



2020 Medicare Advantage Plans

Assumption Parish



Medicare Advantage Plans	Aetna Medicare Basics Plan (No Rx Coverage)	Aetna Medicare Freedom Plan PPO	Blue Advantage HMO	Blue Advantage PPO
Phone Number	833-859-6031	833-859-6031	800-363-9152	800-363-9152
Contract ID	H5521-235-0	H5521-178-0	H6453-002-0	H1248-002-0
Medicare Plan Type	Aetna Medicare, PPO	Aetna Medicare, PPO	HMO Louisiana, HMO	Blue Cross Blue Shield of Louisiana, PPO
Total Monthly Premium	\$0	\$0	\$0	\$75
Health Plan Deductible	\$150 Out-of-Network	\$150 Out-of-Network	\$0	\$1000 Out-of-Network
PCP Co-Pay	\$5/\$30	\$5/\$30	\$0	\$0
Specialist Co-Pay	\$35/\$50	\$35/\$50	\$35	\$35
ER	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	\$260	\$260
Inpatient Hospital	\$175 per day: Days 1-6	\$225 per day for days 1-7	\$125 per day: Days 1-10	\$175 per day: Days 1-10
Annual Drug Deductible	*No Drugs Covered	\$100	\$0	\$0
Additional Coverage in the Gap		Yes	Yes	Yes
Out-of-Pocket Maximum	\$6,400 In-Network; \$10,000 Combined	\$6,400 In-Network; \$10,000 Combined	\$5,500 In-Network	\$3,500 In-Network; \$7,000 Combined



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Medicare Advantage Plans	Humana Gold Plus	Humana Honor	Humana Choice PPO	Humana Choice PPO
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-047-1	H5216-201	H5216-064	H5216-202
Medicare Plan Type	Humana, HMO	Humana, PPO	Humana, Local PPO	Humana, Local PPO
Total Monthly Premium	\$21	\$0	\$44	\$78
Health Plan Deductible	\$0	\$1,000	\$0	\$0
PCP Co-Pay	\$5	\$0	\$5	\$5
Specialist Co-Pay	\$50	\$35	\$50	\$50
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$265	\$265
Inpatient Hospital	\$195 per day: Days 1-10	\$195 per day: Days 1-6	\$195 per day: Days 1-6	\$110 per day: Days 1-10
Annual Drug Deductible	\$0	*No Drugs Covered	*No Drugs Covered	*No Drugs Covered
Additional Coverage in the Gap	No			
Out-of-Pocket Maximum	\$6,700 In-Network	\$6,700	\$6,700	\$6,700



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Medicare Advantage Plans	HumanaChoice (NO Rx Coverage)	HumanaChoice	HumanaChoice	Lasso Healthcare (MSA)
Phone Number	800-833-2364	800-833-2364	800-833-2364	866-766-2583
Contract ID	R0110-001-0	R0110-002-0	R0110-003-0	H1924-001
Medicare Plan Type	Humana, Regional PPO*	Humana, Regional PPO	Humana, Regional PPO	MSA
Total Monthly Premium	\$0	\$82	\$0	\$0
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1,000	\$9,400
PCP Co-Pay	\$0 In-Network	\$15 In-Network	\$0	\$0
Specialist Co-Pay	\$35 In-Network	\$50 In-Network	\$0	\$0
ER	\$90	\$90	\$0	\$0
Ambulance	\$265	\$265	\$0	\$0
Inpatient Hospital	\$195 per day: Days 1-6 In-Network	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-10 In-Network	\$0
Annual Drug Deductible	*No Drugs Covered	\$435	\$400	\$0
Additional Coverage in the Gap		No	No	Yes
Out-of-Pocket Maximum	\$6,700	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$9,400



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Medicare Advantage Plans	Peoples Health Choices 65 #14	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus
Phone Number	800-536-3570	866-704-0109	866-704-0109	866-704-0109
Contract ID	H1961-014-1	H5576-017-2	H5576-018-2	H5576-008-0
Medicare Plan Type	Peoples Health, HMO	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, Local HMO
Total Monthly Premium	\$0	\$69	\$179	\$32.20
Health Plan Deductible	\$0	\$500 Out-of-Network	\$500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	\$0	\$15	\$10	\$10
Specialist Co-Pay	\$30	\$45	\$40	20% after Pt B
ER	\$90	\$90	\$90	\$90
Ambulance	\$235	\$250	\$250	20%
Inpatient Hospital	\$85 per day: Days 1-10	\$270 per day: Days 1-7 In-Network	\$250 per day: Days 1-7	\$1364 per Benefit Period
Annual Drug Deductible	\$0	\$275	\$0	\$435
Additional Coverage in the Gap	Yes	No	Yes	No
Out-of-Pocket Maximum	\$6,700 In-Network	\$5,500	\$3,000	\$6,700



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Medicare Advantage Plans	AAA8 Vantage Basic
Phone Number	866-704-0109
Contract ID	H5576-020-2
Medicare Plan Type	Vantage Health Plan Inc, Local HMO
Total Monthly Premium	\$0
Health Plan Deductible	\$500 Out-of-Network
PCP Co-Pay	\$15
Specialist Co-Pay	\$45
ER	\$90
Ambulance	\$250
Inpatient Hospital	\$290 per day: Days 1-7
Annual Drug Deductible	\$435
Additional Coverage in the Gap	No
Out-of-Pocket Maximum	\$6,700