



2012 Quick Guide

Peoples Health Secure Health (HMO SNP)

**\$0 Monthly
Plan Premium***

* You must continue to pay your Medicare Part B premium unless paid for under Medicaid or another third party.

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| Physician Services | |
| Primary Care Physician Visits | You pay \$0. |
| Specialist Visits | You pay \$0. |
| Labs & Tests | |
| Lab Services, Diagnostic Tests, X-rays, Advanced Imaging and Nuclear Medicine | You pay \$0. |
| Inpatient Hospital Care | |
| Semi-Private Room and Board <i>includes nursing services, lab, drugs and physician services</i> | You pay \$0. |
| Outpatient Surgery | |
| Outpatient Surgery <i>includes anesthesia, lab, X-ray, etc.</i> | You pay \$0. |
| Emergency & Urgent Care | You pay \$0* or \$50* in the U.S. and \$50 outside of the U.S. Copay waived if admitted to inpatient hospital care. (\$5,000 combined maximum for emergency and urgent care services outside the U.S.) |
| Emergency Care (<i>worldwide</i>) | |
| Urgently Needed Care (<i>worldwide</i>) | You pay \$0. (\$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 \$0 per trip for up to 72 one-way trips. |
| Emergency Ambulance Services | You pay \$0* or \$25* for each one-way trip. |
| Exams, Screenings & Immunizations | |
| Pap Smears, Pelvic Exams, Mammograms | You pay \$0. |
| Prostate and Colorectal Cancer Screenings | You pay \$0. |
| Bone Mass Measurement | You pay \$0. |
| Vaccinations (<i>flu, pneumonia, hepatitis B</i>) | 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. This plan is available to anyone who has both Medical Assistance from the State and Medicare. 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. 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. Secure Health is a Coordinated Care plan with a Medicare Advantage contract without a contract with the Louisiana Medicaid program. *Out-of-pocket costs may vary based on the level of Extra Help that you may receive. Contact Peoples Health for more information.

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| Outpatient Services & Supplies | |
| Occupational, Physical and Speech Therapy | You pay \$0 per visit. (Medicare limits apply.) |
| Home Infusion Therapy | You pay \$0. |
| Diabetes Supplies | You pay \$0. |
| Durable Medical Equipment (DME) <i>(wheelchairs, oxygen, etc.)</i> | You pay \$0. |
| Mental Health & Substance Abuse | |
| Inpatient Mental Health Care | You pay \$0. |
| Outpatient Mental Health Care or Substance Abuse Treatment | You pay \$0* or \$10* per visit for the first 20 visits and \$0* or 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 1-100. |
| Home Health Care | |
| Home Health Care | You pay \$0. |
| Medicare Part D Prescription Drugs | <div style="text-align: center;">  <p>Medicare^{Rx} Prescription Drug Coverage</p> </div> <p>Network Pharmacies</p> <p>Depending on your income level and level of extra help or state assistance:</p> <ul style="list-style-type: none"> • You pay \$0 or \$1.10 or \$2.60 for generic drugs (including brand-name drugs treated as generic). • You pay \$0 or \$3.30 or \$6.50 for brand-name drugs. • After your yearly out-of-pocket drug costs reach \$4,700 (both paid by you or others on your behalf and any extra help you got from Medicare), you pay \$0 for your drugs. |
| Hearing, Dental & Vision | |
| Hearing Services | You pay \$0 for each Medicare-covered diagnostic exam. You pay \$25 for one hearing aid every two years (\$500 maximum). |
| Dental Services <i>up to \$2,000 per year</i> | <p>Preventive: You pay \$0 for select services (including one set per year of X-rays and one oral exam and cleaning every six months).</p> <p>Comprehensive: Includes coverage for dentures and crowns. Copays vary.</p> |
| Routine Vision Services | You pay \$0 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/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.

PEOPLES HEALTH

Your **Medicare Health** Team

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
3838 N. Causeway Blvd., Suite 2200
Metairie, LA 70002



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