



# 2020 Medicare Advantage Plans

## Caddo Parish



Medicare Advantage Plans	Aetna 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
Medicare Plan Type	Aetna, HMO	Aetna Medicare, PPO	Aetna Medicare , PPO	Blue Cross Blue Shield of Louisiana - HMO
Total Monthly Premium	\$26	\$0	\$0	\$0
Health Plan Deductible	\$0	\$150 Out-of-Network	\$150 Out-of-Network	\$0
PCP Co-Pay	\$10	\$5	\$5	\$15
Specialist Co-Pay	\$35	\$35	\$35	\$50
ER	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	\$275	\$250
Inpatient Hospital	\$150	\$175 per day: Days 1-6	\$225 per day: Days 1-7	\$195 per day: Days 1-10
Annual Drug Deductible	Yes	*No Drugs Covered	\$195	\$0
Additional Coverage in the Gap	\$6,700		Yes	Yes
Out-of-Pocket Maximum	\$6,700	\$6,400 In-Network; \$10,000 Combined	\$6,400 In-Network; \$10,000 Combined	\$6,700



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Medicare Advantage Plans	Blue Advantage PPO	Humana Honor PPO	Humana Gold Plus	HumanaChoice (NO Rx Coverage)
Phone Number	800-363-9152	800-536-3570	800-536-3570	800-833-2364
Contract ID	H1248-005	H5216-201	H1951-013-0	R0110-001-0
Medicare Plan Type	Blue Cross Blue Shield of Louisiana - PPO	Humana, Local PPO Only	Humana, HMO	Humana, Regional PPO*
Total Monthly Premium	\$75	\$0	\$0	\$0
Health Plan Deductible	\$1,000 Out of Network	\$1000 Out-of-Network	\$0	\$1000 Out-of-Network
PCP Co-Pay	\$0/30%	\$0 In-Network	\$5	\$0 In-Network
Specialist Co-Pay	\$40/30%	\$35 In-Network	\$40	\$35 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$265	\$265	\$265
Inpatient Hospital	\$175 per day: Days 1-10	\$195 per day: Days 1-6	\$195 per day: Days 1-7	\$195 per day: Days 1-6 In-Network
Annual Drug Deductible	\$0	*No Drugs Covered	\$0	*No Drugs Covered
Additional Coverage in the Gap	Yes		No	
Out-of-Pocket Maximum	\$3,700	\$6,700	\$6,700	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	Lasso MSA	Peoples Health Choices Gold
Phone Number	800-833-2364	800-833-2364	800-766-2583	866-301-8865
Contract ID	R0110-002-0	R0110-003-0	H1924-003	H1961-017
Medicare Plan Type	Humana, Regional PPO	Humana, Regional PPO	MSA	Peoples Health Choices Gold HMO-POS
Total Monthly Premium	\$82	\$110	\$0	\$0.00
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$9,400	\$1,500 Out of Network
PCP Co-Pay	\$15 In-Network	\$15 In-Network	\$0	\$0
Specialist Co-Pay	\$50 In-Network	\$50 In-Network	\$0	\$40
ER	\$90	\$90	\$0	\$90
Ambulance	\$265	\$265	\$0	\$235
Inpatient Hospital	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-10 In-Network	\$0	\$195 per day: Days 1-10
Annual Drug Deductible	\$435	\$400	No Drugs Covered	\$0
Additional Coverage in the Gap	No	No	No	Yes
Out-of-Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined	\$9,400	\$6,700



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Medicare Advantage Plans	Peoples Health Choices Value	Vantage Standard	Vantage Premium	Vantage Traditional Plus
Phone Number	866-301-8865	866-704-0109	866-704-0109	866-704-0109
Contract ID	H1961-018	H5576-017-2	H5576-018-2	H5576-008-0
Medicare Plan Type	Peoples Health Choices Gold HMO	Vantage Health Plans Inc, HMO with POS Option	Vantage Health Plan Inc, HMO with POS Option	Vantage Health Plan Inc, HMO with POS Option
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	\$20	\$15	\$10	\$10
Specialist Co-Pay	\$50	\$45	\$40	20% (after Pt B) In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$235	\$250	\$250	20% In-Network 50% Out-of-Network
Inpatient Hospital	\$350 per day: Days 1-5	\$270 per day: Days 1-7	\$250 per day: Days 1-7	*Coming Soon
Annual Drug Deductible	\$300	\$275	\$0	\$435
Additional Coverage in the Gap	Yes	No	No	No
Out-of-Pocket Maximum	\$6,700	\$5,500	\$3,000 In-Network	\$6,700 In-Network



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Medicare Advantage Plans	Vantage Basic
Phone Number	866-704-0109
Contract ID	H5576-020-2
Medicare Plan Type	Vantage Health Plans Inc, HMO with POS
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