



# 2020 Medicare Advantage Plans Bossier Parish



Medicare Advantage Plans	Atena Medicare Advantra Plan	Aetna Medicare Basics Plan (No Rx)	Aetna Medicare Freedom Plan PPO	Blue Advantage HMO
Phone Number	833-859-6031	833-859-6031	833-859-6031	800-363-9152
Contract ID	H3928-002-0	H5521-235-0	H5521-178-0	H6453-005-0
Medicare Plan Type	Coventry, HMO	Aetna Medicare, PPO	Aetna Medicare , PPO	HMO Louisiana, HMO
Total Monthly Premium	\$26	\$0	\$0	\$0
Health Plan Deductible	\$0	\$150	\$150	\$0
PCP Co-Pay	\$10	\$5	\$5	\$0
Specialist Co-Pay	\$35	\$35	\$35	\$50
ER	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	\$275	\$260
Inpatient Hospital	\$175 per day: Days 1-10	\$175 per day: Days 1-6	\$225 per day: Days 1-7	\$195 per day: Days 1-10
Annual Drug Deductible	\$150	*No Drugs Covered	\$100	\$0
Additional Coverage in the Rx Gap	Yes		Yes	Yes
Out-of-Pocket Maximum	\$6,700	\$6,400 In-Network; \$10,000 Combined	\$6,400 In-Network; \$10,000 Combined	\$6,700 In-Network



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Medicare Advantage Plans	Blue Advantage PPO	Humana Choice PPO	Humana Value Plus	Humana Honor
Phone Number	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1248-005-0	H5216-064-0	H5216-161-0	H5216-201-0
Medicare Plan Type	Blue Cross Blue Shield of Louisiana, PPO	Humana, PPO	Humana, PPO	Humana, PPO
Total Monthly Premium	\$75	\$44	\$23.90	\$0
Health Plan Deductible	\$1,000	\$1,000	TBD	\$1,000
PCP Co-Pay	\$0 In-Network	\$5	20%	\$0
Specialist Co-Pay	\$40 In-Network	\$45	20%	\$35
ER	\$90	\$90	\$90	\$90
Ambulance	\$260	\$265	20%	\$265
Inpatient Hospital	\$175 per day: Days 1-10	\$225 per day: Days 1-7	\$600 per day: Days 1-3	*No Drugs Covered
Annual Drug Deductible	\$0	\$400	\$435	
Additional Coverage in the Rx Gap	Yes	No	No	No
Out-of-Pocket Maximum	\$3,700 In-Network; \$7,400 Combined	\$6,700 In-Network \$10,000 Combined	\$6,700 In-Network \$10,000 Combined	\$6,700 In-network \$10,000 Combined



# 2020 Medicare Advantage Plans Bossier Parish



Medicare Advantage Plans	Humana Gold Plus	HumanaChoice (NO Rx Coverage)	HumanaChoice PPO	HumanaChoice PPO
Phone Number	800-536-3570	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-013-0	R0110-001-0	R0110-002-0	R0110-003-0
Medicare Plan Type	Humana, HMO	Humana, Regional PPO*	Humana, Regional PPO	Humana, Regional PPO
Total Monthly Premium	\$0	\$0	\$82	\$110
Health Plan Deductible	\$0	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1000 Out-of-Network
PCP Co-Pay	\$5	\$0 In-Network	\$15 In-Network	\$15 In-Network
Specialist Co-Pay	\$40	\$35 In-Network	\$50 In-Network	\$50 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$265	\$265
Inpatient Hospital	\$195 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	\$0	*No Drugs Covered	\$435	\$400
Additional Coverage in the Rx 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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## Bossier Parish



Medicare Advantage Plans	Lasso Healthcare (MSA)	Peoples Health Choices Gold	Peoples Health Choices Value	AAA0 Vantage Standard
Phone Number	866-766-2583	800-536-3570	800-536-3570	866-704-0109
Contract ID	H1924-003	H1961-017-0	H1961-018-0	H5576-017-2
Medicare Plan Type	MSA	Peoples Health, HMO-POS	Peoples Health HMO	Vantage Health Plan Inc, Local HMO
Total Monthly Premium	\$0	\$0	\$0	\$69
Health Plan Deductible	\$9,400	\$1,500 Out-of-Network	\$0	\$0
PCP Co-Pay	\$0	\$0	\$20	\$15
Specialist Co-Pay	\$0	\$40	\$50	\$45
ER	\$0	\$90	\$90	\$90
Ambulance	\$0	\$260	\$235	\$250
Inpatient Hospital	\$0	\$195 per day: Days 1-10	\$350 per day: Days 1-5	\$270 per day: Days 1-7 In-Network
Annual Drug Deductible	\$0	\$0	\$300	\$275
Additional Coverage in the Rx Gap	No	Yes	Yes	No
Out-of-Pocket Maximum	\$9,400	\$6,700 In-Network	\$6,700	\$5,500



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LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
Phone Number	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-018-2	H5576-008-0	H5576-020-2
Medicare Plan Type	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, HMO with POS Option	Vantage Health Plans Inc, HMO with POS Option
Total Monthly Premium	\$179	\$32.20	\$0
Health Plan Deductible	\$0	\$500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	\$10	\$10	\$15
Specialist Co-Pay	\$40	20% (after Pt B) In-Network	\$45
ER	\$90	\$90	\$90
Ambulance	\$250	20% In-Network 50% Out-of-Network	\$250
Inpatient Hospital	\$250 per day: Days 1-7	TBD	\$290 per day: Days 1-7
Annual Drug Deductible	\$0	\$435	\$435
Additional Coverage in the Rx Gap	Yes	No	No
Out-of-Pocket Maximum	\$3,000	\$6,700 In-Network	\$6,700