

Medicare Advantage plan
with prescription drugs

Annual notice of changes 2022

Peoples Health Group Medicare (HMO-POS)



Toll-free **1-866-616-8308, ext. 1**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.peopleshealth.com

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.



Your **Medicare Health** Team

A UnitedHealthcare Company

Y0066_H1961_PHGMANOC_2022_M

Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to www.peopleshealth.com to review the details online. All of the below documents will be available online by **October 15, 2021.**

Provider Directory

Review the 2022 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) and pharmacies will be in the network next year.

Drug List (Formulary)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

Evidence of Coverage (EOC)

Review your 2022 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Member Services at 1-866-616-8308, ext. 1 (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.

Would you rather get less paper?

Simplify your life with online delivery of plan materials. You can securely access your plan documents online anytime, anywhere. Register at **www.peopleshealth.com** to sign up for online delivery today.

Peoples Health Group Medicare (HMO-POS) offered by UnitedHealthcare

Annual Notice of Changes for 2022

You are currently enrolled as a member of Peoples Health Group Medicare. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You can make changes to your Medicare coverage for next year during your employer or retiree group's Annual Enrollment Period. Check with your benefits administrator for more information.**
-

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Section 1.5 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2022 Drug List and look in Section 1.6 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices), and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our *Provider Directory*.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
 - Review the list in the back of your *Medicare & You* 2022 handbook.
 - Look in Section 2.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you want to keep Peoples Health Group Medicare, you don't need to do anything. You will stay in Peoples Health Group Medicare.
- To change to a **different plan** that may better meet your needs, you can switch plans during your employer or retiree group's Annual Enrollment Period.

4. **ENROLL:** You can make changes to your Medicare coverage for next year during your employer or retiree group's Annual Enrollment Period. Check with your benefits administrator for more information.

Additional Resources

- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, braille, large print, audio, or you can ask for an interpreter. Please contact our member services number at 1-866-616-8308, ext. 1, for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-616-8308, ext. 1, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios atención son de 8 a.m. a 8 p.m., hora local, los 7 días de la semana.

- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.**

About Peoples Health Group Medicare

- 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.
- When this booklet says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means Peoples Health Group Medicare.

Summary of Important Costs for 2022 %

The following table compares the 2021 costs and 2022 costs for Peoples Health Group Medicare in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at www.peopleshealth.com. You may also call member services to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	Please contact your employer or retiree group's benefits administrator for information about changes to your plan premium.	
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	\$2,500	\$2,500
<p>Doctor office visits</p>	<p>Primary care visits: You pay a \$5 copayment per visit.</p> <p>Specialist visits: You pay a \$10 copayment per visit.</p>	<p>Primary care visits: You pay a \$5 copayment per visit.</p> <p>Specialist visits: You pay a \$10 copayment per visit.</p>
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	<p>You pay a \$50 copayment per day for days 1-10.</p> <p>\$0 copayment per day for additional Medicare-covered days.</p>	<p>You pay a \$50 copayment per day for days 1-10 for Medicare-covered hospital care each time you are admitted.</p> <p>\$0 copayment per day for additional Medicare-covered days.</p>
<p>Part D prescription drug coverage</p> <p>(See Section 1.6 for details.)</p>	Deductible: \$0	Deductible: \$0

Cost	2021 (this year)	2022 (next year)
	<p data-bbox="706 346 1031 493">Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage Stage:</p> <ul data-bbox="706 514 1031 1134" style="list-style-type: none"> <li data-bbox="706 514 1031 619">• Drug Tier 1: Standard retail cost-sharing (in-network) \$3 <li data-bbox="706 630 1031 735">• Drug Tier 2: Standard retail cost-sharing (in-network) \$10 <li data-bbox="706 745 1031 850">• Drug Tier 3: Standard retail cost-sharing (in-network) \$25 <li data-bbox="706 861 1031 966">• Drug Tier 4: Standard retail cost-sharing (in-network) \$50 <li data-bbox="706 976 1031 1134">• Drug Tier 5: Standard retail cost-sharing (in-network) 20% of the total cost 	<p data-bbox="1071 346 1396 493">Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage Stage:</p> <ul data-bbox="1071 514 1396 1134" style="list-style-type: none"> <li data-bbox="1071 514 1396 619">• Drug Tier 1: Standard retail cost-sharing (in-network) \$3 <li data-bbox="1071 630 1396 735">• Drug Tier 2: Standard retail cost-sharing (in-network) \$10 <li data-bbox="1071 745 1396 850">• Drug Tier 3: Standard retail cost-sharing (in-network) \$25 <li data-bbox="1071 861 1396 966">• Drug Tier 4: Standard retail cost-sharing (in-network) \$50 <li data-bbox="1071 976 1396 1134">• Drug Tier 5: Standard retail cost-sharing (in-network) 20% of the total cost

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SECTION 1 Changes to Benefit and Cost for Next Year %

Section 1.1 – Changes to the Monthly Premium %

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	Please contact your employer or retiree group's benefits administrator for information about changes to your plan premium.	

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount %

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$2,500 Once you have paid \$2,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.	\$2,500 Once you have paid \$2,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at www.peopleshealth.com. You may also call member services for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 *Provider Directory* to see if your providers (primary care physician, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated *Provider Directory* is located on our website at www.peopleshealth.com. You may also call member services for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 *Provider Directory* to see which pharmacies are in our network.**

Section 1.5 – Changes to Benefits and Costs for Medical Services %

We are changing our coverage for certain medical services next year. The following information describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in the *2022 Evidence of Coverage*.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Dental Services	There is an annual plan coverage maximum of \$2,000 on all covered dental services.	There is an annual plan coverage maximum of \$2,500 on all covered dental services.
Inpatient hospital care	<p>For a Medicare-covered inpatient stay at an out-of-network hospital, each benefit period you pay a:</p> <ul style="list-style-type: none"> • \$1,484 deductible • \$0 copayment per day for days 1-60 • \$371 copayment per day for days 61-90 • \$742 copayment per day for 60 lifetime reserve days 	<p>In 2021, for a Medicare-covered inpatient stay at an out-of-network hospital, each benefit period you pay a:</p> <ul style="list-style-type: none"> • \$1,484 deductible • \$0 copayment per day for days 1-60 • \$371 copayment per day for days 61-90 • \$742 copayment per day for 60 lifetime reserve days <p>These are 2021 cost-sharing amounts and may change for 2022. Peoples</p>

Cost	2021 (this year)	2022 (next year)
		<p>Health Group Medicare will provide updated rates as soon as they are released.</p>
<p>Inpatient mental health care</p>	<p>For each inpatient stay at an out-of-network hospital or an out-of-network psychiatric facility for Medicare-covered mental health services, each benefit period you pay a:</p> <ul style="list-style-type: none"> • \$1,484 deductible • \$0 copayment per day for days 1-60 • \$371 copayment per day for days 61-90 • \$742 copayment per day for 60 lifetime reserve days 	<p>In 2021, for each inpatient stay at an out-of-network hospital or an out-of-network psychiatric facility for Medicare-covered mental health services, each benefit period you pay a:</p> <ul style="list-style-type: none"> • \$1,484 deductible • \$0 copayment per day for days 1-60 • \$371 copayment per day for days 61-90 • \$742 copayment per day for 60 lifetime reserve days <p>These are 2021 cost-sharing amounts and may change for 2022. Peoples Health Group Medicare will provide updated rates as soon as they are released.</p>
<p>Fitness Program</p>	<p>You pay a \$0 copayment for membership at a network fitness center.</p> <p>Your provider may need to obtain prior authorization.</p>	<p>You pay a \$0 copayment for membership at a network fitness center.</p>

Cost	2021 (this year)	2022 (next year)
Health Education	<p>You pay a \$0 copayment at a network provider.</p> <p>Your provider may need to obtain prior authorization.</p>	<p>You pay a \$0 copayment at a network provider.</p>
Over-the-Counter (OTC) Products Catalog	<p>Not covered.</p>	<p>\$40 a quarter in credits for over-the-counter products. Your credit amount expires at the end of the quarter.</p> <p><u>Not</u> covered out of network.</p>
Meal Benefit	<p>Not covered.</p>	<p>You pay a \$0 copayment for up to 2 meals per day for 5 days, delivered by the network meal provider, each time you are discharged from an eligible hospital stay to your home or another household in Louisiana.</p> <p><u>Not</u> covered out of network.</p>
NurseLine	<p>You pay a \$0 copayment for services from the network provider. Your provider may need to obtain prior authorization.</p>	<p>You pay a \$0 copayment for services from the network provider.</p>
Opioid treatment program services	<p>You pay a \$0 copayment for the following Medicare-covered services from programs that treat opioid use disorder (OUD):</p>	<p>You pay a \$0 copayment for the following Medicare-covered services from programs that treat opioid use disorder (OUD):</p>

Cost	2021 (this year)	2022 (next year)
	<ul style="list-style-type: none"> • FDA-approved medications to treat OUD, and the dispensing and administration of these medications • Substance use counseling • Individual and group therapy • Drug tests 	<ul style="list-style-type: none"> • FDA-approved medications to treat OUD, and the dispensing and administration of these medications • Substance use counseling • Individual and group therapy • Drug tests • Intake activities • Assessments to review your progress and treatment plan
<p>Respite Care – Help With Certain Chronic Conditions</p>	<p>Not covered.</p>	<p>If you have been diagnosed with dementia by a plan provider and meet certain medical criteria, you may be eligible for a maximum of 12 respite care sessions per year from the network respite care provider.</p> <p>You pay a \$0 copayment.</p> <p>Please contact member services for additional information or questions on how to use this benefit.</p> <p><u>Not</u> covered out of network.</p>
<p>Virtual Medical visits</p>	<p>You pay a \$0 copayment.</p>	<p>You pay a \$0 copayment.</p>

Cost	2021 (this year)	2022 (next year)
		The list of services covered by your plan has changed, please see your <i>Evidence of Coverage</i> for a full list of covered services

Section 1.6 – Changes to Part D Prescription Drug Coverage %

Changes to Our Drug List %

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members to ask for an exception before next year.**
 - To learn what you must do to ask for an exception, see Chapter 9 of the *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call member services.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call member services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a drug that is not on the Drug List (Formulary) or when it is restricted in some way in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have obtained approval for a Drug List (Formulary) exception this year, please refer to the approved through date provided on your approval letter to determine when your approval expires. After the date of expiration on your approval letter, you may need to obtain a new

approval in order for the plan to continue to cover the drug, if the drug still requires an exception and you and your doctor feel it is needed. To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage* or call member services.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

Changes to Prescription Drug Costs %

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and haven’t received this insert by September 30, please call member services and ask for the “LIS Rider.”

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of the *Evidence of Coverage* for more information about the stages.)

The following information shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at www.peopleshealth.com. You may also call member services to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2021 (this year)	2022 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in the *Evidence of Coverage*.

Stage	2021 (this year)	2022 (next year)
<p>Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of the <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1 (preferred generic drugs): You pay \$3 per prescription.</p> <p>Tier 2 (generic drugs): You pay \$10 per prescription.</p> <p>Tier 3 (preferred brand drugs): You pay \$25 per prescription.</p> <p>Tier 4 (nonpreferred drugs): You pay \$50 per prescription.</p> <p>Tier 5 (specialty tier drugs): You pay 20% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1 (preferred generic): You pay \$3 per prescription.</p> <p>Tier 2 (generic): You pay \$10 per prescription.</p> <p>Tier 3 (preferred brand): You pay \$25 per prescription.</p> <p>Tier 4 (nonpreferred drug): You pay \$50 per prescription.</p> <p>Tier 5 (specialty tier): You pay 20% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose %

Section 2.1 – If you want to stay in Peoples Health Group Medicare

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare during your employer or retiree group's Annual Enrollment Period, you will automatically be enrolled in Peoples Health Group Medicare for 2022.

Section 2.2 – If you want to change plans %

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a **different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Peoples Health Group Medicare.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Peoples Health Group Medicare.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact member services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans %

If you want to change to a different plan or to Original Medicare for next year, you can do it during your employer or retiree group's Annual Enrollment Period. The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*. **Check with the benefits administrator of your employer or retiree group before you change your plan.** This is important because you may lose benefits you currently receive under your employer or retiree group coverage if you switch plans.

SECTION 4 Programs That Offer Free Counseling about Medicare %

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Louisiana, the SHIP is called Louisiana Senior Health Insurance Information Program (SHIIP).

SHIIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. SHIIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIIP at 1-800-259-5300. You can learn more about SHIIP by visiting their website (www.lidi.la.gov/SHIIP).

SECTION 5 Programs That Help Pay for Prescription Drugs %

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage

gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your state Medicaid office (applications).
- **Help from your state's pharmaceutical assistance program.** Louisiana has a program called Louisiana Department of Health that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 4 of this booklet).
 - **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the *Evidence of Coverage*.

SECTION 6 Questions? %

Section 6.1 – Getting Help from Peoples Health %

Questions? We're here to help. Please call member services at 1-866-616-8308, ext. 1. (TTY only, call 711). We are available for phone calls seven days a week, from 8 a.m. to 8 p.m. If you contact us on a weekend or holiday, we will reach out to you within one business day. Calls to these numbers are free.

Read the 2022 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for Peoples Health Group Medicare. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.peopleshealth.com. You may also call member services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.peopleshealth.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or 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.

For more information, please call customer service at:

Peoples Health Group Medicare (HMO-POS) Member Services:



Call **1-866-616-8308, ext. 1**

Calls to this number are free. 8 a.m. - 8 p.m. local time, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free.
8 a.m. - 8 p.m. local time, 7 days a week.



Write: **Three Lakeway CTR, 3838 N Causeway BLVD, STE 2500
Metairie, LA 70002**



www.peopleshealth.com