



# 2020 Medicare Advantage Plans

## St. Mary



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Advantage Plans	Aetna Medicare Basics Plan (No Rx)	Aetna Medicare Freedom Plan PPO	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	H5521-178-0	H6453-010-2	H1248-004-0
Medicare Plan Type	Aetna Medicare, PPO	Aetna Medicare , PPO	HMO Louisiana, HMO	Blue Cross Blue Shield of Louisiana, PPO
Monthly Consolidated Premium	\$0	\$0	\$0	\$75
Health Plan Deductible	\$150	\$150	\$0	\$1,000
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 for day 1-10	\$140 per day for day 1-10
Annual Drug Deductible	*No Drugs Covered	\$100	\$0	\$0
Additional Coverage in the Gap		Yes	Yes	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	Humana Honor	HumanaChoice PPO	Humana Value Plus PPO	HumanaChoice (NO Rx Coverage)
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H5216-201	H5216-064-0	H5216-161-0	R0110-001-0
Medicare Plan Type	Humana PPO	Humana, Local PPO	Humana, PPO	Humana, Regional PPO*
Monthly Consolidated Premium	\$0	\$45	\$23.90	\$0
Health Plan Deductible	\$1,000	\$1000 Out-of-Network	TBD	\$1000 Out-of-Network
PCP Co-Pay	\$0	\$5	20%	\$0 In-Network
Specialist Co-Pay	\$35	\$45	20%	\$35 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	20%	\$265
Inpatient Hospital	\$195 per day: Days 1-6	\$225 per day: Days 1-7	\$600 per day for day 1-3	\$195 per day: Days 1-6 In-Network
Annual Drug Deductible	\$0	\$400	\$435.00	*No Drugs Covered
Additional Coverage in the Gap	No	Yes	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



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Medicare Advantage Plans	HumanaChoice	HumanaChoice	Lasso Healthcare (MSA)	Peoples Health Choices 65 #14
Phone Number	800-833-2364	800-833-2364	866-766-2583	800-536-3570
Contract ID	R0110-002-0	R0110-003-0	H1924-003	H1961-014-1
Medicare Plan Type	Humana, Regional PPO	Humana, Regional PPO	MSA	Peoples Health, HMO
Monthly Consolidated Premium	\$82	\$110	\$0	\$0
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$9,400	\$0
PCP Co-Pay	\$15 In-Network	\$15 In-Network	\$0	\$0
Specialist Co-Pay	\$50 In-Network	\$50 In-Network	\$0	\$30
ER	\$90	\$90	\$0	\$90
Ambulance	\$265	\$265	\$0	\$235
Inpatient Hospital	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-7 In-Network	\$0	\$85 per day: Days 1-10
Annual Drug Deductible	\$435	\$400	\$0	\$0
Additional Coverage in the Gap	No	No	No	Yes
Out-of-Pocket Maximum	\$6,700	\$6,700	\$9,400	\$6,700 In-Network



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Medicare Advantage Plans	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus	AAA8 Vantage Basic
Phone Number	866-704-0109	866-704-0109	866-704-0109	866-704-0109
Contract ID	H5576-017-2	H5576-018-2	H5576-008	H5576-020-2
Medicare Plan Type	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, Local HMO	Vantage Health Plan, Inc., Local HMO	Vantage Health Plans Inc, HMO with POS Option
Monthly Consolidated Premium	\$69	\$179	\$32.20	\$0
Health Plan Deductible	\$500 Out-of-Network	\$0	\$500 Out-of-Network	\$500 Out-of-Network
PCP Co-Pay	\$15	\$10	\$10	\$15
Specialist Co-Pay	\$45	\$40	20% after Pt B	\$45
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$250	20%	\$250
Inpatient Hospital	\$270 per day: Days 1-7 In-Network	\$250 per day: Days 1-7	Awaiting 2019 Coverage	\$290 per day: Days 1-7
Annual Drug Deductible	\$250	\$0	\$435.00	\$435
Additional Coverage in the Gap	No	Yes	No	No
Out-of-Pocket Maximum	\$5,500	\$3,000	\$6,700.00	\$6,700