



Vantage Medicare Advantage

2016

Vantage Health Plan

www.VantageMedicare.com

Summary of Benefits

130 DeSiard Street,
Suite 300
Monroe, LA 71201

**AAA4 Vantage TRADITIONAL
PLUS (HMO)**

**CONTACT
MEMBER SERVICES**

See inside for list of available parishes.

Local
(318) 361-0900

Toll-Free
(866) 704-0109

TTY Local
(318) 361-2131

Vantage Health Plan is a plan with a Medicare contract. Enrollment in Vantage Health Plan, Inc. depends on contract renewal.

TTY Toll-Free
(866) 524-5144

MedicareRx
Prescription Drug Coverage X

Summary of Benefits

January 1, 2016 - December 31, 2016

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."

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **AAA4 Vantage TRADITIONAL PLUS (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **AAA4 Vantage TRADITIONAL PLUS (HMO)** covers and what you pay.

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <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 <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.

Sections in this booklet

- Things to Know About **AAA4 Vantage TRADITIONAL PLUS (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at (866)704-0109.

Things to Know About **AAA4 Vantage TRADITIONAL PLUS (HMO)**

Hours of Operation

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.

From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

AAA4 Vantage TRADITIONAL PLUS (HMO) Phone Numbers and Website

If you are a member of this plan, call toll-free (866) 704-0109.

If you are not a member of this plan, call toll-free (866)704-0109.

Our website: <http://www.VantageMedicare.com>

Who can join?

To join **AAA4 Vantage TRADITIONAL PLUS (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Louisiana: Acadia, Allen, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Webster, West Baton Rouge, West Carroll, West Feliciana, and Winn.

Which doctors, hospitals, and pharmacies can I use?

AAA4 Vantage TRADITIONAL PLUS (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (www.VantageMedicare.com). Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

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

Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

Our plan members also get *more than what is* covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.VantageMedicare.com>. Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?

\$32.10 per month. In addition, you must keep paying your Medicare Part B premium.

How much is the deductible?

This plan has deductibles for some hospital and medical services, and Part D prescription drugs.

\$147 per year for in-network services.

This amount may change for 2016.

\$360 per year for Part D prescription drugs.

Is there any limit on how much I will pay for my covered services?

Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your yearly limit(s) in this plan:

\$6,700 for services you receive from in-network providers.

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.

Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Is there a limit on how much the plan will pay?

Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Covered Medical and Hospital Benefits

Note: Services with a ¹ may require prior authorization.

Outpatient Care and Services

Acupuncture Not covered

Ambulance¹ 20% of the cost
The ambulance copay is per one way trip.

Chiropractic Care¹ Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay

Dental Services Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)¹:
20% of the cost

Preventive dental services:

Cleaning (for up to 1 every six months): \$0 copay

Dental x-ray(s) (for up to 1 every six months): \$0 copay

Oral exam (for up to 1 every six months): \$0 copay

Our plan pays up to \$100 every six months for preventive dental services.

There is a \$350 maximum benefit every year for dentures and dental plates.

Diabetes Supplies and Services Diabetes monitoring supplies: 20% of the cost

Diabetes self-management training¹: 20% of the cost

Therapeutic shoes or inserts¹: 20% of the cost

Diabetic supplies are limited to TRUEtest 50 ct or 100 ct strips, TRUEplus lancets and TRUEresult meters manufactured by Nipro Diagnostics.

If an office visit is billed on the same date of service as diabetes self-management training, applicable office visit cost share applies.

Diagnostic Tests, Lab and Radiology Services, and X-Rays (*Costs for these services may vary based on place of service*)¹

Diagnostic radiology services (such as MRIs, CT scans)¹: 20% of the cost

Diagnostic tests and procedures¹: 20% of the cost

Lab services: You pay nothing

Outpatient x-rays: 20% of the cost

Therapeutic radiology services (such as radiation treatment for cancer)¹: 20% of the cost

If an office visit is billed on same date of service as the procedure/test, the applicable office visit copay applies (\$10 MH-PCP or 20% coinsurance for Specialist).

Doctor's Office Visits

Medical home - primary care physician (MH-PCP) visit: \$10 copay or 0-20% of the cost, depending on the service

Specialist visit¹: 20% of the cost

PAs and NPs, depending on the specialty, could require a copay:

- MH-PCP office visits: \$10 copay

- Specialist office visits: 20% of the cost

Durable Medical Equipment (*wheelchairs, oxygen, etc.*)¹

20% of the cost

Emergency Care

\$75 copay

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 the "Inpatient Hospital Care" section of this booklet for other costs.

Foot Care (*podiatry services*)¹

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 20% of the cost

Hearing Services

Exam to diagnose and treat hearing and balance issues¹: 20% of the cost

Routine hearing exam (for up to 1 every year): \$0 copay

Hearing aid: 20% of the cost for each hearing aid

Our plan pays up to \$40 every year for routine hearing exams.

Our plan pays up to \$300 every year for hearing aids.

Home Health Care¹

You pay nothing.

Mental Health Care¹

Inpatient visit:

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.

The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan covers 90 days for an inpatient hospital stay.

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.

In 2015, the amounts for each benefit period were:

\$1,260 deductible for days 1 through 60

\$315 copay per day for days 61 through 90

\$630 copay per day for 60 lifetime reserve days

These amounts may change for 2016.

Outpatient group therapy visit: 20% of the cost

Outpatient individual therapy visit: 20% of the cost

Outpatient Rehabilitation¹

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):
20% of the cost

Occupational therapy visit: 20% of the cost

Physical therapy and speech and language therapy visit:
20% of the cost

Coinsurance applies to facility and professional claims.

Outpatient Substance Abuse ¹	<p><u>Group therapy visit</u>: 20% of the cost</p> <p><u>Individual therapy visit</u>: 20% of the cost</p> <p>Coinsurance for Medicare-covered individual or group visits applies to both facility and professional services.</p>
Outpatient Surgery ¹	<p><u>Ambulatory surgical center</u>: 20-25% of the cost, depending on the service</p> <p><u>Outpatient hospital</u>: 20-25% of the cost, depending on the service</p>
Over-the-Counter Items	Not Covered
Prosthetic Devices (braces, artificial limbs, etc.) ¹	<p><u>Prosthetic devices</u>: 20% of the cost</p> <p><u>Related medical supplies</u>: 20% of the cost</p>
Renal Dialysis ¹	<p>20% of the cost</p> <p>If professional and facility bill for same date of service, 20% coinsurance applies to both claims.</p>
Transportation	Not covered
Urgently Needed Services	\$65 copay
Vision Services	<p><u>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</u>: 0-20% of the cost, depending on the service</p> <p><u>Routine eye exam (for up to 1 every year)</u>: \$0 copay</p> <p><u>Contact lenses (for up to 12 every year)</u>: 20% of the cost</p> <p><u>Eyeglasses (frames and lenses) (for up to 1 every year)</u>: 20% of the cost</p> <p><u>Eyeglasses or contact lenses after cataract surgery</u>: 20% of the cost</p>

Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).

\$0 cost sharing for Diabetic eye exams.

Over-the-counter reading glasses do not apply. Cost is defined as the Medicare-approved amount. To receive Medicare-covered eyewear, the provider must be a Medicare-approved supplier.

Preventive Care

You pay nothing

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. 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.

Inpatient Care

Inpatient Hospital Care¹

The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan covers 90 days for an inpatient hospital stay.

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In 2015, the amounts for each benefit period were:

\$1,260 deductible for days 1 through 60

\$315 copay per day for days 61 through 90

\$630 copay per day for 60 lifetime reserve days.

These amounts may change for 2016.

Inpatient Mental Health Care

For inpatient mental health care, see the "Mental Health Care" section of this booklet.

Skilled Nursing Facility (SNF)¹

Our plan covers up to 100 days in a SNF.

In 2015, the amounts for each benefit period were:

You pay nothing for days 1 through 20

\$157.50 copay per day for days 21 through 100

These amounts may change for 2016.

Prescription Drug Benefits

How much do I pay?

For Part B drugs such as chemotherapy drugs¹: 20% of the cost

Other Part B drugs¹: 0-20% of the cost depending on the drug

Part B drugs given in the MH-PCP office are covered at 100%, except specialty drugs. 20% coinsurance for all other Part B drugs, including specialty drugs. Specialty drugs given in all settings require authorization.

Initial Coverage

After you pay your yearly deductible, you pay 25% of the cost for all drugs covered by this plan until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:

5% of the cost, or

\$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-704-0109. Someone who speaks English Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-704-0109. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-704-0109。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-704-0109。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-704-0109 Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-704-0109. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-704-0109 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-704-0109. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-704-0109 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-704-0109. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic¹:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على [0109-704-866-1] سيقوم شخص ما يتحدث العربية مجانية.

Hindi¹: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-704-0109 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-704-0109. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-704-0109. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-704-0109. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-704-0109. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには1-866-704-0109にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



CONTACT INFORMATION

Toll-Free Medicare Line: 1 (866) 704-0109

Toll-Free General Line: 1 (888) 823-1910

Toll-Free TTY Line: 1 (866) 524-5144
(for the hearing impaired)

LOCATION INFORMATION

Monroe Location

130 DeSiard Street, Suite 300
Monroe, LA 71201

Shreveport Location

855 Pierremont Rd., Suite 109
Shreveport, LA 71106

Baton Rouge Location

5778 Essen Lane
Baton Rouge, LA 70810

For a complete listing or other questions, please contact Vantage Health Plan, Inc., at (866) 704-0109 or for TTY users, (866) 524-5144, 8 a.m. - 8 p.m. seven days a week from October 1, 2015 through February 14, 2016. For all other dates, Member Services is available from 8 a.m. - 8 p.m., Monday - Friday. You may also visit us on the web at www.VantageMedicare.com.