

2017 VANTAGE MARKETPLACE PLAN FINDER



VANTAGE
HEALTH PLAN

THANK YOU FOR CONSIDERING VANTAGE HEALTH PLAN

Thank you for considering Vantage for your 2017 health insurance coverage. We are excited about providing our members great coverage in 2017. Vantage's plans offer a variety of coinsurances, copayments, deductibles, and out-of-pocket maximum amounts to meet your healthcare needs.

Plans are available to small employer groups and their employees, individuals, and families through the Centers for Medicare and Medicaid Services' Health Insurance Marketplace (also known as the "Marketplace", "Exchange", or www.Healthcare.gov), directly through Vantage's Marketing and Member Services departments, and external agents.

Detailed plan and premium information is available at: www.vantagehealthplan.com/Marketplace or by calling the *Marketplace/Exchange Department toll-free at (855) 545-3847*. Qualifying members may be eligible for monthly premium assistance when enrolling through the Marketplace.

Thank you again for your interest in Vantage Health Plan. If you have any questions about the plans or the enrollment process, please call our *Member Services Marketplace/Exchange Department toll-free at (855) 545-3847*. This will connect you directly to a representative who can assist you with your Marketplace benefit or premium questions. Our operating hours are Monday - Friday from 8:00 a.m. to 5:00 p.m.

Sincerely,
Member Services Marketplace/Exchange Department
Vantage Health Plan, Inc.

HOW TO ENROLL IN VANTAGE HEALTH PLAN FOR 2017



- ▶ There are three ways to enroll in a Vantage Plan through the Marketplace:
 1. Enroll online at www.Healthcare.gov. If you need assistance with your online enrollment, call the Vantage Member Services Marketplace/Exchange Department toll-free at (855) 545-3847.
 2. Enroll over the phone by calling the Centers for Medicare and Medicaid Services toll-free at (800) 318-2596. Available twenty-four hours a day, seven days a week.
 3. Enroll through an independent agent or broker.
- ▶ To enroll in one of the Vantage plans offered outside the Marketplace, please contact the Vantage Member Services Marketplace/Exchange Department toll-free at (855) 545-3847 Monday - Friday from 8am to 5pm or visit our website, www.VantageHealthPlan.com/Marketplace, and click the “Contact Us” link to send an e-mail inquiry.

THANKS VANTAGE

FOR MAKING IT SO EASY

PICK YOUR PLAN



Platinum / Platinum Plus

Best benefits that Vantage offers! No deductibles and lowest copay amounts.



Gold / Gold Plus

Low office visit and hospital copays with a medical-only deductible.



Silver / Silver Plus

Great plan for comprehensive coverage with reasonable out-of-pocket costs.



Bronze / Bronze Plus

Office visit copays with a low monthly premium.



Savings / Savings Plus

Health Savings Account (HSA) plan with the lowest premium.





PLATINUM/PLATINUM PLUS

Best benefits that Vantage offers! No deductibles and lowest copay amounts

IN-NETWORK BENEFITS

Deductible	No Medical Deductible
Out-of-Pocket-Maximum	\$1,700 Individual; \$3,400 Family
Office Visit / Medical Home-Primary Care Provider (MH-PCP)	\$10 copay per visit
Office Visit / Specialist	\$35 copay per visit
Inpatient Hospital	\$400 copay per day; maximum \$1,200 copay
Radiologist / Anesthesiologist / Pathologist	No charge
Outpatient Surgery Services	\$200 copay
Emergency Room	\$150 copay
Major Diagnostic Tests (MRI, CT Scan, Stress Test, Bone Density Scan, Pet Scan, and Others)	\$150 copay per test
Outpatient Lab	No charge
X-Rays and Other Diagnostic Tests (Outside Physician's Office)	100% coinsurance up to \$150 per day
Home Health and Hospice	30% coinsurance
Radiation and Chemotherapy	30% coinsurance
Wellness / Prevention	No charge
Prescription Drugs (Rx)	No Rx deductible and no separate premium Tier 1 - Low-Cost Preferred Generics: \$3 copay Tier 2 - Non-Preferred Generics: \$15 copay Tier 3 - Preferred Brand: \$45 copay Tier 4 - Non-Preferred Brand: \$95 copay Tier 5 - Specialty Drugs: \$150 copay
Dental	Included with plan
Vision	Included with plan

This comparison is not a complete comparison.

OUT-OF-NETWORK BENEFITS

All of these plans offer Out-of-Network coverage. Members may be balance billed by Out-of-Network providers. Visit www.VantageHealthPlan.com/Marketplace for a complete set of Vantage Marketplace plan documents.



GOLD/GOLD PLUS

Low office visit and hospital copays with a medical-only deductible

IN-NETWORK BENEFITS

Medical Deductible	\$750 Individual; \$1,500 Family
Out-of-Pocket-Maximum	\$5,000 Individual; \$10,000 Family
Office Visit / Medical Home-Primary Care Provider (MH-PCP)	\$15 copay per visit
Office Visit / Specialist	\$50 copay per visit
Inpatient Hospital	\$750 copay per day, maximum \$2,250 copay*
Radiologist / Anesthesiologist / Pathologist	No charge*
Outpatient Surgery Services	\$400 copay*
Emergency Room	\$250 copay*
Major Diagnostic Tests (MRI, CT Scan, Stress Test, Bone Density Scan, Pet Scan, and Others)	\$200 copay per test*
Outpatient Lab	No charge*
X-Rays and Other Diagnostic Tests (Outside Physician's Office)	100% coinsurance up to \$200 per day*
Home Health and Hospice	30% coinsurance*
Radiation and Chemotherapy	30% coinsurance*
Wellness / Prevention	No charge
Prescription Drugs (Rx)	No Rx deductible and no separate premium Tier 1 - Low-Cost Preferred Generics: \$3 copay Tier 2 - Non-Preferred Generics: \$15 copay Tier 3 - Preferred Brand: \$45 copay Tier 4 - Non-Preferred Brand: \$95 copay Tier 5 - Specialty Drugs: \$150 copay
Dental	Included with plan
Vision	Included with plan

This comparison is not a complete comparison.

**Subject to In-Network Deductible*

OUT-OF-NETWORK BENEFITS

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SILVER/SILVER PLUS

Great plan for comprehensive coverage with reasonable out-of-pocket costs

IN-NETWORK BENEFITS

Medical Deductible	\$2,400 Individual; \$4,800 Family
Out-of-Pocket-Maximum	\$7,150 Individual; \$14,300 Family
Office Visit / Medical Home-Primary Care Provider (MH-PCP)	\$25 copay per visit
Office Visit / Specialist	\$75 copay per visit
Inpatient Hospital	\$1,500 copay per day; maximum \$4,500 copay*
Radiologist / Anesthesiologist / Pathologist	No charge*
Outpatient Surgery Services	\$1,000 copay*
Emergency Room	\$300 copay*
Major Diagnostic Tests (MRI, CT Scan, Stress Test, Bone Density Scan, Pet Scan, and Others)	\$300 copay per test*
Outpatient Lab	No charge*
X-Rays and Other Diagnostic Tests (Outside Physician's Office)	100% coinsurance up to \$300 per day*
Home Health and Hospice	30% coinsurance*
Radiation and Chemotherapy	30% coinsurance*
Wellness / Prevention	No charge
Prescription Drugs (Rx)	No separate premium Tier 1 - Low-Cost Preferred Generics: \$3 copay Tier 2 - Non-Preferred Generics: \$15 copay Tier 3 - Preferred Brand: \$45 copay Tier 4 - Non-Preferred Brand: \$95 copay Tier 5 - Specialty Drugs: \$150 copay
Rx Deductible	\$100 Individual; \$200 Family (applies to Tiers 3,4,5)
Dental	Included with plan
Vision	Included with plan

This comparison is not a complete comparison.

** Subject to In-Network Deductible*

OUT-OF-NETWORK BENEFITS

All of these plans offer Out-of-Network coverage. Members may be balance billed by Out-of-Network providers. Visit www.VantageHealthPlan.com/Marketplace for a complete set of Vantage Marketplace plan documents.



BRONZE/BRONZE PLUS

Office visit copays with a low monthly premium

IN-NETWORK BENEFITS

Medical and Rx Deductible	\$7,100 Individual; \$14,200 Family	
Out-of-Pocket-Maximum	\$7,150 Individual; \$14,300 Family	
Office Visit / Medical Home-Primary Care Provider (MH-PCP)	\$45 copay per visit	
Office Visit / Specialist	\$80 copay per visit	
Inpatient Hospital	60% coinsurance*	
Radiologist / Anesthesiologist / Pathologist	60% coinsurance*	
Outpatient Surgery Services	60% coinsurance*	
Emergency Room	60% coinsurance*	
Major Diagnostic Tests (MRI, CT Scan, Stress Test, Bone Density Scan, Pet Scan, and Others)	60% coinsurance*	
Outpatient Lab	60% coinsurance*	
X-Rays and Other Diagnostic Tests (Outside Physician's Office)	60% coinsurance*	
Home Health and Hospice	60% coinsurance*	
Radiation and Chemotherapy	60% coinsurance*	
Wellness / Prevention	No charge	
Prescription Drugs (Rx)	Tiers 1-4:	60% coinsurance*
	Tier 5 (Specialty Drugs):	\$150 copay*
Dental	Included with plan	
Vision	Included with plan	

This comparison is not a complete comparison.

** Subject to In-Network Deductible*

OUT-OF-NETWORK BENEFITS

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SAVINGS/SAVINGS PLUS

Health Savings Account (HSA) plan with the lowest premium

IN-NETWORK BENEFITS

Medical and Rx Deductible	\$6,000 Individual; \$12,000 Family
Out-of-Pocket-Maximum	\$6,500 Individual; \$13,000 Family
Office Visit / Medical Home-Primary Care Provider (MH-PCP)	60% coinsurance*
Office Visit / Specialist	60% coinsurance*
Inpatient Hospital	60% coinsurance*
Radiologist / Anesthesiologist / Pathologist	60% coinsurance*
Outpatient Surgery Services	60% coinsurance*
Emergency Room	60% coinsurance*
Major Diagnostic Tests (MRI, CT Scan, Stress Test, Bone Density Scan, Pet Scan, and Others)	60% coinsurance*
Outpatient Lab	60% coinsurance*
X-Rays and Other Diagnostic Tests (Outside Physician's Office)	60% coinsurance*
Home Health and Hospice	60% coinsurance*
Radiation and Chemotherapy	60% coinsurance*
Wellness / Prevention	No charge
Prescription Drugs (Rx)	60% coinsurance*
Dental	Included with plan
Vision	Included with plan

This comparison is not a complete comparison.

** Subject to In-Network Deductible*

OUT-OF-NETWORK BENEFITS

All of these plans offer Out-of-Network coverage. Members may be balance billed by Out-of-Network providers. Visit www.VantageHealthPlan.com/Marketplace for a complete set of Vantage Marketplace plan documents.

VANTAGE VISION & DENTAL

INCLUDED IN ALL PLANS!

Adult and Children Vision Benefits

Platinum, Gold, Silver, and Bronze Plans

- ▶ Specialist copay for one routine eye exam per year, not subject to deductible.
- ▶ Glasses/Contacts - 50% coinsurance for 12 pairs of contacts or 1 pair of glasses per year, not subject to deductible; maximum benefit of \$100 for Adults.

Savings Plans

- ▶ 60% coinsurance for one routine eye exam per year, not subject to deductible.
- ▶ Glasses/Contacts - 50% coinsurance, not subject to deductible; maximum benefit of \$100 for Adults.

Adult and Children Dental Benefits

- ▶ 100% coverage for one routine dental exam and cleaning every 6 months and an annual x-ray, not subject to deductible.
- ▶ Basic and Intermediate/Major Dental Services - 50% coinsurance, not subject to deductible; maximum benefit of \$500 for Adults.



NEED MORE INFORMATION?

- Call us at (855) 545-3847 or TTY at (866) 524-5144 (for the hearing impaired)
- Ask a Vantage representative about a one-on-one home visit
- Come by a Vantage office location
- Visit our website at www.VantageHealthPlan.com/Marketplace

CONTACT DETAILS

Phone & Website

Toll-Free: (855) 545-3847

TTY: (866) 524-5144 (for the hearing impaired)

www.VantageHealthPlan.com/Marketplace

Monroe Location

130 DeSiard Street, Suite 300
Monroe, LA 71201

Shreveport Location

855 Pierremont Road, Suite 109
Shreveport, LA 71106

Baton Rouge Location

5778 Essen Lane, Suite B
Baton Rouge, LA 70810

For a list of additional locations, please visit:

www.VantageHealthPlan.com/locations

Vantage Health Plan, Inc. is a Qualified Health Plan in the Health Insurance Marketplace.

If you, or someone you are helping, has questions about Vantage or the Marketplace, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (855) 545-3847.



