



2020 Medicare Advantage Plans

Ouachita Parish



Medicare Advantage Plans	Aetna Medicare Basics Plan (No Rx)	Aetna Medicare Freedom Plan PPO	Blue Advantage PPO	Blue Advantage HMO
Phone Number	833-859-6031	833-859-6031	800-363-9152	800-363-9152
Contract ID	H5521-235-0	H5521-232-0	H1248-006	H6453-006-0
Medicare Plan Type	Aetna Medicare, PPO	Aetna Medicare , PPO	Blue Cross Blue Shield of Louisiana, PPO	HMO Louisiana, HMO
Total Monthly Premium	\$0	\$0	\$75	\$0
Health Plan Deductible	\$150 Out-of-Network	\$150 Out-of-Network	\$0 In-Network; \$1,000 Out-of-Network	\$0
PCP Co-Pay	\$5	\$5	\$0	\$0
Specialist Co-Pay	\$35	\$35	\$40	\$50
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	\$195 per day: Days 1-10
Annual Drug Deductible	*No Drugs Covered	200 Tier 3 and higher	\$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	\$3,700 In-Network; \$7,400 Combined	\$6,700



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Medicare Advantage Plans	Humana Honor	Humana Gold Plus	Humana Value Plus	HumanaChoice
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5216-201	H1951-049-3	H5216-161	H5216-064
Medicare Plan Type	Humana, Local PPO	Humana , Local HMO	Humana, Local PPO	Humana, Regional PPO
Total Monthly Premium	\$0	\$0	\$23.90	\$44.00
Health Plan Deductible	\$1000 Out-of Network	\$0	\$0	\$1000 out of network
PCP Co-Pay	\$0	\$10	20%	\$5.00
Specialist Co-Pay	\$35	\$40	20%	\$45.00
ER	\$90	\$90	\$90	\$90.00
Ambulance	\$265	\$265	\$265	\$265.00
Inpatient Hospital	\$195 per day: Days 1-6	\$215 per day: Days 1-8	\$600 per day: Days 1-3	\$225 per day for days 1-7
Annual Drug Deductible	*No Drugs Covered	\$0	\$435	\$400.00
Additional Coverage in the Rx Gap		No	No	No
Out-of-Pocket Maximum	\$6,700 In-Network; \$10,000 Combined	\$6,700	\$6,700	\$6,700 in network; \$10,000 combined



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Medicare Advantage Plans	HumanaChoice PPO	HumanaChoice (NO Rx Coverage)	HumanaChoice PPO	HumanaChoice PPO
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, Regional PPO	Humana, Regional PPO	Humana, Regional PPO	Humana, Regional PPO
Total Monthly Premium	\$78	\$0	\$82	\$110
Health Plan Deductible	\$1000 Out-of-Network	\$1,000 Out-of-Network	\$1,000 Out-of-Network	\$1,000 Out-of-Network
PCP Co-Pay	\$15 In-Network	\$0 In-Network	\$15 In-Network	\$15 In-Network
Specialist Co-Pay	\$50 In-Network	\$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 In-Network	\$195 per day: Days 1-6	\$275 per day: Days 1-7	\$275 per day: Days 1-7
Annual Drug Deductible	\$400	No Drugs Covered	\$435	\$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



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Medicare Advantage Plans	Peoples Health Choices Gold	Peoples Health Choices Value	AAA1 Vantage Premium	AAA8 Vantage Basic
Phone Number	800-536-3570	800-536-3570	866-704-0109	866-704-0109
Contract ID	H1961-017-0	H1961-018-0	H5576-018	H5576-020
Medicare Plan Type	Peoples Health , HMO with POS Option	Peoples Health, HMO	Vantage Health Plan, Inc., HMO-POS	Vantage Health Plans, Inc., HMO-POS
Total Monthly Premium	\$0	\$0	\$169.00	\$0.00
Health Plan Deductible	\$1,500 Out-of-Network	\$0	\$500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	\$0	\$20	\$0-10	\$5-15
Specialist Co-Pay	\$40	\$50	\$40.00	\$45.00
ER	\$90	\$90	\$90.00	\$90.00
Ambulance	\$260	\$235	\$250.00	\$250.00
Inpatient Hospital	\$195 per day: Days 1-10	\$350 per day: Days 1-5	\$250 per day for days 1-7	\$290 per day for days 1-7
Annual Drug Deductible	\$0	\$300	\$0.00	\$435.00
Additional Coverage in the Rx Gap	Yes	Yes	No	No
Out-of-Pocket Maximum	\$6,700 In-Network	\$6,700 In-Network	\$3,000	\$6,700



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Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA0 Vantage Standard
Phone Number	866-704-0109	866-704-0109
Contract ID	H5576-008	H5576-017
Medicare Plan Type	Vantage Health Plan, Inc., HMO-POS	Vantage Health Plans, Inc., HMO-POS
Total Monthly Premium	\$32.20	\$59.00
Health Plan Deductible	\$500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	\$10.00	\$5-15
Specialist Co-Pay	20% after Pt B	\$45.00
ER	\$90.00	\$90.00
Ambulance	\$250.00	\$250.00
Inpatient Hospital	Coming Soon	\$270 per day for days 1-7
Annual Drug Deductible	\$435.00	\$275.00
Additional Coverage in the Rx Gap	No	No
Out-of-Pocket Maximum	\$6,700	\$5,500