



2019 Medicare Advantage Plans Terrebonne



Medicare Advantage Plans	Aetna Medicare Freedom Plan PPO	Blue Advantage HMO	Blue Advantage PPO	Humana Gold Plus HMO
Phone Number	833-859-6031	800-363-9152	800-363-9152	800-833-2364
Contract ID	H5521-178-0	H6453-002-0	H1248-002-0	H1951-047-2
Organization Name	Aetna Medicare	HMO Louisiana	Blue Cross Blue Shield of Louisiana	Humana
Medicare Plan Type	PPO	HMO	PPO	HMO
Total Monthly Premium	\$0	\$0	\$68	\$22
Health Plan Deductible	\$150	\$0	\$1,000	\$0
PCP Co-Pay	\$5	\$0	\$0	\$5
Specialist Co-Pay	\$35	\$40	\$40	\$50
ER	\$90	\$90	\$90	\$90
Ambulance	\$300	\$275	\$275	\$265
Skilled Nursing	\$0 per day: Days 1-20; \$160 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	\$0 per day: Days 1-20; \$164.50 per day: Days 21-100
Inpatient Hospital	\$225 per day: Days 1-7	\$125 per day: Days 1-10	\$175 per day: Days 1-10	\$150 per day: Days 1-10
Annual Drug Deductible	\$195	\$0	\$0	\$0
Additional Coverage in the Gap	Yes	Yes	Yes	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network	\$5,000 In-Network; \$10,000 Combined	\$6,700 In-Network



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Medicare Advantage Plans	HumanaChoice (NO Rx Coverage)	HumanaChoice PPO	HumanaChoice PPO	Peoples Health Choices 65 #14
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-536-3570
Contract ID	R0110-001-0	R0110-002-0	R0110-003-0	H1961-014-1
Organization Name	Humana	Humana	Humana	Peoples Health
Medicare Plan Type	Regional PPO*	Regional PPO	Regional PPO	HMO
Total Monthly Premium	\$0	\$53	\$87	\$0
Health Plan Deductible	\$1000 Out-of-Network	\$1,000	\$1,000	\$0
PCP Co-Pay	\$0 In-Network	\$15 In-Network	\$15 In-Network	\$0
Specialist Co-Pay	\$35 In-Network	\$50 In-Network	\$50 In-Network	\$20
ER	\$90	\$90	\$90	\$80
Ambulance	\$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; \$165 per day: Days 21-100
Inpatient Hospital	\$195 per day: Days 1-6 (In-Network)	\$275 per day: Days 1-7 (In-Network)	\$275 per day: Days 1-7 (In-Network)	\$50 per day: Days 1-10
Annual Drug Deductible	*No Drugs Covered	\$415	\$400	\$0
Additional Coverage in the Gap		No	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 In-Network; \$10,000 Combined	\$6,700



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Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA1 Vantage Premium	AAA8 Vantage Basic	AAA0 Vantage Standard
Phone Number	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-008-0	H5576-018-2	H5576-020-2	H5576-017-2
Organization Name	Vantage Health Plan Inc	Vantage Health Plan Inc	Vantage Health Plans Inc	Vantage Health Plans Inc
Medicare Plan Type	HMO with POS Option	HMO with POS Option	HMO with POS Option	HMO with POS Option
Total Monthly Premium	\$33.10	\$169	\$0	\$59
Health Plan Deductible	\$500 Out-of-Network	\$500 Out-of-Network	\$500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	\$10	\$10	\$15	\$15
Specialist Co-Pay	20% (after Pt B) In-Network	\$40	\$45	\$45
ER	\$90	\$90	\$90	\$90
Ambulance	20% In-Network 50% Out-of-Network	\$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; \$172 per day: Days 21-100
Inpatient Hospital	\$1364 per Benefit Period: Days 1-60	\$250 per day: Days 1-7	\$290 per day: Days 1-7	\$270 per day: Days 1-7
Annual Drug Deductible	\$415	\$0	\$310	\$250
Additional Coverage in the Gap	No	No	No	No
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700 In-Network	\$3,000 In-Network	\$6,700	\$5,500



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Medicare Advantage Plans	Aetna Medicare Basics Plan
Phone Number	833-859-6031
Contract ID	H5521-235-0
Organization Name	Aetna Medicare
Medicare Plan Type	PPO
Total Monthly Premium	\$0
Health Plan Deductible	\$0
PCP Co-Pay	\$5
Specialist Co-Pay	\$35
ER	\$90
Ambulance	\$250
Skilled Nursing	\$0 per day: Days 1-20; \$160 per day: Days 21-100
Inpatient Hospital	\$175 per day: Days 1-6
Annual Drug Deductible	*No Drugs Covered
Additional Coverage in the Gap	
Chemo Drugs	20%
Out-of-Pocket Maximum	\$6,700 in-network; \$10,000 combined