



2019 Medicare Advantage Plans

Tangipahoa Parish



| Medicare Advantage Plans | Aetna Medicare Basics Plan (No Rx) | Aetna Medicare Freedom Plan | Allwell Medicare HMO | Blue Advantage PPO | Blue Advantage HMO |
|-----------------------------------|---|---|---|---|---|
| Phone Number | 833-859-6031 | 833-859-6031 | 877-891-6099 | 800-363-9152 | 800-363-9152 |
| Contract ID | H5521-234-0 | H5521-233-0 | H5117-001-0 | H1248-003-0 | H6453-003-0 |
| Organization Name | Aetna Medicare | Aetna Medicare | Allwell | Blue Cross Blue Shield of Louisiana | HMO Louisiana |
| Medicare Plan Type | PPO | PPO | HMO | PPO | HMO |
| Total Monthly Premium | \$0 | \$0 | \$0 | \$68 | \$0 |
| Health Plan Deductible | \$0 | \$150 | \$0 | \$1,000 Out-of-Network | \$0 |
| PCP Co-Pay | \$5 | \$5 | \$0 | \$0 | \$0 |
| Specialist Co-Pay | \$35 | \$30 | \$40 | \$40 | \$45 |
| ER | \$90 | \$90 | \$90 | \$90 | \$90 |
| Ambulance | \$250 | \$275 | \$250 | \$275 | \$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 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 |
| Inpatient Hospital | \$175 per day: Days 1-6 | \$225 per day: Days 1-7 | \$90 per day: Days 1-10 | \$175 per day: Days 1-10 | \$195 per day: Days 1-10 |
| Annual Drug Deductible | *No Drugs Covered | \$95 | \$0 | \$0 | \$0 |
| Additional Coverage in the Rx Gap | | Yes | No | Yes | Yes |
| Chemo Drugs | 20% | 20% | 20% | 20% | 20% |
| Out-of-Pocket Maximum | \$6,700 In-Network \$10,000 Combined | \$6,700 In-Network; \$10,000 Combined | \$6,700 | \$5,000 In-Network \$10,000 Combined | \$6,700 |



2019 Medicare Advantage Plans

Tangipahoa Parish



| Medicare Advantage Plans | Humana Gold Plus | HumanaChoice (NO Rx Coverage) | HumanaChoice | HumanaChoice | Peoples Health Choices 65 #14 |
|-----------------------------------|---|---|---|---|---|
| Phone Number | 800-833-2364 | 800-833-2364 | 800-833-2364 | 800-833-2364 | 800-536-3570 |
| Contract ID | H1951-024-0 | R0110-001-0 | R0110-002-0 | R0110-003-0 | H1961-014-2 |
| Organization Name | Humana | Humana | Humana | Humana | Peoples Health |
| Medicare Plan Type | HMO | Regional PPO* | Regional PPO | Regional PPO | HMO |
| Total Monthly Premium | \$59 | \$0 | \$53 | \$87 | \$0 |
| Health Plan Deductible | \$0 | \$1,000 Out-of-Network | \$1,000 Out-of-Network | \$1,000 Out-of-Network | \$0 |
| PCP Co-Pay | \$0 | \$0 In-Network | \$15 In-Network | \$15 In-Network | \$0 |
| Specialist Co-Pay | \$35 | \$35 In-Network | \$50 In-Network | \$50 In-Network | \$40 |
| ER | \$90 | \$90 | \$90 | \$90 | \$80 |
| Ambulance | \$265 | \$265 | \$265 | \$265 | \$235 |
| 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 | \$0 per day: Days 1-20; \$165 per day: Days 21-100 |
| Inpatient Hospital | \$200 per day: Days 1-7 | \$195 per day: Days 1-6 In-Network | \$275 per day: Days 1-7 In-Network | \$275 per day: Days 1-10 In-Network | \$180 per day: Days 1-10 |
| Annual Drug Deductible | \$0 | *No Drugs Covered | \$415 | \$400 | \$0 |
| Additional Coverage in the Rx Gap | No | | No | No | Yes |
| Chemo Drugs | 20% | 20% | 20% | 20% | 20% |
| Out-of-Pocket Maximum | \$6,700 | \$6,700 | \$6,700 | \$6,700 | \$6,700 |



2019 Medicare Advantage Plans Tangipahoa Parish



| Medicare Advantage Plans | AAA0 Vantage Standard | AAA1 Vantage Premium | AAA4 Vantage Traditional Plus | AAA8 Vantage Basic |
|-----------------------------------|---|---|--|---|
| Phone Number | 866-704-0109 | 866-704-0109 | 866-704-0109 | 866-704-0109 |
| Contract ID | H5576-017-1 | H5576-018-1 | H5576-008-0 | H5576-020-1 |
| Organization Name | Vantage Health Plan Inc | Vantage Health Plan Inc | Vantage Health Plan Inc | Vantage Health Plan Inc |
| Medicare Plan Type | HMO-POS | HMO-POS | HMO-POS | HMO-POS |
| Total Monthly Premium | \$49 | \$169 | \$33.10 | \$0 |
| Health Plan Deductible | \$500 Out-of Network | \$500 Out-of Network | \$500 Out-of Network | \$500 Out-of Network |
| PCP Co-Pay | \$5-15, or 0-20% per visit 50% Out-of-Network | \$10 | \$10, or 0-20% per visit 50% Out-of-Network | \$15 |
| Specialist Co-Pay | \$45, or 0-20% per visit 50% Out-of-Network | \$40 | 20% per visit 50% Out-of-Network | \$45 |
| ER | \$90 | \$90 | \$90 | \$90 |
| Ambulance | \$250 | \$250 | \$250 | \$250 |
| 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; \$170.50 per day: Days 21-100 | \$0 per day: Days 1-20; \$172 per day: Days 21-100 |
| Inpatient Hospital | \$270 per day: Days 1-7 | \$250 per day: Days 1-7 | \$1364 per Benefit Period: Days 1-60 | \$290 per day: Days 1-7 |
| Annual Drug Deductible | \$250 | \$0 | \$415 | \$310 |
| Additional Coverage in the Rx Gap | No | No | No | No |
| Chemo Drugs | 20% | 20% | 20% | 20% |
| Out-of-Pocket Maximum | \$5,500 | \$3,000 | \$6,700 | \$6,700 |