

Annual notice of changes 2022

Peoples Health Patriot (PPO)



Toll-free **1-800-222-8600**, 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

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.) will be in the network next year.

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. 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 1-800-222-8600 (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.

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You are currently enrolled as a member of Peoples Health Patriot (PPO).

Next year, there will be some changes to the plan's costs and benefits. **This booklet tells about the changes.**

You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

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 for information about benefit and cost changes for our plan.
- 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 don't join another plan by December 7, 2021, you will be enrolled in Peoples Health Patriot (PPO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. Enroll: To change plans, join a plan between **October 15** and **December 7, 2021**

- If you **don't join another plan by December 7, 2021**, you will be enrolled in Peoples Health Patriot (PPO).
- If you **join another plan by December 7, 2021**, your new coverage will start on January 1, 2022. You will be automatically disenrolled from your current plan.

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 1-800-222-8600 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 1-800-222-8600, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de 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 Patriot (PPO)

- 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 Patriot (PPO).

Summary of important costs for 2022

The table below compares the 2021 costs and 2022 costs for Peoples Health Patriot (PPO) 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)
Monthly Plan Premium	\$0	\$0
Maximum out-of-pocket amounts 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.)	From network providers: \$6,700 From in-network and out-of-network providers combined: \$10,000	From network providers: \$6,700 From in-network and out-of-network providers combined: \$10,000
Doctor office visits	Primary care visits: You pay a \$5 copayment per visit (in-network). You pay a \$25 copayment per visit (out-of-network). Specialist visits: You pay a \$35 copayment per visit (in-network). You pay a \$55 copayment per visit (out-of-network).	Primary care visits: You pay a \$0 copayment per visit (in-network). You pay a \$20 copayment per visit (out-of-network). Specialist visits: You pay a \$30 copayment per visit (in-network). You pay a \$50 copayment per visit (out-of-network).
Inpatient hospital stays 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	You pay a \$225 copayment each day for days 1 to 7 (in-network). \$0 copayment for additional Medicare covered days (in-network).	You pay a \$195 copayment each day for days 1 to 6 (in-network). \$0 copayment for additional Medicare covered days (in-network).



Questions? Call our Member Services Department at **1-800-222-8600**, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week

Cost	2021 (this year)	2022 (next year)
day before you are discharged is your last inpatient day.	You pay 40% of the total cost for each Medicare-covered hospital stay for unlimited days (out-of-network).	You pay 30% of the total cost for each Medicare-covered hospital stay for unlimited days (out-of-network).



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Section 1 Changes to Benefits and Costs 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.)	\$0	\$0
Monthly Medicare Part B premium refund (You must also continue to pay your Medicare Part B premium.)	Up to \$50	Up to \$60

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” 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 plan year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.	\$6,700 Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.	\$6,700 Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2021 (this year)	2022 (next plan year)
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.</p>	<p>\$10,000</p> <p>Once you have paid \$10,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.</p>	<p>\$10,000</p> <p>Once you have paid \$10,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.</p>

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 provider, 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 Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below 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 your **2022 Evidence of Coverage**. 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.

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)
Acupuncture for chronic low back pain (Medicare-covered)	<p>You pay a \$5 copayment for services provided by a primary care physician (in-network).</p> <p>You pay a \$35 copayment for services provided by a specialist (in-network).</p> <p>See Chapter 4 of the Evidence of Coverage for details.</p>	<p>You pay a \$0 copayment for services provided by a primary care physician (in-network).</p> <p>You pay a \$30 copayment for services provided by a specialist (in-network).</p> <p>See Chapter 4 of the Evidence of Coverage for details.</p>

Cost	2021 (this year)	2022 (next year)
Acupuncture for chronic low back pain (Medicare-covered)	<p>You pay a \$25 copayment for services provided by a primary care physician (out-of-network).</p> <p>You pay a \$55 copayment for services provided by a specialist (out-of-network).</p> <p>See Chapter 4 of the Evidence of Coverage for details.</p>	<p>You pay a \$20 copayment for services provided by a primary care physician (out-of-network).</p> <p>You pay a \$50 copayment for services provided by a specialist (out-of-network).</p> <p>See Chapter 4 of the Evidence of Coverage for details.</p>
Additional Routine Foot Care	<p>You pay a \$35 copayment for 6 visits. (in-network)</p> <p>You pay a \$55 copayment for 6 visits. (out-of-network)</p> <p>Visits are combined in and out-of-network.</p>	<p>You pay a \$30 copayment for 6 visits. (in-network)</p> <p>You pay a \$50 copayment for 6 visits. (out-of-network)</p> <p>Visits are combined in and out-of-network.</p>
Annual Routine Physical Exam	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Cardiac Rehabilitation	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Chiropractic Services	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Continuous Glucose Monitor and Supplies	<p>You pay 20% of the total cost (in-network).</p> <p>You pay 50% of the total cost (out-of-network).</p>	<p>You pay a \$0 copayment (in-network).</p> <p>You pay 50% of the total cost (out-of-network).</p>

Cost	2021 (this year)	2022 (next year)
Diabetes Self-Management Training, Diabetic Services and Supplies	You pay 40% of the total cost (out-of-network).	You pay 50% of the total cost (out-of-network).
Diabetes Self-Management Training, Diabetic Services and Supplies - Self-Management Training	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Diabetes Self-Management Training, Diabetic Services and Supplies - Therapeutic Shoes	You pay 40% of the total cost (out-of-network).	You pay 50% of the total cost (out-of-network).
Hearing Services Routine Hearing Exam	<p>You pay a \$20 copayment for 1 exam(s) every year. (in-network)</p> <p>You pay a \$55 copayment for 1 exam(s) every year. (out-of-network)</p> <p>Benefit is combined in and out-of-network.</p>	<p>You pay a \$20 copayment for 1 exam(s) every year. (in-network)</p> <p>You pay a \$50 copayment for 1 exam(s) every year. (out-of-network).</p> <p>Benefit is combined in and out-of-network.</p>
Hearing Services Medicare-Covered Hearing and Balance Exams	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Inpatient Hospital Care	<p>You pay a \$225 copayment each day for days 1 to 7 (in-network).</p> <p>\$0 copayment for additional Medicare covered days (in-network).</p>	<p>You pay a \$195 copayment each day for days 1 to 6 (in-network).</p> <p>\$0 copayment for additional Medicare covered days (in-network).</p>

Cost	2021 (this year)	2022 (next year)
Inpatient Hospital Care	You pay 40% of the total cost for each Medicare-covered hospital stay for unlimited days (out-of-network).	You pay 30% of the total cost for each Medicare-covered hospital stay for unlimited days (out-of-network).
Inpatient Mental Health Care	You pay a \$225 copayment each day for days 1 to 7 (in-network). \$0 copayment each day for days 8 to 90 (in-network).	You pay a \$195 copayment each day for days 1 to 6 (in-network). \$0 copayment each day for days 7 to 90 (in-network).
Inpatient Mental Health Care	You pay 40% of the total cost for each Medicare-covered hospital stay (out-of-network).	You pay 30% of the total cost for each Medicare-covered hospital stay (out-of-network).
Kidney Disease Education Services	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Abdominal Aortic Aneurysm Screening	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Annual Wellness Visit	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Bone-Mass Measurements	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Breast Cancer Screening (Mammograms)	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).

Cost	2021 (this year)	2022 (next year)
Medicare-Covered Preventive Services Cardiovascular Disease Testing	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Cervical and Vaginal Cancer Screening	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Barium Enema	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Colorectal Cancer Screening	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Diabetes Screening	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services HIV Screening	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Screening for lung cancer with low dose computed tomography (LDCT)	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Intensive Behavioral Therapy to reduce Cardiovascular Disease risk	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Medical Nutrition Therapy	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Prostate Cancer Screening Exams – PSA test	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).

Cost	2021 (this year)	2022 (next year)
Medicare-Covered Preventive Services Screening and Counseling for Obesity	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Screening and Counseling to Reduce Alcohol Misuse	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Screening for Depression in Adults	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services Smoking and Tobacco use Cessation	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare-Covered Preventive Services "Welcome to Medicare" physical exam	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare Part B Prescription Drugs	You pay 20% of the total cost (in-network).	You pay a \$0 copayment for Medicare-covered Part B allergy antigens (in-network). You pay 20% of the total cost otherwise (in-network).

Cost	2021 (this year)	2022 (next year)
Medicare Part B Prescription Drugs	You pay 40% of the total cost (out-of-network).	<p>You pay a \$0 copayment for Medicare-covered Part B allergy antigens (out-of-network).</p> <p>You pay 30% of the total cost otherwise (out-of-network).</p>
Medicare Part B Prescription Drugs - Chemotherapy Drugs	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Medicare Part B Prescription Drugs - Step Therapy	Not applicable.	<p>There may be effective, lower-cost drugs that treat the same medical condition. If you are prescribed a new Part B medication or have not recently filled the medication under Part B, you may be required to try one or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover the Part B drug.</p>

Cost	2021 (this year)	2022 (next year)
<p>Opioid treatment program services</p>	<p>You pay a \$0 copayment for the following Medicare-covered services from programs that treat opioid use disorder (OUD):</p> <ul style="list-style-type: none"> <input type="checkbox"/> FDA-approved medications to treat OUD, and the dispensing and administration of these medications <input type="checkbox"/> Substance use counseling <input type="checkbox"/> Individual and group therapy <input type="checkbox"/> Drug tests 	<p>You pay a \$0 copayment for the following Medicare-covered services from programs that treat opioid use disorder (OUD):</p> <ul style="list-style-type: none"> <input type="checkbox"/> FDA-approved medications to treat OUD, and the dispensing and administration of these medications <input type="checkbox"/> Substance use counseling <input type="checkbox"/> Individual and group therapy <input type="checkbox"/> Drug tests <input type="checkbox"/> Intake activities <input type="checkbox"/> Assessments to review your progress and treatment plan
<p>Outpatient Diagnostic Tests and Therapeutic Services and Supplies - Medical Supplies</p>	<p>You pay 40% of the total cost (out-of-network).</p>	<p>You pay 50% of the total cost (out-of-network).</p>
<p>Outpatient Diagnostic Tests and Therapeutic Services and Supplies - Radiation Therapy</p>	<p>You pay 40% of the total cost (out-of-network).</p>	<p>You pay 30% of the total cost (out-of-network).</p>
<p>Outpatient Diagnostic Tests and Therapeutic Services and Supplies - Other Diagnostic tests - Non-Radiological Diagnostic Services</p>	<p>You pay 40% of the total cost (out-of-network).</p>	<p>You pay 30% of the total cost (out-of-network).</p>
<p>Outpatient Diagnostic Tests and Therapeutic Services and Supplies - Other Diagnostic tests - Radiological Diagnostic Service, not Including X-rays</p>	<p>You pay 40% of the total cost (out-of-network).</p>	<p>You pay 30% of the total cost (out-of-network).</p>

Cost	2021 (this year)	2022 (next year)
Outpatient Rehabilitation Services - Occupational Therapy	You pay a \$35 copayment (in-network).	You pay a \$30 copayment (in-network).
Outpatient Rehabilitation Services - Occupational Therapy	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Outpatient Rehabilitation Services - Physical Therapy and Speech Therapy	You pay a \$35 copayment (in-network).	You pay a \$30 copayment (in-network).
Outpatient Rehabilitation Services - Physical Therapy and Speech Therapy	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Outpatient Surgery - Ambulatory Surgical Center	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$225 copayment otherwise (in-network).	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$195 copayment otherwise (in-network).
Outpatient Surgery - Ambulatory Surgical Center	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Outpatient Surgery - Hospital Outpatient Facilities	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$225 copayment otherwise (in-network).	You pay a \$0 copayment for a diagnostic colonoscopy. You pay a \$195 copayment otherwise (in-network).
Outpatient Surgery - Hospital Outpatient Facilities	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Outpatient Surgery - Hospital Outpatient Observation Services	You pay a \$225 copayment (in-network).	You pay a \$195 copayment (in-network).
Outpatient Surgery- Hospital Outpatient Observation Services	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).

Cost	2021 (this year)	2022 (next year)
Over-the-Counter (OTC) Products Catalog	\$125 a quarter in credits for over-the-counter products. Your credit amount expires at the end of each quarter. Benefit is combined in and out-of-network	\$75 a quarter in credits for over-the-counter products. Your credit amount expires at the end of each quarter. Benefit is combined in and out-of-network
Physician/Practitioner Services, Including Doctor's Office Visits - Medicare-Covered Hearing and Balance Exams	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Physician/Practitioner Services, Including Doctor's Office Visits - Non-Routine Dental Care	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Physician/Practitioner Services, Including Doctor's Office Visits - Primary Care Provider	You pay a \$5 copayment (in-network).	You pay a \$0 copayment (in-network).
Physician/Practitioner Services, Including Doctor's Office Visits - Primary Care Provider	You pay a \$25 copayment (out-of-network).	You pay a \$20 copayment (out-of-network).
Physician/Practitioner Services, Including Doctor's Office Visits - Specialists	You pay a \$35 copayment (in-network).	You pay a \$30 copayment (in-network).
Physician/Practitioner Services, Including Doctor's Office Visits - Specialists	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Physician/Practitioner Services, Medicare-covered Remote Monitoring Services	Your cost share depends on the service you receive. You may pay the amount for non-radiological diagnostic services, primary care services, or specialist	You pay a \$0 copayment (in-network).

Cost	2021 (this year)	2022 (next year)
	physician services (in-network).	
Podiatry Services	You pay a \$35 copayment (in-network).	You pay a \$30 copayment (in-network).
Podiatry Services	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Prostate Cancer Screening Exams – Digital Rectal Exams	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).
Prosthetic Devices and Related Supplies	You pay 40% of the total cost (out-of-network).	You pay 50% of the total cost (out-of-network).
Pulmonary Rehabilitation	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Skilled Nursing Facility (SNF) Care	<p>You pay a \$0 copayment each day for days 1 to 20 (in-network).</p> <p>You pay a \$184 copayment each day for days 21 to 57 (in-network).</p> <p>You pay a \$0 copayment each day for days 58 to 100 (in-network).</p>	<p>You pay a \$0 copayment each day for days 1 to 20 (in-network).</p> <p>You pay a \$188 copayment each day for days 21 to 56 (in-network).</p> <p>You pay a \$0 copayment each day for days 57 to 100 (in-network).</p>
Supervised Exercise Therapy (SET)	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Urgently Needed Services	You pay a \$30 copayment for each visit in a contracted Urgent Care Center.	You pay a \$40 copayment for each visit.

Cost	2021 (this year)	2022 (next year)
	You pay a \$40 copayment for each visit in a non-contracted Urgent Care Center in the United States.	
Virtual Medical Visits	You pay a \$0 copayment.	You pay a \$0 copayment. The list of services covered by your plan has changed, please see your Evidence of Coverage for a full list of covered services.
Vision Care Medicare-Covered Eye Exams to Evaluate for Eye Disease	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Vision Care Medicare-Covered Eyewear	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Vision Care Additional Routine Eye Exams	You pay a \$0 copayment for 1 exam each year. (in-network) You pay a \$55 copayment for 1 exam each year. (out-of-network) Benefit is combined in and out-of-network.	You pay a \$0 copayment for 1 exam every year. (in-network) You pay a \$50 copayment for 1 exam every year. (out-of-network) Benefit is combined in and out-of-network.
Vision Care Medicare-Covered Glaucoma Screening	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).
Vision Care Medicare-Covered Visits	You pay a \$55 copayment (out-of-network).	You pay a \$50 copayment (out-of-network).

Cost	2021 (this year)	2022 (next year)
“Welcome to Medicare” Preventive Visit - EKG following Welcome Visit	You pay 40% of the total cost (out-of-network).	You pay 30% of the total cost (out-of-network).

Section 2 Deciding Which Plan to Choose

Section 2.1 If You Want to Stay in Peoples Health Patriot (PPO)

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 by December 7, you will automatically be enrolled in our Peoples Health Patriot (PPO).

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,
- **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, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read **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 Patriot (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Peoples Health Patriot (PPO).
- 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 from **October 15 to December 7**. 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 8, 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 8, Section 2.2 of the **Evidence of Coverage**.

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).

Louisiana Senior Health Insurance Information Program (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. Louisiana Senior Health Insurance Information Program (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 Louisiana Senior Health Insurance Information Program (SHIIP) at 1-800-259-5300.

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 Chapter 2, Section 3 of your **Evidence of Coverage**).
- What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your State. Note: To be eligible for the ADAP operating in your State, 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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. You can find your State's ADAP contact information in Chapter 2 of the **Evidence of Coverage**.

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 Patriot (PPO)

Questions? We're here to help. Please call Member Services at 1-800-222-8600. (TTY only, call 711.) We are available for phone calls 8 a.m. - 8 p.m. local time, 7 days a week. Calls to these numbers are free.

Read your 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 Patriot (PPO). 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. 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).

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 Patriot (PPO) Member Services:



Call **1-800-222-8600**

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