

# 2021 Health Plan Overview



**\$0**

PLAN PREMIUM

**Peoples Health Choices 65 (HMO)**

ORLEANS, JEFFERSON, EAST BATON ROUGE

**Peoples Health Choices (PPO)**

**Peoples Health Patriot (PPO) MA-only**

# Picture yourself with Peoples Health.



Peoples Health is the choice of more than 80,000 people with Medicare in Louisiana. Founded in 1994 by medical providers and physicians, we focus on one thing: helping people with Medicare enjoy the best health possible.

Today, Peoples Health is part of the UnitedHealthcare® family of plans. Both organizations share a commitment to helping our members live happier, healthier lives. The path to that goal is different for everyone, so Peoples Health offers a number of plan options.

Choosing the right Medicare plan may be the most important decision you make. We hope this booklet – and perhaps a conversation with one of our plan representatives – helps you make the right choice for your health needs.

# More plan options. More ways to serve your needs.

It's never been easier to picture yourself with Peoples Health. Choose the plan that fits your needs.

## Choices 65

**Coordinated care through our extensive network of providers.** This plan features health and drug coverage, over-the-counter health & wellness items, plus a monthly Give Back – we pay part of your Medicare Part B premium for you.



\$0 PCP



\$80/Quarter  
Over-the-Counter Items



\$30 Give Back



\$0 Tier 1 & 2  
Drugs

## Choices (PPO)

**NEW FOR 2021: Preferred provider organization featuring out-of-network coverage.** Enjoy the peace of mind of coverage that allows you to go out of network, but additional savings when you get services in network.



\$5 PCP  
In-Network



\$50/Quarter  
Over-the-Counter Items



\$0 Tier 1 & 2  
Drugs

## Patriot (PPO) MA-only

**NEW for 2021: Preferred provider organization with out-of-network coverage, but NO Part D drug coverage.** If you have drug coverage through another source, this plan may be right for you. Enjoy out-of-network flexibility, but additional savings when you get services in network. Plus we pay part of your Medicare Part B premium for you.



\$5 PCP  
In-Network



\$125/Quarter  
Over-the-Counter Items



\$50 Give Back

## Peoples Health Choices 65 (HMO)

### Orleans, Jefferson and East Baton Rouge Parishes

A Medicare Advantage Prescription Drug plan with a \$30 per month Part B premium Give Back (we pay \$30 of your monthly Medicare Part B premium for you) and an \$80 per quarter allowance for over-the-counter health & wellness items.

With this plan your out-of-pocket costs are limited to \$4,700 for in-network Medicare-covered services. Care is coordinated through our extensive network of providers.

If you live in a different parish, ask about Peoples Health plans available in your area.

If you have both Medicare and Medicaid, ask about our plans with additional benefits that might be available to you.

	Choices 65
Monthly Plan Premium	\$0
Part B Premium Give Back	\$30 per month back to you
<b>Doctor Visits &amp; NurseLine</b>	
Primary Care Physician Visit	\$0
Specialist Visit	\$30
Virtual Medical Visit	\$0
24-Hour NurseLine	\$0
<b>Preventive Care<sup>+</sup></b>	
Pap Smears, Pelvic Exams, Mammograms	\$0
Prostate & Colorectal Cancer Screenings	\$0
Vaccinations (flu, pneumonia, hepatitis B)	\$0
<b>Labs &amp; Tests<sup>+</sup>*</b>	
Lab Services (at contracted lab provider)	\$0
Diagnostic Tests & X-rays (at contracted radiology facility)	\$0
Advanced Imaging (MRI, MRA CT, CTA, PET scans, etc.)	\$85
<b>Outpatient Surgery</b>	
Surgery (outpatient hospital or ambulatory surgical center)	\$125
<b>Inpatient Hospital Care per admission</b>	
Inpatient Deductible	\$0
Inpatient Stay per day, for days 1-10	\$85
Inpatient Stay for days 11 and beyond	\$0
<b>Emergency Care, Urgent Care &amp; Emergency Transportation</b>	
Emergency Care	\$90
Urgent Care	\$20
Emergency Ambulance	\$250
Worldwide Emergency Care, Urgent Care and Emergency Transportation (to nearest facility)	\$0

<sup>+</sup>Office visit copay may apply. <sup>\*</sup>Costs for labs, tests and X-rays may vary depending on the location of service.

		Choices 65
<b>Home Health &amp; Skilled Nursing Facility Care</b>		
Home Health		\$0
Skilled Nursing Facility Care		\$0 for days 1-20 \$165 per day, for days 21-100
<b>Outpatient Services &amp; Supplies</b>		
Occupational, Physical or Speech Therapy Visit		\$10
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)		20% coinsurance
Diabetes Monitoring Supplies (test strips, monitor, etc. from a preferred DME provider)		\$0
<b>Mental Health &amp; Substance Abuse Treatment</b>		
Inpatient Mental Health		\$85 per day, days 1-10 \$0 for days 11-90
Outpatient Mental Health Group or Individual Visit		\$20
Outpatient Substance Abuse Group or Individual Visit		\$25
Virtual Mental Health or Substance Abuse Treatment Visit		\$0

Additional Benefits not Covered by Original Medicare	Choices 65
\$0 Over-the-Counter Health & Wellness Items	\$80 allowance per quarter
Meals After Inpatient Hospital Stay (2 meals per day, for up to 5 days)	\$0
Hearing Aids (up to \$500 per ear)	\$0
Routine Eye Exam	\$20
Glasses or Contact Lenses (one pair per year)	\$0
Dental - Preventive (1 set of X-rays and 2 exams and cleanings per year)	\$0
Dental - Comprehensive (fillings, dentures, etc.)	Copays vary \$50 deductible applies
Dental - Coverage Maximum	\$2,000
Fitness Center Membership	\$0

Medicare Part D Prescription Drugs	Choices 65	
	30-Day Supply	90-Day Supply
Initial Coverage Stage		
Tier 1 (with coverage through the gap)	\$0	\$0
Tier 2 (with coverage through the gap)	\$10	\$0 (preferred mail order)
Tier 3	\$45	\$135
Tier 4	\$100	\$300
Tier 5	33% coinsurance	30-day supply only

## Peoples Health Choices (PPO)

Preferred Provider Organization with out-of-network coverage and Part D prescription drug coverage.

## Peoples Health Patriot (PPO) MA-only

Preferred Provider Organization with a Part B premium Give Back and out-of-network coverage. No Part D prescription drug coverage.

These two plans limit your out-of-pocket costs to \$6,700 for in-network Medicare-covered services. They are available to Medicare beneficiaries in the following parishes:

- Acadia
- East Baton Rouge
- Lafourche
- St. Charles
- St. Tammany
- Ascension
- East Feliciana
- Livingston
- St. Helena
- Tangipahoa
- Assumption
- Evangeline
- Orleans
- St. James
- Terrebonne
- Bossier
- Iberia
- Ouachita
- St. John
- Vermilion
- Caddo
- Iberville
- Plaquemines
- St. Landry
- Washington
- Calcasieu
- Jefferson
- Pointe Coupee
- St. Martin
- West Baton Rouge
- Cameron
- Lafayette
- St. Bernard
- St. Mary
- West Feliciana

	Choices (PPO)	Patriot (PPO) MA-only	Choices (PPO) & Patriot (PPO)
	In-network		Out-of-network
Monthly Plan Premium*	\$0	\$0	\$0
Part B Give Back	Does not apply	\$50	Does not apply
<b>Doctor Visits &amp; NurseLine</b>			
Primary Care Physician Visit	\$5	\$5	\$25
Specialist Visit	\$35	\$35	\$55
Virtual Medical Visit	\$0	\$0	\$0 through contracted provider
24-Hour NurseLine	\$0	\$0	
<b>Preventive Care<sup>+</sup></b>			
Pap Smears, Pelvic Exams, Mammograms	\$0	\$0	40% coinsurance
Prostate & Colorectal Cancer Screenings	\$0	\$0	40% coinsurance
Vaccinations (flu, pneumonia, hepatitis B)	\$0	\$0	\$0
<b>Labs &amp; Tests<sup>+</sup></b>			
Lab Services	\$0	\$0	\$0
Diagnostic Tests	\$20	\$20	40% coinsurance
X-Rays	\$15	\$15	\$20
Advanced Imaging	\$110	\$110	40% coinsurance
<b>Outpatient Surgery (Outpatient Hospital or Ambulatory Surgical Center)</b>			
Outpatient Surgery	\$225	\$225	40% coinsurance
<b>Inpatient Hospital Care per admission</b>			
Inpatient Deductible	\$0	\$0	\$0
Inpatient Stay per day, for days 1-7	\$225	\$225	40% coinsurance
Inpatient Stay for days 8 and beyond	\$0	\$0	
<b>Emergency Care, Urgent Care &amp; Emergency Transportation</b>			
Emergency Care	\$90	\$90	\$90
Urgent Care	\$30	\$30	\$40
Emergency Ambulance	\$250	\$250	\$250

<sup>+</sup>Office visit copay may apply.

	Choices (PPO)	Patriot (PPO) MA-only	Choices (PPO) & Patriot (PPO)
	In-network		Out-of-network
<b>Worldwide Coverage</b>			
Worldwide Emergency Care, Urgent Care and Emergency Transportation (to nearest facility)	Does not apply	Does not apply	\$0
<b>Home Health &amp; Skilled Nursing Facility Care</b>			
Home Health	\$0	\$0	50% coinsurance
Skilled Nursing Facility Care	\$0 for days 1-20 \$184 per day, for days 21-57 \$0 for days 58-100	\$0 for days 1-20 \$184 per day, for days 21-57 \$0 for days 58-100	\$225 per day, for days 1-45 \$0 for days 46-100
<b>Outpatient Services &amp; Supplies</b>			
Occupational, Physical or Speech Therapy Visit	\$35	\$35	\$55
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	50% coinsurance
Diabetes Monitoring Supplies (test strips, monitor, etc. from a DME provider)	\$0	\$0	40% coinsurance
<b>Mental Health &amp; Substance Abuse Treatment</b>			
Inpatient Mental Health	\$225 per day, for days 1-7 \$0 for days 8-90	\$225 per day, for days 1-7 \$0 for days 8-90	40% coinsurance
Outpatient Mental Health or Substance Abuse Group or Individual Visit	\$15 group \$25 individual	\$15 group \$25 individual	\$30 group \$40 individual
Virtual Mental Health or Substance Abuse Treatment Visit	\$0	\$0	\$0 through contracted provider

Additional In-Network Benefits not Covered by Original Medicare	Choices (PPO)	Patriot (PPO) MA-only
\$0 Over-the-Counter Health & Wellness Items	\$50 per quarter	\$125 per quarter
Meals After Inpatient Hospital Stay (2 meals per day, for up to 5 days)	\$0	\$0
Hearing Aids (up to \$500 per ear)	\$0	\$0
Routine Eye Exam	\$0	\$0
Glasses or Contact Lenses (up to \$200 in coverage)	\$0	\$0
Dental - Preventive (1 set of X-rays and 2 exams and cleanings per year); Comprehensive (fillings, extractions, etc.)	\$0	\$0 (includes denture coverage)
Dental - Coverage Maximum	\$500	\$2,500
Fitness Center Membership	\$0	\$0

Medicare Part D Prescription Drugs	Choices (PPO)		Patriot (PPO) MA-only
Initial Coverage Stage	30-Day Supply	90-Day Supply	Part D drug coverage not included with this plan
Tier 1 (with coverage through the gap)	\$0	\$0	
Tier 2 (with coverage through the gap)	\$10	\$0 (preferred mail order)	
Tier 3	\$45	\$135	
Tier 4	\$100	\$300	
Tier 5 <span style="border: 1px solid black; padding: 2px;">\$100 deductible, Tiers 4 and 5</span>	31% coinsurance	30-day supply only	



A UnitedHealthcare Company

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.

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Connect with us.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. This is a brief overview of Peoples Health plans H1961-014-001, H4544-001, and H4544-002; it is not a complete description of benefits. Contact the plan for more information.