

# VANTAGE MEDICARE ADVANTAGE

OGB STATE GROUP  
*Medicare Retirees Information*

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# 2017

**VANTAGE**  
HEALTH PLAN

# WELCOME TO VANTAGE!

Dear OGB Medicare Retiree:

Vantage Health Plan will continue to be a health plan option for eligible OGB members in 2017.

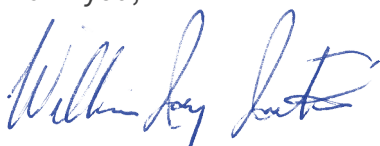
**Note: If you would like to remain in your current Vantage Medicare Advantage Plan with the same covered dependents for the 2017 plan year, you do not have to do anything. Your coverage will continue for the 2017 plan year.**

If you are new to Vantage or want to change to another Vantage plan, you can enroll in one of three ways:

1. Visit [info.groupbenefits.org](http://info.groupbenefits.org) to use the annual enrollment portal.
  - Enter your Member ID from your current ID card and the last four digits of your Social Security Number
  - Make your selection for the next plan year
  - **Important!** Click Submit! You must click submit in order for your selection to be valid
  - Print/save your confirmation page
2. Complete the annual enrollment form, found in your annual enrollment guide or on the OGB annual enrollment website, and return it to the address below by November 15, 2016.
3. To enroll in a health plan with different or newly-covered dependents, or to discontinue OGB coverage, submit a dated and signed letter to OGB that includes:
  - the member's social security number
  - new dependent's name, birth date, and social security number
  - dependent verification documentation (i.e., marriage and/or birth certificate)
  - Mail To: Office of Group Benefits  
P.O. Box 44036  
Baton Rouge, LA 70804

If you have any questions, please call our Member Services Department at (844) 536-7103 or visit us online at [www.VHP-StateGroup.com](http://www.VHP-StateGroup.com). We look forward to serving you.

Thank you,



William J. Justice

Thank you for your interest in Vantage Medicare Advantage. The content found in this packet will provide you with the information you need to learn more about Vantage Medicare Advantage plans and help you enroll in a health plan that meets your needs.



# CHECK WHAT MATTERS MOST.

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- \$0 monthly premium plan option\*
- \$0 - \$15 Medical home - primary care office visit copays
- No in-network medical deductibles
- Annual wellness exam 100% covered
- Prescription drug plan included with \$4 or \$5 Tier 1 copay for preferred generic drugs; no separate premium
- \$0 Tier 1 copay for preferred generic drugs through preferred mail order (90-day supply)
- Worldwide emergency coverage
- Added benefits include: Dental, Vision, Hearing, Transportation, and select Over-the-Counter items
- Great local customer service
- Healthways SilverSneakers® Fitness included



The search tools on our OGB website, [www.VHP-StateGroup.com](http://www.VHP-StateGroup.com), will allow you to find a provider or a retail pharmacy or to search for prescription drugs covered by Vantage Medicare Advantage plans. If you have any questions, please contact Vantage Health Plan at **(844) 536-7103**. For the hearing impaired, please call TTY **(318) 361-2131** or toll-free TTY **(866) 524-5144**. Member Services is available seven days a week, 8:00 a.m. – 8:00 p.m. CST, from October 1, 2016 through February 14, 2017. For all other dates, Member Services are available Monday through Friday from 8:00 a.m. – 8:00 p.m. CST.

*\*There are several plans to choose from and premiums vary by plan.*

# VANTAGE HEALTH PLAN'S OVER-THE-COUNTER (OTC) BENEFIT PROGRAM



Your 2017 Vantage Medicare Advantage plan now includes an over-the-counter (OTC) benefit through Saint John Pharmacy for up to \$45 per quarter!

OTC items\* can be mailed directly to your home. The minimum order each quarter is \$10. If you do not use the entire \$45 in a quarter, the remaining amount will be carried over to the next quarter up to a maximum benefit of \$90 in any one quarter.

Once your OTC order is made, please allow 10-14 days for handling and shipping from the date Saint John Pharmacy receives your order. Saint John Pharmacy and Vantage Health Plan are not responsible for lost or stolen items.

Call 1-888-316-4354, option 1, for order forms or print one from the website, [www.myaffinitypharmacy.com/OTC](http://www.myaffinitypharmacy.com/OTC).

*\*Items and prices listed are subject to change. Prices include shipping, handling, and sales tax.*



VANTAGE HEALTH PLAN'S  
**TRANSPORTATION  
BENEFIT PROGRAM**

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# NEED A LIFT?

Vantage Health Plan's transportation benefit allows you to utilize twelve (12) Vantage-approved one-way non-emergent trips per year to get to your appointments and exams. These trips will be 100% covered, so no more worrying if you will be able to find a ride to your next appointment. Pick up the phone and call 1-888-225-9062 to schedule transportation. Some restrictions apply.

# 2017 VANTAGE PLAN BENEFIT COMPARISON

<b>EXAMPLES OF COVERED BENEFITS</b>	<b>VANTAGE ZERO PREMIUM (HMO - POS) NO MEDICAL DEDUCTIBLE</b>	<b>VANTAGE (HMO-POS) NO MEDICAL DEDUCTIBLE</b>
OVER-THE-COUNTER (OTC) ITEMS	Included with plan	Included with plan
TRANSPORTATION	Included with plan	Included with plan
LAB & FLU SHOTS	100% covered - No deductible	100% covered - No deductible
RADIOLOGIST / ANESTHESIOLOGIST	100% covered - No deductible	100% covered - No deductible
HOME HEALTH	100% covered - No deductible	100% covered - No deductible
PHYSICIAN PROFESSIONAL FEES (INPATIENT)	100% covered - No deductible	100% covered - No deductible
OFFICE VISIT / MEDICAL HOME - PRIMARY CARE PROVIDER (MH-PCP)	AHN*: \$5 copay per visit Standard: \$15 copay per visit	AHN*: \$0 copay per visit Standard: \$10 copay per visit
OFFICE VISIT / SPECIALIST	AHN*: \$40 copay per visit Standard: \$50 copay per visit	AHN*: \$30 copay per visit Standard: \$40 copay per visit
EMERGENCY ROOM	\$75 ER copay per visit   worldwide coverage	\$75 ER copay per visit   worldwide coverage
MAJOR DIAGNOSTIC TEST, X-RAYS, & OTHER HOSPITAL OUTPATIENT SERVICES	AHN*: \$100 copay per day Standard: \$200 copay per day	AHN*: \$75 copay per day Standard: \$175 copay per day
OUTPATIENT SURGERY SERVICES	AHN*: \$200 copay per visit Standard: \$450 copay per visit	AHN*: \$150 copay per visit Standard: \$300 copay per visit
INPATIENT HOSPITAL	AHN*: \$200 copay per day for days 1-5 Standard: \$345 copay per day for days 1-5	AHN*: \$150 copay per day for days 1-5 Standard: \$300 copay per day for days 1-5
OUT-OF-POCKET MAXIMUM	\$6,700	\$3,000
VISION	Included with plan	Included with plan
DENTAL	Included with plan	Included with plan
HEARING	Included with plan	Included with plan
PRESCRIPTION DRUGS (PART D) No separate premium.	Tier 1 Preferred Generics** .... \$4 copay, no deductible Tier 2 Generics..... \$10 copay, no deductible Tier 3 Preferred Brands..... \$47 copay, no deductible Tier 4 Non-Preferred Brand... \$100 copay <sup>1</sup> Tier 5 Specialty..... 25% coinsurance <sup>1</sup>  <i>No coverage through the coverage gap.</i>  <sup>1</sup> After \$125 deductible	Tier 1 Preferred Generics** .... \$4 copay, no deductible Tier 2 Generics..... \$10 copay, no deductible Tier 3 Preferred Brands..... \$47 copay, no deductible Tier 4 Non-Preferred Brand... \$100 copay, no deductible Tier 5 Specialty..... 33% coinsurance, no deductible  <i>Coverage through the coverage gap.</i>

\*Affinity Health Network (AHN) includes providers who offer preferred cost-sharing on certain services. AHN providers are

\*\*A preferred mail order copay of \$0 for Tier 1 preferred generic drugs is available from the preferred mail order pharmacy,

## 2017 Vantage Medicare Advantage EXTRA BENEFITS INCLUDING:

### VANTAGE PREMIUM (HMO-POS) NO MEDICAL DEDUCTIBLE

Included with plan

Included with plan

100% covered - No deductible

100% covered - No deductible

100% covered - No deductible

100% covered - No deductible

AHN\*: \$0 copay per visit  
Standard: \$5 copay per visit

AHN\*: \$10 copay per visit  
Standard: \$20 copay per visit

\$50 ER copay per visit | worldwide coverage

\$0 copay per day

\$0 copay

\$50 copay per day for days 1-10

\$2,000

Included with plan

Included with plan

Included with plan

Tier 1 Preferred Generics\*\* .... \$5 copay, no deductible  
Tier 2 Generics ..... \$10 copay, no deductible  
Tier 3 Preferred Brands ..... \$25 copay, no deductible  
Tier 4 Non-Preferred Brand ... \$50 copay, no deductible  
Tier 5 Specialty ..... 20% coinsurance, no deductible

*Coverage through the coverage gap.*

### OVER-THE-COUNTER (OTC)

- » \$45 per quarter of select OTC items (pain relievers, vitamins, toiletries, etc.) delivered to your door at no cost to you

### TRANSPORTATION

- » 100% coverage for 12 one-way non-emergent trips per year for medical treatment with Vantage-approved transportation; some restrictions apply

### VISION

- » 100% coverage for one routine eye exam every year
- » Member pays 20% coinsurance for 12 pairs of contacts per year and/or one pair of glasses per year with a \$100 maximum benefit

### DENTAL

- » VANTAGE ZERO PREMIUM (HMO-POS) PLAN: 100% coverage for preventive dental care: cleaning, oral exam, and x-ray; a maximum benefit of \$200 per year
- » VANTAGE & VANTAGE PREMIUM (HMO-POS) PLANS: 100% coverage for preventive dental care: cleaning, oral exam, and x-ray; a maximum benefit of \$150 every six months; 100% coverage for dentures and dental plates; maximum benefit of \$300 per year

### HEARING

- » \$40 maximum benefit for an annual routine hearing exam after the age of 65

### PRESCRIPTION DRUGS

- » \$0 Tier 1 preferred generic drugs through preferred mail order (90-day supply)

### WELLNESS

- » 100% coverage for Healthways SilverSneakers® Fitness

*listed in the provider directory.  
Saint John Pharmacy, for a 90-day supply.*



## NEED MORE INFORMATION?

- Come by our office
- Call our Member Services Department at **(844) 536-7103** or TTY at **(866) 524-5144** (*for the hearing impaired*)
- Visit our website at **www.VHP-StateGroup.com**

## VANTAGE LOCATIONS

### Monroe

130 DeSiard Street, Suite 300  
Monroe, LA 71201

### Shreveport

855 Pierremont Road, Suite 109  
Shreveport, LA 71106

### Baton Rouge

5778 Essen Lane, Suite B  
Baton Rouge, LA 70810

### For information on other locations:

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

## HOURS OF OPERATION

### October 1, 2016 through February 14, 2017:

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:

**(844) 536-7103** or TTY **(866) 524-5144**  
(*for the hearing impaired*)

### Website:

**www.VHP-StateGroup.com**