



**PEOPLES HEALTH**

**QUICK  
GUIDE  
2017**



**Peoples Health  
Group Medicare  
(HMO-POS)**

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# Peoples Health Group Medicare



## In Network

## Out Of Network

Out-of-Pocket Maximum

**\$2,500**

Does not apply out of network

### Doctor Visits

Primary Care Physician Visit

**\$5**

**20%** coinsurance

Specialist Visit

**\$10**

**20%** coinsurance

### Preventive Care (office visit copay may apply)

Pap Smears, Pelvic Exams, Mammograms

**\$0**

**20%** coinsurance

Prostate and Colorectal Cancer Screenings

**\$0**

**20%** coinsurance

Bone Mass Measurement

**\$0**

**20%** coinsurance

Vaccinations (flu, pneumonia)

**\$0**

**\$0**

### Labs and Tests

Lab Services, Diagnostic Tests, X-rays  
and Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)

**\$0**

**20%** coinsurance

### Outpatient Surgery

Outpatient Hospital Facility or Ambulatory Surgical Center

**\$0**

**20%** coinsurance

### Inpatient Hospital Care per Benefit Period

Inpatient Deductible

**\$0**

Same as Medicare

Hospital Stay per day for days 1-10

**\$50**

Same as Medicare

Hospital Stay for days 11 and beyond

**\$0**

Same as Medicare

### Worldwide Emergency and Urgent Care<sup>❖</sup>

Emergency Care – Copay waived if admitted.

**\$50**

**\$50**

Urgently Needed Care

**\$10** in the U.S.

**\$10** in the U.S.; **\$50** outside the U.S.

### Emergency Transportation (per one-way trip)

Emergency Ambulance Services

**\$50**

**\$50**

### Home Health

Home Health Care

**\$0**

**20%** coinsurance

<sup>❖</sup>Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition. Up to \$5,000 of coverage for emergency and urgently needed care (combined) outside the U.S. and its territories.

# Peoples Health Group Medicare



## In Network

## Out Of Network

### Skilled Nursing Facility Care

Semiprivate Room and Board for days 1-20	\$0	\$0
Semiprivate Room and Board per day for each additional day of the benefit period	\$25	\$25

### Outpatient Services and Supplies

Occupational, Physical or Speech Therapy Visit (Medicare limits apply)	\$0	20% coinsurance
Durable Medical Equipment (DME) (wheelchairs, oxygen, etc.)	5% coinsurance	20% coinsurance
Diabetes Monitoring Supplies (test strips, monitor, etc., from a DME provider)	\$0	20% coinsurance

### Mental Health and Substance Abuse Treatment

Inpatient Mental Health Care per day for days 1-5	\$25	Same as Medicare
Inpatient Mental Health Care for days 6-90	\$0	Same as Medicare
Outpatient Mental Health or Substance Abuse Treatment Visit	\$0	20% coinsurance

### Hearing Services

Diagnostic Exam	\$10	20% coinsurance
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### Additional In-Network Benefits Not Covered by Original Medicare

#### Fitness

Health Club Membership	\$0
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#### Routine Vision Services

Eye Exam	\$15
Eyeglasses or Contact Lenses (one pair per year)	\$0

#### Dental – up to \$2,000 in coverage

Oral Exams and Cleanings (every six months)	\$0
X-rays (one set per year)	\$0
Comprehensive Dental (such as fillings. \$50 deductible applies)	Copays vary

#### Nonemergency Transportation (such as trips to your doctor's office)

Routine Transportation (per one-way trip within 30 miles of your home, up to 12 trips per year with up to 12 additional trips for dialysis)	\$5
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### Medicare Part D

#### Prescription Drug Coverage

	Up to a 30-Day Supply	Up to a 90-Day Supply*
Tier 1	\$0	\$0
Tier 2	\$0	\$0
Tier 3	\$20	\$40
Tier 4	\$40	\$80
Tier 5	20% coinsurance	20% coinsurance



\*Please see your plan Provider Directory or visit [www.peopleshealth.com](http://www.peopleshealth.com) for mail-order and preferred chain and local pharmacies.

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

To see if you qualify for 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:** Ban T.,  
*Peoples Health plan member.*



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.*

*ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-984-6565 (TTY: 711).*

*ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-984-6565 (TTY: 711).*

**Peoples Health**

Three Lakeway Center  
3838 N. Causeway Blvd., Suite 2200  
Metairie, LA 70002

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and copayments or coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium. Peoples Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Peoples Health is a Medicare Advantage organization with a Medicare contract to offer HMO plans. Enrollment depends on annual Medicare contract renewal.