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MARKETPLACE
PLAN FINDER

FREEDOM, ESSENTIAL, VALUE, AND SAVINGS PLANS FOR SMALL GROUPS



Freedom to live a healthy life





WHY OFFER VANTAGE?

Vantage offers a choice in health plans that can be customized to meet the needs of your employees and your company's bottom line. Vantage is the solution to the challenge of finding affordable quality health care for your employees. With Vantage, you can choose from a variety of copay, deductible, and coinsurance options. Paired with our broad provider network, you have the flexibility and choice to meet your business needs at a cost you can afford.

GROUP SIZE INFORMATION:

The plans in this booklet are available for small employer groups with up to 50 total employees. Detailed plan information is available at www.VantageHealthPlan.com/BusinessOwners or by calling Vantage's Sales department toll-free at **(888) 823-1910, option 4**. Large employers which have **over 50** total employees can contact Vantage's Sales department for information on plans for large groups.

HOW TO ENROLL:

Small groups can renew or enroll by contacting an independent agent or broker or by contacting Vantage's Sales department at **(888) 823-1910, option 4**. Our Sales department is available Monday through Friday, 8:00 a.m. to 5:00 p.m. CST and can assist in your plan selection and benefit and premium questions.

Freedom to live a healthy life.

Vantage benefits include:

- ▶ **Low** monthly premium*
- ▶ Primary care office visit copays as low as **\$15***
- ▶ 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 at **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.

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

STANDARD NETWORK
(For all Members)



In-Network Cost Share

AFFINITY HEALTH NETWORK
(For all Members)



Reduced cost share on certain covered services

In-Network Cost Share on all other services

- 1 Click the “I’m Looking Around” tab.
- 2 Select “Employer Groups” plan type.
- 3 Enter the Zip Code where you live in the space provided.
- 4 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 state of Louisiana. These participating providers are considered Tier II Providers and in-network for out-of-state members and cannot balance-bill members.

Members living inside the state of Louisiana 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) 934-6847.

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

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, VALUE 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.

FREEDOM, ESSENTIAL, VALUE 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

▶ 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
- » Variety of in-network medical deductible amounts, ranging from \$0-4,500
- » In-Network drug deductible amounts ranging from \$0-\$1,000 for drugs on Tiers 3-5

▶ 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
- » Variety of in-network medical deductible amounts, ranging from \$2,000 - \$6,500
- » In-Network drug deductible amounts ranging from \$250 - \$1,000 for drugs on Tiers 3-5

▶ VALUE

- » Copayments for office visits 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 ranging from \$500 - \$3,000
- » In-Network drug deductible amounts ranging from \$0 - \$800 for drugs on Tier 4 and 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 ranging from \$3,300 - \$5,500

FREEDOM PLANS *Benefit Comparison*

BENEFITS	FREEDOM PLATINUM	FREEDOM GOLD 0
In-Network Medical Deductible	\$0 Ind.; \$0 Fam.	\$0 Ind.; \$0 Fam.
In-Network Out-of-Pocket Maximum	\$2,500 Ind.; \$5,000 Fam.	\$8,500 Ind.; \$17,000 Fam.
Primary Care Provider (PCP) <i>(per visit)*</i>	\$5 AHN \$15 copay	\$30 AHN \$40 copay
Specialist Office Visit <i>(per visit)*</i>	\$20 AHN \$30 copay	\$50 AHN \$60 copay
Inpatient Hospital <i>(per day) (\$100 savings at AHN)</i>	\$500 copay; \$1,500 max	\$750 copay; \$2,250 max
Outpatient Surgery Services	\$100 AHN \$200 copay	\$650 AHN \$750 copay
Emergency Room <i>(per visit)</i>	\$250 ER copay	\$550 ER copay
Major Diagnostic Test <i>(per test)</i> <i>(MRI, CT scan, stress test, etc)</i>	\$50 AHN \$100 copay	\$0 AHN \$0 copay
Outpatient Lab	100% covered	100% covered
X-Rays and Other Outpatient Hospital Services <i>(per day)</i>	100% coinsurance up to: \$50 AHN \$100 copay	100% coinsurance up to: \$0 AHN \$0 copay
Physical/Occupational/Speech Therapy <i>(per visit)</i>	\$15 copay	\$40 copay
Vision Exam <i>(per visit)*</i>	\$20 AHN \$30 copay	\$50 AHN \$60 copay
Glasses/Contacts - Child*	50% coinsurance	50% coinsurance
Glasses/Contacts - Adult*	100% covered; \$100 max	100% covered; \$100 max
Preventive Dental*	100% covered	100% covered
Comprehensive Dental - Child*	50% coinsurance	50% coinsurance
Comprehensive Dental - Adult*	100% covered; \$1,000 max	100% covered; \$1,000 max
Prescription Drug Deductible <i>(Applies to tiers 3,4,5)</i>	\$0 Ind.; \$0 Fam.	\$0 Ind.; \$0 Fam.
Prescription Drugs <i>(30-day supply)</i>		
TIER 1 <i>(Preferred Pharmacies)**</i>	\$0 copay	\$0 copay
TIER 1 <i>(Other Pharmacies)**</i>	\$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 Ind.; \$15,000 Fam.	\$5,000 Ind.; \$15,000 Fam.
Out-of-Network Coinsurance	50% coinsurance	50% coinsurance

*Not subject to in-network medical deductible.

**Not subject to prescription 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.

FREEDOM GOLD 1000	FREEDOM GOLD 1500	FREEDOM SILVER 3000	FREEDOM SILVER 4500
\$1,000 Ind.; \$3,000 Fam.	\$1,500 Ind.; \$4,500 Fam.	\$3,000 Ind.; \$9,000 Fam.	\$4,500 Ind.; \$13,500 Fam.
\$7,000 Ind.; \$14,000 Fam.	\$7,000 Ind.; \$14,000 Fam.	\$8,700 Ind.; \$17,400 Fam.	\$9,000 Ind.; \$18,000 Fam.
\$15 AHN \$25 copay	\$20 AHN \$30 copay	\$25 AHN \$35 copay	\$30 AHN \$40 copay
\$40 AHN \$50 copay	\$40 AHN \$50 copay	\$50 AHN \$60 copay	\$65 AHN \$75 copay
\$750 copay; \$2,250 max	\$750 copay; \$2,250 max	\$1,000 copay; \$3,000 max	\$1,500 copay; \$4,500 max
\$300 AHN \$400 copay	\$650 AHN \$750 copay	\$900 AHN \$1,000 copay	\$900 AHN \$1,000 copay
\$300 ER copay	\$300 ER copay	\$450 ER copay	\$450 ER copay
\$100 AHN \$200 copay	\$100 AHN \$200 copay	\$150 AHN \$250 copay	\$200 AHN \$300 copay
100% covered	100% covered	100% covered	100% covered
100% coinsurance up to: \$100 AHN \$200 copay	100% coinsurance up to: \$100 AHN \$200 copay	100% coinsurance up to: \$150 AHN \$250 copay	100% coinsurance up to: \$200 AHN \$300 copay
\$25 copay	\$30 copay	\$35 copay	\$40 copay
\$40 AHN \$50 copay	\$40 AHN \$50 copay	\$50 AHN \$60 copay	\$65 AHN \$75 copay
50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
100% covered; \$100 max	100% covered; \$100 max	100% covered; \$100 max	100% covered; \$100 max
100% covered	100% covered	100% covered	100% covered
50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
100% covered; \$1,000 max	100% covered; \$1,000 max	100% covered; \$1,000 max	100% covered; \$1,000 max
\$300 Ind.; \$900 Fam.	\$0 Ind.; \$0 Fam.	\$500 Ind.; \$1,500 Fam.	\$1,000 Ind.; \$3,000 Fam.
\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$10 copay	\$10 copay	\$10 copay	\$10 copay
\$30 copay	\$30 copay	\$30 copay	\$30 copay
\$60 copay	\$60 copay	\$60 copay	\$60 copay
\$100 copay	\$100 copay	\$100 copay	\$100 copay
50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
\$5,000 Ind.; \$15,000 Fam.	\$5,000 Ind.; \$15,000 Fam.	\$5,000 Ind.; \$15,000 Fam.	\$5,000 Ind.; \$15,000 Fam.
50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance

ESSENTIAL PLANS *Benefit Comparison*

BENEFITS	ESSENTIAL GOLD 2000	ESSENTIAL SILVER 4000
In-Network Medical Deductible	\$2,000 Ind.; \$6,000 Fam.	\$4,000 Ind.; \$12,000 Fam.
In-Network Out-of-Pocket Maximum	\$7,200 Ind.; \$14,400 Fam.	\$8,700 Ind.; \$17,400 Fam.
Primary Care Provider (PCP) <i>(per visit)*</i>	\$15 AHN \$25 copay	\$30 AHN \$40 copay
Specialist Office Visit	20% coinsurance	30% coinsurance
Inpatient Hospital	20% coinsurance	30% coinsurance
Outpatient Surgery Services	20% coinsurance	30% coinsurance
Emergency Room	20% coinsurance	30% coinsurance
Major Diagnostic Test <i>(MRI, CT scan, stress test, etc)</i>	20% coinsurance	30% coinsurance
Outpatient Lab	20% coinsurance	30% coinsurance
X-Rays/Other Outpatient Hospital Services	20% coinsurance	30% coinsurance
Physical/Occupational/Speech Therapy	20% coinsurance	30% coinsurance
Vision Exam	20% coinsurance	30% coinsurance
Glasses/Contacts - Child*	50% coinsurance	50% coinsurance
Glasses/Contacts - Adult*	100% covered; \$100 max	100% covered; \$100 max
Preventive Dental*	100% covered	100% covered
Comprehensive Dental - Child*	50% coinsurance	50% coinsurance
Comprehensive Dental - Adult*	100% covered; \$1,000 max	100% covered; \$1,000 max
Prescription Drug Deductible <i>(applies to Tiers 3, 4, 5)</i>	\$250 Ind.; \$750 Fam.	\$800 Ind.; \$2,400 Fam.
Prescription Drugs <i>(30-day supply)</i>		
TIER 1 <i>(Preferred Pharmacies)**</i>	\$0 copay	\$0 copay
TIER 1 <i>(Other Pharmacies)**</i>	\$10 copay	\$10 copay
TIER 2**	\$20 copay	\$30 copay
TIER 3	20% coinsurance	50% coinsurance
TIER 4	20% coinsurance	50% coinsurance
TIER 5	50% coinsurance	50% coinsurance
Out-of-Network Medical Deductible	\$5,000 Ind.; \$15,000 Fam.	\$5,000 Ind.; \$15,000 Fam.
Out-of-Network Coinsurance	50% coinsurance	50% coinsurance

*Not subject to in-network medical deductible.

**Not subject to prescription 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.

ESSENTIAL <i>SILVER 5000</i>	ESSENTIAL <i>BRONZE 6500</i>
\$5,000 Ind.; \$15,000 Fam.	\$6,500 Ind.; \$13,000 Fam.
\$8,300 Ind.; \$16,600 Fam.	\$9,100 Ind.; \$18,200 Fam.
\$30 AHN \$40 copay	\$40 AHN \$50 copay
40% coinsurance	50% coinsurance
40% coinsurance	50% coinsurance
40% coinsurance	50% coinsurance
40% coinsurance	50% coinsurance
40% coinsurance	50% coinsurance
40% coinsurance	50% coinsurance
40% coinsurance	50% coinsurance
40% coinsurance	50% coinsurance
40% coinsurance	50% coinsurance
40% coinsurance	50% coinsurance
50% coinsurance	50% coinsurance
100% covered; \$100 max	100% covered; \$100 max
100% covered	100% covered
50% coinsurance	50% coinsurance
100% covered; \$1,000 max	100% covered; \$1,000 max
\$800 Ind.; \$2,400 Fam.	\$1,000 Ind.; \$2,000 Fam.
\$0 copay	\$0 copay
\$10 copay	\$10 copay
\$30 copay	\$30 copay
50% coinsurance	50% coinsurance
50% coinsurance	50% coinsurance
50% coinsurance	50% coinsurance
\$5,000 Ind.; \$15,000 Fam.	\$8,000 Ind.; \$16,000 Fam.
50% coinsurance	50% coinsurance

VALUE PLANS *Benefit Comparison*

BENEFITS	VALUE GOLD 500	VALUE GOLD 1800
In-Network Medical Deductible	\$500 Ind.; \$1,500 Fam.	\$1,800 Ind.; \$5,400 Fam.
In-Network Out-of-Pocket Maximum	\$8,700 Ind.; \$17,400 Fam.	\$7,000 Ind.; \$14,000 Fam.
Primary Care Provider (PCP) (<i>per visit</i>)*	\$35 AHN \$45 copay	\$20 AHN \$30 copay
Specialist Office Visit*	\$60 AHN \$70 copay	\$50 AHN \$60 copay
Inpatient Hospital	20% coinsurance	20% coinsurance
Outpatient Surgery Services	20% coinsurance	20% coinsurance
Emergency Room	\$550 ER copay	\$400 ER copay
Major Diagnostic Test (<i>MRI, CT scan, stress test, etc</i>)	20% coinsurance	20% coinsurance
Outpatient Lab	20% coinsurance	20% coinsurance
X-Rays/Other Outpatient Hospital Services	20% coinsurance	20% coinsurance
Physical/Occupational/Speech Therapy	20% coinsurance	20% coinsurance
Vision Exam*	\$60 AHN \$70 copay	\$50 AHN \$60 copay
Glasses/Contacts - Child*	50% coinsurance	50% coinsurance
Glasses/Contacts - Adult*	100% covered; \$100 max	100% covered; \$100 max
Preventive Dental*	100% covered	100% covered
Comprehensive Dental - Child*	50% coinsurance	50% coinsurance
Comprehensive Dental - Adult*	100% covered; \$1,000 max	100% covered; \$1,000 max
Prescription Drug Deductible (<i>applies to Tiers 4 and 5</i>)	\$0 Ind.; \$0 Fam.	\$500 Ind.; \$1,500 Fam.
Prescription Drugs (<i>30-day supply</i>)		
TIER 1 (<i>Preferred Pharmacies</i>)**	\$0 copay	\$0 copay
TIER 1 (<i>Other Pharmacies</i>)**	\$10 copay	\$10 copay
TIER 2**	\$30 copay	\$30 copay
TIER 3**	20% coinsurance	20% coinsurance
TIER 4	20% coinsurance	20% coinsurance
TIER 5	20% coinsurance	20% coinsurance
Out-of-Network Medical Deductible	\$5,000 Ind.; \$15,000 Fam.	\$5,000 Ind.; \$15,000 Fam.
Out-of-Network Coinsurance	50% coinsurance	50% coinsurance

*Not subject to in-network medical deductible.

**Not subject to prescription 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.

VALUE SILVER 2600	VALUE SILVER 3000
\$2,600 Ind.; \$7,800 Fam.	\$3,000 Ind.; \$9,000 Fam.
\$9,100 Ind.; \$18,200 Fam.	\$9,100 Ind.; \$18,200 Fam.
\$30 AHN \$40 copay	\$30 AHN \$40 copay
\$65 AHN \$75 copay	\$65 AHN \$75 copay
30% coinsurance	40% coinsurance
30% coinsurance	40% coinsurance
\$500 ER copay	\$500 ER copay
30% coinsurance	40% coinsurance
30% coinsurance	40% coinsurance
30% coinsurance	40% coinsurance
30% coinsurance	40% coinsurance
\$65 AHN \$75 copay	\$65 AHN \$75 copay
50% coinsurance	50% coinsurance
100% covered; \$100 max	100% covered; \$100 max
100% covered	100% covered
50% coinsurance	50% coinsurance
100% covered; \$1,000 max	100% covered; \$1,000 max
\$750 Ind.; \$2,250 Fam.	\$800 Ind.; \$2,400 Fam.
\$0 copay	\$0 copay
\$10 copay	\$20 copay
\$40 copay	\$40 copay
40% coinsurance	40% coinsurance
40% coinsurance	40% coinsurance
40% coinsurance	40% coinsurance
\$5,000 Ind.; \$15,000 Fam.	\$5,000 Ind.; \$15,000 Fam.
50% coinsurance	50% coinsurance

SAVINGS PLANS *Benefit Comparison*

BENEFITS	SAVINGS SILVER 3300	SAVINGS GOLD 3500
In-Network Combined Medical/ Prescription Drug Deductible	\$3,300 Ind.; \$6,600 Fam.	\$3,500 Ind.; \$7,000 Fam.
In-Network Out-of-Pocket Maximum	\$7,200 Ind.; \$14,400 Fam.	\$3,500 Ind.; \$7,000 Fam.
Primary Care Provider (PCP)	100% covered	100% covered
Specialist Office Visit	100% covered	100% covered
Inpatient Hospital	100% covered	100% covered
Outpatient Surgery Services	100% covered	100% covered
Emergency Room	100% covered	100% covered
Major Diagnostic Test (MRI, CT scan, stress test, etc)	100% covered	100% covered
Outpatient Lab	100% covered	100% covered
X-Rays/Other Outpatient Hospital Services	100% covered	100% covered
Physical/Occupational/Speech Therapy	100% covered	100% covered
Vision Exam	100% covered	100% covered
Glasses/Contacts - Child	100% covered	100% covered
Glasses/Contacts - Adult*	100% covered; \$100 max	100% covered; \$100 max
Preventive Dental*	100% covered	100% covered
Comprehensive Dental - Child	50% coinsurance	50% coinsurance
Comprehensive Dental - Adult*	100% covered; \$1,000 max	100% covered; \$1,000 max
Prescription Drug Deductible	See Combined Medical/Prescription Drug Deductible Above.	See Combined Medical/Prescription Drug Deductible Above.
Prescription Drugs (30-day supply)		
TIER 1 (Preferred Pharmacies)**	0% coinsurance	0% coinsurance
TIER 1	0% coinsurance	100% covered
TIER 2	50% coinsurance	100% covered
TIER 3	50% coinsurance	100% covered
TIER 4	50% coinsurance	100% covered
TIER 5	50% coinsurance	100% covered
Out-of-Network Medical Deductible	\$5,000 Ind.; \$15,000 Fam.	\$5,000 Ind.; \$15,000 Fam.
Out-of-Network Coinsurance	50% coinsurance	50% 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.

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.

SAVINGS <i>SILVER 4500</i>	SAVINGS <i>BRONZE 5500</i>
\$4,500 Ind.; \$9,000 Fam.	\$5,500 Ind.; \$11,000 Fam.
\$7,200 Ind.; \$14,400 Fam.	\$7,200 Ind.; \$14,400 Fam.
100% covered	50% coinsurance
100% covered	50% coinsurance
100% covered	50% coinsurance
100% covered	50% coinsurance
100% covered	50% coinsurance
100% covered	50% coinsurance
100% covered	50% coinsurance
100% covered	50% coinsurance
100% covered	50% coinsurance
100% covered	50% coinsurance
100% covered	50% coinsurance
100% covered; \$100 max	100% covered; \$100 max
100% covered	100% covered
50% coinsurance	50% coinsurance
100% covered; \$1,000 max	100% covered; \$1,000 max
See Combined Medical/Prescription Drug Deductible Above.	See Combined Medical/Prescription Drug Deductible Above.
0% coinsurance	0% coinsurance
50% coinsurance	50% coinsurance
50% coinsurance	50% coinsurance
50% coinsurance	50% coinsurance
50% coinsurance	50% coinsurance
50% coinsurance	50% coinsurance
\$5,000 Ind.; \$15,000 Fam.	\$8,000 Ind.; \$16,000 Fam.
50% coinsurance	50% coinsurance
YES	YES

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 & 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.

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 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 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 (855) 934-6847.

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 our members with secure online access to important information about their health plan coverage and activity.

members.VantageHealthPlan.com
or **(855) 934-6847**

GO PAPERLESS!

Vantage Member Portal features include:

- » Plan documents online including provider and pharmacy directories
- » Pre-authorization and claims history
- » Record of payments for medical and pharmacy services (deductible, copay, and coinsurance amounts)
- » Member contact and other personal information
- » Primary Care Provider selection
- » Vantage News
- » Member 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)

Members can register online at members.VantageHealthPlan.com,
or call Vantage Member Services toll-free at **(855) 934-6847**.

PREMIUM BASICS

Premium Billing:

- Premium bills are mailed or emailed on the 5th business day of each month. Any changes to your bill (termed members, address change, adding members to plan) must be submitted to Vantage by the 3rd business day of the month for the next month's bill to be accurate. Any information received after the 3rd business day will not be reflected until the next month's invoice.

All group invoices are mailed to the group each month. Premium bills may also be emailed per the group representative's request. To receive email invoices, please send your request to commercialaccounting@vhpla.com.

Premium Reconciliation:

- When submitting premium payments to Vantage, enclose a detailed list of members included and/or excluded from the payment. This will allow for the reconciliation of any credits or balances and will ensure member enrollments and/or terminations have been applied correctly.

Premium Payments:

- Payments made by check or over-the-phone are due on the 25th of the prior month of coverage. Groups paying by ACH draft may choose their preferred draft date:

*1st of the month for the current month of coverage;
15th of the month for the current month of coverage;
25th of the month for the next month of coverage.*

- Vantage allows groups a 30-day grace period for all premiums to be paid in full prior to termination of a group's coverage. During the grace period, medical and pharmacy claims are subject to coverage restrictions. When the premium payment is processed, the restrictions will be lifted for medical and pharmacy claim payments. Nonpayment of premiums prior to grace period expiration will result in the group's termination of coverage on the last day of the last paid month of coverage.



PAYMENT MAILING ADDRESS:

Vantage Health Plan
Attn: Accounting Dept.
130 Desiard Street, Suite 300
Monroe, LA 71201



IN-PERSON PAYMENT ADDRESS:

Vantage Monroe Office
130 Desiard Street, Suite 300
Monroe, LA 71201



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. - 5 p.m. CST

CONTACT INFO

PHONE:

Sales: 888-823-1910, option 4

Member Services: 855-934-6847

TTY: 711 (*for the hearing impaired*)

www.VantageHealthPlan.com/BusinessOwners

Freedom to live a healthy life