



# Vantage Medical Home HMO

Active employees and Retirees without Medicare – retirement date AFTER 3-1-2015

Medical Coverage				
	Employee-Only	Employee +1 (Spouse or child)	Employee + Children	Family
Deductible (In-Network)	\$400	\$800	\$1,200	\$1,200
Deductible (Out-of-Network)	\$1,500	\$3,000	\$4,500	\$4,500
Out-of-pocket max (In-Network)	\$3,500	\$6,000	\$8,500	\$8,500
Out-of-pocket max (Out-of-Network)	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Co-Payment PCP (In-Network)	\$10 AHN/\$20	\$10 AHN/\$20	\$10 AHN/\$20	\$10 AHN/\$20
Co-Payment Specialist (In-Network)	\$35 AHN/\$45	\$35 AHN/\$45	\$35 AHN/\$45	\$35 AHN/\$45
Coinsurance – PCP (Out-of-Network)	50% coverage; subject to out-of-network deductible			
Coinsurance – SPC (Out-of-Network)	50% coverage; subject to out-of-network deductible			

Prescription Coverage	
Tier	Member Responsibility
Tier 1 Preferred Generics	\$5
Tier 2 Non-Preferred Generics	\$20
Tier 3 Preferred Brand	\$50
Tier 4 Non-Preferred Brand	\$80
Tier 5 Specialty	\$150

## In-Network Providers

Members seeing In-Network providers pay the In-Network co-pays, co-insurance and deductibles as listed in the Certificate of Coverage and Cost Share Schedule. Vantage's network consists of two participating provider networks:

- A preferred provider network, Affinity Health Network (AHN), which has lower co-payments for certain covered services; and
- A standard provider network