



2020 Medicare Advantage Plans

St. Tammany



Medicare Advantage Plans	Atena Advantra Plan	Aetna Medicare Basics Plan (No Rx)	Aetna Medicare Freedom Plan PPO	Allwell Medicare
Phone Number	833-859-6031	833-859-6031	833-859-6031	877-891-6099
Contract ID	H3928-002-0	H5521-234-0	H5521-178-0	H5117-002-0
Medicare Plan Type	Coventry, HMO	Aetna Medicare, PPO	Aetna, PPO	Allwell, HMO
Total Monthly Premium	\$26	\$0	\$0	\$0
Health Plan Deductible	\$0	\$150 out-of-Network	\$0	\$0
PCP Co-Pay	\$10	\$5	\$5	\$5
Specialist Co-Pay	\$35	\$35	\$35	\$40
ER	\$90	\$90	\$90	\$90
Ambulance	\$275	\$250	\$275	\$250
Inpatient Hospital	\$175 per day: Days 1-10	\$175 per day: Days 1-6	\$225 per day: Days 1-7	\$90 per day: Days 1-10
Annual Drug Deductible	\$150	*No Drugs Covered	\$100	\$0
Additional Coverage in the Gap	Yes		Yes	No
Out-of-Pocket Maximum	\$6,700	\$6,400 In-Network \$10,000 Combined	\$6,400 In-Network \$10,000 Combined	\$6,700



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Medicare Advantage Plans	Blue Advantage PPO	Blue Advantage HMO	Peoples Health Choices 65 #14	Humana Gold Plus
Phone Number	800-363-9152	800-363-9152	800-536-3570	800-833-2364
Contract ID	H1248-003-0	H6453-003-0	H1961-014-2	H1951-028-0
Medicare Plan Type	Blue Cross Blue Shield of Louisiana, PPO	HMO Louisiana, HMO	Peoples Health, HMO	Humana, HMO
Total Monthly Premium	\$75	\$0	\$0	\$28
Health Plan Deductible	\$1,000 Out-of-Network	\$0	\$0	\$0
PCP Co-Pay	\$0	\$0	\$0	\$10
Specialist Co-Pay	\$40	\$50	\$30	\$45
ER	\$90	\$90	\$90	\$90
Ambulance	\$260	\$260	\$235	\$265
Inpatient Hospital	\$175 per day: Days 1-10	\$195 per day: Days 1-10	\$85 per day: Days 1-10	\$225 per day: Days 1-10
Annual Drug Deductible	\$0	\$0	\$0	\$400
Additional Coverage in the Gap	Yes	Yes	Yes	No
Out-of-Pocket Maximum	\$3,700 In-Network \$7,000 Combined	\$3,900	\$6,700	\$6,700



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Medicare Advantage Plans	HumanaChoice (NO Rx Coverage)	HumanaChoice	HumanaChoice	Humana Honor
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	R0110-001-0	R0110-002-0	R0110-003-0	H5216-201
Medicare Plan Type	Humana, Regional PPO*	Humana, Regional PPO	Humana, Regional PPO	Humana PPO
Total Monthly Premium	\$0	\$82	\$110	\$0
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1,000
PCP Co-Pay	\$0 In-Network	\$15 In-Network	\$15 In-Network	\$0
Specialist Co-Pay	\$35 In-Network	\$50 In-Network	\$50 In-Network	\$35
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$265	\$265
Inpatient Hospital	\$195 per day: Days 1-6 In-Network	\$275 per day: Days 1-7 In-Network	\$275 per day: Days 1-7 In-Network	\$195 per day: Days 1-6
Annual Drug Deductible	*No Drugs Covered	\$435	\$400	\$0
Additional Coverage in the Gap		No	No	No
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700	\$6,700 In-Network \$10,000 Combined



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Medicare Advantage Plans	HumanaChoice PPO	Humana Value Plus PPO	HumanaChoice	Lasso Healthcare (MSA)
Phone Number	800-833-2364	800-833-2364	800-833-2364	866-766-2583
Contract ID	H5216-064-0	H5216-161-0	H5216-202	H1924-003
Medicare Plan Type	Humana, Local PPO	Humana, PPO	Humana, Local PPO	MSA
Total Monthly Premium	\$44	\$23.90	\$78	\$0
Health Plan Deductible	\$1000 Out-of-Network	TBD	\$1000 Out-of-Network	\$7,400
PCP Co-Pay	\$5	20%	\$15	\$0
Specialist Co-Pay	\$45	20%	\$50	\$0
ER	\$90	\$90	\$90	\$0
Ambulance	\$265	20%	\$265	\$0
Inpatient Hospital	\$225 per day: Days 1-7	\$600 per day for day 1-3	\$275 per day: Days 1-7	\$0
Annual Drug Deductible	\$400	\$435.00	\$400	\$0
Additional Coverage in the Gap	Yes	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	\$7,400



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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
Total Monthly 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



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Medicare Advantage Plans	WellCare Value	WellCare Compass
Phone Number	866-527-0056	866-527-0056
Contract ID	H2491-007-0	H2491-010
Medicare Plan Type	Wellcare Value HMO	WellCare, HMO
Total Monthly Premium	\$0	\$17.90
Health Plan Deductible	\$0	\$0
PCP Co-Pay	\$0	\$0
Specialist Co-Pay	\$30	\$30
ER	\$125	\$120
Ambulance	\$275	\$275
Inpatient Hospital	\$225 per day: Days 1-9	\$175 per day: Days 1-9
Annual Drug Deductible	\$0	\$435
Additional Coverage in the Gap	Yes	No
Out-of-Pocket Maximum	\$3,400	\$3,400