



2020 Medicare Advantage Plans Cameron Parish



Medicare Advantage Plans	Blue Advantage HMO	Blue Advantage PPO	Humana Gold Plus	Humana Honor
Phone Number	800-363-9152	800-363-9152	800-536-3570	800-833-2364
Contract ID	H6453-010-2	H1248-004-0	H1951-049-1	H5216-201
Medicare Plan Type	HMO Louisiana, HMO	Blue Cross Blue Shield of Louisiana, PPO	Humana, HMO	Humana, Local PPO
Total Monthly Premium	\$0	\$75	\$0	\$0
Health Plan Deductible	\$0	\$0 In-Network; \$1,000 Out-of-Network	\$0	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	\$10	\$0/\$35
Specialist Co-Pay	\$40	\$35	\$40	\$35/\$50
ER	\$90	\$90	\$90	\$90
Ambulance	\$260	\$260	\$265	\$265
Inpatient Hospital	\$175 per day: Days 1-10	\$140 per day: Days 1-10	\$225 per day: Days 1-8	\$195 per day: Days 1-6 (In-Network)
Annual Drug Deductible	\$0	\$0	\$0	*No Drugs Covered
Additional Coverage in the Rx Gap	Yes	Yes	No	
Out-of-Pocket Maximum	\$5,200 In-Network	\$3,500 In-Network; \$7,000 Combined	\$6,700	\$6,700 In-Network; \$10,000 Combined



2020 Medicare Advantage Plans Cameron Parish



Medicare Advantage Plans	HumanaChoice PPO	HumanaChoice PPO	Humana Value Plus	HumanaChoice PPO
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5216-202	H5216-064-0	H5216-161	R0110-001-0
Medicare Plan Type	Humana, Local PPO	Humana, Local PPO	Humana, Value PPO Plans	Humana, Regional PPO
Total Monthly Premium	\$78	\$44	\$23.90	\$0
Health Plan Deductible	\$1000 Out-of-Network	\$1,000 Out-of-Network	*Coming Soon	\$1,000 Out-of-Network
PCP Co-Pay	\$15 In-Network	\$5 In-Network	20%	\$5 In-Network
Specialist Co-Pay	\$50 In-Network	\$45 In-Network	20%	\$35 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$265	\$265
Inpatient Hospital	\$275 per day: Days 1-7	\$225 per day: Days 1-7 In-Network	\$600 per day: Days 1-3	\$195 per day: Days 1-7 (In-Network)
Annual Drug Deductible	\$400	\$400	\$435	\$400
Additional Coverage in the Rx Gap	No	No	No	No
Out-of-Pocket Maximum	\$6,700 In-Network; \$10,000 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 Cameron Parish



Medicare Advantage Plans	HumanaChoice PPO	HumanaChoice PPO	Lasso Healthcare MSA	Peoples Health Choices Gold
Phone Number	800-833-2364	800-833-2364	866-766-2583	800-536-3570
Contract ID	R0110-002-0	R0110-003-0	H1924-003	H1961-017-0
Medicare Plan Type	Humana, Regional PPO	Humana, Regional PPO	Lasso Healthcare MSA	Peoples Health, HMO-POS
Total Monthly Premium	\$82	\$110	\$0.00	\$0
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$9,400.00	\$1,500 Out-of-Network
PCP Co-Pay	\$15 In-Network	\$15 In-Network	\$0 After meeting deductible	\$0
Specialist Co-Pay	\$50 In-Network	\$50 In-Network	\$0 After meeting deductible	\$40
ER	\$90	\$90	\$0 After meeting deductible	\$90
Ambulance	\$265	\$265	\$0 After meeting deductible	\$260
Inpatient Hospital	\$275 per day: Days 1-7 (In-Network)	\$275 per day: Days 1-10 (In-Network)	\$0 After meeting deductible	\$195 per day: Days 1-10
Annual Drug Deductible	\$435	\$400	*No Drugs Covered	\$0
Additional Coverage in the Rx Gap	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 In-Network



2020 Medicare Advantage Plans Cameron Parish



Medicare Advantage Plans	Peoples Health Choice Value	Vantage Premiun	Vantage Traditional Plus	Vantage Basic
Phone Number	800-536-3570	866-704-0109	866-704-0109	866-704-0109
Contract ID	H1961-018-0	H5576-018-2	H5576-008-0	H5576-020-2
Medicare Plan Type	Peoples Health HMO	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, Local HMO-POS
Total Monthly Premium	\$0	\$179	\$32.20	\$0
Health Plan Deductible	\$1,000	\$0	\$500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	\$20	\$10	\$10/50%	\$15/50%
Specialist Co-Pay	\$50	\$40	20% after Pt B	\$45/50%
ER	\$90	\$90	\$90	\$90
Ambulance	\$235	\$250	20%	\$250
Inpatient Hospital	\$350 per day: Days 1-5	\$250 per day: Days 1-7	*Coming Soon	\$290 per day: Days 1-7
Annual Drug Deductible	\$300	\$0	\$435	\$435
Additional Coverage in the Rx Gap	Yes	Yes	No	No
Out-of-Pocket Maximum	\$6,700 In-Network	\$3,000	\$6,700	\$6,700



2020 Medicare Advantage Plans Cameron Parish



Medicare Advantage Plans	Vantage Standard
Phone Number	866-704-0109
Contract ID	H5576-020-2
Medicare Plan Type	Vantage Health Plan Inc, Local HMO-POS
Total Monthly Premium	\$69
Health Plan Deductible	\$500 Out-of-Network
PCP Co-Pay	\$15/50%
Specialist Co-Pay	\$45/50%
ER	\$90
Ambulance	\$250
Inpatient Hospital	\$270 per day: Days 1-7
Annual Drug Deductible	\$275
Additional Coverage in the Rx Gap	No
Out-of-Pocket Maximum	\$5,500