



2020 Medicare Advantage Plans

St. Landry Parish



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Aetna Medicare Freedom Plan	Aetna Medicare Basics Plan (No Rx)	Allwell Medicare HMO	Blue Advantage HMO
Phone Number	833-859-6031	833-859-6031	877-891-6099	800-363-9152
Contract ID	H5521-234-0	H5521-235-0	H5117-003-0	H6453-004-0
Medicare Plan Type	Aetna Medicare , PPO	Aetna Medicare, PPO	Allwell, HMO	HMO Louisiana, HMO
Total Monthly Premium	\$0	\$0	\$0	\$0
Health Plan Deductible	\$150 Out-of Network	\$150 Out-of Network	\$0	\$0
PCP Co-Pay	\$5	\$5	\$0	\$0
Specialist Co-Pay	\$35	\$35	\$40	\$40
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$250	\$250	\$260
Inpatient Hospital	\$225 per day: Days 1-7	\$175 per day: Days 1-6	\$90 per day: Days 1-10	\$140 per day for day 1-10
Annual Drug Deductible	\$200	*No Drugs Covered	\$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 PPO	Humana Gold Plus HMO	HumanaChoice	Humana Honor
Phone Number	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1248-004-0	H1951-049-2	H5216-064	H5216-201
Medicare Plan Type	Blue Cross Blue Shield of Louisiana, PPO	Humana, HMO	Humana, Regional PPO	Humana, Local PPO
Total Monthly Premium	\$75	\$0	\$44.00	\$0
Health Plan Deductible	\$1,000	\$0	\$1000 out of network	\$1000 Out-of Network
PCP Co-Pay	\$0	\$0	\$5.00	\$0
Specialist Co-Pay	\$35	\$35	\$45.00	\$35
ER	\$90	\$90	\$90.00	\$90
Ambulance	\$260	\$265	\$265.00	\$265
Inpatient Hospital	\$140 per day for day 1-10	\$195 per day: Days 1-8	\$225 per day for days 1-7	\$195 per day: Days 1-6
Annual Drug Deductible	\$0	\$0	\$400.00	*No Drugs Covered
Additional Coverage in the Gap	Yes	No	No	
Out-of-Pocket Maximum	\$5,000 In-Network; \$7,000 Combined	\$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 (No Rx Coverage)	HumanaChoice	HumanaChoice
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5216-202	R0110-001	R0110-002	R0110-003
Medicare Plan Type	Humana, Local PPO	Humana, Regional PPO	Humana, Regional PPO	Humana, Regional PPO
Total Monthly Premium	\$78	\$0.00	\$82.00	\$110.00
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	\$90.00	\$90.00	\$90.00
Ambulance	\$265	\$265.00	\$265.00	\$265.00
Inpatient Hospital	\$275 per day: Days 1-7	\$195 per day for days 1-6	\$275 per day for days 1-7	\$275 per day for days
Annual Drug Deductible	\$400	No Drugs Covered	\$415.00	\$400.00
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	People Health Choices Value (HMO)	Peoples Health Choices Gold	AAA0 Vantage Standard
Phone Number	866-766-2583	800-536-3570	800-536-3570	866-704-0109
Contract ID	H1924-001	H1961-018	H1961-017-0	H5576-017-2
Medicare Plan Type	Medicare Saving Acct.	Peoples Health, HMO	Peoples Health , HMO with POS Option	Vantage Health Plan Inc, Local HMO
Total Monthly Premium	\$0.00	\$0	\$0	\$69
Health Plan Deductible	\$9,400	\$0	\$1,500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	Nothing until deductible	\$20	\$0	\$15
Specialist Co-Pay	Nothing until deductible	\$50	\$40	\$45
ER	Nothing until deductible	\$90	\$90	\$90
Ambulance	Nothing until deductible	\$235	\$265	\$250
Inpatient Hospital	Nothing until deductible	\$350 per day: Days 1-5	\$195 per day: Days 1-7	\$270 per day: Days 1-7 In-Network
Annual Drug Deductible	*No Drugs Covered	\$300	\$0	\$275
Additional Coverage in the Gap		Yes	Yes	No
Out-of-Pocket Maximum	\$9,400	\$6,700	\$6,700 In-Network	\$5,500



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Medicare Advantage Plans	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic	WellCare Value
Phone Number	866-704-0109	866-704-0109	866-704-0109	866-527-0056
Contract ID	H5576-018-2	H5576-008-0	H5576-020-2	H2491-007-0
Medicare Plan Type	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, Local HMO	Wellcare Value HMO
Total Monthly Premium	\$179	\$32.20	\$0	\$0
Health Plan Deductible	\$0	\$500 Out of Network	\$500 Out-of-Network	\$0
PCP Co-Pay	\$10	\$10 or 20%	\$15	\$0
Specialist Co-Pay	\$40	20% after Pt B	\$45	\$30
ER	\$90	\$90	\$90	\$125
Ambulance	\$250	20%	\$250	\$275
Inpatient Hospital	\$250 per day: Days 1-7	\$1364 per Benefit Period	\$290 per day: Days 1-7	\$225 per day: Days 1-9
Annual Drug Deductible	\$0	\$435	\$435	\$0
Additional Coverage in the Gap	Yes	No	No	Yes
Out-of-Pocket Maximum	\$3,000	\$6,700	\$6,700	\$3,400



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Medicare Advantage Plans	WellCare Compass
Phone Number	866-527-0056
Contract ID	H2491-010
Medicare Plan Type	WellCare, HMO
Total Monthly Premium	\$17.90
Health Plan Deductible	\$0
PCP Co-Pay	\$0
Specialist Co-Pay	\$30
ER	\$120
Ambulance	\$275
Inpatient Hospital	\$175 per day: Days 1-9
Annual Drug Deductible	\$435
Additional Coverage in the Gap	No
Out-of-Pocket Maximum	\$3,400