

### 2021 MARKETPLACE PLANFINDER

FREEDOM, ESSENTIAL, AND SAVINGS PLANS FOR INDIVIDUALS AND FAMILIES



#### Freedom to live a healthy life



### 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 insurance coverage for yourself and your family. Plans that may work for friends or family members may not be the best plan for you, so it can be difficult to select coverage. With Vantage's depth of knowledge and experiene, you will walk away confident that you have selected the coverage that best suits your lifestyle.

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 office in Monroe, Louisiana, Vantage has expanded with office locations in Baton Rouge, Shreveport, Hammond, and several rural locations. Vantage's membership has grown over the past 25 years, providing great service to our members and contracting with healthcare providers in Louisiana and surrounding states.

Vantage is a Louisiana-based insurance company that offers plans with various deductibles, coinsurances, copayments, 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**) or directly through Vantage's Sales and Member Services departments and external agents.

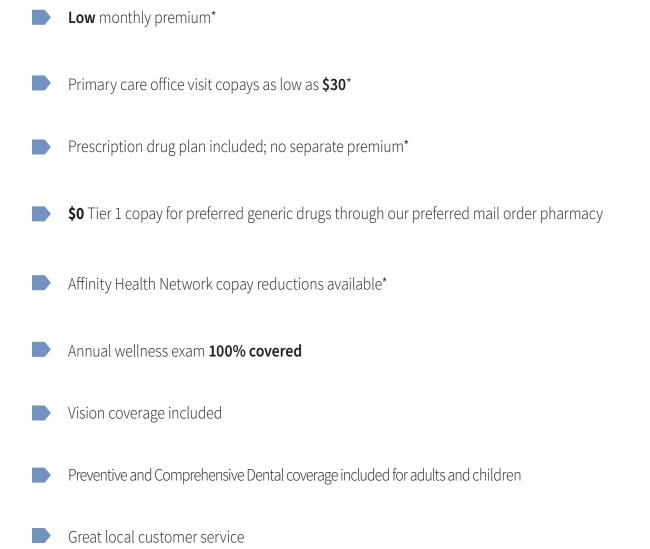
Detailed plan and premium information is available at **www.VantageHealthPlan.com/Exchange** or by calling Vantage toll-free at **(855) 545-3847.** Qualifying members may be eligible for monthly premium assistance when enrolling through the Marketplace.

Thank you again for your interest in Vantage Health Plan. If you have any questions about these plans or the enrollment process, please call Vantage tollfree 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.

Vantage upholds the belief that everyone has the "Freedom to live a healthy life."

## Freedom to live a healthy life.

### Vantage benefits include:



The search tools on our Vantage Marketplace website, **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 four ways to enroll in a Vantage Marketplace Plan:

- Enroll online at **www.Healthcare.gov.**
- Enroll over the phone by calling 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 <u>outside of the Marketplace</u> or for benefit and coverage questions, please contact the Vantage Member Services 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/Exchange**, 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, 2020

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

January 1, 2021

New coverage begins.

#### During a special enrollment period.

You may be able to enroll in a 2021 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 do not have a Special Enrollment Period, you cannot 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 **www.healthcare.gov/coverageoutside-open-enrollment/special-enrollmentperiod/.** You may also call CMS at (800) 318-2596 or call Vantage toll-free at (855) 545-3847, Monday through Friday, from 8:00 a.m. to 6:00 p.m. for assistance.

### **Network Providers**

STANDARD NETWORK (For all Members)



Va

Vantage's standard network

In-Network Cost Share

#### AFFINITY HEALTH NETWORK (For all Members)



Reduced Copays on certain covered services for Freedom and Essential plans

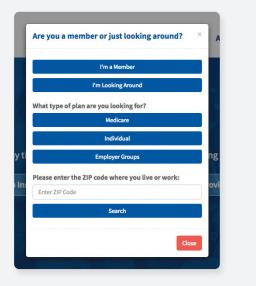
In-Network Cost Share on all other services

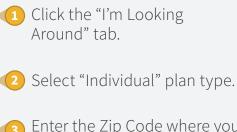
Vantage has extensive provider

networks for its members. All members have in-network coverage when using

any of these Vantage network providers.

You can search for providers from our extensive list of In-Network providers located on our website. Visit **www.VantageHealthPlan.com**, select "Find a Provider" and follow the steps listed below.





- Enter the Zip Code where you live in the space provided.
- Click the "Search" button.

#### TIER II NETWORK (For Members living outside of Louisiana)

Vantage contracts with a nationwide Provider network available to Members living outside of the Vantage Service Area (state of Louisiana). These Participating Providers are considered Tier II Providers and cannot balancebill Members. Out-of-state Members have in-network coverage with Vantage Tier II Providers. Note: Members living in the Vantage Service Area do not have access to the Tier II Provider network. If in-state Members receive services from these Tier II providers, out-of-network cost share will apply and Members may be balance-billed.

#### **For information about Tier II Providers, call our Member Services Department toll-free at (855) 545-3847.** Vantage members are covered anywhere in the world for emergency care at in-network benefits.

# Saint John Pharmacy mail order benefits everyone!

#### **Diabetic Supplies**

### 100% Coverage for Glucocard Shine<sup>®</sup> blood glucose strips:

- » Available to Vantage members ONLY through Saint John Pharmacy mail order
- » Up to a 100–day supply allowed with required written or verbal prescription

#### Free Glucocard Shine® Meter:

- Available to Vantage members ONLY through Saint John Pharmacy mail order, Affinity retail pharmacies, and Affinity clinics
- » Limit one meter per member per year
- » Available ONLY with a prescription for Glucocard Shine<sup>®</sup> blood glucose strips

#### Mail Service:

 Have a 100-day supply of the strips and/or the meter mailed by Saint John Pharmacy mail order pharmacy 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 100-day supply. This benefit is administered by Saint John Pharmacy mail order and may not be available for all members. Access varies by state and plan.



Visit **www.MyAffinityPharmacy.com** for additional information on Saint John Pharmacy mail order services. Call **(888) 316-4354**, and the Saint John Pharmacy staff will answer any questions about this coverage.



### Added Benefits!

#### Vision and Dental Included in Your Plan!

#### **Vision Benefits**

Specialist cost share for an annual routine eye exam per year. 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.

Savings Plans – **0% - 50%** coinsurance for 12 pairs of contacts or 1 pair of glasses per year, subject to deductible. Coverage available to children only.

#### **Dental Benefits**

**100%** coverage for preventive dental care: semiannual cleanings and oral exams and an annual x-ray, not subject to deductible. Available to adults and children.

Freedom/Essential Plans – Comprehensive Dental: **50%** coinsurance for comprehensive dental services, not subject to deductible; maximum benefit of **\$500** for adults.

Savings Plans – Child Comprehensive Dental: **50%** coinsurance for comprehensive dental services, subject to deductible. Adult Comprehensive Dental: **50%** coinsurance for comprehensive dental services, not subject to deductible; maximum benefit of **\$500** for adults.



### Vantage makes it easy! Pick Your Plan!

#### ALL PLANS

- » Free annual wellness exam
- » Free semi-annual preventive dental cleanings and annual x-rays
- » Comprehensive dental coverage
- » Glasses and contacts coverage\*
- » 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 mail order
- » In-network medical deductible amounts of \$3,500 or \$4,500
- » In-network drug deductible amount of \$1,000 for drugs on Tiers 3-5

#### **ESSENTIAL**

- » Copayments for PCP office visits and certain prescription drugs
- Reduced copayments from Affinity Health Network providers and Saint John Pharmacy mail order
- » Deductible and coinsurance for other services, like inpatient stays, diagnostic tests, and emergency room visits
- » In-network medical deductible amounts of \$1,600 or \$6,500
- » In-network drug deductible amounts of \$600 or \$1,000 for drugs on Tiers 3-5

#### SAVINGS

- » Health Savings Account (HSA) qualified high deductible plans
- » Combined in-network medical and prescription drug deductible of \$5,500 or \$7,000

\* Coverage varies by plan

### **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* for a complete set of Vantage Marketplace plan documents.

	SILVER 3500	SILVER 4500
BENEFITS	OFF EXCHANGE ONLY	ON AND OFF EXCHANGE
In-Network Medical Deductible	<b>\$3,500</b> Individual; <b>\$10,500</b> Family	<b>\$4,500</b> Individual; <b>\$13,500</b> Family
In-Network Out-of-Pocket Maximum	<b>\$8,550</b> Individual; <b>\$17,100</b> Family	<b>\$8,550</b> Individual; <b>\$17,100</b> Family
Primary Care Provider (PCP)*	\$30 AHN/ \$40 copay per visit	\$30 AHN/ \$40 copay per visit
Specialist Office Visit*	\$65 AHN/ \$75 copay per visit	\$65 AHN/ \$75 copay per visit
Inpatient Hospital (\$100 savings at AHN)	<b>\$1,500</b> copay/ day; <b>\$4,500</b> max	<b>\$1,500</b> copay/ day; <b>\$4,500</b> max
Outpatient Surgery Services	<b>\$900</b> AHN/ <b>\$1,000</b> copay	<b>\$900</b> AHN/ <b>\$1,000</b> copay
Emergency Room	\$400 ER copay per visit	<b>\$450</b> ER copay per visit
Major Diagnostic Test (MRI, CT scan, stress test, etc)	<b>\$200</b> AHN/ <b>\$300</b> copay per test	<b>\$200</b> AHN/ <b>\$300</b> copay per test
Outpatient Lab	100% covered	100% covered
Outpatient X-Rays and Other Hospital Services	<b>100%</b> coinsurance up to: AHN: <b>\$200</b> /day Standard: <b>\$300</b> /day	<b>100%</b> coinsurance up to: AHN: <b>\$200</b> /day Standard: <b>\$300</b> /day
Radiation and Chemotherapy	30% coinsurance	30% coinsurance
Physical/Occupational/Speech Therapy	<b>\$40</b> copay per day	\$40 copay per day
Vision Exam*	\$65 AHN/ \$75 copay per visit	\$65 AHN/ \$75 copay per visit
Glasses/ Contacts*	<b>50%</b> coinsurance; Max benefit for adults: <b>\$100</b>	<b>50%</b> coinsurance; Max benefit for adults: <b>\$100</b>
Preventive Dental*	100% covered	100% covered
Comprehensive Dental- Child*	50% coinsurance	50% coinsurance
Comprehensive Dental- Adults*	<b>50%</b> coinsurance; Max benefit: <b>\$500</b>	<b>50%</b> coinsurance; Max benefit: <b>\$500</b>
Prescription Drug Deductible (applies to Tiers 3, 4, 5)	<b>\$1,000</b> Individual; <b>\$3,000</b> Family	<b>\$1,000</b> Individual; <b>\$3,000</b> Family
Prescription Drugs (30-day supply)	Tier 1\$0** or \$10 copay     Tier 2\$30 copay     Tier 3\$60 copay     Tier 4\$100 copay     Tier 5\$50% coinsurance	Tier 1\$0** or \$10 copay     Tier 2\$30 copay     Tier 3\$60 copay     Tier 4\$100 copay     Tier 5\$0% coinsurance
Out-of-Network Medical Deductible	<b>\$5,000</b> Individual <b>\$15,000</b> Family	<b>\$5,000</b> Individual <b>\$15,000</b> Family
Out-of-Network Coinsurance	50% Coinsurance	50% Coinsurance

\*Not subject to in-network medical deductible.

\*\*The preferred mail order copay of \$0 for Tier 1 preferred generic drugs is only available from the preferred mail order pharmacy, Saint John Pharmacy, for a 100-day supply.

### **ESSENTIAL 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* for a complete set of Vantage Marketplace plan documents.

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BENEFITS	<b>GOLD 1600</b> ON AND OFF EXCHANGE	BRONZE 6500 ON AND OFF EXCHANGE
In-Network Medical Deductible	<b>\$1,600</b> Individual; <b>\$4,800</b> Family	<b>\$6,500</b> Individual; <b>\$13,000</b> Family
In-Network Out-of-Pocket Maximum	<b>\$7,500</b> Individual; <b>\$15,000</b> Family	<b>\$8,550</b> Individual; <b>\$17,100</b> Family
Primary Care Provider (PCP)*	<b>\$20</b> AHN/ <b>\$30</b> copay per visit	<b>\$40</b> AHN/ <b>\$50</b> copay per visit
Specialist Office Visit	20% coinsurance	50% coinsurance
Inpatient Hospital	20% coinsurance	50% coinsurance
Outpatient Surgery Services	20% coinsurance	50% coinsurance
Emergency Room	20% coinsurance	50% coinsurance
Major Diagnostic Test (MRI, CT scan, stress test, etc)	20% coinsurance	50% coinsurance
Outpatient Lab	20% coinsurance	50% coinsurance
Outpatient X-Rays and Other Hospital Services	20% coinsurance	50% coinsurance
Radiation and Chemotherapy	20% coinsurance	50% coinsurance
Physical/Occupational/Speech Therapy	20% coinsurance	50% coinsurance
Vision Exam	20% coinsurance	50% coinsurance
Glasses/ Contacts*	<b>50%</b> coinsurance; Max benefit for adults: <b>\$100</b>	<b>50%</b> coinsurance; Max benefit for adults: <b>\$100</b>
Preventive Dental*	100% covered	100% covered
Comprehensive Dental - Child*	50% coinsurance	50% coinsurance
Comprehensive Dental - Adult*	<b>50%</b> coinsurance; Max benefit: <b>\$500</b>	<b>50%</b> coinsurance; Max benefit: <b>\$500</b>
Prescription Drug Deductible (applies to Tiers 3, 4, 5)	<b>\$600</b> Individual; <b>\$1,800</b> Family	<b>\$1,000</b> Individual; <b>\$2,000</b> Family
Prescription Drugs (30-day supply)	Tier 1   \$0** or \$10 copay     Tier 2   \$30 copay     Tier 3   20% coinsurance     Tier 4   20% coinsurance     Tier 5   50% coinsurance	Tier 1\$0** or \$10 copay     Tier 2\$30 copay     Tier 350% coinsurance     Tier 450% coinsurance     Tier 550% coinsurance
Out-of-Network Medical Deductible	<b>\$5,000</b> Individual <b>\$15,000</b> Family	<b>\$8,000</b> Individual <b>\$16,000</b> Family
Out-of-Network Coinsurance	50% Coinsurance	50% Coinsurance
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\*Not subject to in-network medical deductible.

\*\*The preferred mail order copay of \$0 for Tier 1 preferred generic drugs is only available from the preferred mail order pharmacy, Saint John Pharmacy, for a 100-day supply.

### 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* for a complete set of Vantage Marketplace plan documents.

	BRONZE 5500	BRONZE 7000
BENEFITS	ON AND OFF EXCHANGE	ON AND OFF EXCHANGE
In-Network Combined Medical/ Prescription Drug Deductible	<b>\$5,500</b> Individual; <b>\$11,000</b> Family	<b>\$7,000</b> Individual; <b>\$14,000</b> Family
In-Network Out-of-Pocket Maximum	<b>\$7,000</b> Individual; <b>\$14,000</b> Family	<b>\$7,000</b> Individual; <b>\$14,000</b> Family
Primary Care Provider (PCP)	50% coinsurance	100% covered
Specialist Office Visit	50% coinsurance	100% covered
Inpatient Hospital	50% coinsurance	100% covered
Outpatient Surgery Services	50% coinsurance	100% covered
Emergency Room	50% coinsurance	100% covered
Major Diagnostic Test (MRI, CT scan, stress test, etc)	50% coinsurance	100% covered
Outpatient Lab	50% coinsurance	100% covered
Outpatient X-Rays and Other Hospital Services	50% coinsurance	100% covered
Radiation and Chemotherapy	50% coinsurance	100% covered
Physical/Occupational/Speech Therapy	50% coinsurance	100% covered
Vision Exam	50% coinsurance	100% covered
Glasses/ Contacts	<b>50%</b> coinsurance; no adult coverage	<b>100%</b> covered; no adult coverage
Preventive Dental*	100% covered	100% covered
Comprehensive Dental- Child	50% coinsurance	50% coinsurance
Comprehensive Dental - Adults*	<b>50%</b> coinsurance; Max benefit: <b>\$500</b>	<b>50%</b> coinsurance; Max benefit: <b>\$500</b>
Prescription Drug Deductible	See Combined Medical/Prescription Drug Deductible Above	See Combined Medical/Prescription Drug Deductible Above
Prescription Drugs	50% coinsurance**	<b>100%</b> covered**
Out-of-Network Medical Deductible	<b>\$8,000</b> Individual <b>\$16,000</b> Family	<b>\$8,000</b> Individual <b>\$16,000</b> Family
Out-of-Network Coinsurance	50% coinsurance	50% coinsurance
HSA Qualified	Yes	Yes

\*Not subject to in-network combined medical/prescription drug deductible.

\*\*A preferred mail order copay of \$0 for Tier 1 preferred generic drugs with no deductible is only available from the preferred mail order pharmacy, Saint John Pharmacy, for a 100-day supply.

### Vantage Perks!

#### Wellness Exam

Nothing is more important to us than your health. That's why we want you to see your primary care provider for your yearly wellness exam. It is 100% covered for all members!

#### 24 Hour Nurse Line

Vantage offers a 24-hour, 7 days a week Nurse Line so you can speak to a Registered Nurse at any time regarding any medical question you may have. Get professional advice around the clock! Just call 1-844-657-7829.

#### Vantage Wellness

Vantage Wellness gives you the tools you need to stick to a healthy lifestyle!

- » Exercise Log: Keep tabs on your daily workouts by entering them into your exercise log.
- » *Nutrition Log:* Take the guesswork out of your nutrition and track what you eat each day.
- » Exercise Videos: Stuck in a rut? Check out the Wellness Exercise of the week for new ideas.
- » *Healthy Recipes:* Make your next meal a healthier one by using a recipe from Vantage Wellness.

#### Still not convinced? Try these extra perks:

- » Wellness Prizes: Complete weekly tasks to be entered to win big for working on your healthy habits!
- » *Gym Discounts:* Check *www.vantagewellness.com/partners.aspx* to find a gym near you offering a great discount for Vantage Members. Not available in all parishes.
- » Counseling Services: Get some extra help with in-person or over-the-phone nutrition counseling through Affinity Health Group. Call the office at (844) 353-0500 to schedule an appointment or visit us at 1325 Louisville Ave., Monroe, LA 71201

If you have any questions, please contact Member Services toll-free at (855) 545-3847.

### Member Portal

Vantage is making healthcare even easier by providing you with secure online access to important information about your health plan coverage and activity. Sign up for the Vantage Member Portal today!

portal.VantageHealthPlan.com or 855-545-3847

#### Simplify Your Life! Go Paperless!

#### Vantage Member Portal features include:

- » Your monthly plan premium invoice and payment information
- » Your plan documents online including provider and pharmacy directories no more paper booklets!
- » Your pre-authorization and claims history
- » Your record of payments for medical and pharmacy services (deductible, copay, and coinsurance amounts)
- » Your contact and other personal information
- » Primary Care Provider selection
- » Vantage News
- » Your choice of communication from Vantage choose texts, emails, calls, or mail!
- A link to the Navitus Member Portal to view your prescriptions, search for drug interactions and generic options, and find drugs covered under the Vantage Formulary (Drug List)

#### Want to sign up for the Vantage Member Portal?

Register online at **portal.VantageHealthPlan.com**, or call Vantage Member Services toll-free at **855-545-3847**.

### Terminology

#### **PREMIUM:**

A premium is the amount of money due to Vantage each month for medical and prescription drug coverage.

#### **COST SHARE:**

The cost share is the member's financial responsibility for covered services. The cost share includes any deductible, co-insurance, and co-payments.

#### **DEDUCTIBLE:**

If your plan has a deductible, you will have to meet the full deductible amount before most services are payable by your plan. There may be different deductibles included in your plan, such as In-Network Medical, Out-of-Network Medical, or Prescription Drug deductibles.

#### **CO-INSURANCE:**

A co-insurance is a percentage of the costs that a member will pay for certain benefits after a deductible is met. Co-insurance may vary by service.

#### **CO-PAYMENT:**

A co-payment is a set dollar amount that a member will pay for certain benefits. Co-payments may or may not be subject to a deductible and vary by type of service.

#### **OUT-OF-POCKET MAXIMUM:**

The out-of-pocket maximum is the most that you pay out-of-pocket during the benefit period for in-network covered services. Out-of-network costs, some in-network costs, and premiums do not count toward the out-of-pocket maximum.



#### **VANTAGE LOCATIONS**

#### MONROE 122 ST. JOHN STREET MONROE, LA 71201

SHREVEPORT 855 PIERREMONT ROAD, STE. 109 SHREVEPORT, LA 71106

BATON ROUGE 13348 COURSEY BLVD., STE. A BATON ROUGE, LA 70816

HAMMOND 219 WEST THOMAS STREET HAMMOND, LA 70401

OTHER LOCATIONS: VantageHealthPlan.com/locations

#### HOURS OF OPERATION

MONDAY - FRIDAY 8:00 a.m. - 6:00 p.m. CST

#### CONTACT

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

WEBSITE: www.VantageHealthPlan.com/Marketplace

EMAIL: memberservices@vhpla.com

#### Freedom to live a healthy life

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