



## 2019 SUMMARY OF BENEFITS

### Peoples Health Choices 65 #14 (HMO) for Northshore

January 1, 2019 – December 31, 2019

**To join Peoples Health Choices 65 #14**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in one of these Louisiana parishes: St. Tammany, Tangipahoa and Washington.

**The benefit information provided is a summary of the medical services we cover and what you pay.** This information is not a complete description of benefits. Call at 1-855-890-5987 for more information. For a complete list of covered services, call us or see the *Evidence of Coverage* on our website. This document may be available in alternate formats.

**We have a network of doctors, hospitals, pharmacies and other providers available to you.** You must use network providers, except in emergency situations or for out-of-area urgently needed care or out-of-area renal dialysis. If you use out-of-network providers for routine services, neither Medicare nor your plan will be responsible for the costs.

**We cover Part D drugs, as well as Part B drugs** such as chemotherapy and other drugs administered by a hospital or provider.

You can search our formulary (list of covered Part D prescription drugs) and our *Provider Directory* at <http://www.peopleshealth.com/searchtools>.

**For more information**, call us toll-free at **1-855-890-5987**. TTY users should call **1-800-846-5277**. We're available seven days a week, from 8 a.m. to 8 p.m. If you contact us on a weekend or holiday, we will reach out to you within one business day. Or visit us at <http://www.peopleshealth.com>.

**If you want to know more about Original Medicare coverage and costs**, look in your current Medicare & You handbook. View it online at <https://www.medicare.gov>, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

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

| <b>Premium, Deductible and Maximum Out-of-Pocket Amount</b> | <b>What You Pay</b>  |
|---|--|
| <b>Monthly Plan Premium</b>                                 | \$0  |
| <b>Part B Premium Buy-Down</b>                              | Your plan automatically pays a part of your Medicare Part B premium to Medicare. Your plan pays \$20 of your premium.  |
| <b>Deductible</b>   | \$50 for comprehensive dental services not normally covered by Medicare  |
| <b>Maximum Out-of-Pocket Responsibility</b>                 | \$6,700<br><br>This amount is the most you pay annually for copays, coinsurance and other costs for Medicare Part A and Part B medical services received from a network provider. It does not include what you pay for prescription drugs. |

| <b>Medical Benefits</b>   | <b>What You Pay for Plan-Covered Services From an In-Network Provider</b>  |
|---|--|
| <b>Inpatient Hospital Coverage</b>  | \$180 each day for days 1–10<br>\$0 each day for days 11 and beyond<br><br>Services require prior authorization, except in an emergency. |
| <b>Outpatient Hospital Coverage</b>   | \$195 for each visit for outpatient hospital services<br><br>Some services may require prior authorization.                              |
| <b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary care physician visit</li> <li>• Specialist physician visit</li> </ul> | \$0<br><br>\$40<br><br>Some specialist services, such as surgical services, may require prior authorization.                             |



| Medical Benefits   | What You Pay for Plan-Covered Services From an In-Network Provider  |
|--|---|
| <p><b>Diagnostic Services, Labs and Imaging</b><br/><i>continued</i></p> <p>Advanced imaging (e.g., MRI)</p>   | <p><b>For advanced imaging and nuclear medicine: \$175</b></p> <p>You also pay the office visit copay for services received at a physician office. Some services may require prior authorization.</p>   |
| <p><b>Hearing Services</b></p> <ul style="list-style-type: none"> <li>• Hearing exams</li> <li>• Hearing aids</li> </ul>   | <ul style="list-style-type: none"> <li>• \$0 for a diagnostic hearing exam</li> <li>• \$45 for one routine hearing exam each year</li> <li>• \$0 for up two hearing aids (one per ear) per year, up to a maximum of \$1,000 for both ears combined</li> <li>• \$0 for one hearing exam for evaluation and fitting of hearing aids per year</li> </ul> |
| <p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>• Preventive oral exam</li> <li>• Preventive prophylaxis (cleaning)</li> <li>• X-rays</li> <li>• Comprehensive dental services</li> </ul> | <p>\$0, one every six months</p> <p>\$0, one every six months</p> <p>\$0, one every 12 months</p> <p>\$40 for comprehensive dental services normally covered by Medicare; other comprehensive services are also covered, and there is a \$50 deductible for these services</p> <p>Some services may require prior authorization.</p>                  |
| <p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>• Exams and services to diagnose and treat diseases and conditions of the eye</li> <li>• Supplemental routine eye exams</li> </ul>        | <p>\$40</p> <p>Some services, such as surgical services, may require prior authorization.</p>   |

| Medical Benefits  | What You Pay for Plan-Covered Services From an In-Network Provider  |
|---|---|
| <b>Mental Health Services</b> <ul style="list-style-type: none"> <li>• Inpatient care</li> <br/> <li>• Outpatient individual or group therapy</li> <br/> <li>• Outpatient substance abuse services</li> </ul> | \$152 each day for days 1-10<br>\$0 each day for days 11-90<br><br>\$40 for each visit<br><br>\$45 for each visit<br><br>Services require prior authorization and must be arranged by a network behavioral health provider. |
| <b>Skilled Nursing Facility</b>   | \$0 each day for days 1-20<br>\$165 each day for days 21-100<br><br>You are covered for up to 100 days each benefit period. Services require prior authorization.   |
| <b>Physical Therapy</b>   | \$20<br><br>Services require prior authorization.   |
| <b>Ambulance</b>  | \$235 for each one-way ground or air service<br><br>Nonemergency services require prior authorization.  |
| <b>Transportation</b>   | Not covered.  |
| <b>Medicare Part B Drugs</b>  | \$0 for home infusion therapy<br><br>20% coinsurance for Part B-covered chemotherapy drugs, other Part B-covered drugs and other infusion therapy<br><br>Some services may require prior authorization.                     |

| <b>Part D Prescription Drugs</b>                    | <b>What You Pay</b>                                |  |   |
|---|--|--|---|
| <b>Phase 1: Initial Coverage Stage</b>              | <b>In-network retail costs for a 30-day supply</b> | <b>In-network retail costs for a 90-day supply</b> | <b>In-network mail-order costs for a supply</b> |
| Tier 1: (includes preferred generics)               | \$0  | \$0  | \$0 (90-day)                                    |
| Tier 2: (includes generics)                         | \$10   | \$30   | \$0 (90-day)                                    |
| Tier 3: (includes preferred brands and generics)    | \$30   | \$90   | \$90 (90-day)                                   |
| Tier 4: (includes nonpreferred brands and generics) | \$80   | \$240  | \$240 (90-day)                                  |
| Tier 5: (includes specialty brands and generics)    | 33% coinsurance                                    | Not covered  | 33% coinsurance (30-day)                        |

Cost-sharing varies depending on which phase of the Part D prescription drug coverage cycle you are in. It also varies depending on the pharmacy's status (retail or mail-order pharmacy, long-term care pharmacy or home infusion pharmacy) and on whether you get a 30-day supply or a 90-day supply. For more information, call us or see the plan's *Evidence of Coverage* on our website.

**Additional Benefits****What You Pay for Plan-Covered Services From an In-Network Provider****Meals After an Inpatient Hospital Stay**

\$0

You are covered for up to two prepared meals per day for five days (up to 10 meals total) following a discharge from an inpatient hospital stay, an inpatient rehabilitation stay, or a long-term acute care facility stay to your home or another household in Louisiana.

Services require prior authorization.

**Over-the-Counter Items**

\$0

You are covered for over-the-counter health-related items and nonprescription medications, up to \$100 every quarter of the year (Jan. 1–March 31; April 1–June 30; July 1–Sept. 30; and Oct. 1–Dec. 31). Items must be purchased from the network mail-order provider.

**Respite Care**

\$0

If you have Alzheimer's disease or dementia, you are covered for respite care sessions, up to 12 sessions per year. Each session is up to four hours.

Services require prior authorization.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-800-222-8600 (TTY: 1-800-846-5277).

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-8600 (TTY: 1-800-846-5277).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-222-8600 (TTY: 1-800-846-5277)。

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-222-8600 (TTY: 1-800-846-5277).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-222-8600 (ATS: 1-800-846-5277).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-222-8600 (TTY: 1-800-846-5277).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-222-8600 (TTY: 1-800-846-5277).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-222-8600 (TTY: 1-800-846-5277) 번으로 전화해 주십시오.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-222-8600 (телетайп: 1-800-846-5277). ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-222-008-1 (رقم هاتف الصم والبكم: 1-800-648-7725).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-222-8600 (TTY: 1-800-846-5277).

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-222-8600 (TTY: 1-800-846-5277) まで、お電話にてご連絡ください。

**เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-222-8600 (TTY: 1-800-846-5277)।

**ປາດຊາບ:** ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອທາງພາສາໄດ້ຖືກສະໜອງໂດຍບໍ່ເສຍຄ່າ. ແມ່ນຮຽນພາສາລາວ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນຮຽນພາສາລາວ. ໂທ 1-800-222-8600 (TTY: 1-800-846-5277).

**توجه:** اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. (TTY: 1-800-846-5277) با

1-800-222-8600 تماس بگیرید. خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-222-8600 (TTY: 1-800-846-5277).

### Notice of Nondiscrimination

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. Peoples Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Peoples Health provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters; written information in other formats (large print, audio, accessible electronic formats, other formats). Peoples Health also provides free language services to people whose primary language is not English, such as: qualified interpreters; information written in other languages. If you need these services, contact the member services department. If you believe that Peoples Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator; Peoples Health, Three Lakeway Center, 3838 N. Causeway Blvd., Suite 2200, Metairie, LA 70002; 504-849-4685, 225-346-5704 or toll-free 1-800-222-8600; TTY: 711; fax: 504-849-6959; email: [civilrightscoordinator@peopleshealth.com](mailto:civilrightscoordinator@peopleshealth.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



# PEOPLES HEALTH

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative toll-free at **1-855-890-5987**. TTY users should call **1-800-846-5277**. We're available seven days a week, from 8 a.m. to 8 p.m. If you contact us on a weekend or holiday, we will reach out to you within one business day.

## Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit <http://www.peopleshealth.com> or call 1-800-222-8600 to view a copy of the EOC.
- Review the *Provider Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the *Provider Directory* to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. Your plan automatically pays \$20 of your Medicare Part B premium to Medicare.
- Benefits, premiums, copayments or coinsurance may change on January 1, 2020.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the *Provider Directory*).