



2012 Quick Guide

Peoples Health Group Medicare (HMO-POS)*

*You must continue to pay your Medicare Part B premium.

Peoples Health Group Medicare (HMO-POS)	In Network	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 & Tests		
Advanced Imaging (<i>MRI, MRA, CT scan, CTA, PET</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		
Semi-Private Room and Board <i>includes nursing services, lab, drugs and physician services</i>	You pay \$0.	Same as Medicare.
Outpatient Surgery		
Outpatient Surgery <i>includes anesthesia, lab, X-ray, etc.</i>	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.) (\$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.	Not covered out of network.
Emergency Ambulance Services	You pay \$50 for each one-way trip.	
Exams, Screenings & 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 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. 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. With the exception of emergencies or urgent care, it may cost more to get care from out-of-network providers. 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.

Peoples Health Group Medicare (HMO-POS)	In Network	Out of Network	
Outpatient Services & 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.	
Diabetes Supplies	You pay \$0.	You pay 20% coinsurance.	
Durable Medical Equipment (DME) <i>(wheelchairs, oxygen, etc.)</i>	You pay 5% coinsurance.	You pay 20% coinsurance.	
Mental Health & Substance Abuse			
Inpatient Mental Health Care	You pay \$0.	Same as Medicare.	
Outpatient Mental Health Care or Substance Abuse Treatment	You pay \$10 per visit for the first 20 visits and 45% coinsurance per visit for visits 21 and beyond.	You pay 20% coinsurance.	
Home Health Care			
Home Health Care	You pay \$0.	You pay 20% coinsurance.	
Skilled Nursing Facility Care			
Semi-Private 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	Preferred Pharmacies		
	Drug Tier	Up to a 30-Day Supply	Up to a 90-Day Supply
	Generic	You pay \$5.	You pay \$0.
	Preferred Brand	You pay \$25.	You pay \$50.
	Non-Preferred Brand	You pay \$50.	You pay \$100.
	Specialty	You pay 20% coinsurance.	You pay 20% coinsurance.
Hearing, Dental & 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 per year of X-rays and one exam and cleaning every six months). Comprehensive: Includes coverage for dentures and crowns. 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 not covered out of network.	
Fitness			
Health Club Membership	You pay \$0.	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:

1-800-MEDICARE

(1-800-633-4227)

TTY users should call

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



Your **Medicare Health** Team

www.peopleshealth.com

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

1-866-912-8304

Telephone device for the hearing
impaired users (TTY), call:

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Peoples Health

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