SHIIP — Louisiana Senior Health Insurance Information Program

ship — state health insurance assistance programs — LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Aetna Medicare Freedom Plan	Advantra	Alwell Medicare	Blue Advantage
	855-338-7027	855-338-9551	855-766-1572	800-363-9152
Contract ID	H5521-178	H3928-001	H5117 - 001	H6453-001
Organization Name	Aetna Medicare	Coventry Health Care	Alwell Medicare	HMO Louisiana
Type of Medicare Plan	Local PPO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium	$0	$0	$0	$0
Health Plan Deductible	$50 Annual Deductible	$0	$0	$0
PCP Co-Pay	$5/$40	$5	$0	$0
Specialist Co-Pay	$40/$40	$30	$40	$40
ER	$80 per visit	$80 per visit	$80 per visit	$80 per visit
Ambulance	$300	$250	$250	$245
Skilled Nursing	$0 for days 1 through 20 $145for days 21 through 100	$0 for days 1 through 20 $125 for days 21 through 100	$0 for days 1 through 20 $160 for days 21 through 100	$0 for days 1 through 20 $165 for days 21 through 100
Inpatient Hospital	$195 for days 1 through 7 $0 for days 8 through 90	$140 for days 1 through 6 $0 for days 7 through 90	$199 for days 1 through 10 $0 for days 11 through 90	$125 for days 1 through 10 $0 for days 11 through 90 $125 for days 91 through 100 $0 for days 101 and beyond
Annual Drug Deductible	$50	$0	$300	$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan	Talk with Plan	Talk with Plan
Chemo Drugs	20%/40%	20%	20%	20%
Out-of-Pocket Maximum	$5,900	$6,700	$6,700	$6,700

2018 Medicare Advantage Plans
Ascension

Medicare Advantage Plans	Humana Gold Plus	HumanaChoice	HumanaChoice *	HumanaChoice
	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-048	R0110-001	R0110-002	R0110-003
Organization Name	Humana Health Benefit Plan of LA	Humana Insurance Company	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	Local HMO	Regional PPO	Regional PPO *	Regional PPO
Monthly Consolidated Premium	$0	$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	$15
Specialist Co-Pay	$50	$35/$50	$50/30%	$50
ER	$80 per visit (always covered)	$80 per visit (always covered)	$80 per visit (always covered)	$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 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	$150 for days 1 through 10 $0 for days 11 through 90 $0 for days 91 and beyond	$195 for days 1 thorugh6 $0 for days7 thorugh 90 $0 for days 91 & beyond	$275 for days 1 through7 $0 for days 8 through 90 $0 for days 91 and beyond	$275 per days 1 thorugh 7 $0 for days 8 through 90 $0 for days 91 and beyond
Annual Drug Deductible	$400	No drug coverage	$300	$400
Additional Coverage in the Gap	Talk with Plan	No drug coverage	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20%/30%	20%/30%	20%/17%-20%
Out of Pocket Maximum	$6,700	$6700/$10,000	$6700/$10,000	$6700/$10,000

2018 Medicare Advantage Plans
Ascension

Medicare Advantage Plans	Peoples Health Choices 65 #14	WellCare Value
	866-301-8865	866-527-0056
Contract ID	H1961-014	H2491-007
Organization Name	Peoples Health	WellCare Health Plan
Type of Medicare Plan	Local HMO	Local HMO
Monthly Consolidated Premium	$0	$0
Health Plan Deductible	$0	$0
PCP Co-Pay	$5	$0
Specialist Co-Pay	$35	$35
ER	$80 per visit (always covered)	$80 per visit (always covered)
Ambulance	$235	$250
Skilled Nursing	$0 for days 1 through 20 $165 for days 21 through 100	$0 for days 1 through 20 $164.50 for days 21 through 100
Inpatient Hospital	$85 for days 1 through 10 $0 for days 11 through 90	$195 for days 1 through 9 $0 for days 10 through 90
Annual Drug Deductible	$0	$0
Additional Coverage in the Gap	Talk with Plan	Talk with Plan
Chemo Drugs	20%	20%
Out of Pocket Maximum	$6,700	$6,700