



# 2020 Medicare Advantage Plans Acadia Parish



Medicare Advantage Plans	Aetna Medicare Freedom Plan PPO	Aetna Medicare Basics Plan (PPO) (No Rx Coverage)	Allwell Medicare HMO	Blue Advantage HMO
Phone Number	833-859-6031	833-859-6031	877-891-6099	800-363-9152
Contract ID	H5521-234-0	H5521-235-0	H5117-003-0	H6453-010-2
Medicare Plan Type	Aetna Medicare , PPO	Aetna Medicare, PPO	Allwell, HMO	HMO Louisiana, HMO
Total Monthly Premium	\$0	\$0	\$0	\$0
Health Plan Deductible	\$150 Out-of-Network	\$150 Out-of-Network	\$0	\$0
PCP Co-Pay	\$5	\$5	\$0	\$0
Specialist Co-Pay	\$35	\$35	\$40	\$40
ER	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	\$250	\$260
Inpatient Hospital	\$225 per day for days 1-7	\$175 per day: Days 1-6	\$90 per day: Days 1-10	\$175 per day for day 1-10
Annual Drug Deductible	\$95	* No Drugs Covered	\$0	\$0
Additional Coverage in the Gap	Yes		No	Yes
Out-of-Pocket Maximum	\$6,700 in network; \$10,000 combined	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network	\$4,900 In-Network



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Medicare Advantage Plans	Blue Advantage PPO	Humana Gold Plus HMO	Humana Honor PPO	Humana Choice PPO
Phone Number	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1248-004-0	H1951-049-2	H5216-201	H5216-064
Medicare Plan Type	Blue Cross Blue Shield of Louisiana, PPO	Humana, HMO	Humana, Local PPO	Humana, Local PPO
Total Monthly Premium	\$75	\$0	\$0	\$44
Health Plan Deductible	\$1,000	\$0	\$1,000	\$1,000
PCP Co-Pay	\$0	\$0	\$0	\$5
Specialist Co-Pay	\$40	\$35	\$35	\$45
ER	\$90	\$90	\$90	\$90
Ambulance	\$260	\$265	\$265	\$265
Inpatient Hospital	\$140 per day for day 1-10	\$195 per day: Days 1-8	\$195 per day: Days 1-6	\$225 per day: Days 1-7
Annual Drug Deductible	\$0	\$0	\$0	\$400
Additional Coverage in the Gap	Yes	No	No	No
Out-of-Pocket Maximum	\$3,500 In-Network; \$7,000 Combined	\$6,700 In-Network	\$6,700 In-Network	\$6,700



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## Acadia Parish



Medicare Advantage Plans	HumanaChoice PPO	HumanaChoice PPO (NO Rx Coverage)	HumanaChoice PPO	HumanaChoice PPO
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5216-202	R0110-001-0	R0110-002-0	R0110-003-0
Medicare Plan Type	Humana, Local PPO	Humana, Regional PPO*	Humana, Regional PPO	Humana, Regional PPO
Total Monthly Premium	\$78	\$0	\$82	\$110
Health Plan Deductible	\$1,000	\$1,000 Out-of-Network	\$1,000	\$1,000 Out-of-Network
PCP Co-Pay	\$15	\$0 In-Network	\$15 In-Network	\$15 In-Network
Specialist Co-Pay	\$50	\$35 In-Network	\$50 In-Network	\$50 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$265	\$265
Inpatient Hospital	\$275 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)
Annual Drug Deductible	\$400	*No Drugs Covered	\$435	\$400
Additional Coverage in the Gap	No		No	No
Out-of-Pocket Maximum	\$6,700	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	Lasso Healthcare (MSA)	Peoples Health Choices Gold HMO-POS	People Health Choices Value HMO	AAA8 Vantage Basic
Phone Number	866-766-2583	800-536-3570	800-536-3570	866-704-0109
Contract ID	H1924-003	H1961-017-0	H1961-018-0	H5576-020-2
Medicare Plan Type	MSA	Peoples Health , HMO with POS Option	Peoples Health, Local HMO	Vantage Health Plan Inc, Local HMO
Total Monthly Premium	\$0	\$0	\$0	\$0
Health Plan Deductible	\$9,400	\$1,500 Out-of-Network	\$0	\$500
PCP Co-Pay	\$0	\$0	\$20	\$15
Specialist Co-Pay	\$0	\$40	\$50	\$45
ER	\$0	\$90	\$90	\$90
Ambulance	\$0	\$235	\$235	\$250
Inpatient Hospital	\$0	\$195 per day: Days 1-10	\$350 per day: Days 1-5	\$290 per day: Days 1-7
Annual Drug Deductible	\$0	\$0	\$300	\$435
Additional Coverage in the Gap	No	Yes	Yes	No
Out-of-Pocket Maximum	\$9,400	\$6,700 In-Network	\$6,700	\$6,700



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	AAA1 Vantage Premium	AAA0 Vantage Standard	AAA4 Vantage Traditional Plus	WellCare Rx Compass HMO
Phone Number	866-704-0109	866-704-0109	866-704-0109	866-527-0056
Contract ID	H5576-018-2	H5576-017-2	H5576-008-0	H2491-010-0
Medicare Plan Type	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, Local HMO	WellCare , HMO
Total Monthly Premium	\$179	\$59	\$33.10	\$21.70
Health Plan Deductible	\$500	\$0	\$185 Part B	\$0
PCP Co-Pay	\$10	\$15	\$10	\$0
Specialist Co-Pay	\$40	\$45	20% after Pt B	\$35
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$250	20%	\$250
Inpatient Hospital	\$250 per day: Days 1-7	\$270 per day: Days 1-7 In-Network	\$1364 per Benefit Period	\$100 per day: Days 1-9
Annual Drug Deductible	\$0	\$250	\$415	\$415
Additional Coverage in the Gap	Yes	No	No	No
Out-of-Pocket Maximum	\$3,000	\$5,500	\$6,700	\$3,400



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Medicare Advantage Plans	WellCare Value HMO
Phone Number	866-527-0056
Contract ID	H2491-007-0
Medicare Plan Type	WellCare , HMO
Total Monthly Premium	\$0
Health Plan Deductible	\$0
PCP Co-Pay	\$0
Specialist Co-Pay	\$30
ER	\$120
Ambulance	\$275
Inpatient Hospital	\$225 per day: Days 1-9
Annual Drug Deductible	\$0
Additional Coverage in the Gap	No
Out-of-Pocket Maximum	\$3,400