

# Marketplace Plan Finder

*Freedom, Essential, and Savings Plans  
for Individuals and Families*



**VANTAGE**  
HEALTH PLAN



## Who is Vantage?

Important decisions are required quite often throughout your lifetime, but one of the most important decisions you will face will be regarding your health coverage for yourself and your family. Plans that may work for friends or extended family members may not be the best plan for you, so it is difficult to reach out to those we feel most comfortable with when trying to select coverage.

Vantage was founded in 1994 by physicians who wanted to provide quality healthcare coverage through the teamwork of physicians and their patients. Vantage continues the belief that health insurance should be affordable and customer service should be local and compassionate. With the corporate offices in Monroe, Louisiana, Vantage has expanded with office locations in Baton Rouge, Shreveport, Oak Grove, Mangham, and more!

Vantage's membership has grown over the past 20 years, now covering for nearly 50,000 members and contracting with over 15,000 Louisiana healthcare providers.

Vantage is a Louisiana-based insurance company that offers plans with various coinsurances, copayments, deductibles, and out-of-pocket maximum amounts to meet your healthcare and budget needs.

Plans are available to individuals and families through the Centers for Medicare and Medicaid Services' Health Insurance Marketplace (also known as the "Marketplace", "Exchange", or [www.Healthcare.gov](http://www.Healthcare.gov)) or directly through Vantage's Marketing and Member Services departments and external agents.

Detailed plan and premium information is available at [www.vantagehealthplan.com/Marketplace](http://www.vantagehealthplan.com/Marketplace) or by calling Vantage 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 Vantage toll-free at **(855) 545-3847**. This will connect you directly to a representative who can assist you with your Marketplace questions. Our operating hours are Monday - Friday from 8:00 a.m. to 6:00 p.m.

With Vantage's depth of knowledge and experience, along with the plans we offer, you will walk away confident that you have selected the coverage that best suits your lifestyle.



## Check what matters most.

- Low** monthly premium\*
- \$0** Medical home - primary care office visit copays available\*
- Prescription drug plan with **\$3** Tier 1 copay for preferred generic drugs included in most plans; no separate premium\*
- \$0** Tier 1 copay for preferred generic drugs through preferred mail order
- Affinity Health Network copay reductions available\*
- Annual wellness exam **100% covered**
- Added benefits include: Vision and Dental coverage
- Great local customer service

The search tools on our Vantage Marketplace website, [www.vantagehealthplan.com/Marketplace](http://www.vantagehealthplan.com/Marketplace), will allow you to compare plans, find a provider or a retail pharmacy, and search for prescription drugs covered by Vantage plans.

\*There are several plans to choose from and premiums/benefits vary by plan.

# How to Enroll...

## *During open enrollment.*

There are three ways to enroll in a Vantage Marketplace Plan:

- ▶ Enroll online at [www.Healthcare.gov](http://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**.
- ▶ Enroll over the phone by calling the Centers for Medicare and Medicaid Services (“CMS”) toll-free at **(800) 318-2596**. Available twenty-four hours a day, seven days a week.
- ▶ Enroll through an independent agent or broker.

To enroll in one of the Vantage plans offered outside of the Marketplace or for benefit and coverage questions, please contact Marketplace/Exchange Department toll-free at **(855) 545-3847** Monday through Friday from 8:00 a.m. to 6:00 p.m. or visit our website, [www.VantageHealthPlan.com/Marketplace](http://www.VantageHealthPlan.com/Marketplace), and click the “Contact Us” link to send an e-mail inquiry.

NOTE: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, you may lose the employer contribution (if any) to the employer-offered coverage.

## **Open Enrollment - Important Dates to Remember**

### **November 1 - December 15, 2017**

Open Enrollment is the yearly designated time to sign up for insurance coverage.

### **January 1, 2018**

New coverage begins.

## *During a special enrollment period.*

You may be able to enroll in a 2018 health insurance plan outside of Open Enrollment if you qualify for a Special Enrollment Period.

A Special Enrollment Period is a time outside of the Open Enrollment period during which you and your family have a right to sign up for health coverage. In the Marketplace, you generally qualify for a Special Enrollment Period of 60 days following certain life events that involve a change in family status (for example, marriage or birth of a child) or loss of other health coverage. If you don't

have a Special Enrollment Period, you can't buy insurance through the Marketplace until the next Open Enrollment period.

To find out if you qualify for a Special Enrollment Period, you can go to [hwww.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/](http://hwww.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/). You may also call CMS at **(800) 318-2596** or call Vantage toll-free at **(844) 545-3847**, Monday through Friday, from 8:00 a.m. to 6:00 p.m. for assistance.





ID Card  
Keep your card visible at all times

First Name: Phoebe	FULL ACCESS
Last Name: Long	Department: Laboratory Services & Diagnostics

This ID card must be shown when requested. It is not valid if the name, photo, or expiration date do not match the person's name.

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# Network providers

Vantage has several provider network options. All members have in-network coverage with Vantage's standard network providers and with the Affinity Health Network providers. Members living in certain parishes in southern Louisiana also have in-network coverage with Verity Health Network providers. See the network summaries below or call the Vantage Member Services department toll-free at **(855) 545-3847 or TTY (866) 524-5144** for more information about our provider networks.



- Vantage's standard network
- In-Network Cost Share



- Reduced Cost Share on many covered services for Freedom and Essential plans
- In-Network Cost Share on all other services

## Verity Health Network Providers

- Regional network
- In-Network Cost Share



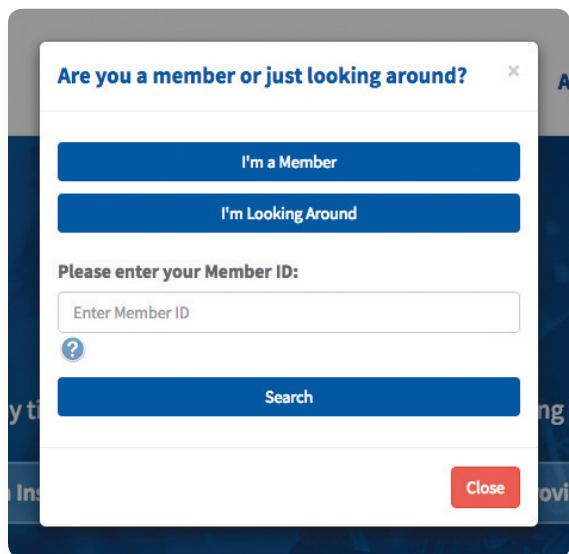
*Members who live in the following parishes may access the Verity network and the Vantage standard network: Acadia, Ascension, Assumption, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Lafayette, Lafourche, Livingston, Pointe Coupee, St. Helena, St. James, St. Landry, St. Martin, St. Mary, Terrebonne, Vermilion, West Baton Rouge and West Feliciana parishes. These parishes are also highlighted in the Verity map to the left. Residency and access is determined by the member's primary address in Vantage's records.*

*Vantage members are covered anywhere in the world for emergency care at in-network benefits.*

# Online Provider Search

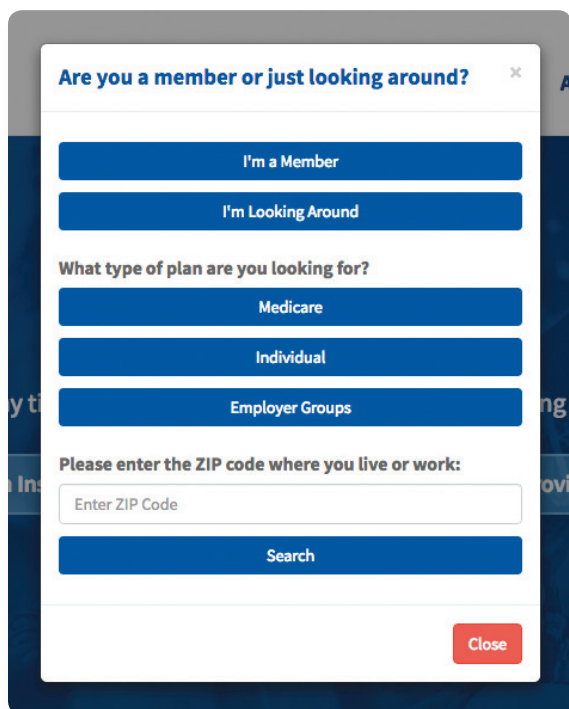
Vantage makes it easy to look up participating providers with our online “Find a Provider” search tool. Simply go to [www.VantageHealthPlan.com](http://www.VantageHealthPlan.com) and click on the blue “Find a Provider” box found on the first page.

## *Two ways to search for providers:*



The screenshot shows a dialog box titled "Are you a member or just looking around?". It has two tabs: "I'm a Member" (selected) and "I'm Looking Around". Below the tabs, there is a section titled "Please enter your Member ID:" with a text input field labeled "Enter Member ID" and a "Search" button. A "Close" button is located at the bottom right.

- 1 Click the “I’m a Member” tab.
- 2 Enter your Member ID in the space provided.
- 3 Click the “Search” button.



The screenshot shows the same dialog box, but with the "I'm Looking Around" tab selected. Below the tabs, there is a section titled "What type of plan are you looking for?" with three buttons: "Medicare", "Individual" (selected), and "Employer Groups". Below this, there is a section titled "Please enter the ZIP code where you live or work:" with a text input field labeled "Enter ZIP Code" and a "Search" button. A "Close" button is located at the bottom right.

- 1 Click the “I’m Looking Around” tab.
- 2 Select “Individual” plan type.
- 3 Enter the Zip Code where you live in the space provided.
- 4 Click the “Search” button.







# Simplify your life with Digital Documents

*Go paperless!*

Going paperless is a great way to stay organized and help the environment. Instead of receiving traditional paper booklets, you can access your plan documents at <https://portal.vhpla.com>. It is simple, fast, and most importantly - **FREE!**

## How do I sign up for Digital Documents?

Call Vantage Member Services  
Toll-Free **(855) 545-3847**  
TTY **(866) 524-5144** *(for the hearing impaired)*

**-OR-**

Sign up online through the **Vantage Member Portal**. If you are not registered for the Portal, call Vantage Member Services or set up your Member Portal account at <https://portal.vhpla.com>.



# Added Benefits!

## Vision and Dental Included in Your Plan!

### Vision Benefits

- » Specialist copay for an annual routine eye exam per year, not subject to deductible. Available to adults and children.
- » Freedom/Essential Plans - **50%** coinsurance for 12 pairs of contacts or 1 pair of glasses per year, not subject to deductible; maximum benefit of **\$100** for adults.

### Dental Benefits

- » **100%** coverage for preventive dental care: semi-annual cleanings and oral exams and an annual x-ray, not subject to deductible. Available to adults and children
- » Freedom/Essential Plans - **50%** coinsurance for comprehensive dental services, not subject to deductible; maximum benefit of **\$500** for adults.

## Saint John Pharmacy benefits everyone!

### Diabetic Supplies

#### *100% Coverage for Glucocard Shine® blood glucose strips:*

- » Available to Vantage members ONLY through Saint John Pharmacy
- » Up to a 90-day supply allowed with required written or verbal prescription

#### *Free Glucocard Shine® Meter:*

- » Available to Vantage members ONLY through Saint John Pharmacy and all participating Affinity Clinics
- » Limit one meter per member per year
- » Available ONLY with a prescription for Glucocard Shine® blood glucose strips

#### *Pick-up or Mail Service:*

- » Available for pick up at Saint John Pharmacy in Monroe
- » Have a 90-day supply of the strips and/or the meter mailed to your home upon request

#### *Assistance:*

Information and assistance are available 24 hours a day, 7 days a week from the manufacturer by calling ARKRAY, USA, **(800) 818-8877** option **#4311**.

### Mail Order Pharmacy Service

Saint John Pharmacy is the preferred mail order pharmacy for Vantage Health Plan, Inc. Please call us at **(888) 316-4354** to have your prescriptions mailed directly to your home. Most low-cost preferred generic drugs are available at no cost for a 90-day supply.

Visit us online at [www.MyAffinityPharmacy.com](http://www.MyAffinityPharmacy.com) for additional information on Saint John Pharmacy services. Call **(888) 316-4354**, and the Saint John Pharmacy staff will answer any questions about this diabetic coverage.



110 St. John Street, Monroe, LA 71201

# Vantage makes it easy!

## *Pick Your Plan!*

### ALL PLANS

- » Free annual wellness exam
- » Free semi-annual preventive dental cleanings and annual x-rays
- » Additional comprehensive dental coverage for children
- » Out-of-Network coverage
- » Great local customer service

### Freedom

- » Copayments for office visits, inpatient and outpatient services, and most prescription drugs
- » Reduced copayments from Affinity Health Network providers and Saint John Pharmacy
- » Variety of in-network medical deductible amounts ranging from \$100 - \$2,500
- » In-network drug deductible amounts ranging from \$0- \$500
- » Additional comprehensive dental coverage for adults

### Essential

- » Copayments for office visits and certain prescription drugs
- » Reduced copayments from Affinity Health Network providers and Saint John Pharmacy
- » Deductible and coinsurance for other services, like inpatient stays, diagnostic tests, and emergency room visits
- » Variety of in-network medical deductible amounts ranging from \$1,500 - \$6,500
- » In-network drug deductible amounts ranging from \$100- \$850
- » Additional comprehensive dental coverage for adults

### Savings

- » Health Savings Account (HSA) qualified high deductible plan
- » Combined in-network medical and prescription drug deductible of \$5,000



# FREEDOM PLANS Benefit Comparison

The following comparison is not a complete comparison. All of these plans offer out-of-network coverage. Members may be balance billed by out-of-network providers. Visit [www.VantageHealthPlan.com/Marketplace](http://www.VantageHealthPlan.com/Marketplace) for a complete set of Vantage Marketplace plan documents.

BENEFITS	PLATINUM/PLATINUM PLUS FREEDOM ON AND OFF EXCHANGE	GOLD/GOLD PLUS FREEDOM 1000 ON AND OFF EXCHANGE
In-Network Medical Deductible	No medical deductible	<b>\$1,000</b> Individual; <b>\$3,000</b> Family
In-Network Out-of-Pocket Maximum	<b>\$1,500</b> Individual; <b>\$3,000</b> Family	<b>\$5,000</b> Individual; <b>\$10,000</b> Family
Medical Home - Primary Care Provider (MH-PCP) Office Visit	AHN: <b>\$0</b> copay per visit Standard: <b>\$10</b> copay per visit	AHN: <b>\$5</b> copay per visit* Standard: <b>\$15</b> copay per visit*
Specialist Office Visit	AHN: <b>\$25</b> copay per visit Standard: <b>\$35</b> copay per visit	AHN: <b>\$30</b> copay per visit* Standard: <b>\$50</b> copay per visit*
Office Lab	100% covered	100% covered*
Inpatient Hospital	AHN: Standard cost share less <b>\$300</b> Standard: <b>\$500</b> copay per day, maximum <b>\$1,500</b>	AHN: Standard cost share less <b>\$300</b> Standard: <b>\$1,000</b> copay per day, maximum <b>\$3,000</b>
Outpatient Surgery Services	AHN: <b>\$100</b> copay per visit Standard: <b>\$200</b> copay per visit	AHN: <b>\$300</b> copay per visit Standard: <b>\$400</b> copay per visit
Hospital Physicians	100% covered	100% covered
Emergency Room	<b>\$200</b> ER copay per visit	<b>\$300</b> ER copay per visit
Major Diagnostic Test (MRI, CT scan, stress test, etc)	AHN: <b>\$50</b> copay per test Standard: <b>\$150</b> copay per test	AHN: <b>\$100</b> copay per test Standard: <b>\$200</b> copay per test
Outpatient Lab	100% covered	100% covered
X-Rays and Other Outpatient Hospital Services	AHN: <b>100%</b> coinsurance up to <b>\$50</b> per day Standard: <b>100%</b> coinsurance up to <b>\$150</b> per day	AHN: <b>100%</b> coinsurance up to <b>\$100</b> per day Standard: <b>100%</b> coinsurance up to <b>\$200</b> per day
Radiation and Chemotherapy	<b>30%</b> coinsurance	<b>30%</b> coinsurance
Physical Therapy/Occupational Therapy/Speech Therapy	<b>\$40</b> copay per visit	<b>\$40</b> copay per visit
Vision Exam	AHN: <b>\$25</b> copay per visit Standard: <b>\$35</b> copay per visit	AHN: <b>\$30</b> copay per visit* Standard: <b>\$50</b> copay per visit*
Glasses/Contacts	<b>50%</b> coinsurance; adults - <b>\$100</b> maximum benefit	<b>50%</b> coinsurance*; adults - <b>\$100</b> maximum benefit
Preventive Dental	100% covered	100% covered*
Comprehensive Dental	<b>50%</b> coinsurance; adults - <b>\$500</b> maximum benefit	<b>50%</b> coinsurance*; adults - <b>\$500</b> maximum benefit
Prescription Drugs	Tier 1..... <b>\$3</b> copay Tier 2..... <b>\$20</b> copay Tier 3..... <b>\$50</b> copay Tier 4..... <b>\$100</b> copay Tier 5..... <b>33%</b> coinsurance <i>No RX Deductible</i>	Tier 1..... <b>\$3</b> copay Tier 2..... <b>\$20</b> copay Tier 3..... <b>\$50</b> copay Tier 4..... <b>\$100</b> copay Tier 5..... <b>33%</b> coinsurance <i>No RX Deductible</i>
Out-of-Network Deductible and Coinsurance	<b>\$5,000</b> Individual; <b>\$10,000</b> Family <b>50%</b> coinsurance	<b>\$5,000</b> Individual; <b>\$10,000</b> Family <b>50%</b> coinsurance

\*Not subject to in-network medical deductible

\*\*Not subject to prescription drug deductible

<b>SILVER/SILVER PLUS FREEDOM 2200</b> OFF EXCHANGE ONLY	<b>SILVER/SILVER PLUS FREEDOM 2500</b> ON AND OFF EXCHANGE
\$2,200 Individual; \$6,600 Family	\$2,500 Individual; \$7,500 Family
\$6,800 Individual; \$13,600 Family	\$7,350 Individual; \$14,700 Family
AHN: \$10 copay per visit* Standard: \$25 copay per visit*	AHN: \$10 copay per visit* Standard: \$25 copay per visit*
AHN: \$55 copay per visit* Standard: \$75 copay per visit*	AHN: \$55 copay per visit* Standard: \$75 copay per visit*
100% covered*	100% covered*
AHN: Standard cost share less \$300 Standard: \$1,500 copay per day, maximum \$4,500	AHN: Standard cost share less \$300 Standard: \$1,500 copay per day, maximum \$4,500
AHN: \$900 copay per visit Standard: \$1,000 copay per visit	AHN: \$900 copay per visit Standard: \$1,000 copay per visit
100% covered	100% covered
\$400 ER copay per visit	\$400 ER copay per visit
AHN: \$200 copay per test Standard: \$300 copay per test	AHN: \$200 copay per test Standard: \$300 copay per test
100% covered	100% covered
AHN: 100% coinsurance up to \$200 per day Standard: 100% coinsurance up to \$300 per day	AHN: 100% coinsurance up to \$200 per day Standard: 100% coinsurance up to \$300 per day
30% coinsurance	30% coinsurance
\$40 copay per visit	\$40 copay per visit
AHN: \$55 copay per visit* Standard: \$75 copay per visit*	AHN: \$55 copay per visit* Standard: \$75 copay per visit*
50% coinsurance*; adults - \$100 maximum benefit	50% coinsurance*; adults - \$100 maximum benefit
100% covered*	100% covered*
50% coinsurance*; adults - \$500 maximum benefit	50% coinsurance*; adults - \$500 maximum benefit
Tier 1..... \$3 copay** Tier 2..... \$20 copay** Tier 3..... \$50 copay Tier 4..... \$100 copay Tier 5..... 33% coinsurance <i>RX Deductible: \$500 Individual; \$1,500 Family (applies to Tiers 3, 4, 5)</i>	Tier 1..... \$3 copay** Tier 2..... \$20 copay** Tier 3..... \$50 copay Tier 4..... \$100 copay Tier 5..... 33% coinsurance <i>RX Deductible: \$500 Individual; \$1,500 Family (applies to Tiers 3, 4, 5)</i>
\$5,000 Individual; \$10,000 Family 50% coinsurance	\$5,000 Individual; \$10,000 Family 50% coinsurance

\*Not subject to in-network medical deductible

\*\*Not subject to prescription drug deductible



# ESSENTIAL/SAVINGS PLANS Benefit Comparison

The following comparison is not a complete comparison.. All of these plans offer out-of-network coverage. Members may be balance billed by out-of-network providers. Visit [www.VantageHealthPlan.com/Marketplace](http://www.VantageHealthPlan.com/Marketplace) for a complete set of Vantage Marketplace plan documents.

<b>BENEFITS</b>	<b>GOLD/GOLD PLUS ESSENTIAL 1500 ON AND OFF EXCHANGE</b>	<b>SILVER/SILVER PLUS ESSENTIAL 3000 OFF EXCHANGE ONLY</b>
In-Network Medical Deductible	<b>\$1,500</b> Individual; <b>\$4,500</b> Family	<b>\$3,000</b> Individual; <b>\$9,000</b> Family
In-Network Out-of-Pocket Maximum	<b>\$4,000</b> Individual; <b>\$8,000</b> Family	<b>\$6,500</b> Individual; <b>\$13,000</b> Family
Medical Home - Primary Care Provider (MH-PCP) Office Visit	AHN: <b>\$5</b> copay per visit* Standard: <b>\$15</b> copay per visit*	AHN: <b>\$10</b> copay per visit* Standard: <b>\$25</b> copay per visit*
Specialist Office Visit	AHN: <b>\$30</b> copay per visit* Standard: <b>\$50</b> copay per visit*	AHN: <b>\$55</b> copay per visit* Standard: <b>\$75</b> copay per visit*
Office Lab	100% covered*	100% covered*
Inpatient Hospital	<b>30%</b> coinsurance	<b>50%</b> coinsurance
Outpatient Surgery Services	<b>30%</b> coinsurance	<b>50%</b> coinsurance
Hospital Physicians	<b>30%</b> coinsurance	<b>50%</b> coinsurance
Emergency Room	<b>30%</b> coinsurance	<b>50%</b> coinsurance
Major Diagnostic Test (MRI, CT scan, stress test, etc)	<b>30%</b> coinsurance	<b>50%</b> coinsurance
Outpatient Lab	<b>30%</b> coinsurance	<b>50%</b> coinsurance
X-Rays and Other Outpatient Hospital Services	<b>30%</b> coinsurance	<b>50%</b> coinsurance
Radiation and Chemotherapy	<b>30%</b> coinsurance	<b>50%</b> coinsurance
Physical Therapy/Occupational Therapy/Speech Therapy	<b>30%</b> coinsurance	<b>50%</b> coinsurance
Vision Exam	AHN: <b>\$30</b> copay per visit* Standard: <b>\$50</b> copay per visit*	AHN: <b>\$55</b> copay per visit* Standard: <b>\$75</b> copay per visit*
Glasses/Contacts	<b>50%</b> coinsurance*; adults - <b>\$100</b> maximum benefit	<b>50%</b> coinsurance*; adults - <b>\$100</b> maximum benefit
Preventive Dental	100% covered*	100% covered*
Comprehensive Dental	<b>50%</b> coinsurance*; adults - <b>\$500</b> maximum benefit	<b>50%</b> coinsurance*; adults - <b>\$500</b> maximum benefit
Prescription Drugs	Tier 1..... <b>\$3</b> copay** Tier 2..... <b>\$20</b> copay** Tier 3..... <b>30%</b> coinsurance Tier 4..... <b>30%</b> coinsurance Tier 5..... <b>33%</b> coinsurance  <i>RX Deductible: \$100 Individual; \$300 Family (applies to Tiers 3, 4, 5)</i>	Tier 1..... <b>\$3</b> copay** Tier 2..... <b>\$20</b> copay** Tier 3..... <b>50%</b> coinsurance Tier 4..... <b>50%</b> coinsurance Tier 5..... <b>50%</b> coinsurance  <i>RX Deductible: \$500 Individual; \$1,500 Family (applies to Tiers 3, 4, 5)</i>
Out-of-Network Deductible and Coinsurance	<b>\$5,000</b> Individual; <b>\$10,000</b> Family <b>50%</b> coinsurance	<b>\$5,000</b> Individual; <b>\$10,000</b> Family <b>50%</b> coinsurance

\*Not subject to in-network medical deductible

\*\*Not subject to prescription drug deductible





## **Vantage Locations**

### *Monroe*

122 St. John Street  
Monroe, LA 71201

### *Shreveport*

855 Pierremont Road, Suite 109  
Shreveport, LA 71106

### *Baton Rouge*

5778 Essen Lane, Suite B  
Baton Rouge, LA 70810

For information on other locations:  
[www.vantagehealthplan.com/locations](http://www.vantagehealthplan.com/locations)

## **Hours of Operation**

Monday through Friday 8:00 a.m. – 6:00 p.m.

## **Contact**

### *Phone Numbers:*

(855) 545-3847 or TTY (866) 524-5144  
*(for the hearing impaired)*

### *Website:*

[www.VantageHealthPlan.com/Marketplace](http://www.VantageHealthPlan.com/Marketplace)