



# 2020 Medicare Advantage Plans St. Martin Parish



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	H6453-010-0
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	\$175 per day for day 1-10
Annual Drug Deductible	\$200	<b>*No Drugs Covered</b>	\$0	\$0
Additional Coverage in the Gap	Yes		No	Yes
Out-of-Pocket Maximum	\$5,900 In-Network; \$10,000 Combined	\$5,900 In-Network; \$10,000 Combined	\$6,700 In-Network	\$4,900 In-Network



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Medicare Advantage Plans	Blue Advantage PPO	Humana Honor	HumanaChoice	HumanaChoice
Phone Number	800-363-9152	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1248-004-0	H5216-201	H5216-202	H5216-064
Medicare Plan Type	Blue Cross Blue Shield of Louisiana, PPO	Humana, Local PPO	Humana, Local PPO	Humana, Regional PPO
Total Monthly Premium	\$75	\$0	\$78	\$44.00
Health Plan Deductible	\$1,000	\$1000 Out-of Network	\$1000 Out-of-Network	\$1000 out of network
PCP Co-Pay	\$0	\$0	\$15	\$5.00
Specialist Co-Pay	\$35	\$35	\$50	\$45.00
ER	\$90	\$90	\$90	\$90.00
Ambulance	\$260	\$265	\$265	\$265.00
Inpatient Hospital	\$140 per day for day 1-10	\$195 per day: Days 1-6	\$275 per day: Days 1-7	\$225 per day for days 1-7
Annual Drug Deductible	\$0	*No Drugs Covered	\$400	\$400.00
Additional Coverage in the Gap	Yes		No	No
Out-of-Pocket Maximum	\$3,500 In-Network; \$7,000 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	Humana Gold Plus HMO	HumanaChoice (No Rx Coverage)	HumanaChoice	HumanaChoice
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-049-2	R0110-001	R0110-002	R0110-003
Medicare Plan Type	Humana, HMO	Humana, Regional PPO	Humana, Regional PPO	Humana, Regional PPO
Total Monthly Premium	\$0	\$0.00	\$82.00	\$110.00
Health Plan Deductible	\$0	\$1000 out of network	\$1000 out of network	\$1000 out of network
PCP Co-Pay	\$0	\$0 in network	\$15 in network	\$15 in network
Specialist Co-Pay	\$35	\$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	\$195 per day: Days 1-8	\$195 per day for days 1-6	\$275 per day for days 1-7	\$275 per day for days
Annual Drug Deductible	\$0	No Drugs Covered	\$415.00	\$400.00
Additional Coverage in the Gap	No		No	No
Out-of-Pocket Maximum	\$6,700 In-Network	\$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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LOCAL HELP FOR PEOPLE WITH MEDICARE

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



# 2020 Medicare Advantage Plans

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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