



2019 Medicare Advantage Plans

Tensas



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Blue Advantage HMO	Blue Advantage PPO	Humana Gold Plus	HumanaChoice
Phone Number	800-363-9152	800-363-9152	800-833-2364	800-833-2364
Contract ID	H6453-006-0	H11248-006-0	H1951-049-3	R0110-001-0
Organization Name	HMO Louisiana	Blue Cross Blue Shield of Louisiana	Humana	Humana
Type of Medicare Plan	HMO	PPO	Local HMO	Regional PPO
Monthly Consolidated Premium	\$15	\$68	\$0	\$0
Health Plan Deductible	\$0	\$1,000 Out-of-Network	\$0	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	\$10	\$0 In-Network
Specialist Co-Pay	\$50	\$40	\$40	\$35 In-Network
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: 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	\$195 per day: Days 1-10	\$175 per day: Days 1-10	\$215 per day: Days 1-8	\$195 per day: Days 1-6
Annual Drug Deductible	\$415	\$0	\$0	*No Drugs Covered
Additional Coverage in the Gap	Yes	Yes	No	
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$5,000 In-Network; \$10,000 Combined	\$6,700	\$6,700 In-Network; \$10,000 combined



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	AAA0 Vantage Standard	AAA1 Vantage Premium
Phone Number	800-833-2364	800-833-2364	866-704-0109	866-704-0109
Contract ID	R0110-002-0	R0110-003-0	H5576-017-2	H5576-018-2
Organization Name	Humana	Humana	Vantage Health Plans Inc	Vantage Health Plan Inc
Type of Medicare Plan	Regional PPO	Regional PPO	HMO with POS Option	HMO with POS Option
Monthly Consolidated Premium	\$53	\$87	\$59	\$169
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	\$15 In-Network	\$15 In-Network	\$15	\$10
Specialist Co-Pay	\$50 In-Network	\$50 In-Network	\$45	\$40
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$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; \$172 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	\$270 per day: Days 1-7	\$250 per day: Days 1-7
Annual Drug Deductible	\$415	\$400	\$250	\$0
Additional Coverage in the Gap	No	No	No	No
Chemo Drugs	20%	\$0	20%	20%
Out of Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$5,500	\$3,000 In-Network



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Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
Phone Number	866-704-0109	866-704-0109
Contract ID	H5576-008-0	H5576-020-2
Organization Name	Vantage Health Plan Inc	Vantage Health Plans Inc
Type of Medicare Plan	HMO with POS Option	HMO with POS Option
Monthly Consolidated Premium	\$33.10	\$0
Health Plan Deductible	\$500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	\$10	\$15
Specialist Co-Pay	20% (after Pt B) In-Network	\$45
ER	\$90	\$90
Ambulance	20% In-Network 50% Out-of-Network	\$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
Inpatient Hospital	\$1364 per Benefit Period: Days 1-60	\$290 per day: Days 1-7
Annual Drug Deductible	\$415	\$310
Additional Coverage in the Gap	No	No
Chemo Drugs	20%	20%
Out of Pocket Maximum	\$6,700 In-Network	\$6,700