



# 2020 Medicare Advantage Plans

## Evangeline Parish



Medicare Advantage Plans	Aetna Medicare Basics Plan (No Rx)	Aetna Medicare Freedom Plan	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	H5521-232-0	H6453-004-0	H1248-004-0
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	\$150	\$0	\$0 In-Network; \$1,000 Out-of-Network
PCP Co-Pay	\$5	\$5	\$0	\$0
Specialist Co-Pay	\$35	\$35	\$40	\$35
ER	\$90	\$90	\$90	\$90
Ambulance	\$275	\$275	\$260	\$260
Inpatient Hospital	\$175 per day: Days 1-6	\$225 per day: Days 1-7	\$175 per day: Days 1-10	\$140 per day: Days 1-10
Annual Drug Deductible	*No Drugs Covered	\$200	\$0	\$0
Additional Coverage in the Rx Gap		Yes	Yes	Yes
Out-of-Pocket Maximum	\$6,400 In-Network; \$10,000 Combined	\$6,000 In-Network; \$10,000 Combined	\$5,200 In-Network	\$3,500 In-Network; \$7,000 Combined



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Medicare Advantage Plans	Humana Honor	Humana Value Plus	HumanaChoice	HumanaChoice
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5216-201	H5216-161	H5216-064	H5216-202
Medicare Plan Type	Humana, Local PPO	Humana, Value PPO Plans	Humana, Local PPO	Humana, Local PPO
Total Monthly Premium	\$0	\$23.90	\$44.00	\$78
Health Plan Deductible	\$1000 Out-of-Network	*Coming Soon	\$1000 Out-of-Network	\$1000 Out-of-Network
PCP Co-Pay	\$0/\$35	20%	\$5	\$15
Specialist Co-Pay	\$35/\$50	20%	\$45	\$50
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$265	\$265
Inpatient Hospital	\$195 per day: Days 1-6 (In-Network)	\$600 per day: Days 1-3	\$225 per day: Days 1-7	\$275 per day: Days 1-7
Annual Drug Deductible	*No Drugs Covered	\$435	\$400	\$400
Additional Coverage in the Rx Gap		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 Evangeline Parish



Medicare Advantage Plans	HumanaChoice	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	H1924-003
Medicare Plan Type	Humana, Regional PPO*	Humana, Regional PPO	Humana, Regional PPO	Lasso Healthcare MSA
Total Monthly Premium	\$0	\$82	\$110	\$0.00
Health Plan Deductible	\$1000 Out-of Network	\$1000 Out-of-Network	\$1000 Out-of-Network	\$9,400.00
PCP Co-Pay	\$0 In-Network	\$15 In-Network	\$15 In-Network	\$0 After meeting deductible
Specialist Co-Pay	\$35 In-Network	\$50 In-Network	\$50 In-Network	\$0 After meeting deductible
ER	\$90	\$90	\$90	\$0 After meeting deductible
Ambulance	\$265	\$265	\$265	\$0 After meeting deductible
Inpatient Hospital	\$195 per day: Days 1-6 (In-Network) Out-of-Network: 30%	\$275 per day: Days 1-7 (In-Network)	\$275 per day: Days 1-10 (In-Network)	\$0 After meeting deductible
Annual Drug Deductible	*No Drugs Covered	\$435	\$400	*No Drugs Covered
Additional Coverage in the Rx Gap		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	\$9,400



# 2020 Medicare Advantage Plans Evangeline Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Peoples Health Choices Gold	Peoples Health Choices Value	Vantage Premium	Vantage Traditional Plus
Phone Number	800-536-3570	800-536-3570	866-704-0109	866-704-0109
Contract ID	H1961-017-0	H1961-018-0	H5576-018-2	H5576-008-0
Medicare Plan Type	Peoples Health, HMO-POS	Peoples Health HMO	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, Local HMO
Total Monthly Premium	\$0	\$0	\$179	\$32.20
Health Plan Deductible	\$1,500 Out-of-Network	\$0	\$0	\$500 Out-of-Network
PCP Co-Pay	\$0	\$20	\$10	\$10/50%
Specialist Co-Pay	\$35	\$50	\$40	20% after Pt B
ER	\$90	\$90	\$90	\$90
Ambulance	\$260	\$235	\$250	20%
Inpatient Hospital	\$195 per day: Days 1-7	\$350 per day: Days 1-5	\$250 per day: Days 1-7	*Coming Soon
Annual Drug Deductible	\$0	\$300	\$0	\$435
Additional Coverage in the Rx Gap	Yes	Yes	Yes	No
Out-of-Pocket Maximum	\$6,700 In-Network	\$6,700	\$3,000	\$6,700



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Medicare Advantage Plans	Vantage Basic	Vantage Standard	WellCare Compass HMO	WellCare Value HMO
Phone Number	866-704-0109	866-704-0109	866-527-0056	866-527-0056
Contract ID	H5576-020-2	H5576-020-2	H2491-010-0	H2491-007-0
Medicare Plan Type	Vantage Health Plan Inc, Local HMO-POS	Vantage Health Plan Inc, Local HMO-POS	WellCare , HMO	WellCare , HMO
Total Monthly Premium	\$0	\$69	\$17.90	\$0
Health Plan Deductible	\$500 Out-of-Network	\$500 Out-of-Network	\$0	\$0
PCP Co-Pay	\$15/50%	\$15/50%	\$0	\$0
Specialist Co-Pay	\$45/50%	\$45/50%	\$30	\$30
ER	\$90	\$90	\$90	\$120
Ambulance	\$250	\$250	\$275	\$275
Inpatient Hospital	\$290 per day: Days 1-7	\$270 per day: Days 1-7	\$175 per day: Days 1-9	\$225 per day: Days 1-9
Annual Drug Deductible	\$435	\$275	\$435	\$0
Additional Coverage in the Rx Gap	No	No	No	No
Out-of-Pocket Maximum	\$6,700	\$5,500	\$6,700	\$3,400