



PEOPLES HEALTH

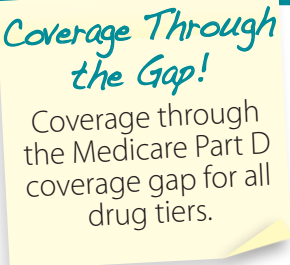
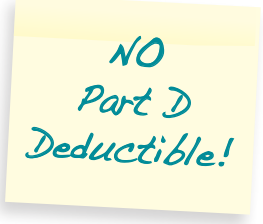
2015

QUICK GUIDE

Peoples Health
Group Medicare (HMO-POS)

Peoples Health Group Medicare	In Network	Out of Network
Out-of-Pocket Maximum	\$6,700 out-of-pocket maximum in network.	Does not apply out of network.
Physician Services		
Primary Care Physician Visits	You pay \$5 .	You pay 20% coinsurance.
Specialist Visits	You pay \$10 .	You pay 20% coinsurance.
Labs and Tests		
Advanced Imaging (<i>MRI, MRA, CT, CTA, PET scans</i>) and Nuclear Medicine	You pay \$0 .	You pay 20% coinsurance.
Lab Services, Diagnostic Tests, X-rays	You pay \$0 .	You pay 20% coinsurance.
Inpatient Hospital Care		
Semiprivate Room and Board	You pay \$50 each day for days 1-10 of your stay. Out-of-pocket costs limited to \$500 per stay.	Same as Medicare.
Outpatient Surgery		
Outpatient Surgery	You pay \$0 .	You pay 20% coinsurance.
Emergency & Urgent Care		
Emergency Care (<i>worldwide</i>)	You pay \$50 . (Waived if admitted to inpatient hospital care within 24 hours. \$5,000 combined maximum for emergency and urgent care services outside the U.S.)	
Urgently Needed Care (<i>worldwide</i>)	You pay \$10 within the U.S. and \$50 outside the U.S. (\$5,000 combined maximum for emergency and urgent care services outside the U.S.)	
Transportation		
Routine Transportation (<i>such as trips to and from your doctor's office</i>)	You pay \$5 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.
Emergency Ambulance Services	You pay \$50 for each one-way trip.	
Exams, Screenings and Immunizations⁺		
Pap Smears, Pelvic Exams, Mammograms	You pay \$0 .	You pay 20% coinsurance.
Prostate and Colorectal Cancer Screenings	You pay \$0 .	You pay 20% coinsurance.
Bone Mass Measurement	You pay \$0 .	You pay 20% coinsurance.
Vaccinations (<i>flu, pneumonia</i>)	You pay \$0 .	You pay \$0 .

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. 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, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. ⁺Office visit copay may apply. ^{*}Please see your provider directory for preferred network mail-order, chain and local retail pharmacies.

Peoples Health Group Medicare	In Network		Out of Network
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) <i>(wheelchairs, oxygen, etc.)</i>	You pay 5% coinsurance.		You pay 20% coinsurance.
Diabetes Monitoring Supplies <i>(test strips, lancets, monitor, etc.)</i>	You pay \$0 at network DME providers.		You pay 20% coinsurance.
Mental Health and Substance Abuse			
Inpatient Mental Health Care	You pay \$50 each day for days 1-10 of your stay and \$0 each day for days 11-90.		Same as Medicare.
Outpatient Mental Health Care and Substance Abuse Treatment	You pay \$10 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			
 	Drug Tier	Up to a 30-Day Supply	Up to a 90-Day Supply*
	Tier 1	You pay \$3 .	You pay \$0 .
	Tier 2	You pay \$10 .	You pay \$0 .
	Tier 3	You pay \$25 .	You pay \$50 .
	Tier 4	You pay \$50 .	You pay \$100 .
	Tier 5	You pay 20% coinsurance.	You pay 20% 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 <i>up to \$2,000 per year</i>	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,

7:30 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: Sherry M., Peoples Health plan member.



Your **Medicare Health Team**

www.peopleshealth.com

For more information, call toll-free:

1-866-912-8304 (TTY: 711)

8 a.m. to 8 p.m., seven days a week

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.