

**Peoples Health Choices Gold (HMO-POS) | 2023**

Plan ID card:

 <p><b>Peoples Health</b> Choices Gold (HMO-POS) A UnitedHealthcare Company</p>		 <p><b>Peoples Health</b> A UnitedHealthcare Company peopleshealth.com</p>	
John H Smith RxID/Policy # G0000000000 Plan (80840) PCP Name Mary Bird Perkins		 <p>Medicare Rx                  Prescription Drug Coverage                  RxBin 610097                  RxPCN 9999                  RxGroup MPDPHP</p>	
In Network: PCP: \$0 Spec: \$30 ER: \$90 Urgent: \$40		H1961-017-000	
For Members: Member Website: mypeopleshealth.com Member Services: 1-800-222-8600 (TTY: 711) NurseLine: 1-877-365-7949 (TTY: 711) Behavioral Health: 1-877-566-7913 (TTY: 711)		For Providers: Provider Portal: peopleshealth.com/providerportal Medical Providers Direct Questions To: 1-866-553-5705 Pharmacists Direct Questions To: 1-877-889-6510 Medical Electronic Claim: Change Healthcare Payer ID: 72126 Medical Claim Address: P.O. Box 981645, El Paso, TX 79998-1645 Issue Date: MM/DD/YYYY	

Note: Peoples Health members will have an ID card with a contract number at the bottom right, and RxBin number 610097, RxPCN 9999 and RxGroup MPDPHP. The card also shows select 2023 cost-sharing on the front and includes important phone numbers on the back.

**IMPORTANT NOTICE**  
Always verify eligibility prior to rendering services.

Peoples Health Choices Gold (HMO-POS)	2023 In-Network Benefits
Benefit Description	In-Network Cost-Sharing Amounts
Out-of-Pocket Maximum	\$5,900 for Medicare-covered benefits
<b>INPATIENT CARE</b>	
Inpatient Hospital Care	\$195 (days 1-10) \$0 (days 11 and beyond)
Inpatient Mental Health Care	\$195 (days 1-9) \$0 (days 10-90)
Skilled Nursing Facility Care	\$0 (days 1-20) \$196 (days 21-100) 100-day max per benefit period
Home Health Care	\$0
Meals After Inpatient Hospital Stay	\$0 for 28 meals over 14 days; meals not covered following discharge from inpatient mental health stay, SNF stay or observation stay
<b>AMBULANCE SERVICES</b>	
Ambulance Services	\$250 each way
<b>OUTPATIENT CARE</b>	
PCP Office Visit	\$0
Specialist Office Visit	\$30
Podiatry Services	\$30
Chiropractic Services	\$20
Acupuncture for Chronic Low Back Pain	Cost-sharing for primary care visit or specialist visit, depending on where services are received
Medicare-Covered Diagnostic Colonoscopy	\$0
Medicare-Covered Diagnostic Mammogram	\$0
Diagnostic Procedures and Tests (non-radiological)*	\$10
X-rays*	\$0 at a radiology facility \$15 at all other locations
Advanced Imaging (MRI, MRA, CT, CTA and PET scans)	\$80
Therapeutic Radiological Services (radiation therapy)	\$45
Lab Services*	\$0
Outpatient Mental Health Care	\$40; services must be arranged by a network behavioral health provider
Outpatient Substance Abuse Services	\$40; services must be arranged by a network behavioral health provider
Partial Hospitalization	\$40; services must be arranged by a network behavioral health provider
Outpatient Rehabilitation Services (occupational, physical and speech therapy)	\$20
Pulmonary Rehabilitation Services	\$20
Cardiac Rehabilitation Services	\$0
Outpatient Hospital Services	\$250 for outpatient hospital services, including observation visits, at an outpatient hospital
Outpatient Surgery	\$250
Durable Medical Equipment	20% coinsurance
Prosthetic Devices (including replacements and repairs)	20% coinsurance
Medical Supplies	20% coinsurance
Diabetes Supplies and Services	\$0 for Medicare-covered diabetes supplies and continuous glucose monitors \$10 for therapeutic shoes Approved brands of diabetes monitoring supplies covered at a network retail pharmacy
Dialysis Services	20% coinsurance
<b>EMERGENCY AND URGENTLY NEEDED CARE</b>	
Emergency Care (copay waived if admitted to an inpatient stay within 24 hours for the same condition)	\$90 within the US; \$0 outside of the US or its territories
Urgently Needed Care	\$40 within the US; \$0 outside of the US or its territories
<b>ADDITIONAL BENEFITS</b>	
Dental Services	\$35 for Medicare-covered comprehensive dental services \$0 for preventive and comprehensive dental services \$1,250 max benefit amount
Vision Services	\$0 for Medicare-covered exams and services to diagnose and treat diseases/conditions of the eye \$0 for one routine eye exam per year \$200 allowance for eyeglass frames and lenses or contact lenses
Hearing Services	\$20 for Medicare-covered diagnostic hearing exams \$0 for one routine hearing exam per year \$175-\$1,225 for each hearing aid, two covered per year
Fitness Benefit	\$0
Over-the-Counter Items	\$50 quarterly allowance for over-the-counter health and wellness items
Respite Care	\$0 for up to 12, eight-hour sessions per year for members diagnosed with Alzheimer's disease, including dementia; sessions may be scheduled Monday through Friday from 8 a.m. to 5 p.m.
Opioid Treatment	\$0 for Medicare-covered opioid treatment program services
Virtual Visits	\$0 for primary care, urgently needed care, specialist care and other types of care through a network provider offering virtual visits; see <i>Evidence of Coverage</i> for complete details
Virtual Mental Health Visits	\$0 through network provider, Optum Behavioral Health
NurseLine (1-877-365-7949)	\$0
Personal Emergency Response System	\$0
<b>PHARMACY COVERAGE (PART B)</b>	
Part B Rx	\$0 for Part B allergy antigens; 20% coinsurance for all other Part B drugs
Chemotherapy Drugs	20% coinsurance
Home Infusion Therapy	Cost-sharing for primary care physician visit, specialist visit or home health, depending on where services are received
<b>PHARMACY COVERAGE (PART D)</b>	
Preferred Generic Tier	\$0 for a 30-day supply or 100-day supply
Generic Tier	\$10 for a 30-day supply; \$0 for a 100-day preferred mail-order supply; \$30 for a 100-day standard mail-order supply
Preferred Brand Tier	\$45 for a 30-day supply <sup>1</sup> ; \$135 for a 100-day supply
Non-Preferred Drug Tier	\$100 for a 30-day supply; \$300 for a 100-day supply
Specialty Tier	33% coinsurance for a 30-day supply; drugs limited to a 30-day supply, 100-day supply not covered
*Patient also pays the office visit copay when service is received at a physician's office. <sup>1</sup> Patients won't pay more than \$35 for a one-month supply of select insulin products covered by our plan through all coverage stages. Some services require prior authorization. Authorization is not a guarantee of payment, as services must be medically necessary. Use the <a href="#">Peoples Health Authorization Requirements Search</a> to identify authorization requirements for procedure codes by place of service.	