



## 2019 SUMMARY OF BENEFITS

### Peoples Health Secure Health (HMO SNP)

January 1, 2019 – December 31, 2019

**To join Peoples Health Secure Health**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be enrolled in Louisiana Medicaid or receive other assistance from the state, and live in one of these Louisiana parishes: Acadia, Ascension, Assumption, Bossier, Caddo, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Jefferson, Lafayette, Lafourche, Livingston, Orleans, Ouachita, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge and West Feliciana. You must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).

**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 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>	\$33.10 per month
<b>Deductible</b>	\$0 or \$415 per year for Part D prescription drugs  Costs vary depending on your level of Louisiana Medicaid eligibility.
<b>Maximum Out-of-Pocket Responsibility</b>	\$6,700  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>	\$0 or \$60 each day for days 1-8 \$0 each day for days 9 and beyond  Services require prior authorization, except in an emergency. Costs vary depending on your level of Louisiana Medicaid eligibility.
<b>Outpatient Hospital Coverage</b>	\$0 for each visit for outpatient hospital services  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  Some specialist services, such as surgical services, may require prior authorization.
<b>Preventive Care</b>	\$0  Any additional preventive services Medicare approves during the plan year will be covered. Some services may require prior authorization.

<b>Medical Benefits</b>	<b>What You Pay for Plan-Covered Services From an In-Network Provider</b>
<b>Emergency Care</b>	<p>\$0 or \$50</p> <p>\$50 outside of the United States and its territories</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. Costs vary depending on your level of Louisiana Medicaid eligibility. Emergency care coverage is provided worldwide. You are covered for emergency and urgently needed care outside of the United States and its territories up to an annual combined maximum of \$5,000.</p>
<b>Urgently Needed Services</b>	<p>\$0</p> <p>Urgently needed care coverage is provided worldwide. You are covered for emergency and urgently needed care outside of the United States and its territories up to an annual combined maximum of \$5,000.</p>
<b>Diagnostic Services, Labs and Imaging</b> <ul style="list-style-type: none"> <li>• Diagnostic tests, procedures and radiology</li> <li>• Lab services</li> <li>• Advanced imaging (<i>e.g., MRI</i>)</li> </ul>	<p>\$0</p> <p>\$0</p> <p>\$0 or \$75</p> <p>Some services may require prior authorization. Costs vary depending on your level of Louisiana Medicaid eligibility.</p>
<b>Hearing Services</b> <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>• \$0 for one routine hearing exam each year</li> <li>• \$0 for up to 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 aid fitting and evaluation per year</li> </ul>

<b>Medical Benefits</b>	<b>What You Pay for Plan-Covered Services From an In-Network Provider</b>
<b>Dental Services</b> <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>	\$0, one every six months \$0, one every six months \$0, one every 12 months \$0 Some services may require prior authorization.
<b>Vision Services</b> <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>	\$0 Some services, such as surgical services, may require prior authorization.
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>• Inpatient care</li> <li>• Outpatient individual or group therapy</li> <li>• Outpatient substance abuse services</li> </ul>	\$0 or \$60 each day for days 1–8 \$0 each day for days 9–90  \$0 or \$10 for each visit  \$0 or \$10 for each visit  Services require prior authorization and must be arranged by a network behavioral health provider. Costs vary depending on your level of Louisiana Medicaid eligibility.
<b>Skilled Nursing Facility</b>	\$0 each day for days 1-20 \$0 or \$100 each day for days 21-100  You are covered for up to 100 days each benefit period. Services require prior authorization. Costs vary depending on your level of Louisiana Medicaid eligibility.
<b>Physical Therapy</b>	\$0 Services require prior authorization.

Medical Benefits	What You Pay for Plan-Covered Services From an In-Network Provider
<b>Ambulance</b>	<p>\$0 or \$75 for each one-way ground or air service</p> <p>Nonemergency services require prior authorization. Costs vary depending on your level of Louisiana Medicaid eligibility.</p>
<b>Transportation</b>	<p>\$0 for each one-way trip, up to 48 trips, for nonemergency routine transportation to plan-approved locations within 40 miles of your home</p> <p>Services require prior authorization.</p>
<b>Medicare Part B Drugs</b>	<p>\$0 for home infusion therapy</p> <p>\$0 or 20% coinsurance for Part B-covered chemotherapy drugs, other Part B-covered drugs and other infusion therapy</p> <p>Some services may require prior authorization. Costs vary depending on your level of Louisiana Medicaid eligibility.</p>

Part D Prescription Drugs	What You Pay	
	In-network retail costs for a 30-day supply	In-network retail or mail-order costs for a 90-day supply
Generic drugs	\$0, \$1.25 or \$3.40	\$0, \$1.25 or \$3.40
Brand drugs	\$0, \$3.80 or \$8.50	\$0, \$3.80 or \$8.50
<p>Copays may vary based on the level of extra help you receive. Cost-sharing may vary depending on which phase of the Part D prescription drug coverage cycle you are in. For more information, call us or see the plan's <i>Evidence of Coverage</i> on our website.</p>		

<b>Additional Benefits</b>	<b>What You Pay for Plan-Covered Services From an In-Network Provider</b>
<b>Meals After an Inpatient Hospital Stay</b>	<p>\$0</p> <p>You are covered for up to three prepared meals per day for seven days (up to 21 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.</p> <p>Services require prior authorization.</p>
<b>Over-the-Counter Items</b>	<p>\$0</p> <p>You are covered for over-the-counter health-related items and nonprescription medications, up to \$200 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.</p>
<b>Respite Care</b>	<p>\$0</p> <p>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.</p> <p>Services require prior authorization.</p>

## Louisiana Medicaid Benefits

The benefits described below are covered by Louisiana Medicaid and depend upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Louisiana Medicaid at 1-888-342-6207 (TTY: 1-800-220-5404).

Benefit	Louisiana Medicaid Coverage
<b>Inpatient Hospital Coverage</b>	<p>\$0</p> <p>All Medicaid recipients are eligible. Covered services are inpatient hospital care that is needed for the treatment of an illness or injury and that can only be provided safely and adequately in a hospital setting, including those basic services that a hospital is expected to provide.</p>
<b>Outpatient Hospital Coverage</b>	<p>\$0</p> <p>All Medicaid recipients are eligible. Covered services are diagnostic and therapeutic outpatient services, including outpatient surgery and rehabilitation services, therapeutic and diagnostic radiology services, chemotherapy and hemodialysis. Authorization rules may apply.</p>
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary care physician visit</li> <li>• Specialist physician visit</li> </ul>	<p>\$0</p> <p>All Medicaid recipients are eligible. Covered services are professional medical services, including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialist, physician assistant or audiologist. Immunizations are covered for recipients under age 21. Certain family planning services are covered when provided in a physician's office. Authorization rules, limitations and exclusions may apply.</p>
<b>Preventive Care</b>	<p>Coverage and costs vary depending on your level of Medicaid eligibility.</p>
<b>Emergency Care</b>	<p>\$0</p> <p>All Medicaid recipients are eligible. Covered services are emergency room services.</p>
<b>Urgently Needed Services</b>	<p>No information available in the Medicaid Services Chart created by Louisiana Medicaid. Exclusion from the chart does not necessarily mean a service is not covered.</p>

Benefit	Louisiana Medicaid Coverage
<p><b>Diagnostic Services, Labs and Imaging</b></p> <ul style="list-style-type: none"> <li>• Diagnostic tests, procedures and radiology</li> <li>• Lab services</li> <li>• Advanced imaging (e.g., MRI)</li> </ul>	<p>\$0</p> <p>All Medicaid recipients are eligible. Most diagnostic testing and radiological services ordered by the attending or consulting physician are covered. Portable (mobile) X-rays are covered only for recipients who are unable to leave their place of residence without special transportation or assistance to obtain physician-ordered X-rays. Authorization rules may apply.</p>
<p><b>Hearing Services</b></p> <ul style="list-style-type: none"> <li>• Hearing exams</li> <li>• Hearing aid</li> </ul>	<p>\$0</p> <p>Medicaid recipients ages 0 to 20 are eligible for hearing aids and any related ancillary equipment such as earpieces, batteries, etc. (repairs are covered if the hearing aid was paid for by Medicaid), from a DME provider. Authorization rules may apply.</p>
<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</p> <p>Medicaid recipients ages 21 and older are eligible for adult denture services; however, recipients ages 21 and older certified as Specified Low-Income Medicare Beneficiary-Only or part of PACE, the Take Charge Plus program or other program with limited benefits are not eligible. Covered services are examination, dentures, denture relines and denture repairs.</p> <p>X-rays are covered if in conjunction with the construction of a Medicaid-authorized denture. Only one complete or partial denture per arch is allowed in an eight-year period. The partial denture must oppose a full denture. Two partials are not covered in the same mouth. Additional guidelines apply.</p> <p>Medicaid recipients are eligible for EPSDT dental services up to age 21. The EPSDT Dental Program provides coverage of certain diagnostic, preventive, restorative, endodontic and periodontic services, as well as removable prosthodontics, maxillofacial prosthetics, oral and maxillofacial surgery, orthodontics, and adjunctive general services. Specific policy guidelines apply. Comprehensive orthodontic treatment (braces) is paid for only when there is a cranio-facial deformity, such as a cleft palate, a cleft lip or other medical condition, which possibly results in a handicapping malocclusion. If such a condition exists, the recipient should</p>

Benefit	Louisiana Medicaid Coverage
	<p>see a Medicaid-enrolled orthodontist. Patients having only crowded or crooked teeth, spacing problems, or an underbite or overbite are not covered for braces, unless identified as medically necessary.</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>\$0</p> <p>All Medicaid recipients are eligible. Covered services for recipients ages 0 to 21 include examinations and treatment of eye conditions, including examinations for vision correction and refraction error; regular eyeglasses when meeting a certain minimum-strength requirement; medically necessary specialty eyewear and contact lenses with prior authorization (contact lenses are covered if they are the only means for restoring vision); and other related services if medically necessary.</p> <p>Covered services for recipients ages 21 and older include examinations and treatment of eye conditions, such as infections, cataracts, etc. If the recipient has both Medicare and Medicaid, some vision-related services may be covered. The recipient should contact Medicare for more information, since Medicare would be the primary payer. Eyeglasses, routine eye exams for vision correction and routine eye examinations for refraction error are not covered. Authorization rules may apply.</p>
<p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• Inpatient care</li> <li>• Outpatient individual or group therapy</li> <li>• Outpatient substance abuse services</li> </ul>	<p>\$0</p> <p>Medicaid recipients ages 21 and older with a mental health diagnosis are eligible for inpatient psychiatric services. Medically needy (type case 20 and 21) recipients under age 22 are not eligible. The following are covered if a licensed mental health professional establishes medical necessity: addiction services (outpatient and residential), psychiatric inpatient hospital services, treatment plan development, psychosocial rehabilitation, crisis intervention, community psychiatric support and treatment, assertive community treatment, and outpatient therapy.</p> <p>Medicaid-eligible youth who meet the medical necessity criteria for either behavioral health services, as determined by a licensed mental health professional, or for rehabilitation services for children under the age of 21 are eligible. Covered services include psychosocial rehabilitation, crisis</p>

<b>Benefit</b>	<b>Louisiana Medicaid Coverage</b>
	<p>intervention, crisis stabilization, community psychiatric support and treatment, therapeutic group home, addiction services (outpatient and residential), inpatient hospital services, psychiatric residential treatment facility services, outpatient therapy (medication management, individual, family, and group counseling), multi-systemic therapy, functional family therapy, homebuilders, assertive community treatment, and coordinated system of care.</p> <p>Applied behavioral analysis (ABA) is covered for Medicaid recipients ages 0 to 21 who exhibit the presence of excesses or deficits of behaviors that significantly interfere with home or community activities (examples include but are not limited to aggression, self-injury, elopement, etc.); are medically stable and do not require 24-hour medical or nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities; are diagnosed by a qualified healthcare professional with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder; have a comprehensive diagnostic evaluation by a qualified healthcare professional; and have a prescription for ABA-based therapy services ordered by a qualified healthcare professional. All medically necessary services must be prescribed by a physician. Authorization rules may apply.</p>
<b>Skilled Nursing Facility</b>	<p>\$0</p> <p>Medicaid recipients and persons who meet Medicaid long-term care financial eligibility requirements and nursing facility level of care as determined by the Office of Aging and Adult Services are eligible. Covered services include skilled nursing or medical care and related services; rehabilitation needed due to injury, disability or illness; and health-related care and services (above the level of room and board) not available in the community, needed regularly due to a mental or physical condition.</p>
<b>Physical Therapy</b>	<p>\$0</p> <p>All Medicaid recipients are eligible. Covered services can be provided in an outpatient hospital or the home through home health. All services must be prescribed by a physician. Medically needy (type case 20 &amp; 21) recipients are not eligible</p>

<b>Benefit</b>	<b>Louisiana Medicaid Coverage</b>
	<p>for physical therapy in a home health setting.</p> <p>Medicaid recipients ages 0 to 20 are also eligible for physical therapy in a rehabilitation clinic. Covered services may be provided in addition to other services provided by the EarlySteps program, early intervention centers (EIC) or school boards if prescribed by a physician and authorized in advance. All medically necessary services must be prescribed by a physician. Additionally, for Medicaid recipients under age 3, services obtained from an EIC or the EarlySteps program must be included in the infant or toddler's Individualized Family Services Plan. And for Medicaid recipients ages 3 to 20, the services must be included in the child's individualized education program. Authorization rules may apply.</p>
<b>Ambulance</b>	<p>\$0</p> <p>All Medicaid recipients are eligible. Emergency ambulance services may be reimbursed if circumstances exist that make the use of any conveyance other than an ambulance medically inadvisable for transport of the patient.</p>
<b>Transportation</b>	<p>\$0</p> <p>All Medicaid recipients with full Medicaid benefits are eligible, except for some who have both Medicare and Medicaid. Covered services are transportation to and from medical appointments. The medical provider the recipient is being transported to does not have to be enrolled in Medicaid, but the services must be Medicaid-covered services. The dispatch office will make the determination. Recipients under age 17 must be accompanied by an attendant. Recipients should call dispatch offices 48 hours before the appointment. Transportation to out-of-state appointments can be arranged but requires prior authorization. Same-day transportation can be scheduled when absolutely necessary.</p>
<b>Medicare Part B Drugs</b>	<p>\$0</p> <p>All Medicaid recipients are eligible. Covered services are chemotherapy administration and treatment drugs, as prescribed by a physician and received in a hospital, physician's office or clinic.</p>

<b>Part D Prescription Drugs</b>	<b>Louisiana Medicaid Benefits</b>
<b>Generic drugs</b> <b>Brand name drugs</b>	<p>\$0.50 to \$3, depending on the drug</p> <p>All Medicaid recipients are eligible, except some who are eligible for both Medicare and Medicaid (dual-eligible). Recipients who are full-benefit dual-eligible receive their pharmacy benefits through Medicare Part D. Covers prescription drugs, except cosmetic drugs (except ACCUTANE); cough and cold preparations; anorexics (except XENICAL); fertility drugs when used for fertility treatment; experimental drugs; compounded prescriptions; vaccines covered in other programs; Drug Efficacy Study Implementation drugs; erectile dysfunction medications; over-the-counter drugs, with some exceptions; and narcotics prescribed only for narcotic addiction. Copayments are required except for some recipient categories. No copayments are required for recipients under age 21, pregnant women, those in long-term care, American Indians, Alaska Natives, those in waiver programs, those receiving hospice care, or women whose basis of Medicaid eligibility is breast or cervical cancer. Copayments do not apply for influenza immunizations, emergency services, family planning services or preventive medications as designated by the U.S. Preventive Services Task Force A and B recommendations. Prescription limit is four per calendar month (the physician can override this limit when medically necessary). Limits do not apply to recipients under age 21, pregnant women or those in long-term care. Authorization rules may apply.</p>

<b>Additional Benefits</b>	<b>Louisiana Medicaid Benefits</b>
<b>Meals After an Inpatient Hospital Stay</b>	<p>\$0</p> <p>Home-delivered meal services are provided through the Community Choices Waiver Program to those who qualify. For additional program details, visit <a href="http://ldh.la.gov/assets/docs/OAAS/publications/FactSheets/CW-Fact-Sheet.pdf">http://ldh.la.gov/assets/docs/OAAS/publications/FactSheets/CW-Fact-Sheet.pdf</a>.</p>
<b>Over-the-Counter Items</b>	<p>Over-the-counter drugs, with some exceptions, are not covered.</p>

**Additional Benefits****Louisiana Medicaid Benefits****Respite Care**

\$0

Respite care services are provided through:

Supports Waiver Program – For program details, visit <http://www.dhh.la.gov/index.cfm/page/142>.

Community Choices Waiver Program – For program details, visit <http://www.dhh.la.gov/index.cfm/page/121>.

Coordinated System of Care (CSoC) – For program details, visit <http://www.dhh.la.gov/index.cfm/page/454/n/180>.

New Opportunities Waiver Program – For program details, visit <http://www.dhh.la.gov/index.cfm/page/142>.

Residential Options Waiver Program – For program details, visit <http://www.dhh.la.gov/index.cfm/page/142>.

**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: 1-800-222-008-1).

**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)।

**ໂປດຊາບ:** ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອທາງພາສາໄດ້ຖືກສະໜອງໂດຍບໍ່ເສຍຄ່າ. ແມ່ນຳພາໂທ 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.  
با (TTY: 1-800-846-5277)

1-800-222-8600 تماس بگیرد.  
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>.

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 1-855-890-5987 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 (unless your Part B premium is paid for you by Medicaid or another third party).
- 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*).
- This plan is a dual-eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.