



2020 Medicare Advantage Plans Terrebonne



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	H6453-008-1	H1248-002-0
Medicare Plan Type	Aetna Medicare, PPO	Aetna, PPO	HMO Louisiana, HMO	Blue Cross Blue Shield of Louisiana, PPO
Total Monthly Premium	\$0	\$0	\$0	\$75
Health Plan Deductible	\$150 out-of-Network	\$0	\$0	\$1000 Out-of-Network
PCP Co-Pay	\$5	\$5	\$0	\$0
Specialist Co-Pay	\$35	\$35	\$35	\$35
ER	\$90	\$90	\$90	\$90
Ambulance	\$250	\$275	\$260	\$260
Inpatient Hospital	\$175 per day: Days 1-6	\$225 per day: Days 1-7	\$125 per day: Days 1-10	\$175 per day: Days 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	\$4,900 In-Network	\$3,500 In-Network; \$7,000 Combined



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Medicare Advantage Plans	Humana Gold Plus HMO	Humana Honor PPO	HumanaChoice PPO	HumanaChoice PPO
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract ID	H1951-047-2	H5216-201	H5216-202	H5216-064
Medicare Plan Type	Humana, HMO	Humana, Local PPO	Humana, Regional PPO	Humana, Regional PPO
Total Monthly Premium	\$21	\$0	\$78	\$44
Health Plan Deductible	\$0	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1000 Out-of-Network
PCP Co-Pay	\$5	\$0/\$35	\$15 In-Network	\$5 In-Network
Specialist Co-Pay	\$50	\$35/\$50	\$50 In-Network	\$45 In-Network
ER	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$265	\$265
Inpatient Hospital	\$195 per day: Days 1-10	\$195 per day: Days 1-6	\$275 per day: Days 1-7 In-Network	\$225 per day: Days 1-7 In-Network
Annual Drug Deductible	\$0	*No Drug Coverage	\$400	\$400
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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Medicare Advantage Plans	HumanaChoice (NO Rx Coverage)	HumanaChoice	HumanaChoice	Lasso Healthcare (MSA)
Phone Number	800-833-2364	800-833-2364	800-833-2364	866-766-2583
Contract ID	R0110-001-0	R0110-002-0	R0110-003-0	H1924-003
Medicare Plan Type	Humana, Regional PPO*	Humana, Regional PPO	Humana, Regional PPO	MSA
Total Monthly Premium	\$0	\$82	\$110	\$0
Health Plan Deductible	\$1000 Out-of-Network	\$1000 Out-of-Network	\$1000 Out-of-Network	\$9,400
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	\$0
ER	\$90	\$90	\$90	\$0
Ambulance	\$265	\$265	\$265	\$0
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	\$0
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	\$9,400



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Medicare Advantage Plans	Peoples Health Choices 65 #14	AAA0 Vantage Standard	AAA1 Vantage Premium	AAA4 Vantage Traditional Plus
Phone Number	800-536-3570	866-704-0109	866-704-0109	866-704-0109
Contract ID	H1961-014-2	H5576-017-2	H5576-018-2	H5576-008
Medicare Plan Type	Peoples Health, HMO	Vantage Health Plan Inc, Local HMO	Vantage Health Plan Inc, Local HMO	Vantage Health Plan, Inc., Local HMO
Total Monthly Premium	\$0	\$69	\$179	\$32.20
Health Plan Deductible	\$0	\$500 Out-of-Network	\$0	\$500 Out-of-Network
PCP Co-Pay	\$0	\$15	\$10	\$10
Specialist Co-Pay	\$50	\$45	\$40	20% after Pt B
ER	\$90	\$90	\$90	\$90
Ambulance	\$260	\$250	\$250	20%
Inpatient Hospital	\$215 per day: Days 1-8	\$270 per day: Days 1-7 In-Network	\$250 per day: Days 1-7	Awaiting 2019 Coverage
Annual Drug Deductible	\$0	\$250	\$0	\$435.00
Additional Coverage in the Gap	Yes	No	Yes	No
Out-of-Pocket Maximum	\$6,700	\$5,500	\$3,000	\$6,700.00



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Medicare Advantage Plans	AAA8 Vantage Basic
Phone Number	866-704-0109
Contract ID	H5576-020-2
Medicare Plan Type	Vantage Health Plans Inc, HMO with POS Option
Total Monthly Premium	\$0
Health Plan Deductible	\$500 Out-of-Network
PCP Co-Pay	\$15
Specialist Co-Pay	\$45
ER	\$90
Ambulance	\$250
Inpatient Hospital	\$290 per day: Days 1-7
Annual Drug Deductible	\$435
Additional Coverage in the Gap	No
Out-of-Pocket Maximum	\$6,700