



# 2012 Quick Guide

## Peoples Health Choices 65 (HMO)

**\$0** Monthly  
Plan Premium\*

\* You must continue to pay your Medicare Part B premium.  
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# Peoples Health Choices 65 (HMO)

<b>Physician Services</b>	
<b>Primary Care Physician Visits</b>	You pay \$5.
<b>Specialist Visits</b>	You pay \$20.
<b>Labs &amp; Tests</b>	
<b>Lab Services, Diagnostic Tests, X-rays</b>	You pay \$0 at a freestanding lab.*
<b>Advanced Imaging</b> (MRI, MRA, CT scan, CTA, PET) <b>and Nuclear Medicine</b>	You pay \$100.
<b>Inpatient Hospital Care</b>	
<b>Semi-Private Room and Board</b> <i>includes nursing services, lab, drugs and physician services</i>	No deductible. You pay \$50 each day for days 1-10 of your stay. Out-of-pocket costs limited to \$500 per stay.
<b>Outpatient Surgery</b>	
<b>Outpatient Surgery</b> <i>includes anesthesia, lab, X-ray, etc.</i>	You pay \$100.
<b>Emergency &amp; Urgent Care</b>	
<b>Emergency Care</b> (worldwide)	You pay \$65. (Waived if admitted to inpatient hospital care.) (\$5,000 combined maximum for emergency and urgent care services outside the U.S.)
<b>Urgently Needed Care</b> (worldwide)	You pay \$25. (\$5,000 combined maximum for emergency and urgent care services outside the U.S.)
<b>Transportation</b>	
<b>Routine Transportation</b> <i>such as trips to and from your doctor's office</i>	You pay \$5 per trip for up to 12 one-way trips.
<b>Emergency Ambulance Services</b>	You pay \$100 for each one-way trip.
<b>Exams, Screenings &amp; Immunizations</b>	
<b>Pap Smears, Pelvic Exams, Mammograms</b>	You pay \$0.
<b>Prostate and Colorectal Cancer Screenings</b>	You pay \$0.
<b>Bone Mass Measurement</b>	You pay \$0.
<b>Vaccinations</b> (flu, pneumonia, hepatitis B)	You pay \$0.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. You must live in the plan service area: Jefferson, Orleans, Plaquemines and St. Tammany parishes in Louisiana. Individuals must have both Part A and Part B to enroll. Members must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Limitations, copayments, and restrictions may apply. You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers neither Medicare nor Peoples Health will be responsible for the costs. Members may enroll in the plan only during specific times of the year. Contact Peoples Health for more information. Benefits, formulary, pharmacy network and out-of-pocket costs may change on January 1, 2013. See the back cover of this Quick Guide for information on getting Extra Help to pay for your prescription drug premiums and costs. \*See your provider directory for freestanding labs. Lab services at doctors' offices or outpatient hospital may have higher out-of-pocket costs.

# Peoples Health Choices 65 (HMO)

## Outpatient Services & Supplies

**Occupational, Physical and Speech Therapy** You pay \$10 per visit. (Medicare limits apply.)

**Home Infusion Therapy** You pay \$0.

**Durable Medical Equipment (DME)**  
(wheelchairs, oxygen, etc.) You pay 20% coinsurance.

**Diabetes Supplies** You pay \$0 at preferred DME providers.

## Mental Health & Substance Abuse

**Inpatient Mental Health Care** No deductible. You pay \$50 each day for days 1-10 of your stay. Out-of-pocket costs limited to \$500 per stay.

**Outpatient Mental Health Care or Substance Abuse Treatment** You pay \$20 per visit for the first 20 visits and 45% coinsurance per visit for visits 21 and beyond.

## Skilled Nursing Facility Care

**Semi-Private Room and Board** You pay \$0 each day for days 1-7; \$50 each day for days 8-20; \$100 each day for days 21-100.

## Home Health Care

**Home Health Care** You pay \$0.

## Medicare Part D Prescription Drugs

### Network Pharmacies

*Coverage through the Gap!*  
Full coverage through the gap for formulary generics; partial coverage for formulary preferred brands.

#### Drug Tier

#### Up to a 30-Day Supply

**Generic**

You pay \$5.

**Preferred Brand**

You pay \$35.

**Non-Preferred Brand**

You pay \$55.

**Specialty**

You pay 20% coinsurance.

## Hearing, Dental & Vision

**Hearing Services** You pay \$20 for each Medicare-covered diagnostic exam.

**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 oral exam and cleaning every six months).

**Comprehensive:** Includes coverage for dentures and crowns. Copays vary. \$50 deductible.

**Routine Vision Services** You pay \$20 for one routine eye exam per year and \$0 for one pair of eyeglasses or contacts per year.

## Fitness

**Health Club Membership** You pay \$0.

## Out-of-Area Coverage

**Visitor/Traveler Benefit** Up to \$5,000 in coverage per year (in addition to your emergency and urgent care coverage).

**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:*

**1-800-MEDICARE**

(1-800-633-4227)

TTY users should call

1-877-486-2048, 24 hours a  
day/7days a week.

**Social Security  
Administration**

**1-800-772-1213**

Monday through Friday,  
7 a.m. – 7 p.m.

TTY users should call  
1-800-325-0778.

**Louisiana Medicaid Agency**

**1-888-342-6207**

TTY users should call

1-800-220-5404.

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

**About the cover:** The people featured on our cover are all Peoples Health plan members.

From top to bottom: Nina Dreiss and Charles Marino, Earl Pichoff, Jr. and Ruth Kennedy.

**PEOPLES HEALTH**

Your **Medicare Health** Team

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

For more information, 24 hours a day,  
7 days a week, call toll-free:

**1-800-984-6565**

**(TTY: 711)**

**Peoples Health**

Three Lakeway Center  
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Metairie, LA 70002



Peoples Health is a Medicare Advantage organization with a Medicare contract.