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M E D I C A R E  
A D V A N T A G E

**OFFICE OF GROUP BENEFITS**



Freedom to live a healthy life

**T A B L E O F C O N T E N T S**

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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 **711**. Hours are seven days a week from 8:00 a.m. – 8:00 p.m. CST from October 1, 2022 through March 31, 2023. For all other dates, Member Services will operate Monday through Friday from 8:00 a.m. – 8:00 p.m. CST.



# WELCOME TO VANTAGE

Dear OGB Medicare Retiree:

Vantage Health Plan will continue to be a health plan option for eligible OGB members in 2023.

**If you would like to remain in your current Vantage Medicare Advantage plan** with the same covered dependents for the 2023 plan year, **you do not have to do anything**. Your coverage will continue for the 2023 plan year.

If you prefer, **you can switch plans until November 15, 2022 for OGB-sponsored standard plans and between October 15, 2022 and December 7, 2022 for OGB-sponsored Medicare Advantage plans**. (It is preferred you make your decision by the November 15, 2022 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, 2022.
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**. You can also 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 Sales*

# WHAT WE OFFER

- **\$0** Primary care office visit copay
- **\$0** In-Network medical deductibles
- Prescription drug plan included; no separate premium
- **\$0** Tier 1 copay for preferred generic drugs through preferred pharmacies (retail and mail order)
- Annual wellness exam **100%** covered
- Worldwide emergency coverage
- Local customer service

*Extra benefits included in Vantage OGB plans not offered by Original Medicare:*

-  Vision exam + eyewear
-  Hearing exam + hearing aids
-  Over-the-counter (OTC) items
-  Dental
-  Transportation
-  Fitness program
-  Telehealth services



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.

# ADDITIONAL BENEFITS OVERVIEW

*Not offered by Original Medicare*

## **VISION EXAM + EYEWEAR**

An eye exam can tell so much about your overall health; that's why your annual routine eye exam is 100% covered! Glasses or contacts are also covered up to the maximum benefit amount of your plan.

## **HEARING EXAM + HEARING AIDS**

Hearing is especially critical to overall health, safety, and happiness so your annual routine hearing exam is 100% covered! Hearing aids are also covered up to the maximum benefit amount of your plan.

## **OVER-THE-COUNTER (OTC) ITEMS**

Use your quarterly allowance toward a wide range of health-related products available at physical store locations or through our mail order options. Any OTC allowance left over at the end of the quarter expires and does not carry over to the next quarter.

## **DENTAL**

Smile bigger knowing you are covered for preventive dental services, including cleanings, oral exams, and x-rays! Comprehensive dental services are also covered up to the maximum benefit amount of your plan.

## **TRANSPORTATION**

Seeing your provider on a regular basis is important, and how you will get there should never be a concern! Our plan covers non-emergent rides for medical treatment using Vantage-approved transportation. Call 1-844-657-7820 to schedule transportation. Some restrictions apply.

## **FITNESS PROGRAM**

Enjoy the freedom of a flexible fitness program. Exercise at your gym, join classes from home, and access personalized resources to support your healthy aging journey.

## **TELEHEALTH SERVICES**

Qualifying telehealth appointments with your doctor, specialist, podiatrist, nutritionist, behavioral health provider, and occupational/physical/speech therapist are covered.

# BENEFIT COMPARISON CHART

BENEFITS:	VANTAGE <b>BASIC</b> (HMO-POS)	
	AHN	NON-AHN
MONTHLY PREMIUM	<b>\$18*</b> (Retiree only)	
MAX OUT-OF-POCKET LIMIT <i>(Does not include Part D)</i>	<b>\$5,900</b>	
PART B ANNUAL DEDUCTIBLE	<b>\$0</b>	
PRIMARY CARE PROVIDER (PCP)	<b>\$0</b>	
SPECIALIST	<b>\$35</b>	<b>\$50</b>
PREVENTIVE CARE/FLU SHOTS	<b>\$0</b>	
PROFESSIONAL FEES IN A HOSPITAL SETTING	<b>\$0</b>	
LAB SERVICES	<b>\$0</b>	
INPATIENT HOSPITAL CARE	<b>\$0</b> for Day 1; <b>\$318</b> per day <i>(Days 2-7)</i>	<b>\$318</b> per day <i>(Days 1-7)</i>
	<b>\$0</b> <i>(Days 8-90)</i>	<b>\$0</b> <i>(Days 8-90)</i>
OUTPATIENT SURGERY	<b>\$250</b>	<b>\$350</b>
EMERGENCY CARE	<b>\$90</b>	
MAJOR OUTPATIENT DIAGNOSTIC <i>(Copay per visit)</i>	<b>\$200</b>	<b>\$250</b>

\*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).  
 Affinity Health Network (AHN) plans have a preferred network of providers with lower cost share for certain covered services.

VANTAGE <b>STANDARD</b> (HMO-POS)		VANTAGE <b>PREMIUM 100</b> (HMO-POS)
AHN	NON-AHN	
<b>\$38*</b> (Retiree only)		<b>\$46.75*</b> (Retiree only)
<b>\$4,900</b>		<b>\$0</b>
<b>\$0</b>		<b>\$0</b>
<b>\$0</b>		<b>\$0</b>
<b>\$35</b>	<b>\$45</b>	<b>\$0</b>
<b>\$0</b>		<b>\$0</b>
<b>\$0</b>		<b>\$0</b>
<b>\$0</b>		<b>\$0</b>
<b>\$0</b> for Day 1; <b>\$270</b> per day (Days 2-7)	<b>\$270</b> per day (Days 1-7)	<b>\$0</b> (Days 1-90)
<b>\$0</b> (Days 8-90)	<b>\$0</b> (Days 8-90)	
<b>\$150</b>	<b>\$250</b>	<b>\$0</b>
<b>\$90</b>		<b>\$0</b>
<b>\$100</b>	<b>\$150</b>	<b>\$0</b>

\*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).  
Affinity Health Network (AHN) plans have a preferred network of providers with lower cost share for certain covered services.

# ADDITIONAL BENEFITS CHART

BENEFITS:	VANTAGE <b>BASIC</b>	
	AHN	NON-AHN
 <b>VISION EXAM</b> <i>Annual Vision Exam</i>	100% covered	
 <b>EYEWEAR</b> <i>(1 pair of glasses or 12 pairs of contacts, includes contact fitting)</i>	\$0 copay; Max benefit <b>\$300/yr</b>	
 <b>HEARING EXAM</b> <i>Annual Hearing Exam</i>	100% covered	
 <b>HEARING AIDS</b> <i>(Both ears combined, includes evaluation/fitting)</i>	\$0 copay; Max benefit <b>\$1,000/yr</b>	
 <b>OVER-THE-COUNTER ITEMS</b> <i>Per Quarter, No Rollover</i>	<b>\$100</b>	
 <b>PREVENTIVE DENTAL</b>	\$0 copay; Max benefit <b>\$400/yr</b>	
 <b>COMPREHENSIVE DENTAL</b>	\$0 copay; Max benefit <b>\$950/yr</b>	
 <b>TRANSPORTATION</b>	<b>24</b> one-way non-emergent rides	
 <b>FITNESS PROGRAM</b>	100% covered	
 <b>TELEHEALTH SERVICES</b>	Telehealth services are limited to	



## NOT OFFERED BY ORIGINAL MEDICARE

VANTAGE <b>STANDARD</b>		VANTAGE <b>PREMIUM 100</b>
AHN	NON-AHN	
100% covered		100% covered
\$0 copay; Max benefit <b>\$300/yr</b>		\$0 copay; Max benefit <b>\$300/yr</b>
100% covered		100% covered
\$0 copay; Max benefit <b>\$1,100/yr</b>		\$0 copay; Max benefit <b>\$1,000/yr</b>
<b>\$100</b>		<b>\$100</b>
\$0 copay; Max benefit <b>\$400/yr</b>		\$0 copay; Max benefit <b>\$400/yr</b>
\$0 copay; Max benefit <b>\$1,500/yr</b>		\$0 copay; Max benefit <b>\$2,450/yr</b>
<b>24</b> one-way non-emergent rides		<b>24</b> one-way non-emergent rides
100% covered		100% covered

certain provider types. Cost share varies depending on provider type.

# PRESCRIPTION COVERAGE

Note: Original Medicare does not cover Part D Prescription Drugs.

	VANTAGE <b>BASIC</b>	VANTAGE <b>STANDARD</b>	VANTAGE <b>PREMIUM 100</b>
TIER 1 Preferred Generics: Preferred Pharmacies	\$0	\$0	\$0
TIER 1 Preferred Generics: Other Pharmacies	\$8	\$5	\$5
TIER 2 Generics	\$16	\$14	\$14
TIER 3 Preferred Brand	\$47	\$47	\$47
TIER 4 Brand	\$100 <sup>1</sup>	\$100 <sup>1</sup>	\$100
TIER 5 Specialty	25% <sup>1</sup>	25% <sup>1</sup>	33%
COVERAGE GAP	TIER 1 COVERAGE ONLY	APPLICABLE COST SHARE FOR TIERS 1 - 5	APPLICABLE COST SHARE FOR TIERS 1 - 5
CATASTROPHIC STAGE	\$0 TIER 1	\$0 TIER 1	\$0 TIER 1
PART D DEDUCTIBLE	\$505	\$505	\$0

<sup>1</sup> Part D deductible applies.

For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 844-536-7103 (TTY 711) or consult the online pharmacy directory at [www.VantageHealthPlan.com/rx](http://www.VantageHealthPlan.com/rx). Note: Vantage Health Plan, which is a health insurance company, has ownership control of Saint John Pharmacy.

# PREFERRED PHARMACIES

*Using Preferred Pharmacies Saves Money!*

## DESIARD PHARMACY NETWORK

The DeSiard Pharmacy Network (DPN) is Vantage's preferred network of independent pharmacies where you can fill covered Tier 1 preferred generics for a **\$0 copay**. Many DPN pharmacies offer mail order services or OTC items that can be purchased with your Flex card. Visit [VantageHealthPlan.com/dpn](https://www.vantagehealthplan.com/dpn) to view a complete list of DPN pharmacies.



## DPN DIABETIC SUPPLIES PROGRAM

**\$0 copay** for **GLUCOCARD Shine®** blood glucose strips. With a valid prescription, you can receive up to a 100-day supply of strips along with a free **GLUCOCARD Shine®** Meter that comes with ten complementary strips, ten lancets, and a lancing device. *Limited to one meter per member per year. (Cost share applies to the Glucocard strips and meters at non-DPN pharmacies.)*

## SAINT JOHN PHARMACY MAIL ORDER

Saint John Pharmacy is Vantage's preferred mail order pharmacy. Most low-cost generic drugs are available at no cost for a 100-day supply. This benefit is administered by Saint John Pharmacy mail order and may not be available for all members. Access varies by member's location.



### MAIL ORDER PHARMACY CONTACT INFO

*Phone:* (318) 807-1083  
*Toll-Free:* (888) 316-4354  
*Fax:* (318) 807-1079  
*Email:* [SJP@ahgphysician.com](mailto:SJP@ahgphysician.com)

*Note: Vantage Health Plan, which is a health insurance company, has ownership control of Saint John Pharmacy.*

# VANTAGE

HEALTH PLAN



## LOCATIONS

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### CORPORATE HEADQUARTERS

130 DeSiard Street  
Suite 300  
Monroe, LA 71201

### CUSTOMER SERVICE AND SALES

122 St. John Street  
Monroe, LA 71201

## HOURS OF OPERATION

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### OCTOBER 1, 2022 - MARCH 31, 2023

Seven Days a Week, 8 a.m. - 8 p.m.

### ALL OTHER DATES:

Monday - Friday, 8 a.m. - 8 p.m.

## CONTACT INFO

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### PHONE:

(844) 536-7103 (TTY 711)

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

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