



2020 Medicare Advantage Plans

Lafayette Parish



Medicare Advantage Plans	Aetna Medicare Basics Plan	Aetna Medicare Freedom Plan	Allwell Medicare HMO	Blue Advantage PPO
Phone Number	877-891-6099	800-363-9152	877-891-6099	800-363-9152
Contract ID	H5521-235	H5521-178	H5117-003-0	H1248-001-0
Medicare Plan Type	Aetna Medicare, PPO	Aetna Medicare, PPO	Allwell, 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	\$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	\$235	\$275
Inpatient Hospital	\$175 per day: Days 1-6	\$225 per day: Days 1-7	\$90 per day: Days 1-10	\$170 per day: Days 1-10
Annual Drug Deductible	*No Drugs Covered	\$200	\$0	\$0
Additional Coverage in the Gap		Yes	No	Yes
Out-of-Pocket Maximum	\$6,400 In-Network; \$10,000 Combined	\$6,400 In-Network; \$10,000 Combined	\$6,700 In-Network	\$3,500 In-Network; \$7,000 Combined



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Medicare Advantage Plans	Blue Advantage HMO	Humana Gold Plus HMO	Humana Honor	HumanaChoice
Phone Number	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H6453-007-01	H1951-049-2	H5216-201	H5216-064
Medicare Plan Type	HMO Louisiana, HMO	Humana, HMO	Humana, Local PPO	Humana, Local PPO
Total Monthly Premium	\$0	\$0	\$0	\$44
Health Plan Deductible	\$0	\$0	\$1000 Out-of Network	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$0	\$0	\$5
Specialist Co-Pay	\$40	\$35	\$35	45
ER	\$90	\$90	\$90	\$90
Ambulance	\$260	\$265	\$265	\$265
Inpatient Hospital	\$175 per day: Days 1-10	\$195 per day: Days 1-8	\$195 per day: Days 1-6	\$225 per day: Days 1-7
Annual Drug Deductible	\$0	\$0	*No Drugs Covered	\$400
Additional Coverage in the Gap	Yes	No		No
Out-of-Pocket Maximum	\$4,900	\$6,700 In-Network	\$6,700 In-Network; \$10,000 Combined	\$6,700 In-Network; \$10,000 Combined



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice	HumanaChoice
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5216-202	R0110-001-0	R0110-002-0	R0110-003-0
Medicare Plan Type	Humana, Local PPO	Humana, Regional PPO*	Humana, Regional PPO	Humana, Regional PPO
Total Monthly Premium	\$78	\$0	\$82	\$110
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of Network	\$1000 Out-of-Network	\$1000 Out-of-Network
PCP Co-Pay	\$15	\$0 In-Network	\$15 In-Network	\$15 In-Network
Specialist Co-Pay	\$50	\$35 In-Network	\$50 In-Network	\$50 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$265	\$265
Inpatient Hospital	\$275 per day: Days 1-7	\$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)
Annual Drug Deductible	\$400	*No Drugs Covered	\$435	\$400
Additional Coverage in the 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



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Medicare Advantage Plans	Lasso Healthcare MSA	Vantage Standard	Vantage Premium	Vantage Traditional Plus
Phone Number	866-766-2583	866-704-0109	866-704-0109	866-704-0109
Contract ID	H1924-003	H5576-017-1	H5576-018	H5576-008-1
Medicare Plan Type	Lasso Healthcare MSA	Vantage Health Plan Inc, HMO-POS	Vantage Health Plan Inc, HMO-POS	Vantage Health Plan Inc, HMO-POS
Total Monthly Premium	\$0	\$69	\$179	\$32.20
Health Plan Deductible	\$9,400	\$500 Out-of Network	\$500 Out-of Network	\$500 Out-of Network
PCP Co-Pay	\$0 Until Deductible is Met	\$15/5 (Affinity) 50% Out-of-Network	\$10/\$0 (Affinity)	\$10, or 0-20% per visit 50% Out-of-Network
Specialist Co-Pay	\$0 Until Deductible is Met	\$45 50% Out-of-Network	\$40	20% per visit 50% Out-of-Network
ER	\$0 Until Deductible is Met	\$90	\$90	\$90
Ambulance	\$0 Until Deductible is Met	\$250	\$250	\$0
Inpatient Hospital	\$0 Until Deductible is Met	\$270 per day: Days 1-7	\$250 per day: Days 1-7	*Coming Soon
Annual Drug Deductible	*No Drug Coverage	\$275	\$0	\$435
Additional Coverage in the Gap		No	No	No
Out-of-Pocket Maximum	\$9,400	\$5,500	\$3,000	\$6,700



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Medicare Advantage Plans	Vantage Basic	Peoples Health Choices Gold	Peoples Health Choices Value	WellCare Compass
Phone Number	866-704-0109	800-536-3570	800-536-3570	866-527-0056
Contract ID	H5576-020-1	H1961-017-0	H1961-018-0	H2491-010-
Medicare Plan Type	Vantage Health Plan Inc, HMO-POS	Peoples Health , HMO with POS Option	Peoples Health, HMO	WellCare, HMO
Total Monthly Premium	\$0	\$0	\$0	\$17.90
Health Plan Deductible	\$500 Out-of Network	\$1,500 Out-of-Network	\$0	\$0
PCP Co-Pay	\$15/5 (Affinity)	\$0	\$20	\$0
Specialist Co-Pay	\$45	\$40	\$50	\$30
ER	\$90	\$90	\$90	\$120
Ambulance	\$250	\$260	\$235	\$275
Inpatient Hospital	\$290 per day: Days 1-7	\$195 per day: Days 1-10	\$350 per day: Days 1-5	\$175 per day: Days 1-9
Annual Drug Deductible	\$435	\$0	\$300	\$435
Additional Coverage in the Gap	No	Yes	Yes	No
Out-of-Pocket Maximum	\$6,700	\$6,700 In-Network	\$6,700 In-Network	\$3,400



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Medicare Advantage Plans	WellCare Value
Phone Number	866-527-0056
Contract ID	H2491-007-0
Medicare Plan Type	Wellcare Value HMO
Total Monthly Premium	\$0
Health Plan Deductible	\$0
PCP Co-Pay	\$0
Specialist Co-Pay	\$30
ER	\$125
Ambulance	\$275
Inpatient Hospital	\$225 per day: Days 1-9
Annual Drug Deductible	\$0
Additional Coverage in the Gap	Yes
Out-of-Pocket Maximum	\$3,400