCP Co-Pay | \$0 in network | \$15 in network | \$15 in network | \$10.00 |
| Specialist Co-Pay | \$35 in network | \$50 in network | \$50 in network | 20% after Pt B |
| ER | \$90.00 | \$90.00 | \$90.00 | \$90.00 |
| Ambulance | \$265.00 | \$265.00 | \$265.00 | \$250.00 |
| 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; \$172 per day: Days 21-100 |
| Inpatient Hospital | \$195 per day for days 1-6 | \$275 per day for days 1-7 | \$275 per day for days 1-10 | \$1364 per benefit period (days 1-60) |
| Annual Drug Deductible | Drugs Not Covered | \$415.00 | \$400.00 | \$415.00 |
| 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 in network; \$10,000 combined | \$6,700 in network; \$10,000 combined | \$6,700 |



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| Medicare Advantage Plans | AAA0 Vantage Standard | AAA1 Vantage Premium | AAA8 Vantage Basic | WellCare Rx | WellCare Value |
|--------------------------------|---|---|---|---|--|
| Phone Number | 866-704-0109 | 866-704-0109 | 866-704-0109 | 866-527-0056 | 866-527-0056 |
| Contract ID | H5576-017 | H5576-018 | H5576-020 | H2491-010 | H2491-007 |
| Organization Name | Vantage Health Plans, Inc. | Vantage Health Plan, Inc. | Vantage Health Plans, Inc. | WellCare | WellCare |
| Medicare Plan Type | HMO-POS | HMO-POS | HMO-POS | HMO | HMO |
| Monthly Consolidated Premium | \$59.00 | \$169.00 | \$0.00 | \$21.70 | \$0.00 |
| Health Plan Deductible | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| PCP Co-Pay | \$15.00 | \$10.00 | \$15.00 | \$0.00 | \$0.00 |
| Specialist Co-Pay | \$45.00 | \$40.00 | \$45.00 | \$35.00 | \$40.00 |
| ER | \$90.00 | \$90.00 | \$90.00 | \$90.00 | \$90.00 |
| Ambulance | \$250.00 | \$250.00 | \$250.00 | \$250.00 | \$250.00 |
| 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; \$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 | \$270 per day for days 1-7 | \$250 per day for days 1-7 | \$290 per day for days 1-7 | \$100 per day for days 1-9 | \$195 per day for days 1-9 |
| Annual Drug Deductible | \$250.00 | \$0.00 | \$310.00 | \$415.00 | \$0.00 |
| Additional Coverage in the Gap | No | No | No | No | No |
| Chemo Drugs | 20% | 20% | 20% | 20% | 20% |
| Out of Pocket Maximum | \$5,500 | \$3,000 | \$6,700 | \$6,700 | \$6,700 |