



**PEOPLES HEALTH**

# QUICK GUIDE 2017

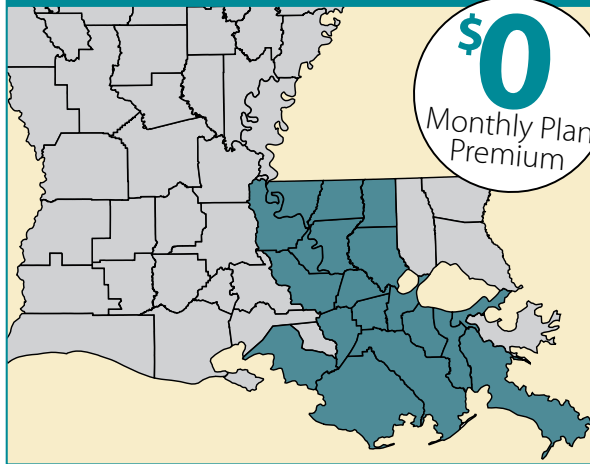


**Peoples Health  
Choices 65 #14 (HMO)**  
19 Parishes in Southeast Louisiana

**Peoples Health  
Choices Platinum #009  
(HMO)**

East Baton Rouge, Jefferson, Livingston  
and Orleans Parishes

## Peoples Health Choices 65



**\$0**  
Monthly Plan  
Premium

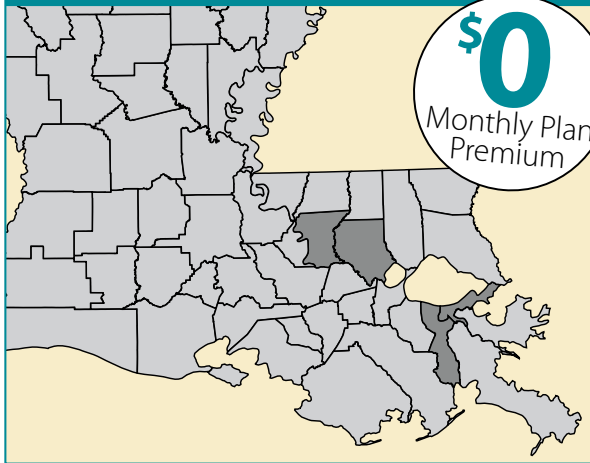
## NEW FOR 2017

### 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



**\$0**  
Monthly Plan  
Premium

### Peoples Health Choices Platinum

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

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

## Peoples Health Is Growing!

If you have Medicare and live in southwest Louisiana – or care about someone who does – we've created a new plan and expanded another plan to serve people in nine additional parishes.

Call today for more information about the Peoples Health options available in:

- ✓ Acadia
- ✓ Calcasieu
- ✓ Cameron
- ✓ Evangeline
- ✓ Iberia
- ✓ Lafayette
- ✓ St. Landry
- ✓ St. Martin
- ✓ Vermilion

## Live in a Different Parish?

Call to find out what Peoples Health plans are available in your area.

If you have Medicare and get Medical assistance from the state – such as paying your Part B premium – ask about a Peoples Health special needs plan. You may be entitled to better coverage and bigger savings.

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



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

## Part D Prescription Drug Coverage

All Tier 1 and 2 generics **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)	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1	\$0	\$4	\$0	\$3
Tier 2	\$10	\$15	\$10	\$15
Tier 3	\$37	\$47	\$37	\$47
Tier 4	\$80	\$90	\$80	\$90
Tier 5	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. Costs listed are based on use of network providers. Limitations, copayments and restrictions may apply. 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](http://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

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

**On the cover:** Bobby T.,  
*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.*