

PEOPLES HEALTH Peoples Health Choices 65 #14 (HMO)

PCP Name NAMENAME NAMENAME
 PCP Phone XXX-XXX-XXXX

RxBin 004336
 RxPCN MEDDADV
 RxGrp RX5050
 Plan (80840)
 RxID/Policy # **G1234567890**

MEMBER NAMENAMENAMENAME

H1961 014 1

MedicareRx
 Prescription Drug Coverage

Member Services:
 504-849-4685, 225-346-5704 or toll-free 1-800-222-8600 (TTY: 711)

Providers Submit Claims To:

Peoples Health 504-849-4690
 P.O. Box 7890 225-346-5705
 Metairie, LA 70010 1-866-553-5705

PEOPLES HEALTH
 Your Medicare Health Team
 www.peopleshealth.com

Peoples Health Network is the administrator for Peoples Health, Inc.

Peoples Health Choices 65 #14 (HMO) for New Orleans Metro Area

SERVICE	2017 IN-NETWORK COPAY AMOUNT
PCP Visits	\$5
Specialist Visits	\$45
Chiropractic Services	\$20
Vision Services	\$45 for Medicare-covered exams and services to diagnose and treat diseases and conditions of the eye \$45 for routine eye exam (one per year) \$0 for one pair of glasses or contacts per year (after cataract surgery) \$0 for one pair of glasses or contacts per year \$0 for each Medicare-covered glaucoma screening
Lab Services	\$0 at a Quest Diagnostics or a network outpatient hospital contracted to provide lab services to Peoples Health plan members \$10 at a physician's office 30% coinsurance at an outpatient hospital facility not contracted to provide lab services to Peoples Health plan members
Diagnostic radiology services, X-rays and Echocardiography	\$0 at network radiology facility \$25 at a network outpatient hospital \$10 at a physician's office
Advanced imaging (CT, MRI, MRA) and Nuclear Medicine (myocardial perfusion test,	\$150 at a network location
Outpatient Surgery	\$150 at a network location
Inpatient Hospital Care	\$85 each day (days 1-10) \$0 each day for days 11 and beyond
Additional Information for Inpatient Hospital Care: Inpatient psychiatric medical consultations require prior authorization. The initial history and physical is covered without authorization from Peoples Health. Claims for medical services in the inpatient psychiatric setting should be submitted to MHNNet for payment.	
Emergency Care	\$75 (\$5,000 combined annual maximum for emergency and urgent care outside the U.S.)
Ambulance	\$220 each one-way trip
Urgent Care	\$35 (\$5,000 combined annual maximum for emergency and urgent care outside the U.S.)
Diabetic Supplies	\$0 for Medicare-covered supplies from a preferred durable medical equipment provider 20% coinsurance for Medicare-covered supplies from other network durable medical equipment providers Diabetes monitoring supplies must be purchased from a network durable medical equipment provider.
DME	20% coinsurance
Home Health	\$0
SNF	\$0 each day (days 1-20) \$155 each day (days 21-100) per benefit period
Outpatient Rehabilitation Services (includes occupational, physical and	\$15 at a network location
Outpatient Mental Health Care and Substance Abuse Visits	\$35 per visit
Therapeutic Radiology (radiation therapy)	\$25 at a network location
Dialysis	20% coinsurance
Medicare Part B Drugs	15% of the cost of Medicare-approved amounts for Part B-covered drugs (including chemotherapy drugs) \$0 for home infusion therapy 15% of the total cost of other Medicare-covered infusion therapy
Pharmacy Copays	PREFERRED PHARMACY COST SHARING: 30-day supply Tier 1 (preferred generic drugs) Preferred Pharmacy Cost \$0 Tier 2 (generic drugs) Preferred Pharmacy Cost \$10 Tier 3 (preferred brand and generic drugs) Preferred Pharmacy Cost \$37 Tier 4 (nonpreferred brand & generic drugs) Preferred Pharmacy Cost \$80 Tier 5 (specialty brand and generic drugs) Cost 33% STANDARD PHARMACY COST SHARING: 30-day supply Tier 1 (preferred generic drugs) Standard Pharmacy Cost \$4 Tier 2 (generic drugs) Standard Pharmacy Cost \$15 Tier 3 (preferred brand and generic drugs) Standard Pharmacy Cost \$47 Tier 4 (nonpreferred brand and generic drugs) Standard Pharmacy Cost \$90 Tier 5 (specialty brand and generic drugs) Cost 33%

Note: For diagnostic services (for example, labs, x-ray, etc.) received at network physician's office, member also pays the office visit copay.

Some services listed above require prior authorization. Authorization is not a guarantee of payment, as services must be medically necessary. A list of procedures that require prior authorization is available on the back of the [Medical Necessity Form](#). You can also use the [Peoples Health Authorization Requirements Search](#) tool to identify authorization requirements for specific procedure codes by place of service.