



PEOPLES HEALTH

GROUP MEDICARE

2020 PEOPLES HEALTH GROUP MEDICARE (HMO-POS)



2019 MEDICARE RATING

Peoples Health Group Medicare (HMO-POS)



Priscilla S.
Peoples Health plan member

	In Network	Out of Network
Out-of-Pocket Maximum	\$2,500	Does not apply
Doctor Visits		
Primary Care Physician Visit	\$5	20% coinsurance
Specialist Visit	\$10	
Preventive Care⁺		
Pap Smears, Pelvic Exams, Mammograms	\$0	20% coinsurance
Prostate and Colorectal Cancer Screenings	\$0	
Bone Mass Measurement	\$0	
Vaccinations (flu, pneumonia)	\$0	\$0
Labs and Tests⁺		
Lab Services, Diagnostic Tests, X-rays and Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0	20% coinsurance
Outpatient Surgery		
Outpatient Hospital Facility or Ambulatory Surgical Center	\$0	20% coinsurance
Inpatient Hospital Care per admission		
Inpatient Deductible	\$0	Same as Medicare
Hospital Stay (per day for days 1-10)	\$50	
Hospital Stay (for days 11 and beyond)	\$0	
Worldwide Emergency and Urgent Care[❖]		
Emergency Care – copay waived if admitted	\$50	\$50
Urgently Needed Care – inside the U.S.	\$10	\$10
Urgently Needed Care – outside the U.S.		\$50

	In Network	Out of Network
Emergency Transportation per one-way trip		
Emergency Ambulance Services (ground or air)	\$50	\$50
Home Health		
Home Health Care	\$0	20% coinsurance
Skilled Nursing Facility Care		
Semiprivate Room and Board (per day for days 1-20)	\$0	\$0
Semiprivate Room and Board (per day for each additional day of the benefit period)	\$25	\$25
Outpatient Services and Supplies		
Occupational, Physical or Speech Therapy Visit (Medicare limits apply)	\$0	20% coinsurance
Durable Medical Equipment (DME) (wheelchairs, oxygen, etc.)	5% coinsurance	
Diabetes Monitoring Supplies (test strips, monitor, etc., from a DME provider)	\$0	
Mental Health and Substance Abuse Treatment		
Inpatient Mental Health Care (per day for days 1-10)	\$50	Same as Medicare
Inpatient Mental Health Care (per day for days 11-90)	\$0	
Outpatient Mental Health or Substance Abuse Treatment Visit	\$10	20% coinsurance
Hearing Services		
Medicare-Covered Diagnostic Exam	\$10	20% coinsurance

†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.

Additional In-Network Benefits Not Covered by Original Medicare		
Fitness Center Membership	\$0	
Routine Vision Exam	\$15	
Eyeglasses or Contact Lenses (one pair per year)	\$0	
Dental Up to \$2,000 in coverage		
Oral Exams and Cleanings (every six months)	\$0	
X-rays (one set per year)	\$0	
Comprehensive Dental (such as fillings and dentures, \$50 deductible applies.)	Copays vary	
Medicare Part D Prescription Drug Coverage		
Network Pharmacies	30-Day Supply	90-Day Supply
Tier 1	\$3	\$0
Tier 2	\$10	\$0
Tier 3	\$25	\$50
Tier 4	\$50	\$100
Tier 5	20% coinsurance	
All drug tiers COVERED through the coverage gap		
Costs listed are at network pharmacies. 90-day supply costs listed are at network pharmacies with preferred pricing. Please see the <i>Provider Directory</i> or visit www.peopleshealth.com for pharmacies with preferred cost-sharing.		

This information is not a complete description of benefits. Call 1-800-536-3570/TTY 711 for more information. Limitations and restrictions may apply.



For more information on Medicare or our plan benefits, call toll-free:

1-800-536-3570 (TTY: 711)

8 a.m. to 8 p.m.

Seven days a week from October 1 through December 7

Monday through Friday from December 8 through September 30

Asistencia disponible en español.



Your **Medicare Health** Team

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Connect with us.

On the cover: Jane and James B., *Peoples Health* plan members

Peoples Health is a Medicare Advantage organization with a Medicare contract to offer HMO plans. Enrollment depends on annual Medicare contract renewal. Every year, Medicare evaluates plans based on a 5-star rating system. Peoples Health is rated 4.5 out of 5 stars for 2019. The “highest-rated” designation is based on the Medicare star ratings for Medicare Advantage and Special Needs Plans listed in the CMS publication “Medicare & You 2019.”