



2019 Medicare Advantage Plans

St. James



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Aetna Medicare Basics Plan (No Rx)	Aetna Medicare Freedom Plan PPO	Allwell Medicare	Blue Advantage HMO
Phone Number	833-859-6031	833-859-6031	877-891-6099	800-363-9152
Contract ID	H5521-235-0	H5521-178-0	H5117-001-0	H6453-002-0
Organization Name	Aetna Medicare	Aetna Medicare	Allwell	HMO Louisiana
Type of Medicare Plan	PPO	PPO	PPO	HMO
Monthly Consolidated Premium	\$0	\$0	\$0	\$0
Health Plan Deductible	\$0	\$150	\$0	\$0
PCP Co-Pay	\$5	\$5	\$0	\$0
Specialist Co-Pay	\$35	\$35	\$40	\$40
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$300	\$250	\$275
Skilled Nursing	\$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; \$170 per days: Days 21-100	\$0 per day: Days 1-20; \$165 per day: Days 21-100
Inpatient Hospital	\$175 per day: Days 1-6	\$225 per day: Days 1-7	\$90 per day: Days 1-10	\$125 per day: Days 1-10
Annual Drug Deductible	*No Drugs Covered	\$195	\$0	\$0
Additional Coverage in the Gap		Yes	No	Yes
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	\$6,700 In-Network



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Medicare Advantage Plans	Blue Advantage PPO	Humana Gold Plus	HumanaChoice (NO Rx Coverage)	HumanaChoice
Phone Number	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1248-002-0	H1951-047-1	R0110-001-0	R0110-002-0
Organization Name	Blue Cross Blue Shield of Louisiana	Humana	Humana	Humana
Type of Medicare Plan	PPO	HMO	Regional PPO*	Regional PPO
Monthly Consolidated Premium	\$68	\$0	\$0	\$53
Health Plan Deductible	\$1,000	\$0	\$1000 Out-of-Network	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	\$0 In-Network	\$15 In-Network
Specialist Co-Pay	\$40	\$35	\$35 In-Network	\$50 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$275	\$265	\$265	\$265
Skilled Nursing	\$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	\$175 per day: Days 1-10	\$85 per day: Days 1-10	\$195 per day: Days 1-6 In-Network	\$275 per day: Days 1-7 In-Network
Annual Drug Deductible	\$0	\$0	*No Drugs Covered	\$415
Additional Coverage in the Gap	Yes	No		No
Chemo Drugs	20%	20%	20%	20%
Out of Pocket Maximum	\$5,000 In-Network; \$10,000 Combined	\$3,700	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	HumanaChoice	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	R0110-003-0	H1961-014-1	H5576-017-2	H5576-018-2
Organization Name	Humana	Peoples Health	Vantage Health Plan Inc	Vantage Health Plan Inc
Type of Medicare Plan	Regional PPO	HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$87	\$0	\$59	\$169
Health Plan Deductible	\$1000 Out-of-Network	\$0	\$0	\$0
PCP Co-Pay	\$15 In-Network	\$0	\$15	\$10
Specialist Co-Pay	\$50 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	\$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	\$400	\$0	\$250	\$0
Additional Coverage in the Gap	No	Yes	No	Yes
Chemo Drugs	\$0	\$0	\$0	20%
Out of Pocket Maximum	\$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
Type of Medicare Plan	Local HMO	Local HMO	HMO	HMO
Monthly Consolidated 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 Gap	No	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out of Pocket Maximum	\$6,700	\$6,700	\$6,700	\$6,700