

# Vantage Medicare Advantage

*Traditional Plus (HMO-POS)*

*State of Louisiana*



**VANTAGE**  
HEALTH PLAN



**2020**

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Vantage Health Plan, Inc. (Vantage) is a HMO with a Medicare contract. Enrollment in Vantage depends on contract renewal. You may be eligible to enroll in a Vantage Medicare Advantage plan if you reside in our service area and are currently entitled to Medicare Part A and enrolled in Part B. This information is not a complete description of benefits. Limitations, copayments/coinsurance, and restrictions may apply to this plan. Benefits, premiums, and copayments/coinsurance amounts may change on January 1 of each year. You must continue to pay your Medicare Part B premium. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week. You may also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You may also call the Louisiana State Medicaid Office. Services provided by out-of-network providers may cost more than services provided by in-network providers, unless the services are related to urgent care, an emergency, or out-of-area dialysis.

For more information on Vantage Medicare Advantage Plan benefits, or for information in an alternate format or language, call Member Services at (866) 704-0109 or TTY (866) 524-5144, seven days a week from 8:00 a.m.–8:00 p.m. CST from October 1, 2019–March 31, 2019. For all other dates, Member Services representatives are available Monday through Friday from 8:00 a.m.–8:00 p.m. CST.

## WHO IS VANTAGE?

Vantage Health Plan, Inc. (Vantage) is a Louisiana-based insurance company with a Medicare Advantage contract that offers HMO plans with a Point-of-Service (POS) option available to anyone entitled to Part A and enrolled in Part B of Medicare through age or disability.

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 corporate offices in Monroe, Louisiana, Vantage has expanded locations to Baton Rouge, Shreveport, Oak Grove, Mangham, Hammond, Bastrop, and Winnsboro.

Vantage's membership has grown exponentially over the past 20 years, providing services to our members and contracting with Louisiana healthcare providers.

Important decisions are required quite often throughout your lifetime, but one of the most important decisions you will make will be regarding your health coverage. Plans that may work for friends or family members may not be the best plan for you, so it is difficult to select coverage. With Vantage's depth of knowledge and experience, you will walk away confident that you have selected the coverage that best suits your lifestyle.

**Enclosed you will find information on the Vantage Medicare Advantage Traditional Plus (HMO-POS) plan and tools you will need to enroll.**

Should you have any questions or need further assistance completing the enrollment form or choosing a doctor, call us at **1-866-704-0109** or **TTY 1-888-524-5144** (for the hearing impaired). You may also request a one-on-one home visit and have a representative come to you. Vantage is committed to **"Making Healthcare Work!"**

## MEDICARE - WHAT EXACTLY IS IT?

Medicare is a health insurance program offered to citizens and legal residents 65 years of age and older by the U.S. Government. This program assists over 50 million Americans get the healthcare needed. Medicare is also available to those who qualify due to a disability or those with end-stage renal failure.



### **PART A**

*Hospital coverage that helps with costs for skilled nursing facilities, hospice, inpatient hospital care, and some home health care services.*



### **PART B**

*Medical coverage that helps with costs for doctor services, outpatient care, some home health, and some physical and occupational therapy.*



### **PART C**

*Also called Medicare Advantage. Plans offered by private insurers that replace Part A and Part B and may include prescription coverage, vision and dental care, and hearing exams.*



### **PART D**

*Outpatient prescription drug coverage that is offered by private insurers and approved by Medicare.*

# 2020 SERVICE AREA COVERAGE MAP

*Vantage Medicare Advantage is available in all 64 parishes!*



## Map Legend



Individual Vantage Medicare Advantage plans available  
*Employer Group Plans available in all parishes.*

# ABOUT VANTAGE MEDICARE ADVANTAGE

## *What you need to know.*

Depending on your eligibility, Vantage Medicare Advantage is available to anyone entitled to Part A and enrolled in Part B of Medicare through age or disability. Vantage is a Medicare Advantage Prescription Drug (MAPD) plan. This means that prescription drug coverage is included.

Vantage offers Part C and Part D together. You must remember to continue to pay your Medicare Part B premium even if the Medicare Advantage

plan premium chosen through Vantage is \$0. In most cases, the Part B premium is already deducted from your Social Security check.

With your Medicare Advantage plan, you will also receive extra benefits such as vision, hearing, dental, select over-the-counter (OTC) items, and transportation. The enclosed information will help you choose the best plan for you.

## IMPORTANT DATES TO REMEMBER

October 15 - December 7, 2019

Annual Enrollment. Sign up for Medicare between these two dates.

January 1, 2020

New coverage begins.

## MEDICARE ENROLLMENT PERIODS

### *Annual Enrollment Period (AEP)*

If you already have a Medicare Advantage plan during the Annual Enrollment period, you have the ability to change from your Medicare Advantage plan to Original Medicare or to a different Medicare Advantage plan. If you do not have a Medicare Advantage plan, you may use the Annual Enrollment Period as the time to move from Original Medicare to a Medicare Advantage plan.

### *Medicare Advantage Open Enrollment Period (MA OEP)*

The Medicare Advantage Open Enrollment Period is January 1st through March 31st. The Medicare Advantage Open Enrollment Period provides Medicare beneficiaries with one opportunity to enroll in, disenroll from, change a Medicare Advantage plan, or return to Original Medicare.

### *Initial Coverage Election Period (ICEP)*

When you first become eligible for Medicare, there is a period of time when you can sign up for Medicare Part A and Part B. For example, if you are eligible for Medicare when you turn 65, your ICEP is the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.

### *Special Enrollment Period (SEP)*

You can make changes to Medicare Advantage and Medicare prescription drug coverage when certain events happen in your life. This results in a "Special Enrollment Period." Examples include moving to another area or losing employer insurance coverage. The Special Enrollment Period is in addition to the annual enrollment period.





**Check what  
matters most™**





# Check what matters most™

## ► *Vantage Medicare Advantage Benefits include:*

- \$0–\$32.20** monthly premium (depending on Low Income Subsidy level)
- \$0 or \$10** Medical home - primary care office visit copays (depending on Medicaid eligibility)
- Annual wellness exam **100%** covered
- Prescription drug plan included; no separate premium
- \$0 Tier 1 copay for preferred generic drugs through preferred mail order
- Added benefits include: Dental, Vision, Hearing, Transportation, and select Over-the-Counter (OTC) items
- Great local customer service

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



## Online directories made easy!

Vantage makes it easy to look up essential documents and information, including our doctor and pharmacy directories, at [www.VantageMedicare.com](http://www.VantageMedicare.com).

### 1 Step One

Click the “Documents & Forms” link.

### 2 Step Two

Choose your state & parish/county.

### 3 Step Three

Choose your plan.

### 4 Step Four

Find the “Provider Directory” or “Pharmacy Directory,” and click the PDF links to view or download the files.

If you need additional help finding and using the website, or to request a paper copy of these documents, call Vantage’s Member Services toll-free at [1-866-704-0109](tel:1-866-704-0109) or TTY [1-866-524-5144](tel:1-866-524-5144).



# SIMPLIFY YOUR LIFE WITH DIGITAL DOCUMENTS

## Go paperless!

Going paperless is a great way to stay organized and help the environment. Instead of receiving traditional paper booklets, you can access all of your documents via our member portal at [www.VantageMedicare.com](http://www.VantageMedicare.com). It is simple, fast, and most importantly - **FREE!**

## How do I access Digital Documents?

Sign up online for the **Vantage Member Portal**

**-OR-**

Call Vantage Member Services Toll-Free **(866) 704-0109**  
or for the hearing impaired, TTY **(866) 524-5144**

## Hours of Operation

*October 1, 2019 through March 31, 2020:*

Seven (7) Days a Week 8:00 a.m. – 8:00 p.m.

*All other dates:*

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

# EXTRA BENEFITS OF THIS VANTAGE PLAN

## *Not Covered by Original Medicare!*

### *Vision*

- » **100%** coverage for one routine eye exam every year
- » **0%** coinsurance for 12 pairs of contacts per year or one pair of glasses per year with a **\$200** maximum benefit

### *Hearing*

- » **\$300** maximum benefit per year for hearing aids. Member pays **0%-20%** coinsurance
- » **\$40** maximum benefit per year for an annual routine hearing exam

### *Dental*

- » **100%** coverage for preventive dental services: semi-annual cleanings and oral exams and an annual x-ray; a maximum benefit of **\$200** every six months
- » **100%** coverage for comprehensive dental services; maximum benefit of **\$500** per year

### *MobileHelp® Solo System*

- » **100%** coverage for qualifying members



### *Over-the-Counter (OTC)*

- » **50 credits** per quarter of select OTC items (pain relievers, vitamins, toiletries, etc.)\*, available through Saint John Pharmacy (SJP)
- » Items can be mailed directly from SJP and delivered to your door at no cost to you
- » Once your OTC order is made, allow 10-14 days for handling and shipping
- » Members can call **1-833-FREE-OTC (1-833-373-3682)** to place an order, or online at [www.VantageOTC.com](http://www.VantageOTC.com)

*\*Items and credits listed are subject to change (shipping, handling, and sales tax included)*

### *Transportation*

- » **100%** coverage for twenty-four (24) one-way (12 round-trips) non-emergent trips per year for medical treatment with Vantage-approved transportation
- » Call **1-844-657-7820** to schedule transportation. Some restrictions apply.



# MEDICARE SAVINGS PROGRAMS OFFERED THROUGH MEDICAID

## *What are “Medicare Savings Programs”?*

*There are programs offered through Medicaid that help people with Medicare pay their Medicare costs. These Medicare Savings Programs (Program) help people with limited income and resources. Those helped by the Program are designated by level of Medicaid eligibility (based on specified income and asset levels) as shown in the chart below:*

### **QUALIFIED MEDICARE BENEFICIARY (QMB)**

The Program helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments). Some QMB’s are also eligible for full Medicaid benefits (QMB+).

### **SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)**

The Program helps pay Medicare Part B premiums. The Program does pay for cost sharing (like deductibles, coinsurance, and copays) for some SLMB’s who are also eligible for full Medicaid benefits (SLMB+).

### **QUALIFIED DISABLED & WORKING INDIVIDUALS (QDWI)**

The Program helps pay Medicare Part A premiums.

### **QUALIFIED INDIVIDUAL (QI)**

The Program helps pay Medicare Part B premiums.

# VANTAGE MEDICARE ADVANTAGE

## Traditional Plus (HMO-POS) 2020 In-Network Benefits

Benefit <sup>1</sup>	Cost Share <sup>1</sup>	
	QMB/QMB+/SLMB+	All Others <sup>3</sup>
<b>Premium<sup>2</sup></b>	\$0 per month	\$0 - \$32.20 per month
<b>Part B Deductible</b>	\$0 per year	\$185 per year
<b>Out-of-Pocket Maximum</b> <i>(does not include Part D)</i>	\$0 per year	\$6,700 per year
<b>Medical Home-Primary Care Provider Office Visit</b>	\$0 per visit	\$10 per visit
<b>Specialist Office Visit</b>	\$0 per visit, no deductible	20% coinsurance after \$185 deductible
<b>Inpatient Hospital</b>	No deductible \$0 per day	\$1,364 deductible for days 1-60 \$341 copay per day (61-90) \$682 copay per day (91-150)
<b>Major Diagnostic Tests, X-Rays, and Other Hospital Outpatient Services</b>	0% coinsurance, no deductible	20% - 25% coinsurance after \$185 deductible
<b>Outpatient Surgery</b>	0% coinsurance, no deductible	20% coinsurance after \$185 deductible
<b>Emergency Care</b>	\$0 per visit, no deductible	\$90 copay per visit, no deductible
<b>Flu Shots</b>	\$0 copay, no deductible	\$0 copay, no deductible
<b>Other Preventive Care</b>	\$0 copay, no deductible	\$0 copay, no deductible

<sup>1</sup>Cost share will depend on Medicaid eligibility.

<sup>2</sup>Premium will depend on level of member's Low Income Subsidy.

<sup>3</sup>Deductible and patient responsibility (cost share) are based on 2019 Medicare and are subject to change in 2020.

# VANTAGE MEDICARE ADVANTAGE

## Extra Benefits (Not Covered By Original Medicare)

Benefit	Description	Cost Share
<b>Vision Services</b>	Annual Routine Eye Exam	\$0 copay
	12 pairs of contacts or 1 pair of glasses per year	0% coinsurance; \$200 max benefit per year
<b>Hearing</b>	Annual Routine Hearing Exam	\$0 copay; \$40 max benefit per year
	Hearing Aids	20% coinsurance <sup>4</sup> ; \$300 max benefit per year
<b>Dental</b>	Preventive dental services: Semi-annual cleaning and exam, annual x-rays	\$0 copay; \$200 max benefit every six months
	Comprehensive dental services	\$0 copay; \$500 max benefit per year
<b>Over-the-Counter</b>	Select OTC items (pain relievers, vitamins, toiletries, etc.) delivered to your door at no cost to you	50 credits per quarter
<b>Transportation</b>	24 one-way (12 round-trips) non-emergent trips per year for medical treatment with Vantage-approved transportation	100% covered

<sup>4</sup>0% coinsurance for QMB/QMB+/SLMB+ ages 0 - 21.

Benefit	Drug Stages	Low Income Cost Share Level <sup>5</sup>				Cost share if you lose your Low Income Cost Share (LICS) eligibility
		1	2	3	4	
<b>Prescription Drugs</b> (31-day supply)	<b>LICS LEVEL:</b>					
	<b>Deductible</b>	\$0	\$0	\$0	\$89	\$435
	<b>Generic<sup>6</sup></b>	\$3.60	\$1.30	\$0	15%	Tier 1 Preferred Generics*: \$0 <sup>6</sup> or \$4 Tier 2 Generics*: \$9
	<b>Brand</b>	\$8.95	\$3.90	\$0	15%	25% coinsurance*
	<b>Coverage Gap</b>	N/A	N/A	N/A	N/A	25% coinsurance of generic drugs and 25% coinsurance of brand drugs
	<b>Catastrophic Coverage</b> (Total yearly drug costs more than \$6,350)	\$0	\$0	\$0		Greater of (a) 5% coinsurance or (b) \$3.60 for generic or \$8.95 for all other drugs.

<sup>5</sup>Cost share if eligible for Low Income Cost Share (LICS)

<sup>6</sup>90-day Preferred Generics for \$0 copay through Saint John Pharmacy mail order

\*Once your total drug costs have reached \$4,020, you will move to the Coverage Gap Stage



# 2020 SUMMARY OF BENEFITS

## *Vantage Medicare Advantage*

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage" or visit [www.VantageMedicare.com](http://www.VantageMedicare.com).

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Vantage

## **TRADITIONAL PLUS**

*(HMO-POS)*

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### **HOURS OF OPERATION**

*October 1, 2019 through March 31, 2020:*  
Seven (7) Days a Week 8:00 a.m. – 8:00 p.m.

*All other dates:*  
Monday through Friday 8:00 a.m. – 8:00 p.m.

### **CONTACT INFORMATION**

*Phone Numbers:*  
**Toll-Free 866-704-0109**  
**TTY 866-524-5144** – for the hearing impaired

*Website:* [www.VantageMedicare.com](http://www.VantageMedicare.com)

To join a Vantage Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in the State of Louisiana.

## WHAT IS MY COST SHARE FOR THIS PLAN?

- If you have QMB, QMB+, or SLMB+ Medicaid eligibility, you pay nothing for most services.
- If you are not eligible for QMB, QMB+, or SLMB+ status, please see pages 16-24 which summarize the cost shares for most services.

## TIPS FOR COMPARING YOUR MEDICARE CHOICES.

This Summary of Benefits booklet gives you a summary of what **Vantage Traditional Plus (HMO-POS)** will cover and what you pay.

- If you want to compare our plan with other Medicare Advantage health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on [www.medicare.gov](http://www.medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

## WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

Vantage plans use a network of doctors, hospitals, pharmacies, and other providers. Because our plan is an HMO-POS plan, you can use Point-of-Service (POS) providers that are outside our network for an additional cost. The maximum benefit for services rendered by POS providers is \$5,000.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Preferred cost-sharing is available through mail order. You may pay less if you use mail order.

You can see our plan’s provider and pharmacy directories on our website [www.VantageMedicare.com](http://www.VantageMedicare.com), or call us and we will mail a copy to you.

## WHAT DO WE COVER?

Like all Medicare Advantage health plans, we cover everything that Original Medicare covers - and more.

- Our plan members get all of the benefits covered by Original Medicare.
- Our plan members also get more benefits than those covered by Original Medicare. Some of the extra benefits are outlined in this booklet and include vision, dental, hearing, over-the-counter items, and transportation.
- We also cover prescription drugs with no separate premium. You can see the complete formulary (list of Part D prescription drugs) on our website, [www.VantageMedicare.com](http://www.VantageMedicare.com), or call us and we will mail a copy of the formulary to you.

## HOW WILL I DETERMINE MY DRUG COSTS?

Our plan groups each medication into one of five “tiers”. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document, we discuss the Part D drug stages that occur after you meet your deductible, if applicable: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

## WHICH SERVICES REQUIRE PRIOR AUTHORIZATION?

Covered services that need approval in advance are marked by a footnote designated by a <sup>(1)</sup>. Non-emergent services provided by an out-of-network provider require approval in advance.

Benefit Category	Traditional Plus
<p><b>Monthly Plan Premium</b> <i>(Includes Part C and Part D)</i></p>	<p>\$0–\$32.20 per month, depending on member’s level of Low Income Subsidy (LIS)</p> <p>In addition, you must keep paying your Medicare Part B premium.</p>
<p><b>Deductibles</b></p>	<p>This plan has four deductibles:</p> <p><b>Part A:</b> \$1,364 per benefit period for in-network inpatient hospital services. This amount may change in 2020.</p> <p><b>Part B:</b> \$185 per year for other in-network medical services. This amount may change in 2020.</p> <p>\$500 per year for most out-of-network (POS) hospital and medical services.</p> <p><b>Part D:</b> \$435 per year for Part D prescription drugs</p>
<p><b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i></p>	<p>\$6,700 annually for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

Benefit Category	Traditional Plus
<b>Inpatient Hospital Coverage<sup>1</sup></b>	
<p><b>Inpatient care</b></p> <p><i>Includes substance abuse and rehabilitation services.</i></p>	<p><b>In-Network:</b></p> <p>Days 1-60     <b>\$1,364</b> deductible  Days 61-90     <b>\$341</b> per day  Days 91-150    <b>\$682</b> per day</p> <p>These amounts may change in 2020.</p> <p><b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.</p> <p><i>Our plan covers 90 days for an inpatient hospital stay.</i></p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>
<b>Outpatient Hospital Coverage<sup>1</sup></b>	
<p><b>Outpatient Surgery at an ambulatory surgical center</b></p>	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 50% of the cost per stay; subject to POS deductible.</p>
<p><b>Outpatient Surgery at an outpatient hospital</b></p>	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 50% of the cost per stay; subject to POS deductible.</p>
<b>Doctor Visits</b>	
<p><b>Medical home-primary care provider (MH-PCP) visit</b></p>	<p><b>In-Network:</b> \$10 copay, not subject to deductible.</p> <p><b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.</p>
<p><b>Specialist visit<sup>1</sup></b></p>	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.</p>

<sup>1</sup>These services need approval in advance (prior authorization).

Benefit Category	Traditional Plus
<b>Preventive Care</b>	
<p><b>Preventive care</b>  <i>Other preventive services are available. There are some covered services that have a cost.</i>  <i>Any additional preventive services approved by Medicare during the contract year will be covered.</i></p>	<p><b>In-Network:</b> You pay <b>nothing</b>.  <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.</p> <p><i>Our plan covers many preventive services, including:</i></p> <ul style="list-style-type: none"> <li>✓ Bone mass measurement</li> <li>✓ Breast cancer screening (mammogram)</li> <li>✓ Cervical and vaginal cancer screening</li> <li>✓ Cologuard or FOBT colorectal screenings</li> <li>✓ Colonoscopy and all other colorectal screenings<sup>1</sup></li> <li>✓ Diabetes screenings</li> <li>✓ Glaucoma screenings</li> <li>✓ Prostate cancer screenings (PSA)</li> <li>✓ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>✓ Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>✓ "Welcome to Medicare" preventive visit (one-time)</li> </ul>
<b>Emergency Care</b>	
<p><b>Emergency room care</b></p>	<p><b>\$90</b> copay, not subject to deductible.  <i>If you are admitted to the hospital within 72 hours, you do not have to pay your share of the cost for emergency care. See "Inpatient Care" for other costs.</i></p>
<b>Urgently Needed Services</b>	
<p><b>Urgent care</b></p>	<p><b>\$65</b> copay, not subject to deductible.</p>
<b>Diagnostic Services/Labs/Imaging</b>	
<p><b>Major diagnostic tests (MRIs, CT scans)<sup>1</sup></b></p>	<p><b>In-Network:</b> 20% of the cost  <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.</p>
<p><b>Diagnostic tests, procedures<sup>1</sup>, and outpatient x-rays</b></p>	<p><b>In-Network:</b> 20% - 25% of the cost  <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.</p>
<p><b>Lab Services</b></p>	<p><b>In-Network:</b> You pay <b>nothing</b>.  <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.</p>
<p><b>Therapeutic radiology services<sup>1</sup></b></p>	<p><b>In-Network:</b> 20% of the cost  <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.</p>

<sup>1</sup>These services need approval in advance (prior authorization).



Benefit Category	Traditional Plus
<b>Hearing Services</b>	
Exam to diagnose and treat hearing and balance issues <sup>1</sup>	<p><b>In-Network:</b> 20% of the cost  <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.</p>
Routine hearing exam	<p><b>In-Network:</b> \$0 copay, not subject to deductible.  <b>Out-of-Network:</b> \$0 copay, not subject to POS deductible.  <i>You are covered for up to 1 every year.  Our plan pays up to \$40 of the cost every year for a routine hearing exam. Cost is defined as the Vantage allowable.</i></p>
<b>Hearing Aids</b>	
Hearing aids	<p><b>In-Network:</b> 20% coinsurance, not subject to deductible.  <b>Out-of-Network:</b> 20% of the cost; not subject to POS deductible.  <i>Our plan pays up to \$300 of the cost every year for hearing aids. Cost is defined as the Vantage allowable.</i></p>
<b>Dental Services</b>	
<b>Medicare-covered dental services<sup>1</sup></b> <i>(This does not include services in connection with care, treatment, filling, removal, or replacement of teeth.)</i>	<p><b>In-Network:</b> 20% of the cost  <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.</p>
<b>Dental Services: Preventive Dental</b>	<p><i>Our plan pays \$200 of the cost every six months for preventive dental services from in-network and out-of-network providers. Cost is defined as the Vantage allowable.</i></p>
Cleaning (Wellness)	<p><b>In-Network:</b> \$0 copay, not subject to deductible.  <b>Out-of-Network:</b> \$0 copay, not subject to POS deductible.  <i>You are covered for up to 1 every six months.</i></p>
Oral exams	<p><b>In-Network:</b> \$0 copay, not subject to deductible.  <b>Out-of-Network:</b> \$0 copay, not subject to POS deductible.  <i>You are covered for up to 1 every six months.</i></p>
Preventive dental x-rays	<p><b>In-Network:</b> \$0 copay, not subject to deductible.  <b>Out-of-Network:</b> \$0 copay, not subject to POS deductible.  <i>You are covered for up to 1 every year.</i></p>
<b>Dental Services: Comprehensive Dental</b>	<p><b>In-Network:</b> \$0 copay, not subject to deductible.  <b>Out-of-Network:</b> \$0 copay, not subject to POS deductible.  <i>Our plan pays \$500 of the cost every year for limited comprehensive dental services from in-network and out-of-network providers. Cost is defined as the Vantage allowable.</i></p>

<sup>1</sup>These services need approval in advance (prior authorization).

Benefit Category	Traditional Plus
<b>Vision Services</b>	
<b>Medicare-covered vision services</b> <i>(Exam to diagnose and treat diseases and conditions of the eye, including yearly diabetic exams.)</i>	<b>In-Network:</b> 0% - 20% of the cost, depending on the service. (0% cost sharing for diabetic eye exams.) <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
<b>Eyeglasses or contact lenses after cataract surgery</b>	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible. To receive Medicare-covered eyewear, the provider must be a Medicare-approved supplier.
<b>Routine eye exam</b>	<b>In-Network:</b> \$0 copay, not subject to deductible. <b>Out-of-Network:</b> 50% of the cost; not subject to POS deductible. <i>You are covered for up to 1 visit every year for either a routine eye exam or a diabetic eye exam.</i>
<b>Supplemental Eyewear</b>	<i>Our plan pays \$200 of the cost every year for contact lenses and eyeglasses (frames and lenses) from in-network and out-of-network providers. Over-the-counter reading glasses do not apply. Cost is defined as the Vantage allowable.</i>
<b>Contact lenses</b>  <b>Eyeglasses (frames and lenses)</b>	<b>In-Network:</b> 0% coinsurance, not subject to deductible. <b>Out-of-Network:</b> 0% coinsurance; not subject to POS deductible. <i>You are covered for up to 12 pairs every year.</i>  <b>In-Network:</b> 0% coinsurance, not subject to deductible. <b>Out-of-Network:</b> 0% coinsurance; not subject to POS deductible. <i>You are covered for up to 1 pair every year.</i>
<b>Mental Health Services<sup>1</sup></b>	
<b>Inpatient care</b>	<b>In-Network:</b> Days 1-60      \$1,364 deductible Days 61-90    \$341 per day Days 91-150   \$682 per day These amounts may change in 2020. <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible. <i>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</i>

<sup>1</sup>These services need approval in advance (prior authorization).

Benefit Category	Traditional Plus
Outpatient group therapy visit	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
Outpatient individual therapy visit	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	
<b>Skilled nursing facility (SNF)</b> <i>Our plan covers up to 100 days in a SNF. Three-day prior hospital stay is required.</i>	<b>In-Network:</b> Days 1-20      \$0 per day Days 21-100    \$170.50 per day These amounts may change in 2020. <b>Out-of-Network:</b> 50% of the cost per stay; subject to POS deductible.
<b>Physical Therapy<sup>1</sup></b>	
Physical therapy	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
Speech and language therapy visit	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
<b>Transportation<sup>1</sup></b>	
Ambulance services	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible. If emergent, not subject to POS deductible.
<b>Non-emergent transportation services</b> <i>(excludes Ambulance)</i>	<b>100%</b> coverage for twenty-four (24) one-way (12 round-trips) Vantage-approved non-emergent trips per year to travel to or from your appointments and exams.
<b>Medicare Part B Drugs<sup>1</sup></b>	
Part B drugs such as chemotherapy drugs	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
Other Part B drugs	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.

<sup>1</sup>These services need approval in advance (prior authorization).

Benefit Category	Traditional Plus																										
<p><b>MEDICARE PART D DRUG STAGES</b>                      Prescription drug quantity limitations and restrictions may apply.</p>																											
<b>DEDUCTIBLE</b>	<b>\$435</b>																										
<p><b>INITIAL COVERAGE</b></p> <p><i>You may get your drugs at network retail pharmacies, specialty pharmacies, and mail order pharmacies. You can get drugs from an out-of-network pharmacy, but with a possibility of paying more than you would pay at an in-network pharmacy. If you reside in a long-term care facility, you pay the same as a retail pharmacy.</i></p>	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach <b>\$4,020</b>. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p>																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #e6f2ff;">PHARMACY:</th> <th style="background-color: #e6f2ff;">STANDARD RETAIL (31-day)</th> <th style="background-color: #e6f2ff;">STANDARD MAIL ORDER (90-day)</th> <th style="background-color: #e6f2ff;">SAINT JOHN PHARMACY PREFERRED MAIL ORDER (90-day)</th> </tr> </thead> <tbody> <tr> <td style="background-color: #e6f2ff;"><b>Tier 1 Preferred Generic</b></td> <td style="background-color: #e6f2ff;">\$4 copay</td> <td style="background-color: #e6f2ff;">\$12 copay</td> <td style="background-color: #e6f2ff;">\$0 copay*</td> </tr> <tr> <td style="background-color: #e6f2ff;"><b>Tier 2 Generic</b></td> <td style="background-color: #e6f2ff;">\$9 copay</td> <td style="background-color: #e6f2ff;">\$27 copay</td> <td style="background-color: #e6f2ff;">\$27 copay</td> </tr> <tr> <td style="background-color: #e6f2ff;"><b>Tier 3 Preferred Brand</b></td> <td style="background-color: #e6f2ff;">25% coinsurance</td> <td style="background-color: #e6f2ff;">25% coinsurance</td> <td style="background-color: #e6f2ff;">25% coinsurance</td> </tr> <tr> <td style="background-color: #e6f2ff;"><b>Tier 4 Non-Preferred Brand</b></td> <td style="background-color: #e6f2ff;">25% coinsurance</td> <td style="background-color: #e6f2ff;">25% coinsurance</td> <td style="background-color: #e6f2ff;">25% coinsurance</td> </tr> <tr> <td style="background-color: #e6f2ff;"><b>Tier 5 Specialty</b></td> <td style="background-color: #e6f2ff;">25% coinsurance</td> <td style="background-color: #e6f2ff;">Not available</td> <td style="background-color: #e6f2ff;">Not available</td> </tr> </tbody> </table>			PHARMACY:	STANDARD RETAIL (31-day)	STANDARD MAIL ORDER (90-day)	SAINT JOHN PHARMACY PREFERRED MAIL ORDER (90-day)	<b>Tier 1 Preferred Generic</b>	\$4 copay	\$12 copay	\$0 copay*	<b>Tier 2 Generic</b>	\$9 copay	\$27 copay	\$27 copay	<b>Tier 3 Preferred Brand</b>	25% coinsurance	25% coinsurance	25% coinsurance	<b>Tier 4 Non-Preferred Brand</b>	25% coinsurance	25% coinsurance	25% coinsurance	<b>Tier 5 Specialty</b>	25% coinsurance	Not available	Not available
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<b>Tier 5 Specialty</b>	25% coinsurance	Not available	Not available																								
<p><b>COVERAGE GAP</b></p> <p><i>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there is a temporary change in what you will pay for your drugs. The coverage gap begins after the yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020.</i></p>	<p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>																										
<p><b>CATASTROPHIC COVERAGE</b></p>	<p>After your yearly out-of-pocket drug costs reach \$6,350, you pay the greater of:</p> <p>5% of the cost, or</p> <p>\$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copayment for all other drugs.</p>																										

\*Members can have prescription drugs shipped to their home through the Saint John Pharmacy network mail order delivery program. Once the order is received by Saint John Pharmacy, members should expect to receive their pharmacy order in 5-7 business days. If the requested pharmacy order is not received within the estimated time frame, please contact Vantage Health Plan, Inc. at (866) 704-0109.

Benefit Category	Traditional Plus
<b>OTHER COVERED SERVICES</b>	
<b>Chiropractic Care<sup>1</sup></b>	
Chiropractic office visit	<b>In-Network:</b> \$20 copay <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
<b>Diabetic Supplies and Services</b>	
<b>Diabetes monitoring supplies</b> <i>Diabetic supplies are limited to Glucocard Shine strips (50 count) and Glucocard Shine meters manufactured by Arkray USA. These meters and strips as well as lancets can be purchased through preferred mail order for 0% coinsurance. 20% coinsurance applies to purchases from standard network providers.</i>	<b>Saint John Pharmacy mail order: 100% covered</b> <b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
Diabetes self-management training <sup>1</sup>	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
Therapeutic shoes or inserts <sup>1</sup>	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
<b>Foot Care (podiatry services)<sup>1</sup></b>	
Medicare-covered podiatry services	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
<b>Home Health Care<sup>1</sup></b>	
Home health care	<b>In-Network:</b> You pay <b>nothing</b> . <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
<b>Hospice</b>	
<b>Hospice</b> <i>You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</i>	You pay <b>nothing</b> for hospice care from a Medicare-certified hospice.

<sup>1</sup>These services need approval in advance (prior authorization).



Benefit Category	Traditional Plus
<b>Medical Equipment and Supplies<sup>1</sup></b>	
Durable medical equipment	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
Prosthetic devices & related medical supplies <i>(braces, artificial limbs, etc.)</i>	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
<b>Outpatient Rehabilitation Services<sup>1</sup></b>	
<b>Cardiac (heart) rehab services</b> <i>Our plan covers a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks.</i>	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
Occupational therapy visit	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
<b>Outpatient Substance Abuse<sup>1</sup></b>	
Group therapy visit	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
Individual therapy visit	<b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 50% of the cost; subject to POS deductible.
<b>Over-the-Counter Items (OTC)</b>	
<b>Over-the-Counter items (OTC)</b> <i>50 credits per quarter of select OTC items (pain relievers, vitamins, toiletries, etc.) delivered to your door at no cost to you. Provided through Saint John Pharmacy only; not available through other retail locations.</i>	You pay <b>nothing</b> .
<b>Personal Emergency Response System</b>	
MobileHelp® Solo System	100% coverage for qualifying members
<b>Renal Dialysis<sup>1</sup></b>	
Renal dialysis	<b>In-Network:</b> 20% of the cost, not subject to deductible. <b>Out-of-Network:</b> 20% of the cost; not subject to POS deductible.



## How do I enroll with Vantage Health Plan?

*Vantage makes it easy and it only takes a few minutes!  
Call us to enroll over the phone.*

# (866) 704-0109

### Other ways to enroll:

*Request a Home Visit* – Contact our Member Services Department at **(866) 704-0109** to request a one-on-one home visit and enroll in the comfort of your own home.

*Attend a Snack & Learn Meeting* – Be our guest at one of our many “Snack & Learn” events in your area. Call **(888) 367-4470** to find a meeting near you.

*Visit the Vantage Website* – Visit us online at **[www.VantageMedicare.com](http://www.VantageMedicare.com)** to enroll online or for more information.

*Stop By Our Office* – See our list of locations on back cover. No appointment necessary.

Medicare beneficiaries may also enroll in a Vantage Medicare Advantage plan through the CMS Online Enrollment Center located at <http://www.Medicare.gov>.

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## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services Representative at toll-free (866) 704-0109. TTY users call toll-free (866) 524-5144.

### **Understanding the Benefits**

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [www.VantageMedicare.com](http://www.VantageMedicare.com) to view the EOC or call (866) 704-0109, TTY (866) 524-5144 to request a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### **Understanding Important Rules**

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- Except in emergency or urgent situations, we may not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care, and must obtain authorization from our plan for services they provide. In addition, you will pay a higher cost share for services received by non-contracted providers.

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Vantage Medicare Advantage

Vantage Health Plan, Inc.  
 130 DeSiard Street, Suite 300  
 Monroe, LA 71201  
 (318) 361-0900  
 (866) 704-0109  
 Medicare Enrollment Fax  
 TTY (318) 361-2131  
 TTY (866) 524-5144  
 (318) 807-1115

**Vantage Traditional Plus (HMO-POS)**  
**Premium \$0.00 - \$32.20 per month**  
 (depending on Low Income Subsidy status)

Please contact Vantage Health Plan, Inc. if you need information in another language or format.

**To enroll in Vantage Medicare Advantage, please provide the following information:**

Last Name:		First Name:		Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Birth Date: ____ / ____ / ____ Month   Day   Year		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Cell Phone Number: (____) ____ - ____		Home Phone Number: (____) ____ - ____
Permanent Residence Street Address ( <i>P.O. Box is not allowed</i> ):						
City:		Parish:		State:	ZIP Code:	
Mailing Address ( <i>only if different from your Permanent Residence Address</i> ):						
Street:		City:		State:	ZIP Code:	
Email Address:						
Emergency Contact: _____						
Phone Number: _____ Relationship to you: _____						

**Please Provide your Medicare Insurance Information**

<p>Please take out your red, white and blue Medicare card to complete this section.</p> <p>► Fill out this information as it appears on your Medicare card.</p> <p><b>-OR-</b></p> <p>► Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.</p>	Name (as it appears on your Medicare card):	
	_____	
	Medicare Number: _____	
	Is Entitled to:	Effective Date:
HOSPITAL (Part A)	_____ - _____ - _____	
MEDICAL (Part B)	_____ - _____ - _____	
<p>You must have Medicare Part A and Part B to join a Medicare Advantage plan.</p>		



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## Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, electronic funds transfer (EFT), or credit/debit card each month, or by prepaying quarterly or annually. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. **DO NOT** pay Vantage Medicare Advantage the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you don't select a payment option, you will receive a bill each month.

### Please select a premium payment option:

Receive a bill:  Monthly  Quarterly (prepay only)  Annually (prepay only)

Electronic funds transfer (EFT) from your bank account each month. Please enclose a *VOIDED* check or provide the following:

Account holder name: \_\_\_\_\_

Bank routing number: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Account type:  Checking  Savings

Credit/Debit Card. Please provide the following information:

Type of Card:  Visa  Mastercard  Discover

Name of account holder as it appears on card: \_\_\_\_\_

Account number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_  
Month Year

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from:  Social Security  RRB

(The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

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**Please read and answer these important questions:**

1. Do you have End Stage Renal Disease (ESRD)?  Yes  No

If you have had a successful kidney transplant and/or you do not need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you do not need dialysis; otherwise, we may need to contact you to obtain additional information.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Vantage Medicare Advantage?  Yes  No

If "yes" please list your other coverage and your identification (ID) number(s) for the other coverage:

Name of other coverage: \_\_\_\_\_ ID # for this coverage: \_\_\_\_\_ Group # for this coverage: \_\_\_\_\_

3. Are you a resident in a long-term care facility, such as a nursing home?  Yes  No

If "yes" please provide the following information:

Name of Institution: \_\_\_\_\_

Address & Phone Number of Institution (number & street): \_\_\_\_\_

4. Are you enrolled in your State Medicaid program?  Yes  No

If yes, please provide your Medicaid number: \_\_\_\_\_

5. Do you or your spouse work?  Yes  No

**Please choose and enter the name of a Medical Home-Primary Care Provider (MH-PCP):**

**Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:**

- Spanish
- Digital Documents (Online documents instead of paper documents)
- Large Print

Please contact Vantage Medicare Advantage at (866) 704-0109 if you need information in an accessible format or language other than what is listed above. TTY users should call (866) 524-5144. Member Services is available seven days a week, 8:00 a.m. – 8:00 p.m. CST, from October 1, 2019 through March 31, 2020. After March 31, 2020, Member Services will operate five days a week, Monday – Friday, 8:00 a.m. – 8:00 p.m. CST.

Vantage makes it easy to find essential documents and information, including the Evidence of Coverage documents, our provider and pharmacy directories, and our drug formularies at [www.VantageMedicare.com](http://www.VantageMedicare.com). If you have questions, call Member Services at (866) 704-0109. TTY users call (866) 524-5144.



**Please Read This Important Information**

**If you currently have health coverage from an employer or union, joining Vantage Medicare Advantage could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Vantage Medicare Advantage.** Read the communications your employer or union sends you. If you have any questions, visit their website or contact the office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

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## Attestation of Eligibility

**Typically, you may enroll in a Medicare Advantage plan *only* during the annual enrollment period from October 15 through December 7 of each year.** There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you.

By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) \_\_\_\_\_.
- I recently was released from incarceration. I was released on (insert date) \_\_\_\_\_.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) \_\_\_\_\_.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) \_\_\_\_\_.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) \_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) \_\_\_\_\_.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help, paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) \_\_\_\_\_.
- I recently left a PACE program on (insert date) \_\_\_\_\_.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) \_\_\_\_\_.
- I am leaving employer or union coverage on (insert date) \_\_\_\_\_.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) \_\_\_\_\_.
- I was enrolled in a Special Needs Plan (SNP) but I have lost my special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) \_\_\_\_\_.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you are not sure, please contact Vantage Medicare Advantage toll-free at (866) 704-0109 (TTY users should call (318) 361-2131 or toll-free TTY (866) 524-5144) to see if you are eligible to enroll. Member Services is available seven days a week, 8:00 a.m. – 8:00 p.m. CST, from October 1, 2019 through March 31, 2020. After March 31, 2020, Member Services will operate five days a week, Monday – Friday, 8:00 a.m. – 8:00 p.m. CST.



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**Please read and sign below**

**By completing this enrollment application, I agree to the following:** Vantage Medicare Advantage is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Vantage Medicare Advantage serves a specific service area. If I move out of the area that Vantage Medicare Advantage serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Vantage Medicare Advantage, I have the right to appeal plan decisions about payment or services, if I disagree. I will read the Evidence of Coverage document from Vantage Medicare Advantage when I receive it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Vantage Medicare Advantage coverage begins, I must get all of my health care coverage through Vantage Medicare Advantage, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Vantage Medicare Advantage and other services contained in my Vantage Medicare Advantage Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR VANTAGE MEDICARE ADVANTAGE WILL PAY FOR SERVICES WHICH REQUIRE AUTHORIZATION.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Vantage Medicare Advantage, he/she may be paid based on my enrollment in Vantage Medicare Advantage.

**Release of Information:** By joining this Medicare health plan, I acknowledge that Vantage Medicare Advantage will release my information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. I also acknowledge that Vantage Medicare Advantage will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Vantage continually pursues quality improvement ("QI") for its membership, along with offering case management services. In connection therewith, I authorize Vantage, for treatment and operations purposes, to release medical and non-medical information to any party contracted by Vantage to render QI and/or case management related services.

I understand that my signature (or the signature of the person authorized to act on my behalf under the law of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

<b>Signature:</b>	<b>Today's Date:</b>
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**If you are the authorized representative, you must sign above and provide the following:**

Name: \_\_\_\_\_ Relationship to Enrollee: \_\_\_\_\_

DOB: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Office Use Only:**

Name of staff member/agent/broker (if assisted in enrollment): \_\_\_\_\_

Broker Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Date Application Was Accepted/Received by staff member/agent/broker: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_ Plan Enrolled Into: \_\_\_\_\_

AEP: \_\_\_\_\_ ICEP/IEP\*: \_\_\_\_\_ SEP\*(type): \_\_\_\_\_ Not Eligible: \_\_\_\_\_

Meeting: \_\_\_ Home Visit: \_\_\_ Date (meeting/home visit): \_\_\_\_\_

**\*Must complete Attestation of Eligibility for all enrollments outside of AEP**

Vantage Health Plan, Inc. (Vantage) is an HMO with a Medicare contract. Enrollment in Vantage depends on contract renewal.

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**RETURN COMPLETED FORM TO VANTAGE:**

Member Services Fax: (318) 807-1113 Medicare Enrollment Fax: (318) 807-1115  
Exchange Enrollment Fax: (318) 361-2171 Commercial Enrollment Fax: (318) 807-1040

**Authorized Personal Representative (APR) Form**

This form allows a member to designate an Authorized Personal Representative (APR), such as a spouse, parent, Power of Attorney, or broker/agent. Vantage Health Plan (Vantage) may share protected health information (“PHI”) with a member’s APR. PHI may include viewing payment, claims or authorization history, or filing or responding to appeals. A member’s APR may also act on the member’s behalf and make changes to the member’s account, such as changing primary care provider, demographic or contact information, or making payments on an account. **Mark the options in Section C below for what information your APR may view or change.**

**Instructions:** Please complete all sections of this APR Form and return to Vantage.

**Section A - Member Information (\* - required fields):** List Vantage Member whose information is to be shared.

\*Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_ \*Health Plan ID, MBI or SSN: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**Section B - Person or Organization to Receive Information (\* - required fields):** List the specific person or entity that can receive, access or change the Member’s information.

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
\*Person/Entity Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_ \*Health Plan ID, MBI or SSN: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Relationship to Member:  Attorney  Family member  Agent/Broker  Facility  
 Power of Attorney  Guardian  Employee of Agent/Broker  Other

**Section C - Access Details:** Mark the options below to allow your APR access and/or change to each type of information. Options left unmarked below will not be available to your APR.

**My representative can (mark all that apply):**

- View my PHI/Medical information
- File or respond on my behalf regarding an appeal or grievance
- View information on my infectious diseases
- View information on my mental health
- View information on my chemical or substance dependency
- View or change my primary care provider
- View or change my demographic or contact information
- View my family relationships
- View my Power of Attorney
- View my payment history

**Section D - Member Signature (required):** I understand by signing this form, I have read and understand that Vantage has permission to release my PHI to and accept changes or actions made on my behalf by this person or entity as well. If no effective date is listed in Section B, the effective date for these permissions is indicated below. I understand that I must contact Vantage to change or terminate to this appointment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section E - Acceptance of Appointment (required):** I, \_\_\_\_\_, hereby accept the above appointment. I certify that I am not disqualified from acting as the Member’s authorized Personal Representative.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_







## Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**By signing this form, you agree to a meeting with a sales agent to discuss Vantage Medicare Advantage Health Maintenance Organization (HMO-POS) plans.** These plans are Medicare Advantage plans that provide all Original Medicare Part A and B health coverage and cover Part D prescription drug coverage. In some HMOs, you can only get your care from doctors or hospitals in the plan’s network (with a few exceptions).

Please note, the person who will discuss the products is either employed or contracted by Vantage. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, will NOT impact your current or future Medicare enrollment status, and will NOT automatically enroll you in the Medicare plans discussed.

**Beneficiary or Authorized Representative Signature and Initial Date of Contact:**

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date of Contact**

*If you are the authorized representative, please sign above and print below:*

Representative’s Name: \_\_\_\_\_

Your Relationship to the Beneficiary: \_\_\_\_\_

**To be completed by Agent:**

Beneficiary Name:	Beneficiary Phone Number:
Agent Name:	Agent Phone Number:
Agent’s Signature:	
Date of Appointment:	

\*Scope of Appointment documentation is subject to CMS record retention requirements\*

Vantage Health Plan, Inc. (Vantage) is a health plan with a Medicare Contract.



## WHAT TO EXPECT AFTER INITIAL ENROLLMENT

1. After you have completed and submitted your Vantage Medicare Advantage enrollment application to Vantage, your application is sent to Centers for Medicare and Medicaid Services (CMS) for CMS approval.
2. Once approved by CMS, you will receive a Vantage Medicare Advantage Post-Enrollment Packet.\* This packet will be stamped "IMPORTANT PLAN INFORMATION". Please be expecting this packet. In addition, your Vantage Medicare Advantage ID card will be mailed to you separately.
3. Approximately 15 days after enrollment, you will receive a Welcome Call from our Member Services Department to answer any questions you may have.
4. When you receive your Vantage Medicare Advantage ID card, please place it in your purse or wallet immediately. Please also review the materials enclosed in your packet.
5. Remember, you will need to show your new Vantage Medicare Advantage ID card for all of your healthcare services, including your pharmacy services.

*\*If you have opted for Digital Documents, you will receive an email to sign up for the Member Portal to retrieve and/or review your documents. Your Vantage Medicare Advantage ID card will be mailed to you.*



You may call us at **(866) 704-0109** to be connected to a Vantage Medicare Advantage representative who will be happy to assist you with any questions or concerns.

***Please note that if your application is incomplete in any way, we will contact you directly.***



### Need more information?

Call our Member Services Department at **(866) 704-0109** or TTY **(866) 524-5144** (for the hearing impaired)

### Hours of operation:

October 1, 2019-March 31, 2020  
Seven days a week from 8:00 a.m. to 8:00 p.m.

### All other Dates:

Monday through Friday 8:00 a.m. to 8:00 p.m.



Vantage Health Plan is required by federal law to provide the following information.

## Nondiscrimination Notice

Vantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic. Vantage does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic.

Vantage provides free aids and services to people with disabilities to communicate effectively with us. Those services include qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats).

For people whose primary language is not English, Vantage provides free language translation services. Those services include qualified interpreters and information written in other languages. You can use Vantage's free language translation services by calling the "Members" phone number on the back of your Member ID card. For Members who are deaf or hard of hearing, please call for teletypewriter (TTY) services at (866) 524-5144.

If you believe that Vantage has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, or any other legally protected characteristic, you can file a grievance with Vantage or the U.S. Dept. of Health and Human Services, Office for Civil Rights.

If you would like to file a complaint directly with Vantage, you can reach us in person, by mail, by fax, or by email at the addresses below:

Vantage Health Plan, Inc.  
Attention: Civil Rights Coordinator  
130 DeSiard Street, Suite 300  
Monroe, LA 71201  
Phone: (318) 998-2887, TTY (866) 524-5144  
Fax: (318) 361-2165  
Email: [civilrightscoordinator@vhpla.com](mailto:civilrightscoordinator@vhpla.com)

If you would like to file a complaint directly with the U.S. Dept. of Health and Human Services, Office for Civil Rights, you can contact them by mail, by phone, or by email at the addresses below:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
Phone: (800) 368-1019, (800) 537-7697 (TDD)  
Online Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you need help filing a grievance, our Civil Rights Coordinator is available to help at [civilrightscoordinator@vhpla.com](mailto:civilrightscoordinator@vhpla.com) or by phone at (318) 998-2887.

Vantage has adopted internal grievance procedures for providing prompt and equitable resolution of complaints alleging discrimination on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age, or disability, may file a grievance under Vantage's grievance procedure. It is against the law for Vantage to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. Depending on the type of grievance, a 60-day filing limit may apply. To learn more about Vantage's grievance procedure, you can call or email our Civil Rights Coordinator at the addresses above or you can visit our website at [www.vantagehealthplan.com/vhpnondiscriminationgrievanceprocedure](http://www.vantagehealthplan.com/vhpnondiscriminationgrievanceprocedure).



Vantage Health Plan is required by federal law to provide the following information.

## Language Assistance

If you, or someone you're helping, have questions about Vantage Health Plan, you have the right to get help and information in your preferred language at no cost. To talk with an interpreter, call Member Services, 888-823-1910 (TTY 866-524-5144).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-823-1910 (TTY: 866-524-5144).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-823-1910 (ATS: 866-524-5144).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-823-1910 (TTY: 866-524-5144).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 888-823-1910 (TTY 866-524-5144)。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-823-1910 (رقم هاتف الصم والبكم: 866-524-5144).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-823-1910 (TTY: 866-524-5144).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-823-1910 (TTY: 866-524-5144) 번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 888-823-1910 (TTY: 866-524-5144).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທ 888-823-1910 (TTY: 866-524-5144).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。888-823-1910 (TTY: 866-524-5144) まで、お電話にてご連絡ください。

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 888-823-1910 (TTY: 866-524-5144)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 888-823-1910 (TTY: 866-524-5144).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-823-1910 (TTY: 866-524-5144)

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 888-823-1910 (TTY: 866-524-5144) تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-823-1910 (телетайп: 866-524-5144).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 888-823-1910 (TTY: 866-524-5144).





## **Vantage Locations**

### **Monroe**

122 St. John Street  
Monroe, LA 71201

### **Shreveport**

855 Pierremont Road, Suite 109  
Shreveport, LA 71106

### **Baton Rouge**

5778 Essen Lane, Suite B  
Baton Rouge, LA 70810

### **Hammond**

219 West Thomas Street  
Hammond, LA 70401

### **For Information On Other Locations:**

[www.vantagehealthplan.com/locations](http://www.vantagehealthplan.com/locations)

## **Hours of Operation**

### **October 1, 2019 through March 31, 2020:**

Seven (7) Days a Week 8:00 a.m. – 8:00 p.m.

### **All other dates:**

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

## **Contact**

### **Phone Numbers:**

(866) 704-0109 or TTY (866) 524-5144  
*(for the hearing impaired)*

### **Website:**

[www.VantageMedicare.com](http://www.VantageMedicare.com)