Summary of Benefits 2021

Medicare Advantage Plan with Prescription Drugs

Peoples Health Choices 65 (HMO) Orleans, Jefferson, East Baton Rouge
H1961-014-001

Look inside to take advantage of the health services and drug coverages the plan provides. Call Customer Service or go online for more information about the plan.

Toll-free **1-844-849-2591**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

www.peopleshealth.com

PEOPLES HEALTH
*Your **Medicare Health** Team*
A UnitedHealthcare Company

Y0066_SB_H1961_014_001_2021_M

Summary of Benefits

January 1st, 2021 - December 31st, 2021

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.peopleshealth.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

Peoples Health Choices 65 (HMO) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these parishes in:

Louisiana: East Baton Rouge, Jefferson, Orleans.

Use network providers and pharmacies.

Peoples Health Choices 65 (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to www.peopleshealth.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

Peoples Health Choices 65 (HMO)

Premiums and Benefits

	In-Network
Monthly Plan Premium	There is no monthly premium for this plan.
Part B Premium Reduction	Up to $30
Annual Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	$4,700 annually for Medicare-covered services you receive from in-network providers.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your share of the cost for your Part D prescription drugs.

Peoples Health Choices 65 (HMO)

Benefits

		In-Network
Inpatient Hospital[2]		$85 copay per day: for days 1-10 $0 copay per day: for days 11 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)[2]	$0 copay for a diagnostic colonoscopy $125 copay otherwise
	Outpatient Hospital, including surgery[2]	$0 copay for a diagnostic colonoscopy $125 copay otherwise
	Outpatient Hospital Observation Services[2]	$125 copay
Doctor Visits	Primary	$0 copay
	Specialists	$30 copay
	Virtual Medical Visits	$0 copay; Speak to network telehealth providers using your computer or mobile device.
Preventive Care	Medicare-covered	$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening

Benefits

		In-Network
		Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.
	Routine physical	$0 copay; 1 per year
Emergency Care		$90 copay ($0 copay for worldwide coverage) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.
Urgently Needed Services		$20 copay ($0 copay for worldwide coverage)

Benefits

		In-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)[2]	$0 copay for each diagnostic mammogram $85 copay otherwise
	Lab services[2]	$0 copay at a lab provider or an outpatient hospital contracted to provide lab services $5 copay at a physician office 20% coinsurance at any outpatient hospital facility not contracted to provide lab services
	Diagnostic tests and procedures[2]	$0 copay at a radiology facility $5 copay at a physician office $20 copay at an outpatient hospital facility
	Therapeutic Radiology[2]	$50 copay per service
	Outpatient X-rays[2]	$0 copay at a radiology facility $5 copay at a physician office $20 copay at an outpatient hospital facility
Hearing Services	Exam to diagnose and treat hearing and balance issues	$20 copay
	Routine hearing exam	$20 copay; 1 per year
	Hearing aid	$500 allowance per ear, maximum benefit of $1,000 every year.
Routine Dental Benefits	Preventive	$0 copay for covered preventive services
	Comprehensive	$50 deductible applies before coverage begins $0 - $217.75 copay for comprehensive dental services
	Benefit limit	$2,000 limit on all covered dental services

Benefits

		In-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	$20 copay
	Eyewear after cataract surgery	$0 copay
	Routine eye exam	$20 copay; 1 every year
	Eyewear	$0 copay every year for a pair of lenses and frames or contact lenses
Mental Health	Inpatient visit[2]	$85 copay per day: for days 1-10 $0 copay per day: for days 11-90
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit[2]	$20 copay
	Outpatient individual therapy visit[2]	$20 copay
	Virtual Mental Health Visits	$0 copay; Speak to network telehealth providers using your computer or mobile device.
Skilled Nursing Facility (SNF)[2]		$0 copay per day: for days 1-20 $165 copay per day: for days 21-100
		Our plan covers up to 100 days in a SNF.
Physical therapy and speech and language therapy visit[2]		$10 copay
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$250 copay for ground $250 copay for air
Routine Transportation		Not covered

Benefits

		In-Network
Medicare Part B Drugs	Chemotherapy drugs[2]	20% coinsurance
	Other Part B drugs[2]	20% coinsurance

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible for Part D drugs, this payment stage doesn't apply.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	**Retail**		**Mail Order**	
	Standard		**Preferred**	**Standard**
	30-day supply	**90-day supply**	**90-day supply**	**90-day supply**
Tier 1: Preferred Generic Drugs	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic Drugs[3]	$10 copay	$30 copay	$0 copay	$30 copay
Tier 3: Preferred Brand Drugs	$45 copay	$135 copay	$135 copay	$135 copay
Select Insulin Drugs[4]	$35 copay	$105 copay	$105 copay	$105 copay
Tier 4: Non-Preferred Drugs	$100 copay	$300 copay	$300 copay	$300 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	N/A[5]	N/A[5]	N/A[5]
Stage 3: Coverage Gap Stage	Tier 1 and Tier 2 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach $4,130, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,550, you pay the greater of: □ 5% coinsurance, or □ $3.70 copay for generic (including brand drugs treated as generic) and a $9.20 copay for all other drugs.			

[3] Tier includes enhanced drug coverage.

[4] For 2021, this plan participates in the Insulin Senior Savings Program which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of $35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive Extra Help from Medicare.

[5] Limited to a 30-day supply

Additional Benefits

		In-Network
Acupuncture	Medicare-covered acupuncture	$0 copay for services provided by a primary care physician $30 copay for services provided by a specialist
Chiropractic Care	Manual manipulation of the spine to correct subluxation	$10 copay
Diabetes Management	Diabetes monitoring supplies[2]	$0 copay for each Medicare-covered blood glucose diabetes monitoring supply from a preferred DME provider. 20% coinsurance for each Medicare-covered blood glucose diabetes monitoring supply from other DME providers. Diabetes monitoring supplies must be purchased from a network durable medical equipment provider.
	Diabetes Self-management training[2]	$0 copay
	Therapeutic shoes or inserts[2]	$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[2]	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance
Health Education[2]		$0 copay; Learn how to help manage chronic illness over the phone with telephonic help from clinical staff
Fitness program[2]		$0 copay to a network fitness center
Foot Care (podiatry services)	Foot exams and treatment	$30 copay
Meal Benefit[2]		$0 copay; Coverage for at home meal benefit. Restrictions apply.
Home Health Care[2]		$0 copay

Additional Benefits

		In-Network
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
NurseLine[2]		Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Occupational Therapy Visit[2]		$10 copay
Opioid Treatment Program Services		$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit[2]	$25 copay
	Outpatient individual therapy visit[2]	$25 copay
Over-the-Counter (OTC) Products Catalog		$80 credit per quarter to use on approved OTC products. Order online, over the phone, or by mail through your Health & Wellness Products Catalog.
Renal Dialysis[2]		20% coinsurance
Respite Care[2]		$0 copay; Members diagnosed with dementia may be eligible for a maximum of 12 respite care sessions per year from the network respite care provider.

Services with a 2 may require your provider to obtain prior authorization from the plan.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the Benefits

- ✔ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✔ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ✔ Review the Provider Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ✔ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✔ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✔ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Required Information

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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-8600 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服 務。請致電 1-800-222-8600 (TTY: 711).

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.