



2 0 2 3
MARKETPLACE
PLAN FINDER

SILVER COST SHARE REDUCTION PLANS FOR INDIVIDUALS AND FAMILIES



Freedom to live a healthy life



Freedom to live a healthy life.

Vantage benefits include:

- ▶ **Low** monthly premium*
- ▶ Primary care office visit copays as low as **\$0***
- ▶ Prescription drug plan included; no separate premium
- ▶ **\$0** Tier 1 copay through preferred pharmacies (retail and mail order)
- ▶ Affinity Health Network (AHN) copay reductions available
- ▶ Annual wellness exam **covered at 100%**
- ▶ Vision coverage included for adults and children
- ▶ Preventive and Comprehensive Dental coverage included for adults and children
- ▶ Great local customer service

The search tools on our Vantage Marketplace website, www.VantageHealthPlan.com, 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.

WHAT IS A COST SHARE REDUCTION PLAN?

A Cost Share Reduction (CSR) plan is for individuals and families whose annual income is less than 250% of the federal poverty level (FPL). If you qualify for these CSR plans, you have access to the same covered services as other Marketplace plans but with lower deductibles, copayments, and coinsurance than most of those plans.

Am I Eligible?

Please refer to the chart below to give you a good idea of which Marketplace Silver Cost Share Reduction plan you may be eligible for in 2023. Cost Share Reduction plans are based on your income. Please use your estimated 2023 household annual income to select the plan type.

This chart is based on 2022 FPL ranges and is subject to change for 2023.

Your income level indicates you are eligible for:				
FAMILY SIZE	MEDICAID	Silver 94 Plan	Silver 87 Plan	Silver 73 Plan
1	\$0 - \$13,590	\$13,590 - \$20,385	\$20,385 - \$27,180	\$27,180 - \$33,975
2	\$0 - \$18,310	\$18,310 - \$27,465	\$27,465 - \$36,620	\$36,620 - \$45,775
3	\$0 - \$23,030	\$23,030 - \$34,545	\$34,545 - \$46,060	\$46,060 - \$57,575
4	\$0 - \$27,750	\$27,750 - \$41,625	\$41,625 - \$55,500	\$55,500 - \$69,375
5	\$0 - \$32,470	\$32,470 - \$48,705	\$48,705 - \$64,940	\$64,940 - \$81,175
6	\$0 - \$37,190	\$37,190 - \$55,785	\$55,785 - \$74,380	\$74,380 - \$92,975
7	\$0 - \$41,910	\$41,910 - \$62,865	\$62,865 - \$83,820	\$83,820 - \$104,775

For a final determination of eligibility, visit www.Healthcare.gov or call CMS at (800) 318-2596.

OPEN ENROLLMENT IMPORTANT DATES TO REMEMBER

November 1, 2022 - January 15, 2023

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

HOW TO ENROLL...

During Open Enrollment

The plans listed in this booklet are available only through the Centers for Medicare and Medicaid Services (CMS) and/or www.Healthcare.gov. There are three ways to enroll:

- ▶ 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 **(833) 969-2894**, Monday through Friday from 8:00 a.m. to 6:00 p.m.
- ▶ 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.

For benefit and coverage questions, contact the Vantage Marketplace/Exchange Department toll-free at **(833) 969-2894** 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.

During a Special Enrollment Period.

You may be able to enroll in a 2023 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.



DO YOU QUALIFY FOR A SPECIAL ENROLLMENT PERIOD?

Visit healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/ or call CMS at 800-318-2596 or Vantage toll-free at 833-969-2894, Monday through Friday, from 8:00 a.m. to 6:00 p.m. for assistance.

NETWORK PROVIDERS

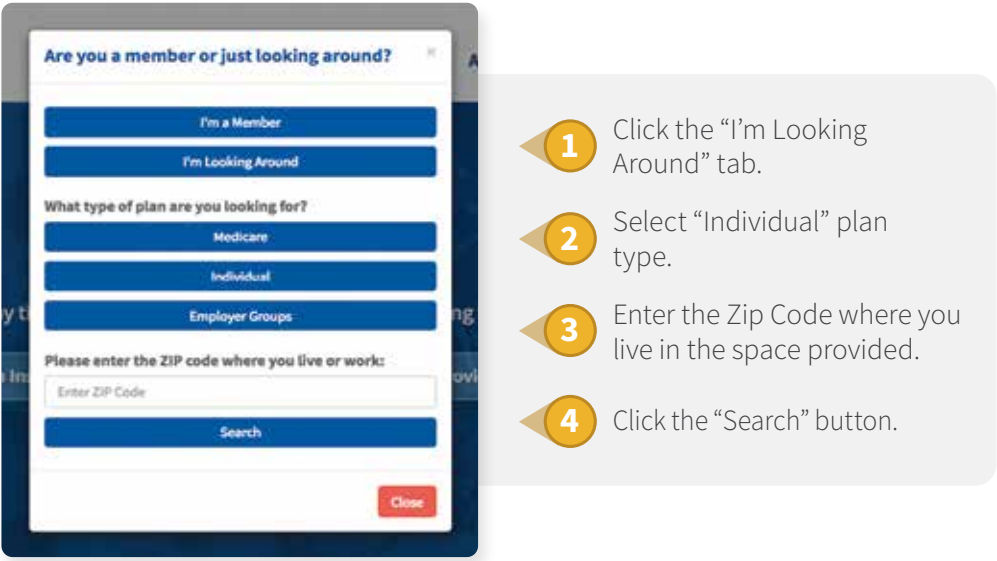
Using In-Network Providers Saves Money!

Vantage has an extensive provider network for its members. All members have in-network cost share when using any of these Vantage network providers.

STANDARD NETWORK <i>(For all Members)</i>		<input checked="" type="checkbox"/> In-Network Cost Share
AFFINITY HEALTH NETWORK <i>(For all Members)</i>		<input checked="" type="checkbox"/> Reduced Cost Share on many covered services <input checked="" type="checkbox"/> In-Network Cost Share on all other services

NETWORK PROVIDER SEARCH

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



The screenshot shows a search form titled "Are you a member or just looking around?". It has two tabs: "I'm a Member" and "I'm Looking Around". Below the tabs are three radio button options for plan type: "Medicare", "Individual", and "Employer Groups". There is a text input field for "Please enter the ZIP code where you live or work:" and a "Search" button. A "Close" button is at the bottom right. To the right of the form, four numbered steps are listed:

- 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.

Vantage members are covered anywhere in the world for emergency care at in-network cost share.

PREFERRED PHARMACIES

Using Preferred Pharmacies Saves Money!



DESIARD PHARMACY NETWORK

The DeSiard Pharmacy Network (DPN) is Vantage's preferred network of independent pharmacies where you can fill up to a 100-day supply of covered Tier 1 preferred generics for a **\$0 copay**. DPN works to build lasting relationships with select independent pharmacies while working with providers to improve medication adherence and other positive health outcomes for our members. Many DPN pharmacies also offer mail order services. Visit VantageHealthPlan.com/dpn to view a complete list of DPN pharmacies.

DPN DIABETIC SUPPLIES PROGRAM

\$0 copay for GLUCOCARD Shine® blood glucose strips. With a valid prescription, you can receive up to a 100-day supply of strips along with a free GLUCOCARD Shine® Meter that comes with ten complementary strips, ten lancets, and a lancing device. Limited to one meter per member per year. *(Cost share applies to the Glucocard strips and meters at non-DPN pharmacies.)*



SAINT JOHN PHARMACY MAIL ORDER

Saint John Pharmacy is Vantage's preferred mail order pharmacy. Most low-cost Tier 1 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 member's location. Please call us at 888-316-4354 to have your prescriptions mailed directly to your home.

MAIL ORDER PHARMACY CONTACT INFO

Phone: (318) 807-1083

Toll-Free: (888) 316-4354

Fax: (318) 807-1079

Email: SJP@ahgphysician.com

Other pharmacies are available in your network.



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.

Glasses and contacts for children:
50% coinsurance for 1 pair of glasses and 12 pair of contacts per year, not subject to deductible.

Glasses and contacts for adults:
100% coverage up to a maximum benefit of **\$100** per year, not subject to deductible.

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.

Comprehensive Dental for children:
50% coinsurance, not subject to deductible.

Comprehensive Dental for adults:
100% coverage up to a maximum benefit of **\$1,000**, not subject to deductible.

TERMINOLOGY

Commonly Used Terms Defined

PREMIUM:

A premium is the amount of money due to Vantage each month for your plan (includes 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:

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, and 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.

STANDARD 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 [VantageHealthPlan.com/Exchange](https://www.vantagehealthplan.com/exchange) for a complete set of Vantage Marketplace plan documents.

BENEFITS	STANDARD SILVER 73
In-Network Combined Medical/Prescription Drug Deductible	\$4,100 Individual; \$8,200 Family
In-Network Out-of-Pocket Maximum	\$7,200 Individual; \$14,400 Family
Primary Care Provider (PCP)*	\$30 AHN/ \$40 copay
Specialist Office Visit*	\$70 AHN/ \$80 copay
Inpatient Hospital	40% coinsurance
Outpatient Surgery Services	40% coinsurance
Emergency Room	40% coinsurance
Major Diagnostic Test (MRI, CT scan, stress test, etc)	40% coinsurance
Outpatient Lab	40% coinsurance
X-Rays and Other Outpatient Hospital Services	40% coinsurance
Physical/Occupational/Speech Therapy*	\$40 copay per visit
Vision Exam*	\$70 AHN/ \$80 copay
Glasses/Contacts - Children*	50% coinsurance
Glasses/Contacts - Adults*	100% Covered; Max benefit: \$100
Preventive Dental*	100% Covered
Comprehensive Dental - Child*	50% coinsurance
Comprehensive Dental - Adult*	100% covered; Max benefit: \$1,000
Prescription Drug Deductible	See Combined Medical/Prescription Drug Deductible Above
Prescription Drugs (30-day supply)	
TIER 1 (Preferred Pharmacies)	\$0 copay*
TIER 1 (Other Pharmacies)	\$10 copay*
TIER 2	\$20 copay*
TIER 3	\$40 copay*
TIER 4	\$80 copay
TIER 5	\$125 copay
Out-of-Network Deductible	\$5,000 Individual; \$15,000 Family
Out-of-Network Coinsurance	50% coinsurance

*Not subject to combined in-network medical and drug deductible

PLEASE NOTE: Refer to the chart on page 4 to find out if you may qualify for any of these Vantage Marketplace Silver Cost Share Reduction Plans.

STANDARD SILVER 87	STANDARD SILVER 94
\$800 Individual; \$1,600 Family	\$0 individual; \$0 family
\$3,000 Individual; \$6,000 Family	\$1,800 Individual; \$3,600 Family
\$10 AHN/ \$20 copay	\$0 copay
\$30 AHN/ \$40 copay	\$0 AHN/ \$10 copay
30% coinsurance	25% coinsurance
30% coinsurance	25% coinsurance
30% coinsurance	25% coinsurance
30% coinsurance	25% coinsurance
30% coinsurance	25% coinsurance
30% coinsurance	25% coinsurance
30% coinsurance	25% coinsurance
\$20 copay per visit	\$0 copay per visit
\$30 AHN/ \$40 copay	\$0 AHN/ \$10 copay
50% coinsurance	50% coinsurance
100% covered; Max benefit: \$100	100% covered; Max benefit: \$100
100% Covered	100% Covered
50% coinsurance	50% coinsurance
100% covered; Max benefit: \$1,000	100% covered; Max benefit: \$1,000
See Combined Medical/Prescription Drug Deductible Above	See Combined Medical/Prescription Drug Deductible Above
\$0 copay*	\$0 copay*
\$5 copay*	\$0 copay*
\$10 copay*	\$0 copay*
\$20 copay*	\$5 copay*
\$60 copay	\$10 copay*
\$100 copay	\$20 copay*
\$5,000 Individual; \$15,000 Family	\$5,000 Individual; \$15,000 Family
50% coinsurance	50% coinsurance

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 VantageHealthPlan.com/Exchange for a complete set of Vantage Marketplace plan documents.

BENEFITS	FREEDOM SILVER 73
In-Network Medical Deductible	\$3,000 Individual; \$9,000 Family
In-Network Out-of-Pocket Maximum	\$7,250 Individual; \$14,500 Family
Primary Care Provider (PCP)*	\$20 AHN/ \$30 copay per visit
Specialist Office Visit*	\$50 AHN/ \$60 copay per visit
Inpatient Hospital (<i>\$100 savings at AHN</i>)	\$1,500 copay/day; \$4,500 max
Outpatient Surgery Services	\$900 AHN/ \$1,000 copay
Emergency Room	\$450 ER copay per visit
Major Diagnostic Test (<i>MRI, CT scan, stress test, etc</i>)	\$200 AHN/ \$300 copay per test
Outpatient Lab	100% covered
X-Rays and Other Outpatient Hospital Services	100% coinsurance up to: AHN: \$200 /day; Standard: \$300 /day
Physical/Occupational/Speech Therapy	\$30 copay per visit
Vision Exam*	\$50 AHN/ \$60 copay per visit
Glasses and Contacts - Child*	50% coinsurance
Glasses and Contacts - Adult*	100% covered; Max benefit: \$100
Preventive Dental*	100% covered
Comprehensive Dental - Child*	50% coinsurance
Comprehensive Dental - Adult*	100% covered; Max benefit: \$1,000
Prescription Drug Deductible (<i>applies to Tiers 3, 4, 5</i>)	\$500 Individual; \$1,500 Family
Prescription Drugs (<i>30-day supply</i>)	
TIER 1 (<i>Preferred Pharmacies</i>)**	\$0 copay
TIER 1 (<i>Other Pharmacies</i>)**	\$10 copay
TIER 2**	\$30 copay
TIER 3	\$60 copay
TIER 4	\$100 copay
TIER 5	50% coinsurance
Out-of-Network Medical Deductible	\$5,000 Individual; \$15,000 Family
Out-of-Network Coinsurance	50% coinsurance

*Not subject to in-network medical deductible

**Not subject to prescription drug deductible.

PLEASE NOTE: Refer to the chart on page 4 to find out if you may qualify for any of these Vantage Marketplace Silver Cost Share Reduction Plans.

FREEDOM SILVER 87	FREEDOM SILVER 94
\$500 Individual; \$1,500 Family	\$0 Individual; \$0 Family
\$2,300 Individual; \$4,600 Family	\$1,000 Individual; \$2,000 Family
\$5 AHN/ \$15 copay per visit	\$0 AHN/ \$0 copay per visit
\$25 AHN/ \$35 copay per visit	\$0 AHN/ \$10 copay per visit
\$750 copay/day; \$2,250 max	\$150 copay/day; \$450 max
\$400 AHN/ \$500 copay	\$50 AHN/ \$150 copay
\$350 ER copay per visit	\$150 ER copay per visit
\$150 AHN/ \$250 copay per test	\$0 AHN/ \$25 copay per test
100% covered	100% covered
100% coinsurance up to: AHN: \$150 /day; Standard: \$250 /day	100% coinsurance up to: AHN: \$0 /day; Standard: \$25 /day
\$15 copay per visit	\$0 copay per visit
\$25 AHN/ \$35 copay per visit	\$0 AHN/ \$10 copay per visit
50% coinsurance	50% coinsurance
100% covered; Max benefit: \$100	100% covered; Max benefit: \$100
100% covered	100% covered
50% coinsurance	50% coinsurance
100% covered; Max benefit: \$1,000	100% covered; Max benefit: \$1,000
\$500 Individual; \$1,500 Family	\$500 Individual; \$1,500 Family
\$0 copay	\$0 copay
\$10 copay	\$5 copay
\$20 copay	\$10 copay
\$60 copay	\$25 copay
\$75 copay	\$60 copay
50% coinsurance	50% coinsurance
\$5,000 Individual; \$15,000 Family	\$5,000 Individual; \$15,000 Family
50% coinsurance	50% coinsurance

VANTAGE PERKS!

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 **844-657-7829**.

ACTIVE&FIT DIRECT™

Vantage Health Plan partners with Active&Fit Direct™ program to give you tools to live a healthier life. The Active&Fit Direct™ program allows you to choose from 10,000+ participating fitness centers and select YMCAs nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes). The program offers:

- » Online directory maps and locator for fitness centers (available on any device)
- » The option to switch fitness centers to make sure you find the right fit
- » Online fitness tracking from a wide variety of popular wearable fitness devices, apps, and exercise equipment
- » An online, educational resource library

Visit VantageHealthPlan.com/VantageCommercial/FitnessMembership to find out more information!

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 healthier meals using recipes from Vantage Wellness
- » Wellness Prizes: Complete weekly tasks to be entered to win big every month for working on your healthy habits
- » Gym Discounts: Visit VantageWellness.com/Partners.aspx to find a gym near you offering a great discount for Vantage Members. Not available in all parishes

If you have any questions, please contact Member Services at (833) 969-2894.

The Active&Fit Direct™ program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health (ASH). Active&Fit Direct™ and the Active&Fit Direct™ logos are trademarks of ASH.

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.

members.VantageHealthPlan.com
or **(833) 969-2894**

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
- » 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)

Members can register online at **members.VantageHealthPlan.com**, or call Vantage Member Services toll-free at **(833) 969-2894**.



LOCATIONS

CORPORATE HEADQUARTERS

130 DeSiard Street
Suite 300
Monroe, LA 71201

CUSTOMER SERVICE AND SALES

122 St. John Street
Monroe, LA 71201

HOURS OF OPERATION

Monday - Friday, 8 a.m. - 6 p.m. CST

CONTACT INFO

PHONE:

833-969-2894

TTY 711 *(for the hearing impaired)*

www.VantageHealthPlan.com/Exchange

Freedom to live a healthy life