



2018 Medicare Advantage Plans St. Tammany



Medicare Advantage Plans	Advantra (HMO)	Aetna Medicare Freedom Plan	Alwell Medicare (HMO)	Blue Advantage (HMO)
	855-338-9551	855-338-7027	855-766-1572	800-363-9152
Contract ID	H3928-002	H5521-178	H5117-002	H6453-003
Organization Name	Coventry Health Care	Aetna Medicare	Alwell Medicare	HMO Louisiana
Type of Medicare Plan	Local HMO	Local PPO	Local HMO	Local HMO
Monthly Consolidated Premium	\$36	\$0	\$0	\$0
Health Plan Deductible	\$0	\$50 annual deductible	\$0	\$0
PCP Co-Pay	\$10	\$5/\$40	\$0	\$0
Specialist Co-Pay	\$35	\$40/\$40	\$40	\$40
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$275	\$300	\$250	\$245
Skilled Nursing	\$0 for day 1-20 \$150 day 21-100	\$0 per day (days 1-20) \$145 per day (days 21-100)	\$0 per day (days 1-20) \$160 per day (days 21-100)	\$0 per day (days 1-20) \$165 per day (days 21-100)
Inpatient Hospital	\$175 days 1-10 \$0 for days 11 -90	\$195 for day 1-7 \$0 for days 8-90	\$199 for days 1 through 10 \$0 for days 11 through 90	\$195 for days 1-10 \$0 for days 11-90 \$195 for days 91-100 \$0 for days 101 and beyond
Annual Drug Deductible	\$0	\$50	\$300	\$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20% (Part B)	20% (Part B)	20% (Part B)	20% (Part B)
Out-of-Pocket Maximum	\$6,700	\$5,900 / \$10,000	\$6,700	\$6,700



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Humana Gold Plus (HMO)	HumanaChoice	HumanaChoice	HumanaChoice
	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-028	R0110-001	R0110-002	R0110-003
Organization Name	Humana Health Benefit Plan of Louisiana Inc.	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	Local HMO	Regional PPO	Regional PPO	Regional PPO
Monthly Consolidated Premium	\$27.00	\$0	\$53	\$87
Health Plan Deductible	\$0	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-Pay	\$10	\$10/\$35	\$15/30%	\$15/\$15
Specialist Co-Pay	\$45	\$35/\$50	\$50/30%	\$50/\$40-\$60
ER	\$80 per visit (always covered)			
Ambulance	\$265 or 20%	\$265 or 20%	\$265 or 20%	\$265 or 20%
Skilled Nursing	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$195 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 & beyond	\$195 for days 1 through 6 \$0 for days 7 through 90 \$0 for days 91 and beyond	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$400	Drugs not covered	\$300	\$400
Additional Coverage in the Gap	Talk with Plan	Drugs not covered	Talk with Plan	Talk with Plan`
Chemo Drugs	20% (Part B)	20%/30%	20%- 30%	20%/ 17%-20%
Out of Pocket Maximum	\$6,700	\$6,700/ \$10,000	\$6,700/ \$10,000	\$6,700/ \$10,000



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Peoples Health Choices 65 #14 (HMO)	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus
	866-301-8865	866-704-0109	866-704-0109	866-704-0109
Contract ID	H1961-014	H5576-017	H5576-018	H5576-008
Organization Name	Peoples Health	Vantage Health Plan	Vantage Health Plan	Vantage Health Plan
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	\$25	\$59	\$169	\$30.90
Health Plan Deductible	\$0	\$500 Out-of network	\$500 Out-of network	\$183 per year
PCP Co-Pay	\$10	\$20 / 0%- 20%/50%	\$15 or 0-20%/50%	\$10 or 20%
Specialist Co-Pay	\$40	\$50 / 0%- 20%/50%	\$40 or 0-20%/50%	20% per visit
ER	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$235	\$250	\$250	20%
Skilled Nursing	\$0 for days 1 through 20 \$165 for days 21 through 100	\$0 for days 1 through 20 \$167 for days 21 through 100	\$0 for days 1 through 20 \$167 for days 21 through 100	\$0 for days 1 through 20 \$167 for days 21 through 100
Inpatient Hospital	\$190 for days 1 through 10 \$0 for days 11 through 90	\$325 for days 1 through 5 \$0 for days 6 through 90	\$275 for days 1 through 5 \$0 for days 6 through 90	\$1,316 for days 1 through 60 \$329 for days 61 through 90 \$658 for days 91 through 150
Annual Drug Deductible	\$0	\$250	\$0	\$405
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20% (Part B)	20%/50%	20% - 50%	20%
Out of Pocket Maximum	6,700	\$5,500	\$3,000	\$6,700



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Medicare Advantage Plans	AAA8 Vantage Basic	WellCare Value (HMO)
	866-704-0109	866-527-0056
Contract ID	H5576-020	H2491-007
Organization Name	Vantage Health Plan	WellCare Health Plans
Type of Medicare Plan	Local HMO	HMO
Monthly Consolidated Premium	\$0	\$0
Health Plan Deductible	\$500 Out-of network	\$0
PCP Co-Pay	\$35 or 0-20%	\$0
Specialist Co-Pay	\$50 or 0-20%	\$35
ER	\$80 per visit (always covered)	\$80 per visit (always covered)
Ambulance	\$250	\$250
Skilled Nursing	\$0 for days 1 through 20 \$167 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$360 for days 1 through 5 \$0 for days 6 through 90	\$195 for days 1 through 9 \$0 for days 10 through 90
Annual Drug Deductible	\$380	\$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan
Chemo Drugs	20%- 50%	20% (Part B)
Out of Pocket Maximum	\$6,700	\$6,700