



Check What Matters Most.



PLATINUM • GOLD • SILVER • BRONZE • SAVINGS

VANTAGE HEALTH PLAN

HEALTH INSURANCE

2016 MARKETPLACE PLAN FINDER



PICK YOUR VANTAGE 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 lowest premium

"Thanks, **Vantage**,
for making it **so easy!**"



2016

VANTAGE MARKETPLACE PLAN FINDER

IN-NETWORK BENEFITS

Deductible	No Medical Deductible	\$750 Individual; \$1,500 Family (Medical)	\$2,000 Individual; \$4,000 Family (Medical)
Out-of-Pocket Maximum	\$1,700 Individual; \$3,400 Family	\$5,000 Individual; \$10,000 Family	\$6,500 Individual; \$13,000 Family
Office Visit / Medical Home-Primary Care Physician (MH-PCP)	\$10 copay per visit	\$15 copay per visit	\$25 copay per visit
Office Visit / Specialist	\$35 copay per visit	\$50 copay per visit	\$75 copay per visit
Inpatient Hospital	\$400 copay per day; max \$1,200 copay	\$750 copay per day; max \$2,250 copay*	\$1,500 copay per day; max \$4,500 copay*
Radiologist / Anesthesiologist / Pathologist	No charge	No charge*	No charge*
Outpatient Surgery Services	\$200 copay	\$400 copay*	\$1,000 copay*
Emergency Room	\$150 copay	\$250 copay*	\$300 copay*
Major Diagnostic Tests (MRI, CT Scan, Stress Test, Bone Density Scan, Pet Scan and Others)	\$150 copay per test	\$200 copay per test*	\$300 copay per test*
Lab	No charge	No charge*	No charge*
X-Rays & Other Diagnostic Tests (Outside Physician's Office)	100% coinsurance up to \$150 per day	100% coinsurance up to \$200 per day*	100% coinsurance up to \$300 per day*
Home Health & Hospice	30% coinsurance	30% coinsurance*	30% coinsurance*
Radiation & Chemotherapy	30% coinsurance	30% coinsurance*	30% coinsurance*
Wellness / Preventive	No charge	No charge	No charge
Prescription Drugs (Rx)	No Rx deductible & 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	No Rx deductible & 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	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** **Subject to Rx Deductible: \$100 Individual; \$200 Family
Dental	Included with plan (see right panel)	Included with plan (see right panel)	Included with plan (see right panel)
Vision	Included with plan (see right panel)	Included with plan (see right panel)	Included with plan (see right panel)

This comparison is not a complete comparison.

* Subject to In-Network

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

IN-NETWORK BENEFITS		
Deductible	\$6,800 Individual; \$13,600 Family (Combined Medical & Rx)	\$6,000 Individual; \$12,000 Family (Combined Medical & Rx)
Out-of-Pocket Maximum	\$6,850 Individual; \$13,700 Family	\$6,500 Individual; \$13,000 Family
Office Visit / Medical Home-Primary Care Physician (MH-PCP)	\$45 copay per visit	60% coinsurance*
Office Visit / Specialist	\$80 copay per visit	60% coinsurance*
Inpatient Hospital	60% coinsurance*	60% coinsurance*
Radiologist / Anesthesiologist / Pathologist	60% coinsurance*	60% coinsurance*
Outpatient Surgery Services	60% coinsurance*	60% coinsurance*
Emergency Room	60% coinsurance*	60% coinsurance*
Major Diagnostic Tests (MRI, CT Scan, Stress Test, Bone Density Scan, Pet Scan and Others)	60% coinsurance*	60% coinsurance*
Lab	60% coinsurance*	60% coinsurance*
X-Rays & Other Diagnostic Tests (Outside Physician's Office)	60% coinsurance*	60% coinsurance*
Home Health & Hospice	60% coinsurance*	60% coinsurance*
Radiation & Chemotherapy	60% coinsurance*	60% coinsurance*
Wellness / Preventive	No charge	No charge
Prescription Drugs (Rx)	Tiers 1-4: 60% coinsurance* Tier 5 - Specialty: No charge*	Tiers 1-4: 60% coinsurance* Tier 5 - Specialty: \$150 copay*
Dental	Included with plan (see right panel)	Included with plan (see right panel)
Vision	Included with plan (see right panel)	Included with plan (see right panel)
This comparison is not a complete comparison.		
OUT-OF-NETWORK BENEFITS		



BRONZE / BRONZE PLUS



SAVINGS / SAVINGS PLUS

VANTAGE VISION & DENTAL BENEFITS 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; max 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; max benefit of \$100 for Adults

Adult and Children Dental Benefits
Platinum, Gold, Silver, and Bronze Plans

- » No charge for one routine dental exam and cleaning every 6 months, not subject to deductible
- » Basic and Major Dental Services – 50% coinsurance after deductible, if applicable; max benefit of \$500 for Adults

Savings Plans

- » No charge for one routine dental exam and cleaning every 6 months, not subject to deductible
- » Basic and Major Dental Services – 50% coinsurance, subject to deductible; max benefit of \$500 for Adults

ork Deductible

m/Marketplace for a complete set of Vantage Marketplace plan documents.

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 our office
- 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

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



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