



PEOPLES HEALTH

QUICK GUIDE 2017

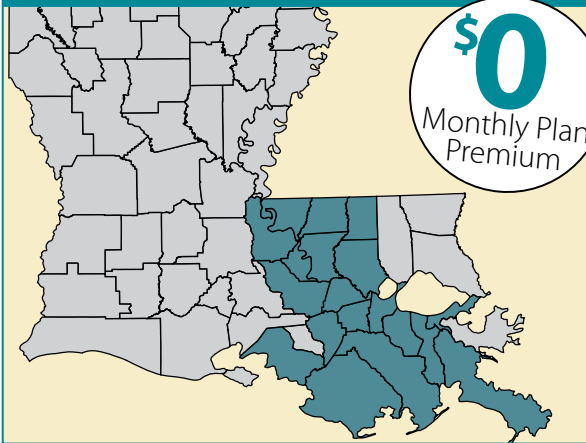
**Peoples Health
Choices 65 #14 (HMO)**
19 Parishes in Southeast Louisiana

**Peoples Health
Choices Platinum #009
(HMO)**
Baton Rouge and New Orleans Areas

**Peoples Health
Choices Premium (HMO)**
New Orleans Area

*Get more
benefits than
Original
Medicare!*

Peoples Health Choices 65



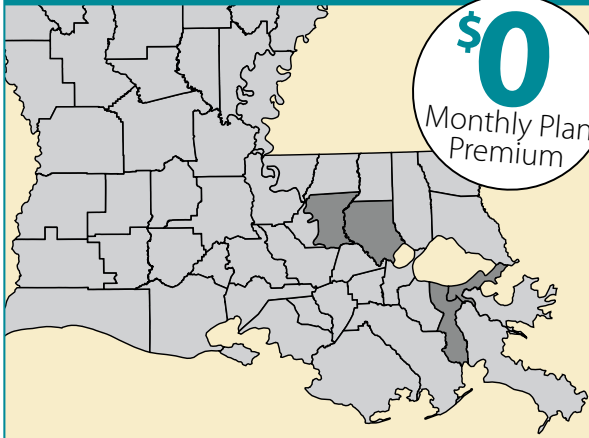
NEW FOR 2017

Peoples Health Choices 65 Grows to Serve 16 More Parishes!

Choices 65 – the oldest Medicare Advantage plan offered by Peoples Health – originally served only the New Orleans area. New for 2017, the plan is available in 19 parishes:

- ✓ Ascension
- ✓ Assumption
- ✓ E. Baton Rouge
- ✓ E. Feliciana
- ✓ Iberville
- ✓ Jefferson
- ✓ Lafourche
- ✓ Livingston
- ✓ Orleans
- ✓ Plaquemines
- ✓ Pointe Coupee
- ✓ St. Charles
- ✓ St. Helena
- ✓ St. James
- ✓ St. John
- ✓ St. Mary
- ✓ Terrebonne
- ✓ W. Baton Rouge
- ✓ W. Feliciana

Peoples Health Choices Platinum

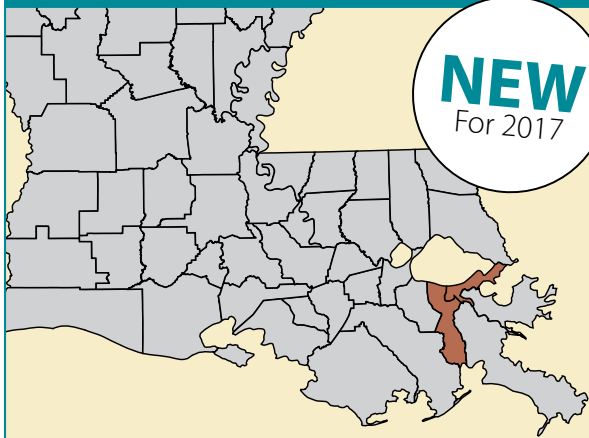


Peoples Health Choices Platinum

With reduced member costs on a number of benefits, *Peoples Health Choices Platinum* offers additional savings. It is available to Medicare beneficiaries in:

- ✓ E. Baton Rouge
- ✓ Jefferson
- ✓ Livingston
- ✓ Orleans

Peoples Health Choices Premium



NEW FOR 2017

Peoples Health Choices Premium

A brand new option, *Peoples Health Choices Premium* features 100% coverage for most benefits. This new plan has a monthly plan premium and is available to beneficiaries in:

- ✓ Jefferson
- ✓ Orleans

If you live in a different parish, or if you get medical assistance from the state (such as the state paying your Part B premium), call to see what Peoples Health plans are available in your area.

	Peoples Health Choices 65	Peoples Health Choices Platinum	Peoples Health Choices Premium
	Your Cost	Your Cost	Your Cost
Monthly Plan Premium	\$0	\$0	\$186.80
Doctor Visits			
Primary Care Physician Visit	\$5	\$0	\$0
Specialist Visit	\$45	\$30	\$0
Preventive Care⁺			
Pap Smears, Pelvic Exams, Mammograms	\$0	\$0	\$0
Prostate and Colorectal Cancer Screenings	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0
Vaccinations (flu, pneumonia, hepatitis B)	\$0	\$0	\$0
Labs and Tests^{*+}			
Lab Services	\$0	\$0	\$0
Diagnostic Tests, X-rays	\$0	\$0	\$0
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$150	\$150	\$0
Outpatient Surgery			
Outpatient Hospital Facility or Ambulatory Surgical Center	\$150	\$150	\$0
Inpatient Hospital Care per Benefit Period			
Inpatient Deductible	\$0	\$0	\$0
Hospital Stay per day for days 1-10	\$85	\$55	\$0
Hospital Stay for days 11 and beyond	\$0	\$0	\$0
Worldwide Emergency and Urgent Care[❖]			
Emergency Care (copayment waived if admitted)	\$75	\$75	\$0
Urgently Needed Care	\$35	\$35	\$0
Emergency Transportation (per one-way trip)			
Emergency Ambulance Services	\$220	\$220	\$0
Home Health			
Home Health Care	\$0	\$0	\$0

	Peoples Health Choices 65	Peoples Health Choices Platinum	Peoples Health Choices Premium
	Your Cost	Your Cost	Your Cost
Skilled Nursing Facility Care			
Semiprivate Room and Board for days 1-20	\$0	\$0	\$0
Semiprivate Room and Board per day for days 21-100	\$155	\$155	\$0
Outpatient Services and Supplies			
Occupational, Physical or Speech Therapy Visit (Medicare limits apply)	\$15	\$15	\$0
Durable Medical Equipment (DME) (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	\$0
Diabetes Monitoring Supplies (test strips, monitor, etc., from a preferred DME provider)	\$0	\$0	20% coinsurance
Mental Health and Substance Abuse Treatment			
Inpatient Mental Health Care each day for days 1-10	\$85	\$55	\$0
Inpatient Mental Health Care for days 11-90	\$0	\$0	\$0
Outpatient Mental Health or Substance Abuse Treatment Visit	\$35	\$35	\$0
Hearing Services			
Medicare-Covered Diagnostic Exam	\$45	\$30	\$0
Additional Benefits – Not Covered by Original Medicare			
Fitness			
Health Club Membership	\$0	\$0	\$0
Routine Vision Services			
Eye Exam	\$45	\$30	\$35
Eyeglasses or Contact Lenses (one pair per year)	\$0	\$0	\$0
Dental – up to \$1,500 in coverage			
Oral Exams and Cleanings (every six months)	\$0	\$0	\$0
X-rays (one set per year)	\$0	\$0	\$0
Comprehensive Dental (such as fillings. \$50 deductible applies)	Copays vary	Copays vary	Copays vary
Nonemergency Transportation (such as trips to and from your doctor's office, within 30 miles of your home)			
Routine Transportation (per one-way trip, up to 12 trips per year. Choices 65 and Choices Platinum offer up to 12 additional trips for dialysis.)	\$5	\$5	\$5

Part D Prescription Drug Coverage

All Tier 1 and 2 generics are **COVERED** through the Part D Coverage Gap. Brand-name drugs have partial coverage through the gap.

	Peoples Health Choices 65 (Your cost for up to 30-day supply)		Peoples Health Choices Platinum (Your cost for up to 30-day supply)		Peoples Health Choices Premium (Your cost for up to 30-day supply)	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1	\$0	\$4	\$0	\$3	\$0	\$4
Tier 2	\$10	\$15	\$10	\$15	\$10	\$15
Tier 3	\$37	\$47	\$37	\$47	\$37	\$47
Tier 4	\$80	\$90	\$80	\$90	\$80	\$90
Tier 5	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

90-day supplies of maintenance medications available at retail pharmacies and by mail order.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Costs listed are based on use of network providers. Benefits, premiums and copayments or coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.

*See the plan *Provider Directory* for network lab and diagnostic providers. Lab services, diagnostic tests and X-rays at a doctor's office or outpatient hospital may have higher out-of-pocket costs.

†Office visit copay may apply.

❖Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition. Up to \$5,000 of coverage for emergency and urgently needed care (combined) outside the U.S. and its territories.

Peoples Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

**You may be able to get extra help
to pay for your prescription drug
premiums and costs.**

To see if you qualify for 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,
6:30 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.**

PEOPLES HEALTH

Your **Medicare Health** Team

www.peopleshealth.com

For more information, call toll-free:

1-800-984-6565 (TTY: 711)

8 a.m. to 8 p.m.

Seven days a week

from September 1 through February 14

Monday through Friday

from February 15 through August 31

Asistencia disponible en español.

*ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de
asistencia lingüística. Llame al 1-800-984-6565 (TTY: 711).*

*ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont
proposés gratuitement. Appelez le 1-800-984-6565 (TTY: 711).*

Peoples Health

Three Lakeway Center
3838 N. Causeway Blvd., Suite 2200
Metairie, LA 70002

On the cover: Edward B.,
Peoples Health plan member.

*Peoples Health is a Medicare Advantage organization with a Medicare contract to offer HMO plans.
Enrollment depends on annual Medicare contract renewal.*