



2019 Medicare Advantage Plans St. Helena



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Blue Advantage	Blue Advantage	Humana Gold Plus (NO Rx Coverage)	Humana Total Care Advantage
Phone Number	800-363-9152	800-363-9152	800-833-2364	800-833-2364
Contract ID	H1248-001	H6453-001	H1951-030	H1951-039
Organization Name	Blue Cross Blue Shield of Louisiana	HMO Louisiana	Humana	Humana
Medicare Plan Type	PPO	HMO	HMO	HMO
Monthly Consolidated Premium	\$68	\$0	\$0	\$0
Health Plan Deductible	\$0 In-Network; \$1,000 Out-of Network	\$0	\$0	\$0
PCP Co-Pay	\$0	\$0	\$5	\$0
Specialist Co-Pay	\$40	\$45	\$50	\$30
ER	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	\$265	\$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
Inpatient Hospital	\$175 per day: Days 1-10	\$195 per day: Days 1-10	\$110 per day: Days 1-10	\$85 per day: Days 1-10
Annual Drug Deductible	\$0	\$0	No Drugs Covered	\$0
Additional Coverage in the Gap	Yes	Yes		Yes
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$5,000 In-Network; \$10,000 Combined	\$6,700	\$6,700	\$5,000 In-Network; \$10,000 Combined



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Medicare Advantage Plans	Humana Gold Plus	HumanaChoice	HumanaChoice	HumanaChoice (NO Rx Coverage)
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-048	R0110-002	R0110-003	R0110-001
Organization Name	Humana	Humana	Humana	Humana
Medicare Plan Type	HMO	Regional PPO	Regional PPO	Regional PPO*
Monthly Consolidated Premium	\$0	\$53	\$87	\$0
Health Plan Deductible	\$0	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1000 Out-of Network
PCP Co-Pay	\$0	\$15 In-Network	\$15 In-Network	\$0 In-Network
Specialist Co-Pay	\$35	\$50 In-Network	\$50 In-Network	\$35 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	\$275 per day: Days 1-7 (In-Network)	\$275 per day: Days 1-10 (In-Network)	\$195 per day: Days 1-6 (In-Network) Out-of-Network: 30%
Annual Drug Deductible	\$0	\$415	\$400	No Drugs Covered
Additional Coverage in the Gap	No	No	No	
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$3,700	\$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	Peoples Health Choices 65 #14	AAA4 Vantage Traditional Plus	AAA0 Vantage Standard	AAA1 Vantage Premium
Phone Number	800-536-3570	866-704-0109	866-704-0109	866-704-0109
Contract ID	H1961-014	H5576-008	H5576-017	H5576-018
Organization Name	Peoples Health	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plan Inc
Medicare Plan Type	HMO	HMO-POS	HMO-POS	HMO-POS
Monthly Consolidated Premium	\$0	\$33.10	\$49	\$169
Health Plan Deductible	\$0	\$500 Out-of Network	\$500 Out-of Network	\$500 Out-of Network
PCP Co-Pay	\$0	\$10, or 0-20% per visit 50% Out-of-Network	\$5-15, or 0-20% per visit 50% Out-of-Network	\$10
Specialist Co-Pay	\$20	20% per visit 50% Out-of-Network	\$45, or 0-20% per visit 50% Out-of-Network	\$40
ER	\$80	\$90	\$90	\$90
Ambulance	\$235	\$250	\$250	\$250
Skilled Nursing	\$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	\$0 per day: Days 1-20; \$172 per day: Days 21-100
Inpatient Hospital	\$50 per day: Days 1-10	\$1364 per benefit period: Days 1-60	\$270 per day: Days 1-7	\$250 per day: Days 1-7
Annual Drug Deductible	\$0	\$415	\$250	\$0
Additional Coverage in the Gap	Yes	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$5,500	\$3,000



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