

PEOPLES HEALTH

# QUICK GUIDE 2016



Peoples Health Group Medicare (HMO-POS)

# Peoples Health Group Medicare



	In Network	Out of Network
<b>Out-of-Pocket Maximum</b>	\$2,500 out-of-pocket maximum in network.	Does not apply out of network.
<b>Physician Services</b>		
<b>Primary Care Physician Visits</b>	You pay <b>\$5</b> .	You pay <b>20%</b> coinsurance.
<b>Specialist Visits</b>	You pay <b>\$10</b> .	You pay <b>20%</b> coinsurance.
<b>Labs and Tests</b>		
<b>Advanced Imaging</b> (MRI, MRA, CT, CTA and PET scans) <b>and Nuclear Medicine</b>	You pay <b>\$0</b> .	You pay <b>20%</b> coinsurance.
<b>Lab Services, Diagnostic Tests, X-rays</b>	You pay <b>\$0</b> .	You pay <b>20%</b> coinsurance.
<b>Inpatient Hospital Care</b>		
<b>Semiprivate Room and Board</b>	You pay <b>\$50</b> each day for days 1-10 of your stay. Out-of-pocket costs limited to \$500 per stay.	Same as Medicare.
<b>Outpatient Surgery</b>		
<b>Outpatient Surgery</b>	You pay <b>\$0</b> .	You pay <b>20%</b> coinsurance.
<b>Emergency and Urgent Care</b>		
<b>Emergency Care</b>	You pay <b>\$50</b> . (Waived if admitted to inpatient hospital care within 24 hours for the same condition.)	
<b>Urgently Needed Care</b>	You pay <b>\$10</b> within the U.S. and <b>\$50</b> outside the U.S.	
<b>Worldwide Coverage</b>	<b>Up to \$5,000 of coverage</b> for emergency and urgently needed care (combined) outside the U.S. and its territories.	
<b>Transportation</b>		
<b>Routine Transportation</b> <i>(such as trips to and from your doctor's office)</i>	You pay <b>\$5</b> per trip for up to 12 one-way trips per year (plus up to 12 additional trips for dialysis) within 30 miles of your home.	Not covered out of network.
<b>Emergency Ambulance Services</b>	You pay <b>\$50</b> for each one-way trip.	
<b>Exams, Screenings and Immunizations<sup>+</sup></b>		
<b>Pap Smears, Pelvic Exams, Mammograms</b>	You pay <b>\$0</b> .	You pay <b>20%</b> coinsurance.
<b>Prostate and Colorectal Cancer Screenings</b>	You pay <b>\$0</b> .	You pay <b>20%</b> coinsurance.
<b>Bone Mass Measurement</b>	You pay <b>\$0</b> .	You pay <b>20%</b> coinsurance.
<b>Vaccinations</b> <i>(flu, pneumonia)</i>	You pay <b>\$0</b> .	You pay <b>\$0</b> .

This information is not a complete description of benefits. Contact the plan for more information. You must live in the plan service area and have both Part A and Part B to enroll. Limitations, copayments and restrictions may apply. You must continue to pay your Part B premium. Benefits, premiums and copayments or coinsurance may change on January 1 of each year. <sup>+</sup>Office visit copay may apply. <sup>\*</sup>Please see the plan *Provider Directory* for preferred network mail-order, chain and local retail pharmacies.

# Peoples Health Group Medicare



## Outpatient Services and Supplies

### Occupational, Physical and Speech Therapy

You pay **\$0**.  
(Medicare limits apply.)

You pay **20%** coinsurance.  
(Medicare limits apply.)

### Home Infusion Therapy

You pay **\$0**.

You pay **20%** coinsurance.

### Durable Medical Equipment (DME)

(wheelchairs, oxygen, etc.)

You pay **5%** coinsurance.

You pay **20%** coinsurance.

### Diabetes Monitoring Supplies

(test strips, lancets, monitor, etc.)

You pay **\$0** at network  
DME providers.

You pay **20%** coinsurance.

## Mental Health and Substance Abuse

### Inpatient Mental Health Care

You pay **\$25** each day for days  
1-5 of your stay and **\$0** each  
day for days 6-90.

Same as Medicare.

### Outpatient Mental Health Care and Substance Abuse Treatment

You pay **\$0** per visit.

You pay **20%** coinsurance.

## Home Health Care

### Home Health Care

You pay **\$0**.

You pay **20%** coinsurance.

## Skilled Nursing Facility Care

### Semiprivate Room and Board

You pay **\$0** each day for days 1-20 and **\$25** for each  
additional day of the benefit period.

## Medicare Part D Prescription Drugs

*Coverage Through  
the Gap!*  
Coverage through  
the Medicare Part D  
coverage gap for all  
drug tiers.

*NO  
Part D  
Deductible!*

Drug Tier	Up to a 30-Day Supply	Up to a 90-Day Supply*
Preferred Generic	You pay <b>\$0</b> .	You pay <b>\$0</b> .
Nonpreferred Generic	You pay <b>\$0</b> .	You pay <b>\$0</b> .
Preferred Brand	You pay <b>\$20</b> .	You pay <b>\$40</b> .
Nonpreferred Brand	You pay <b>\$40</b> .	You pay <b>\$80</b> .
Specialty	You pay <b>20%</b> coinsurance.	You pay <b>20%</b> coinsurance.

## Hearing, Dental and Vision

### Hearing Services

You pay **\$10** for each Medicare-  
covered diagnostic exam.

You pay **20%** coinsurance  
for Medicare-covered  
diagnostic exams.

### Dental Services

(up to \$2,000 per year)

**Preventive:** You pay **\$0** for  
select services (including one set  
of X-rays per year and one exam  
and cleaning every six months).

**Comprehensive:** Copays vary.  
\$50 deductible.

Out-of-pocket costs  
may vary.

### Routine Vision Services

You pay **\$15** for a routine eye  
exam and **\$0** for one pair of  
eyeglasses or contacts per year.

Routine eye exams and  
eyeglasses for routine  
vision correction not  
covered out of network.

## Fitness

### Health Club Membership

You pay **\$0**. Choose from  
over 185 fitness centers.

Not covered  
out of network.

**You may be able to get extra help to pay for your prescription drug premiums and costs.**

To see if you qualify for getting extra help, call:

**Medicare**

**1-800-MEDICARE**

(1-800-633-4227)

24 hours a day, 7 days a week

TTY users should call

1-877-486-2048

• **Social Security**

• **Administration**

• **1-800-772-1213**

• Monday through Friday,

• 7 a.m. to 7 p.m.

• TTY users should call

• 1-800-325-0778

• **Louisiana Medicaid**

• **1-888-342-6207**

• Monday through Friday,

• 6:30 a.m. to 4:30 p.m.

• TTY users should call

• 1-800-220-5404

**Or call Peoples Health, and we will help you find out if you qualify for extra help.**

On the cover: Peoples Health plan members.



Your **Medicare Health** Team

[www.peopleshealth.com](http://www.peopleshealth.com)

For more information, call toll-free:

**1-800-984-6565 (TTY: 711)**

8 a.m. to 8 p.m.

Seven days a week from September 1 through February 14  
Monday through Friday from February 15 through August 31

Asistencia disponible en español.

**Peoples Health**

Three Lakeway Center

3838 N. Causeway Blvd., Suite 2200

Metairie, LA 70002



*Peoples Health is a Medicare Advantage organization with a Medicare contract to offer HMO plans.  
Enrollment depends on annual Medicare contract renewal.*