

# Vantage Medicare Advantage

**OGB STATE GROUP**  
*Medicare Retirees Information*



Check what  
matters most™



# 2020

# Welcome to Vantage

Dear OGB Medicare Retiree:

Vantage Health Plan will continue to be a health plan option for eligible OGB members in 2020.

**If you would like to remain in your current Vantage Medicare Advantage plan with the same covered dependents for the 2020 plan year, you do not have to do anything. Your coverage will continue for the 2020 plan year.**

**To change to a different plan that may better meet your needs, you can switch plans until November 15, 2019 for OGB-sponsored standard plans and between October 15, 2019 and December 7, 2019 for OGB-sponsored Medicare Advantage plans. (It is preferred you make your decision by the November 15, 2019 deadline for all plans in order to make the December billing cycle.)**

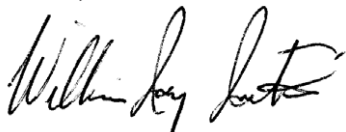
If you are new to Vantage or are changing to another Vantage plan, you can enroll in one of four ways:

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.
  - After making your selection for the next plan year, be sure to click submit and 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, 2019.
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 the address below
4. Contact your HR department

*OFFICE OF GROUP BENEFITS MAILING ADDRESS:* **Office of Group Benefits Customer Service  
P.O. Box 44036  
Baton Rouge, LA 70804  
Phone: (800) 272-8451**

If you have any questions, please call our Member Services Department at **(318) 998-4434** or toll-free 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  
Director of Marketing



# Check what matters most™

## ► *Vantage benefits include:*

- \$0-\$15** Medical home - primary care office visit copays\*
- No in-network medical deductibles
- Annual wellness exam **100%** covered
- Prescription drug plan included with as low as **\$4** 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 (OTC) items
- Great local customer service
- The Silver&Fit Fitness Program
- Search our Vantage website, [www.VHP-StateGroup.com](http://www.VHP-StateGroup.com), to find an in-network provider or a retail pharmacy or to search for prescription drugs covered by Vantage.

*\*Benefits vary by plan.*

If you have any questions, please contact Vantage Health Plan at **(318) 998-4434** or toll-free at **(844) 536-7103**. For the hearing impaired, please call TTY **(318) 361-2131** or toll-free TTY **(866) 524-5144**. Hours are seven days a week from 8:00 a.m. – 8:00 p.m. CST from October 1, 2019 through March 31, 2020. For all other dates, Member Services will operate Monday through Friday from 8:00 a.m. – 8:00 p.m. CST.

# EXTRA BENEFITS OF VANTAGE PLANS

## *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*

- » **\$40** maximum benefit for an annual routine hearing exam

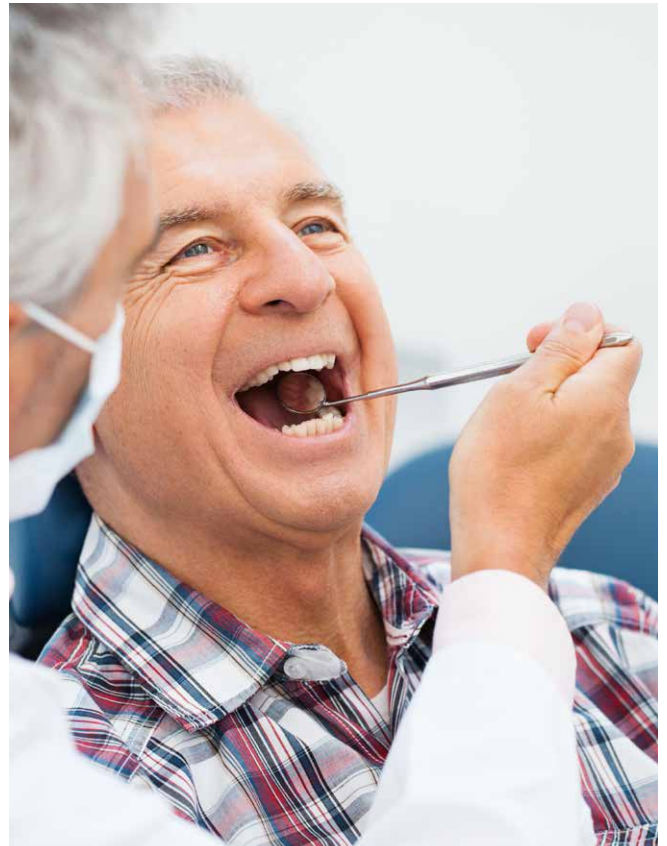
### *Dental*

- » **BASIC PLAN - 100%** coverage for preventive dental services: semi-annual cleanings and oral exams and an annual x-ray; a maximum benefit of **\$150** every six months; **100%** coverage for comprehensive dental services; maximum benefit of **\$300** per year.
- » **STANDARD PLAN - 100%** coverage for preventive dental services: semi-annual cleanings and oral exams and an annual x-ray; a maximum benefit of **\$500** every six months; **100%** coverage for comprehensive dental services; maximum benefit of **\$400** per year.
- » **PREMIUM PLAN - 100%** coverage for preventive dental services: semi-annual cleanings and oral exams and an annual x-ray; a maximum benefit of **\$700** every six months; **100%** coverage for comprehensive dental services; maximum benefit of **\$600** per year.

### *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 order 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-trip) non-emergent trips per year for medical treatment with Vantage-approved transportation
- » Call **1-844-657-7820** to schedule transportation. Some restrictions apply.



## Fitness Program

- » **100%** coverage for the Silver&Fit program by American Specialty Health Fitness, Inc.
- » No-cost membership at 14,000+ participating fitness centers and YMCAs
- » One-on-One Silver&Fit Healthy Aging Coaching by phone
- » Silver&Fit ASHConnect™ Mobile App
- » If you prefer to work out at home, receive up to 2 kits per benefit year
- » 35 unique options available
- » Visit [www.silverandfit.com](http://www.silverandfit.com) for more information



*The Silver&Fit is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit, the Silver&Fit logo and ASHConnected are trademarks of ASH and used with permission herein. The person in this photo are not Silver&Fit members. Other names and logos may be trademarks of their respective owners.*



# 2020 VANTAGE BENEFIT PLAN COMPARISON

Benefits	<i>Vantage BASIC (HMO-POS)</i> <b>\$18 Monthly Premium* (Retiree only)</b> <b>NO MEDICAL DEDUCTIBLE</b>
Over-The-Counter (OTC) Items	Included with plan (see page 4)
Transportation	Included with plan (see page 5)
Lab & Flu Shots	<b>100% covered</b> - No deductible
Radiologist / Anesthesiologist	<b>100% covered</b> - No deductible
Home Health	<b>100% covered</b> - No deductible
Physician Professional Fees (Inpatient)	<b>100% covered</b> - No deductible
Office Visit / Medical Home - Primary Care Provider (MH-PCP)	<b>AHN: \$5</b> copay per visit <b>Standard: \$15</b> copay per visit
Office Visit / Specialist	<b>AHN: \$35</b> copay per visit <b>Standard: \$45</b> copay per visit
Emergency Room	<b>\$90</b> ER copay per visit   worldwide coverage
Major Diagnostic Tests (e.g., MRI, CT Scans)	<b>AHN: Up to \$200</b> per day <b>Standard: Up to \$300</b> per day
Other Hospital Outpatient Services (e.g., X-rays)	<b>AHN: Up to \$200</b> per day <b>Standard: Up to \$300</b> per day
Outpatient Surgery Services	<b>AHN: \$200</b> copay per visit <b>Standard: \$300</b> copay per visit
Inpatient Hospital	<b>AHN: \$190</b> copay per day for days 1-7 <b>Standard: \$290</b> copay per day for days 1-7
Out-Of-Pocket Maximum	<b>\$6,700</b>
Vision, Hearing, & Dental	Included with plan (see page 4)
The Silver&Fit Fitness Program	Included with plan (see page 5)
Prescription Drugs (Part D) <i>(No Separate Premium)</i>	Tier 1 Preferred Generics . . . . . <b>\$0** or \$6</b> copay, no deductible Tier 2 Generics . . . . . <b>\$15</b> copay, no deductible Tier 3 Preferred Brands . . . . . <b>\$47</b> copay, no deductible Tier 4 Non-preferred Brands . . . <b>\$100</b> copay <sup>1</sup> Tier 5 Specialty . . . . . <b>25%</b> coinsurance <sup>1</sup>  No coverage through the coverage gap <sup>1</sup> After \$435 Part D deductible

\*Rates listed are at a 75% OGB participation level. For a complete list of rates at all OGB participation levels, please visit the website [info.groupbenefits.org](http://info.groupbenefits.org).

\*\*A preferred mail order copay of \$0 for Tier 1 preferred generic drugs with no deductible is only available from the preferred mail order pharmacy, Saint John Pharmacy, for a 90-day supply.

Vantage STANDARD (HMO-POS) \$38 Monthly Premium* (Retiree only) NO MEDICAL DEDUCTIBLE	Vantage PREMIUM (HMO-POS) \$46.75 Monthly Premium* (Retiree only) NO MEDICAL DEDUCTIBLE
Included with plan (see page 4)	Included with plan (see page 4)
Included with plan (see page 5)	Included with plan (see page 5)
<b>100% covered</b> - No deductible	<b>100% covered</b> - No deductible
<b>100% covered</b> - No deductible	<b>100% covered</b> - No deductible
<b>100% covered</b> - No deductible	<b>100% covered</b> - No deductible
<b>100% covered</b> - No deductible	<b>100% covered</b> - No deductible
<b>AHN: \$5</b> copay per visit <b>Standard: \$15</b> copay per visit	<b>AHN: \$0</b> copay per visit <b>Standard: \$10</b> copay per visit
<b>AHN: \$35</b> copay per visit <b>Standard: \$45</b> copay per visit	<b>AHN: \$30</b> copay per visit <b>Standard: \$40</b> copay per visit
<b>\$90</b> ER copay per visit   worldwide coverage	<b>\$90</b> ER copay per visit   worldwide coverage
<b>AHN: Up to \$150</b> per day <b>Standard: Up to \$250</b> per day	<b>AHN: Up to \$50</b> per day <b>Standard: Up to \$150</b> per day
<b>AHN: Up to \$150</b> per day <b>Standard: Up to \$250</b> per day	<b>AHN: Up to \$50</b> per day <b>Standard: Up to \$150</b> per day
<b>AHN: \$150</b> copay per visit <b>Standard: \$250</b> copay per visit	<b>AHN: Up to \$50</b> per day <b>Standard: Up to \$150</b> per day
<b>AHN: \$170</b> copay per day for days 1-7 <b>Standard: \$270</b> copay per day for days 1-7	<b>AHN: \$150</b> copay per day for days 1-7 <b>Standard: \$250</b> copay per day for days 1-7
<b>\$5,500</b>	<b>\$3,000</b>
Included with plan (see page 4)	Included with plan (see page 4)
Included with plan (see page 5)	Included with plan (see page 5)
Tier 1 Preferred Generics . . . . \$0** or \$4 copay, no deductible Tier 2 Generics . . . . . \$12 copay, no deductible Tier 3 Preferred Brands . . . . \$47 copay, no deductible Tier 4 Non-preferred Brands . . \$100 copay <sup>1</sup> Tier 5 Specialty . . . . . 28% coinsurance <sup>1</sup> No coverage through the coverage gap <sup>1</sup> After \$275 Part D deductible	Tier 1 Preferred Generics . . . . \$0** or \$4 copay, no deductible Tier 2 Generics . . . . . \$12 copay, no deductible Tier 3 Preferred Brands . . . . \$47 copay, no deductible Tier 4 Non-preferred Brands . . \$100 copay, no deductible Tier 5 Specialty . . . . . 33% coinsurance, no deductible Tier 1 Preferred Generics covered through the gap

\*Rates listed are at a 75% OGB participation level. For a complete list of rates at all OGB participation levels, please visit the website [info.groupbenefits.org](http://info.groupbenefits.org).

\*\*A preferred mail order copay of \$0 for Tier 1 preferred generic drugs with no deductible is only available from the preferred mail order pharmacy, Saint John Pharmacy, for a 90-day supply.



## **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:**

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

### **Website:**

[www.VHP-StateGroup.com](http://www.VHP-StateGroup.com)

### **Email**

[memberservices@vhpla.com](mailto:memberservices@vhpla.com)