

2021 Health Plan Overview



\$0

PLAN PREMIUM

Peoples Health Choices Gold (HMO)

Peoples Health Choices Value (HMO)

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 Gold

This HMO plan includes in-network coverage and an allowance for over-the-counter items.



\$0 PCP



\$40/Quarter
Over-the-Counter Items



\$0 Tier 1 & 2
Drugs

Choices Value

This HMO plan includes in-network coverage and a monthly Part B premium Give Back.



\$20 PCP



\$40 Give Back



\$0 Tier 1 & 2
Drugs

Choices (PPO)

NEW FOR 2021: Preferred provider organization featuring out-of-network coverage.



\$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.



\$5 PCP
In-Network



\$125/Quarter
Over-the-Counter Items



\$50 Give Back

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

Peoples Health Choices Gold

A Medicare Advantage Prescription Drug plan with a \$40 per quarter allowance for over-the-counter health & wellness item.

Peoples Health Choices Value

A Medicare Advantage Prescription Drug plan with a \$40 per month Medicare Part B premium Give Back.

These two plans limit your out-of-pocket costs to \$6,700 for in-network Medicare-covered services. Care is coordinated through our network of providers and available to beneficiaries in the following parishes:

- Acadia
- Bossier
- Caddo
- Calcasieu
- Cameron
- Evangeline
- Iberia
- Lafayette
- Ouachita
- St. Landry
- St. Martin
- Vermilion

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

	Choices Gold	Choices Value
Monthly Plan Premium	\$0	\$0
Part B Premium Give Back	Give Back does not apply	\$40 per month back to you
Doctor Visits & NurseLine		
Primary Care Physician (PCP) Visit	\$0	\$20
Specialist Visit	\$35	\$50
Virtual Medical Visit	\$0	\$0
24-Hour NurseLine	\$0	\$0
Preventive Care⁺		
Pap Smears, Pelvic Exams, Mammograms	\$0	\$0
Prostate & Colorectal Cancer Screenings	\$0	\$0
Vaccinations (flu, pneumonia, hepatitis B)	\$0	\$0
Labs & Tests⁺*		
Lab Services	\$0 at contracted lab	\$0 at PCP office or contracted lab
Diagnostic Tests	\$10 at contracted outpatient facility	\$10 at contracted radiology facility
X-rays	\$10 at physician's office	\$20 at contracted outpatient facility
Advanced Imaging	\$120	\$130
Outpatient Surgery (Outpatient Hospital or Ambulatory Surgical Center)		
Outpatient Surgery	\$250	\$350
Inpatient Hospital Care per admission		
Inpatient Deductible	\$0	\$0
Inpatient Stay	\$195 per day, for days 1-10	\$350 per day, for days 1-5
Inpatient Stay	\$0 for days 11 and beyond	\$0 for days 6 and beyond
Emergency Care, Urgent Care & Emergency Transportation		
Emergency Care	\$90	\$90
Urgent Care	\$40	\$50
Emergency Ambulance	\$250	\$250
Worldwide Emergency Care, Urgent Care and Emergency Transportation (to nearest facility)	\$0	\$0

⁺Office visit copay may apply. ^{*}Costs for labs, tests and X-rays may vary depending on the location of service.

	Choices Gold	Choices Value
Home Health & Skilled Nursing Facility Care		
Home Health	\$0	\$0
Skilled Nursing Facility Care	\$0 for days 1-20 \$165 per day, for days 21-100	\$0 for days 1-20 \$165 per day, for days 21-100
Outpatient Services & Supplies		
Occupational, Physical or Speech Therapy Visit	\$20	\$40
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies (test strips, monitor, etc. from a preferred DME provider)	\$0	\$0
Mental Health & Substance Abuse Treatment		
Inpatient Mental Health	\$195 per day, for days 1-9 \$0 for days 10-90	\$350 per day, for days 1-5 \$0 for days 6-90
Outpatient Mental Health or Substance Abuse Group or Individual Visit	\$40	\$40
Virtual Mental Health or Substance Abuse Treatment Visit	\$0	\$0

Additional Benefits not Covered by Original Medicare	Choices Gold	Choices Value
\$0 Over-the-Counter Health & Wellness Items	\$40 allowance per quarter	Does not apply
Meals After Inpatient Hospital Stay (2 meals per day, for up to 5 days)	\$0	Does not apply
Hearing Aids (up to \$500 per ear)	\$0	Does not apply
Routine Eye Exam	\$35	\$0
Glasses or Contact Lenses	\$0 (one pair per year)	Does not apply
Dental - Preventive (1 set of X-rays and 2 exams and cleanings per year)	\$0	\$0
Dental - Comprehensive (fillings, dentures, etc.)	Copays vary \$50 deductible applies	Does not apply
Dental - Coverage Maximum	\$1,250	Does not apply
Fitness Center Membership	\$0	\$0

Medicare Part D Prescription Drugs	Choices Gold and Choices Value	
Initial Coverage Stage	30-Day Supply	90-Day Supply
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 for Choices Gold 27% coinsurance for Choices Value	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
Doctor Visits & NurseLine			
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	
Preventive Care⁺			
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
Labs & Tests⁺			
Lab Services	\$0	\$0	\$0
Diagnostic Tests	\$20	\$20	40% coinsurance
X-Rays	\$15	\$15	\$20
Advanced Imaging	\$110	\$110	40% coinsurance
Outpatient Surgery (Outpatient Hospital or Ambulatory Surgical Center)			
Outpatient Surgery	\$225	\$225	40% coinsurance
Inpatient Hospital Care per admission			
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	
Emergency Care, Urgent Care & Emergency Transportation			
Emergency Care	\$90	\$90	\$90
Urgent Care	\$30	\$30	\$40
Emergency Ambulance	\$250	\$250	\$250

⁺Office visit copay may apply.

	Choices (PPO)	Patriot (PPO) MA-only	Choices (PPO) & Patriot (PPO)
	In-network		Out-of-network
Worldwide Coverage			
Worldwide Emergency Care, Urgent Care and Emergency Transportation (to nearest facility)	Does not apply	Does not apply	\$0
Home Health & Skilled Nursing Facility Care			
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
Outpatient Services & Supplies			
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
Mental Health & Substance Abuse Treatment			
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	31% coinsurance	30-day supply only	

\$100 deductible, Tiers 4 and 5



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.

Three Lakeway Center
3838 N. Causeway Blvd., Suite 2200
Metairie, LA 70002
www.peopleshealth.com



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 H1961-017, H1961-018, H4544-001, and H4544-002; it is not a complete description of benefits. Contact the plan for more information.