



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

Out-of-Pocket Maximum

\$2,500 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 & Tests

Advanced Imaging (MRI, MRA, CT scan, CTA, PET) 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 *includes nursing services, lab, drugs and physician services*

You pay \$0.

Same as Medicare.

Outpatient Surgery

Outpatient Surgery *includes anesthesia, lab, X-ray, etc.*

You pay \$0.

You pay 20% coinsurance.

Emergency & Urgent Care

Emergency Care (worldwide)

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 (worldwide)

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 *such as trips to and from your doctor's office*

You pay \$5 per trip for up to 12 authorized, 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 (Flu, Pneumonia)

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 14-parish 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)**



Outpatient Services & Supplies

In Network

Out of Network

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)
(wheelchairs, oxygen, etc.)

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 \$0 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

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

Drug Tier

**Up to a
30-Day Supply**

**Up to a
90-Day Supply**

Generic

You pay \$0.

You pay \$0.

Preferred Brand

You pay \$20.

You pay \$40.

**Non-Preferred
Brand**

You pay \$40.

You pay \$80.

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
up to \$2,000 per year

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

Three Lakeway Center
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Peoples Health is a Medicare Advantage organization with a Medicare contract.