



## 2022 Medicare Advantage Plans Tensas Parish



Plan Name	Medicare Plan Type	Contract ID	Phone Number	Total Monthly Premium	PCP Co-Pay	Specialist Co-Pay	Inpatient Hospital	Pt D Coverage	Additional Benefits	Out-of-Pocket Maximum
Blue Advantage	HMO	H6453-006	800-363-9152	\$0	\$0	\$50	\$215 days 1-10	Yes	Yes	\$5,900
Blue Advantage	PPO	H1248-006	800-363-9152	\$100	\$0/50%	\$40/50%	\$170/50% days 1-7	Yes	Yes	\$4,200/\$8,400
Blue Advantage	PPO	H1248-007	800-363-9152	\$0	\$0/50%	\$50/50%	\$290/50% days 1-7	Yes	Yes	\$7,550/\$11,300
Humana Choice - LPPO	PPO	H5216-064	800-833-2364	\$45	\$5/30%	\$40/30%	\$225 days 1-7/30%	Yes	Yes	\$6,700/\$10,000
Humana Choice LPPO	PPO	H5216-202	800-833-2364	\$79	\$15/\$15-\$30	\$50	\$275 days 1-7	Yes	Yes	\$6,700/\$10,000
Humana Choice RPPO	PPO	R0110-003	800-833-2364	\$110	\$5	\$35/\$20-\$60	\$0 per day	Yes	Yes	\$7,550/\$11/300
HumanaChoice RPPO	PPO	R0110-001	800-833-2364	\$0	\$0/\$35-\$50	\$35/\$50	\$195 days 1-6	No	Yes	\$7,550/\$11/300
Humana Gold Plus	HMO	H1951-049-003	800-833-2364	\$0	\$5	\$35	\$215 days 1-8	Yes	Yes	\$6,700
Humana Honor	PPO	H5216-201	800-833-2364	\$0	\$0/\$35-\$50	\$35/\$50	\$195 days 1-6	No	Yes	\$6,700/\$10,000
Humana Value Plus	PPO	H5216-161	800-833-2364	\$36.40	\$15/20%	20%	\$600 days 1-3	Yes	Yes	\$7,550/\$11,300
Lasso Healthcare Growth	MSA	H1924-001	866-766-2583	\$0	\$2,000 Deposit	\$5,000 Deductible	N/A	No	No	\$3,000
Lasso Healthcare Growth Plus	MSA	H1924-004	866-766-2583	\$0	\$3,000 Deposit	\$8,000 Deductible	N/A	No	No	\$5,000
Peoples Health Choices	PPO	H4544-001	800-555-5757	\$0	\$0/\$20	\$35/\$55	\$225 days 1-7/30%	Yes	Yes	\$6,700/\$10,000
Peoples Health Patroit	PPO	H4544-002	800-555-5757	\$0	\$0/\$20	\$30/\$50	\$195 days 1-6/30%	No	Yes	\$6,700/\$10,000
Vantage 100	HMO-POS	H5576-022	866-704-0109	\$222	\$0/50%	\$0/50%	\$0	Yes	Yes	n/a
Vantage Basic	HMO-POS	H5576-020-1	866-704-0109	\$0	\$0/50%	\$35 -AHN; \$50/50%	\$318 days 1-7	Yes	Yes	\$5,900



## 2022 Medicare Advantage Plans Tensas Parish



Plan Name	Medicare Plan Type	Contract ID	Phone Number	Total Monthly Premium	PCP Co-Pay	Specialist Co-Pay	Inpatient Hospital	Pt D Coverage	Additional Benefits	Out-of-Pocket Maximum
Vantage Premium	HMO-POS	H5576-018-1	866-704-0109	\$171	\$0/50%	\$15 - AHN; \$40/50%	\$250 days 1-7	Yes	Yes	\$3,500
Vantage Standard	HMO-POS	H5576-017-1	866-704-0109	\$36.40	\$0/50%	\$35 - AHN; \$45/50%	\$270 days 1-7	Yes	Yes	\$4,900

*Disclaimer: The information contained in this guide is subject to change and may be updated as necessary. This guide is intended to provide information to aid in a conversation with a Medicare provider. Be sure to consult a professional to discuss your insurance needs.*