

# my Vantage

freedom plan  
Individual Health Insurance

*Making healthcare work!*



VANTAGE HEALTH PLAN, INC.



## ***Over a decade of service to you***



**Vantage Health Plan, Inc. (Vantage)** was established in 1994 by physicians to lower the cost of healthcare in Louisiana. Vantage is a Louisiana Health Plan with its corporate office in downtown Monroe, LA. Our goal is to make quality healthcare accessible to our members and keep them healthy through preventive care. Care is provided by local healthcare professionals that you know and trust as well as several Centers of Excellence, such as:

- M.D. Anderson Cancer Center
- University of Alabama at Birmingham
- Louisiana State University Medical Center - Shreveport
- St. Jude Children's Research Hospital
- Arkansas Children's Hospital
- Children's Hospital in New Orleans

Vantage has been providing affordable quality health insurance to Louisiana for over a decade. We're proud of our Louisiana history and Louisiana connection, and we are always working to serve you better.

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**Individual Health Insurance:** Knowing how important quality healthcare coverage is, Vantage has designed new Health Plans for individuals, families, self-employed entrepreneurs, students, early retirees and anyone who is uninsured. These plans offer a cost-effective approach to health-care when you use our participating provider network. The Vantage network offers you convenient access to over 2,500 primary care and specialty care physicians. You can avoid paperwork because our network providers have agreed to bill us directly and not you, the member. Our members are always welcome to visit our office during business hours to learn more about their benefits or seek assistance with their health plan.

**My Freedom Plan:** This plan balances coverage and cost and offers a sensible blend of comprehensive benefits with your choice of deductible. It also provides coverage for preventive care, doctor’s office visits, generic prescription coverage and outpatient lab services without having to meet a deductible. My Freedom Plan combines all of our experience into an individual health insurance product that is affordable and rich in benefits.

**My Benefits:** What does My Freedom Plan offer?

- \$500 - \$5,000 medical deductible choices
- \$2,000 per person out-of-pocket maximum (In-network)
- \$5,000,000 lifetime maximum
- \$20 primary care office visit copays
- Zero deductible for generic prescriptions
- 100% coverage for lab services
- Emergency Coverage Worldwide

With My Freedom Plan, you will enjoy peace of mind knowing that your rates are guaranteed for the initial 12 months of coverage as long as you reside in the same service area and stay with the same plan benefits.

**My Rx Plan:** This prescription plan covers drugs for all members when a network pharmacy fills your prescription. The deductible is waived for generic drugs. A separate deductible applies to preferred brand, non-preferred brand and specialty drugs. Choose a deductible that fits your needs.

<b>My RX Plan<sup>(1)</sup></b>	
<b>Prescription Drug Deductible</b> <small>(Select your calendar year prescription drug deductible. Family deductible is the sum of all individual deductibles.)</small>	<b>\$500 / \$1500</b>
<b>Prescription Drug Copays</b>	<b>\$15 Generic <sup>(2)</sup></b> <b>\$40 Preferred Brand <sup>(3)</sup></b> <b>\$75 Non-preferred Brand <sup>(3)</sup></b> <b>25% Coinsurance for Specialty Drugs <sup>(3)</sup></b>
<b>Mail-Order Prescription Drug Copays</b>	<b>Generic: \$30 for 90-day supply <sup>(2)</sup></b> <b>Non-generic: 3 copays for 90-day supply <sup>(3)</sup></b>

(1) This prescription plan covers drugs when a network pharmacy fills the prescription.

(2) Prescription drug deductible does not apply. (3) Prescription drug deductible does apply.

## Additional Benefits



Occupational & Speech Therapy  
Home Health Care  
Accidental Dental  
Rehabilitation  
Allergy Services  
Physical Therapy  
Nutritional Counseling  
Mental Health & Chemical Dependency  
Emergency Coverage Worldwide  
Routine Eye Exam Every Two Calendar Years

**Maternity** - In addition to the medical deductible and prescription drug deductible you select, there is an additional \$5,000 maternity deductible per pregnancy. All services related to the pregnancy diagnosis are subject to the maternity deductible except the first office visit. Once the deductible is met, maternity benefits for in-network services are covered at 100%. Please refer to the Member Certificate of Coverage or call Member Services for additional details on the maternity benefit.

## Plan Exclusions & Limitations

Weight loss or treatment for obesity  
Treatment of eating disorders  
Fertility or impotence drugs  
Dental services  
Services not medically necessary  
Cosmetic services, supplies, and surgery  
Cases covered under workers' compensation and employer liability laws  
Any condition or diseases listed as a general exclusion in the Member Certificate of Coverage

**Preexisting Condition Exclusion** - For some conditions that exist at the time of enrollment, there is a maximum twelve month preexisting condition exclusion period during which Vantage will not cover services related to the preexisting condition. A preexisting condition is a condition that would have caused an ordinary prudent person to seek medical advice, diagnosis, care or treatment during the 12 months immediately preceding the effective date of coverage or a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 12 months immediately preceding the effective date of coverage. A preexisting condition exclusion period may be reduced under the My Freedom Plan for time served under another health benefit plan. Vantage will provide you specific information for any conditions that are preexisting under your plan. Please refer to the Member Certificate of Coverage or call Member Services for additional details on the preexisting condition exclusion.

(This document contains a general summary of benefits, exclusions, and limitations.  
Please refer to the Member Certificate of Coverage for the actual terms and conditions that apply.)

# My Freedom Plan

Individual deductible <sup>(1)</sup> (Select your calendar year medical deductible. Family deductible is the sum of all individual deductibles.)	\$500 / \$1000 / \$1500 / \$2000 \$2500 / \$3000 / \$5000
Out-of-Pocket Maximum	\$2000 (in-network only) <sup>(2)</sup>
Lifetime Maximum	\$5,000,000

## Covered Services

### Physician Office Visits

Primary Care Physician	\$20 Copay / 100% Coverage <sup>(3)</sup>
Specialist	\$50 Copay / 100% Coverage <sup>(3)</sup>

### Hospital Services

Inpatient <small>(semi-private room)</small>	\$500 Copay / 100% Coverage <sup>(4)</sup>
Physician Services	100% Coverage <sup>(4)</sup>
Outpatient Surgery	\$500 Copay / 100% Coverage <sup>(4)</sup>
Emergency Room	\$200 Copay / 100% Coverage <sup>(4)</sup>
Major Diagnostic Testing	\$200 Copay / 100% Coverage <sup>(4)</sup>

### Outpatient Care

X-ray Services	100% Coverage <sup>(4)</sup> \$200 Copay for major diagnostic testing
Lab Services	100% Coverage <sup>(3)</sup>
Urgent Care	\$50 Copay / 100% Coverage <sup>(3)</sup>

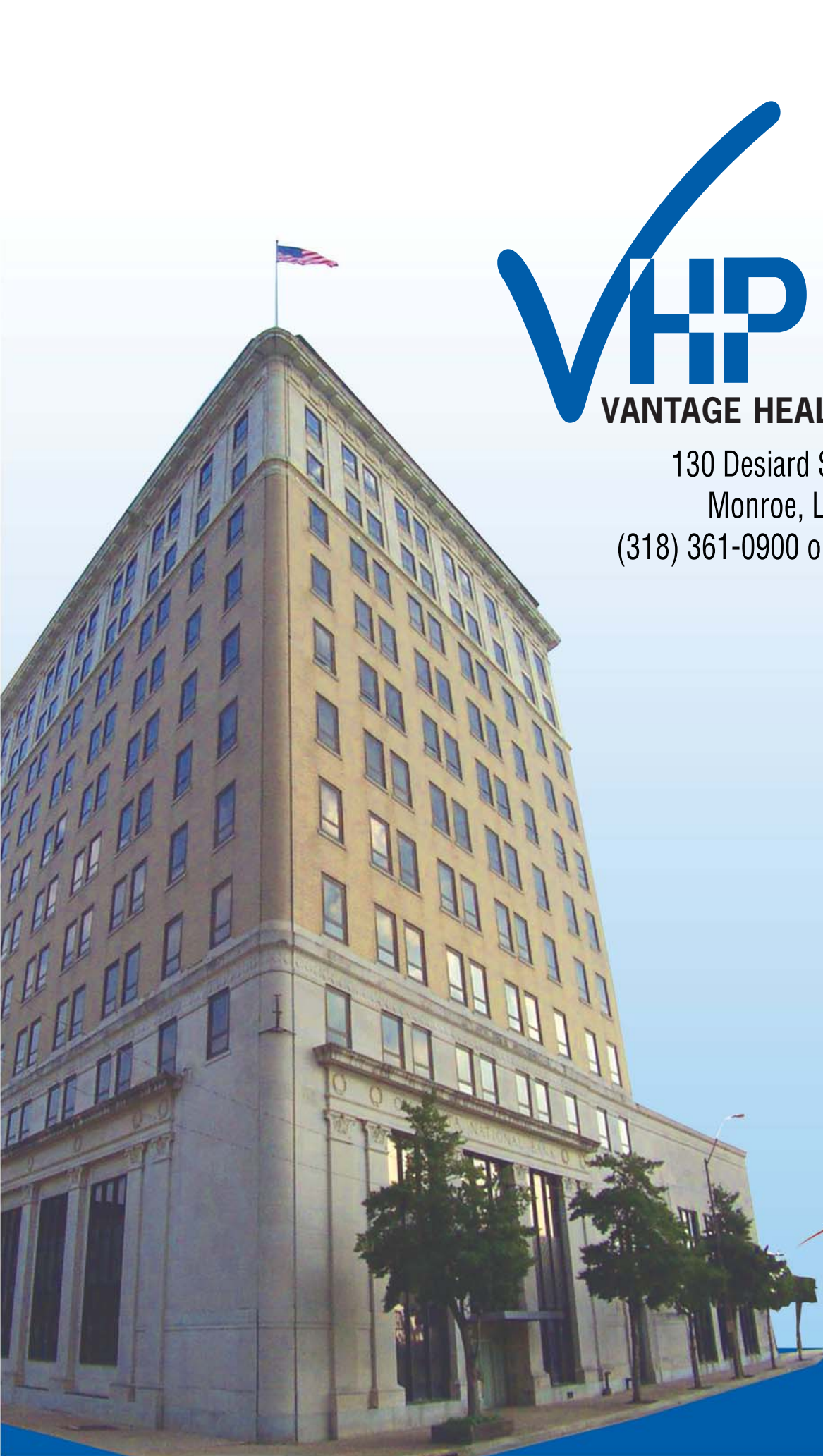
### Preventive Care

Routine Health Exams (includes mammogram, gynecological exam and PAP test, colorectal cancer screening, and annual prostate exam)	\$20 Copay / 100% Coverage <sup>(3)</sup>
Well Baby & Child Care	\$20 Copay / 100% Coverage <sup>(3)</sup>
Routine Vision Exams	\$50 Copay / One exam every two calendar years <sup>(3)</sup>
Immunizations / Inoculations	100% Coverage <sup>(3)</sup>

### Other Facilities & Services

Ambulance	20% Coinsurance <sup>(4)</sup>
Maternity Services	Separate \$5,000 maternity deductible

<sup>(1)</sup> Deductible is combined for in and out-of-network. <sup>(2)</sup> Out-of-pocket maximum does not include: Deductibles, Office Visit Copays, RX Copays, Supplementary Benefits, Out-of-Network benefits except for emergencies. <sup>(3)</sup> Benefit is not subject to a deductible. <sup>(4)</sup> Benefit is subject to medical deductible.



**VANTAGE HEALTH PLAN, INC.**

130 Desiard St. Suite 300  
Monroe, LA 71201  
(318) 361-0900 or (888) 823-1910



[www.vhpla.com](http://www.vhpla.com)