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MARKETPLACE  
PLAN FINDER

STANDARD, FREEDOM, ESSENTIAL, AND SAVINGS 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 **\$20\***
- ▶ 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](http://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.

# HOW TO ENROLL...

## *During Open Enrollment.*

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

- ▶ Enroll online at [www.Healthcare.gov](http://www.Healthcare.gov).
- ▶ Enroll over the phone by calling 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. CST
- ▶ 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 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. CST or visit our website, [VantageHealthPlan.com/Exchange](http://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, 2022 - January 15, 2023**

Open Enrollment is the yearly designated time to sign up for insurance 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/](http://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**  
*(For all Members)*



In-Network Cost Share

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



Reduced Cost Share on many covered services

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](http://www.VantageHealthPlan.com), select “Find a Provider” and follow the steps listed below.

The screenshot shows a web 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 types: "Medicare", "Individual", and "Employer Groups". There is a text input field for "Please enter the ZIP code where you live or work:" with a "Search" button below it. A "Close" button is in the bottom right corner.

- 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](https://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.

*Other pharmacies are available in your network.*

### MAIL ORDER PHARMACY CONTACT INFO

*Phone:* (318) 807-1083

*Toll-Free:* (888) 316-4354

*Fax:* (318) 807-1079

*Email:* [SJP@ahgphysician.com](mailto:SJP@ahgphysician.com)

# 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.

#### STANDARD, FREEDOM, ESSENTIAL PLANS

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.

#### SAVINGS PLANS

Glasses and contacts for children:

**0% - 50%** coinsurance for 1 pair of glasses and 12 pair of contacts per year, 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.

#### STANDARD, FREEDOM, ESSENTIAL PLANS:

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.

#### SAVINGS PLANS

Comprehensive Dental for children:

**50%** coinsurance, subject to deductible.

Comprehensive Dental for adults:

**100%** coverage up to a maximum benefit of **\$1,000**, not subject to deductible.



# 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

## ▶ STANDARD

- » Copayments for office visits and most prescription drugs
- » Reduced copayments from Affinity Health Network providers, DeSiard Pharmacy Network, and Saint John Pharmacy mail order
- » Combined in-network medical and prescription drug deductible of \$2,000, \$5,800, or \$7,500

## ▶ ESSENTIAL

- » Copayments for PCP office visits and Tier 1 and 2 prescription drugs
- » Reduced copayments from Affinity Health Network providers, DeSiard Pharmacy Network, and Saint John Pharmacy mail order
- » In-network medical deductible amounts of \$1,500 or \$6,500
- » In-network drug deductible amounts of \$500 or \$1,000 for drugs on Tiers 3-5

## ▶ FREEDOM

- » Copayments for office visits, inpatient stays, emergency room visits, many outpatient services, and most prescription drugs
- » Reduced copayments from Affinity Health Network providers, DeSiard Pharmacy Network, and Saint John Pharmacy mail order
- » In-network medical deductible amounts of \$3,500 or \$4,000
- » In-network drug deductible amount of \$1,000 for drugs on Tiers 3-5

## ▶ SAVINGS

- » Health Savings Account (HSA) qualified high deductible plans
- » Reduced cost share from Desiard Pharmacy Network and Saint John Pharmacy mail order
- » Combined in-network medical and prescription drug deductible of \$5,500 or \$7,200

# STANDARD PLANS Benefit Comparison

BENEFITS	GOLD 2000 ON AND OFF EXCHANGE												
In-Network Combined Medical/Prescription Drug Deductible	\$2,000 Individual; \$4,000 Family												
In-Network Out-of-Pocket Maximum	\$8,700 Individual; \$17,400 Family												
Primary Care Provider (PCP)*	\$20 AHN/\$30 copay per visit												
Specialist Office Visit*	\$50 AHN/\$60 copay per visit												
Inpatient Hospital	25% coinsurance												
Outpatient Surgery Services	25% coinsurance												
Emergency Room	25% coinsurance												
Major Diagnostic Test (MRI, CT scan, stress test, etc)	25% coinsurance												
Outpatient Lab	25% coinsurance												
Outpatient X-Rays & Other Hospital Services	25% coinsurance												
Physical/Occupational/Speech Therapy*	\$30 copay per visit												
Vision Exam*	\$50 AHN/\$60 copay per visit												
Glasses/Contacts - Child*	50% coinsurance												
Glasses/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	See Combined Medical/Prescription Drug Deductible Above												
Prescription Drugs (30-day supply)	<table border="0"> <tr> <td data-bbox="467 1520 792 1549">TIER 1 (Preferred Pharmacies)</td> <td data-bbox="857 1520 987 1549">\$0 copay*</td> </tr> <tr> <td data-bbox="506 1558 792 1587">TIER 1 (Other Pharmacies)</td> <td data-bbox="857 1558 987 1587">\$10 copay*</td> </tr> <tr> <td data-bbox="711 1596 792 1625">TIER 2</td> <td data-bbox="857 1596 987 1625">\$15 copay*</td> </tr> <tr> <td data-bbox="711 1633 792 1663">TIER 3</td> <td data-bbox="857 1633 987 1663">\$30 copay*</td> </tr> <tr> <td data-bbox="711 1671 792 1701">TIER 4</td> <td data-bbox="857 1671 987 1701">\$60 copay*</td> </tr> <tr> <td data-bbox="711 1709 792 1738">TIER 5</td> <td data-bbox="857 1709 987 1738">\$100 copay*</td> </tr> </table>	TIER 1 (Preferred Pharmacies)	\$0 copay*	TIER 1 (Other Pharmacies)	\$10 copay*	TIER 2	\$15 copay*	TIER 3	\$30 copay*	TIER 4	\$60 copay*	TIER 5	\$100 copay*
TIER 1 (Preferred Pharmacies)	\$0 copay*												
TIER 1 (Other Pharmacies)	\$10 copay*												
TIER 2	\$15 copay*												
TIER 3	\$30 copay*												
TIER 4	\$60 copay*												
TIER 5	\$100 copay*												
Out-of-Network Medical Deductible	\$5,000 Individual; \$15,000 Family												
Out-of-Network Coinsurance	50% coinsurance												

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



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.

<b>SILVER 5800</b> <i>ON AND OFF EXCHANGE</i>	<b>BRONZE 7500</b> <i>ON AND OFF EXCHANGE</i>
<b>\$5,800</b> Individual; <b>\$11,600</b> Family	<b>\$7,500</b> Individual; <b>\$15,000</b> Family
<b>\$8,900</b> Individual; <b>\$17,800</b> Family	<b>\$9,000</b> Individual; <b>\$18,000</b> Family
<b>\$30</b> AHN/ <b>\$40</b> copay per visit	<b>\$40</b> AHN/ <b>\$50</b> copay per visit
<b>\$70</b> AHN/ <b>\$80</b> copay per visit	<b>\$90</b> AHN/ <b>\$100</b> copay per visit
<b>40%</b> coinsurance	<b>50%</b> coinsurance
<b>40%</b> coinsurance	<b>50%</b> coinsurance
<b>40%</b> coinsurance	<b>50%</b> coinsurance
<b>40%</b> coinsurance	<b>50%</b> coinsurance
<b>40%</b> coinsurance	<b>50%</b> coinsurance
<b>40%</b> coinsurance	<b>50%</b> coinsurance
<b>\$40</b> copay per visit	<b>\$50</b> copay per visit
<b>\$70</b> AHN/ <b>\$80</b> copay per visit	<b>\$90</b> AHN/ <b>\$100</b> copay per visit
<b>50%</b> coinsurance	<b>50%</b> coinsurance
<b>100%</b> covered; Max benefit: <b>\$100</b>	<b>100%</b> covered; Max benefit: <b>\$100</b>
<b>100%</b> covered	<b>100%</b> covered
<b>50%</b> coinsurance	<b>50%</b> coinsurance
<b>100%</b> covered; Max benefit: <b>\$1,000</b>	<b>100%</b> covered; Max benefit: <b>\$1,000</b>
<i>See Combined Medical/Prescription Drug Deductible Above</i>	<i>See Combined Medical/Prescription Drug Deductible Above</i>
<b>\$0</b> copay*	<b>\$0</b> copay*
<b>\$10</b> copay*	<b>\$10</b> copay*
<b>\$20</b> copay*	<b>\$25</b> copay*
<b>\$40</b> copay*	<b>\$50</b> copay
<b>\$80</b> copay	<b>\$100</b> copay
<b>\$125</b> copay	<b>\$150</b> copay
<b>\$5,000</b> Individual; <b>\$15,000</b> Family	<b>\$8,000</b> Individual; <b>\$16,000</b> Family
<b>50%</b> coinsurance	<b>50%</b> 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](https://www.vantagehealthplan.com/Exchange) for a complete set of Vantage Marketplace plan documents.

BENEFITS	SILVER 3500 OFF EXCHANGE ONLY	SILVER 4000 ON AND OFF EXCHANGE
In-Network Medical Deductible	\$3,500 Individual; \$10,500 Family	\$4,000 Individual; \$12,000 Family
In-Network Out-of-Pocket Maximum	\$9,100 Individual; \$18,200 Family	\$8,200 Individual; \$16,400 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)	\$1,500 copay/day; \$4,500 max	\$1,500 copay/day; \$4,500 max
Outpatient Surgery Services	\$900 AHN/\$1,000 copay	\$900 AHN/\$1,000 copay
Emergency Room	\$400 ER copay per visit	\$450 ER copay per visit
Major Diagnostic Test (MRI, CT scan, stress test, etc)	\$200 AHN/\$300 copay per test	\$200 AHN/\$300 copay per test
Outpatient Lab	100% covered	100% covered
Outpatient X-Rays and Other Hospital Services	100% coinsurance up to: AHN: \$200/day; Standard: \$300/day	100% coinsurance up to: AHN: \$200/day; Standard: \$300/day
Physical/Occupational/Speech Therapy	\$40 copay per visit	\$40 copay per visit
Vision Exam*	\$65 AHN/\$75 copay per visit	\$65 AHN/\$75 copay per visit
Glasses/Contacts - Child*	50% coinsurance	50% coinsurance
Glasses/Contacts - Adult*	100% covered; Max benefit: \$100	100% covered; Max benefit: \$100
Preventive Dental*	100% covered	100% covered
Comprehensive Dental - Child*	50% coinsurance	50% coinsurance
Comprehensive Dental - Adult*	100% covered; Max benefit: \$1,000	100% covered; Max benefit: \$1,000
Prescription Drug Deductible (applies to Tiers 3, 4, 5)	\$1,000 Individual; \$3,000 Family	\$1,000 Individual; \$3,000 Family
Prescription Drugs (30-day supply)		
TIER 1 (Preferred Pharmacies)**	\$0 copay	\$0 copay
TIER 1 (Other Pharmacies)**	\$10 copay	\$10 copay
TIER 2**	\$30 copay	\$30 copay
TIER 3	\$60 copay	\$60 copay
TIER 4	\$100 copay	\$100 copay
TIER 5	50% coinsurance	50% coinsurance
Out-of-Network Medical Deductible	\$5,000 Individual; \$15,000 Family	\$5,000 Individual; \$15,000 Family
Out-of-Network Coinsurance	50% coinsurance	50% coinsurance

\*Not subject to in-network medical deductible.

\*\*Not subject to prescription drug deductible.

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

BENEFITS	GOLD 1500 ON AND OFF EXCHANGE	BRONZE 6500 ON AND OFF EXCHANGE
In-Network Medical Deductible	<b>\$1,500</b> Individual; <b>\$4,500</b> Family	<b>\$6,500</b> Individual; <b>\$13,000</b> Family
In-Network Out-of-Pocket Maximum	<b>\$7,200</b> Individual; <b>\$14,400</b> Family	<b>\$9,100</b> Individual; <b>\$18,200</b> Family
Primary Care Provider (PCP)*	<b>\$10</b> AHN/ <b>\$20</b> copay per visit	<b>\$40</b> AHN/ <b>\$50</b> copay per visit
Specialist Office Visit	<b>20%</b> coinsurance	<b>50%</b> coinsurance
Inpatient Hospital	<b>20%</b> coinsurance	<b>50%</b> coinsurance
Outpatient Surgery Services	<b>20%</b> coinsurance	<b>50%</b> coinsurance
Emergency Room	<b>20%</b> coinsurance	<b>50%</b> coinsurance
Major Diagnostic Test (MRI, CT scan, stress test, etc)	<b>20%</b> coinsurance	<b>50%</b> coinsurance
Outpatient Lab	<b>20%</b> coinsurance	<b>50%</b> coinsurance
Outpatient X-Rays and Other Hospital Services	<b>20%</b> coinsurance	<b>50%</b> coinsurance
Physical/Occupational/Speech Therapy	<b>20%</b> coinsurance	<b>50%</b> coinsurance
Vision Exam	<b>20%</b> coinsurance	<b>50%</b> coinsurance
Glasses/Contacts - Child*	<b>50%</b> coinsurance	<b>50%</b> coinsurance
Glasses/Contacts - Adult*	<b>100%</b> covered; Max benefit: <b>\$100</b>	<b>100%</b> covered; Max benefit: <b>\$100</b>
Preventive Dental*	<b>100%</b> covered	<b>100%</b> covered
Comprehensive Dental - Child*	<b>50%</b> coinsurance	<b>50%</b> coinsurance
Comprehensive Dental - Adult*	<b>100%</b> covered; Max benefit: <b>\$1,000</b>	<b>100%</b> covered; Max benefit: <b>\$1,000</b>
Prescription Drug Deductible (applies to Tiers 3, 4, 5)	<b>\$500</b> Individual; <b>\$1,500</b> Family	<b>\$1,000</b> Individual; <b>\$2,000</b> Family
Prescription Drugs (30-day supply)		
TIER 1 (Preferred Pharmacies)**	<b>\$0</b> copay	<b>\$0</b> copay
TIER 1 (Other Pharmacies)**	<b>\$10</b> copay	<b>\$10</b> copay
TIER 2**	<b>\$30</b> copay	<b>\$30</b> copay
TIER 3	<b>20%</b> coinsurance	<b>50%</b> coinsurance
TIER 4	<b>20%</b> coinsurance	<b>50%</b> coinsurance
TIER 5	<b>50%</b> coinsurance	<b>50%</b> 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	<b>50%</b> coinsurance	<b>50%</b> coinsurance

\*Not subject to in-network medical deductible.

\*\*Not subject to prescription drug deductible.

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

BENEFITS	BRONZE 5500 ON AND OFF EXCHANGE	BRONZE 7200 ON AND OFF EXCHANGE
In-Network Combined Medical/ Prescription Drug Deductible	<b>\$5,500</b> Individual; <b>\$11,000</b> Family	<b>\$7,200</b> Individual; <b>\$14,400</b> Family
In-Network Out-of-Pocket Maximum	<b>\$7,200</b> Individual; <b>\$14,400</b> Family	<b>\$7,200</b> Individual; <b>\$14,400</b> Family
Primary Care Provider (PCP)	<b>50%</b> coinsurance	<b>100%</b> covered
Specialist Office Visit	<b>50%</b> coinsurance	<b>100%</b> covered
Inpatient Hospital	<b>50%</b> coinsurance	<b>100%</b> covered
Outpatient Surgery Services	<b>50%</b> coinsurance	<b>100%</b> covered
Emergency Room	<b>50%</b> coinsurance	<b>100%</b> covered
Major Diagnostic Test <i>(MRI, CT scan, stress test, etc)</i>	<b>50%</b> coinsurance	<b>100%</b> covered
Outpatient Lab	<b>50%</b> coinsurance	<b>100%</b> covered
Outpatient X-Rays & Other Hospital Services	<b>50%</b> coinsurance	<b>100%</b> covered
Physical/Occupational/Speech Therapy	<b>50%</b> coinsurance	<b>100%</b> covered
Vision Exam	<b>50%</b> coinsurance	<b>100%</b> covered
Glasses/Contacts - Child	<b>50%</b> coinsurance	<b>100%</b> covered
Glasses/Contacts - Adult*	<b>100%</b> covered; Max benefit: <b>\$100</b>	<b>100%</b> covered; Max benefit: <b>\$100</b>
Preventive Dental*	<b>100%</b> covered	<b>100%</b> covered
Comprehensive Dental - Child	<b>50%</b> coinsurance	<b>50%</b> coinsurance
Comprehensive Dental - Adult*	<b>100%</b> covered; Max benefit: <b>\$1,000</b>	<b>100%</b> covered; Max benefit: <b>\$1,000</b>
Prescription Drug Deductible	<i>See Combined Medical/Prescription Drug Deductible Above</i>	<i>See Combined Medical/Prescription Drug Deductible Above</i>
Prescription Drugs <i>(30-day supply)</i>		
TIER 1 <i>(Preferred Pharmacies)**</i>	<b>0%</b> coinsurance	<b>0%</b> coinsurance
TIER 1	<b>0%</b> coinsurance	<b>100%</b> covered
TIER 2	<b>50%</b> coinsurance	<b>100%</b> covered
TIER 3	<b>50%</b> coinsurance	<b>100%</b> covered
TIER 4	<b>50%</b> coinsurance	<b>100%</b> covered
TIER 5	<b>50%</b> 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	<b>50%</b> coinsurance	<b>50%</b> coinsurance
HSA Qualified	Yes	Yes

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

\*\*Tier 1 drugs are available for no cost share from preferred pharmacies.

# 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.

# VANTAGE PERKS

*A Healthy Tomorrow Starts Today!*

## 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, & exercise equipment
- » An online, educational resource library

Visit [VantageHealthPlan.com/VantageCommercial/FitnessMembership](https://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
- » Monthly Wellness Prizes: Complete weekly tasks to be entered to win for working on your healthy habits
- » Gym Discounts: Visit [VantageWellness.com/Partners.aspx](https://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

*Simplify Your Life, Go Paperless!*

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](https://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 - 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)

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





## LOCATIONS

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### CORPORATE HEADQUARTERS

130 DeSiard Street  
Suite 300  
Monroe, LA 71201

### CUSTOMER SERVICE AND SALES

122 St. John Street  
Monroe, LA 71201

## HOURS OF OPERATION

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

## CONTACT INFO

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### PHONE:

833-969-2894

TTY 711 *(for the hearing impaired)*

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

Freedom to live a healthy life