



A UnitedHealthcare Company

2022 Health Plan Overview



Peoples Health Choices 65 HMO

H1961-014-002

ST. TAMMANY, TANGIPAHOA, AND WASHINGTON PARISHES

Peoples Health Choices PPO

H4544-001

Peoples Health Patriot PPO (MA-only)

H4544-002

PPO PLANS AVAILABLE STATEWIDE

\$0

PLAN PREMIUM



Picture yourself with Peoples Health.

Peoples Health is the choice of more than 85,000 people with Medicare in Louisiana. Founded in 1994 by medical providers and physicians, we focus on one thing: helping people with Medicare enjoy the best health possible.

Today, Peoples Health is part of the UnitedHealthcare® family of plans. Both organizations share a commitment to helping our members live happier, healthier lives.

Peoples Health plan types.

Peoples Health HMO plans (Health Maintenance Organization) feature coordinated care through our extensive network of providers. These plans include Part D drug coverage.

Peoples Health PPO plans (Preferred Provider Organization) let you choose in- or out-of-network providers. In most cases, you'll have lower out-of-pocket costs for services received in-network. We offer two PPO options, one with Part D drug coverage and one without.

Peoples Health HMO D-SNP plans (Dual-Eligible Special Needs Plans) are covered in a separate booklet. These plans are available to people who have both Medicare and Medicaid. If you have both Medicare and medical assistance from the state, ask about our D-SNP options. You may be entitled to additional benefits.

More plan options. More ways to serve your needs.

It's never been easier to picture yourself with Peoples Health.

This booklet covers our Peoples Health Choices 65 HMO plan available in select parishes and our PPO plans available statewide.

These are Medicare Part C plans, which include Medicare Part A (hospital coverage), Part B (medical coverage) and in most cases Part D (prescription drug coverage). Each plan offers additional benefits beyond Original Medicare. Benefits such as:



**\$0
Plan
Premium**



**\$0
Dental Exams,
Cleanings & X-rays**



**\$0
Hearing
Aids**








**\$0
Eyeglasses
or Contacts**



**\$0
Fitness Center
Membership**

Compare Key Benefits

Choose the plan that fits your needs.

	Choices 65 (HMO)	Choices (PPO)	Patriot (PPO)
 \$0 Primary Care Visits	YES	YES	YES
 Flexible out-of-network coverage	NO	YES	YES
 Over-the-Counter Allowance	\$65/quarter to spend	\$50/quarter to spend	\$75/quarter to spend
 Part B Premium Give Back	NO	NO	\$60/month back to you
 Part D Prescription Drug Coverage	YES	YES	NO

Do you have Medicare and Medicaid?

If you have Medicare and the state pays your Medicare Part B premium, or you have Medicaid, you may be entitled to additional benefits. Ask if other Peoples Health plans are available to you.

Peoples Health Choices 65 HMO

NORTHSHORE

St. Tammany

Tangipahoa

Washington

If you live in a parish not listed, ask about Peoples Health plans available in your area.

This Medicare Advantage Prescription Drug plan offers a \$65 per quarter allowance for over-the-counter health & wellness items.

Your out-of-pocket costs are limited to \$6,700 for in-network Medicare-covered services.



Monthly Plan Premium	\$0
Part B Premium Give Back	Does not apply
Doctor Visits & NurseLine	
Primary Care Physician Visit	\$0
Specialist Visit	\$45
Virtual Medical Visit	\$0
24-Hour NurseLine	\$0
Preventive Care ⁺	
Pap Smears, Pelvic Exams, Mammograms	\$0
Prostate & Colorectal Cancer Screenings	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0
Labs & Tests ⁺⁺	
Lab Services (at contracted lab provider)	\$0
Diagnostic Tests & X-rays (at contracted radiology facility)	\$0
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$175
Outpatient Surgery	
Surgery (outpatient hospital or ambulatory surgical center)	\$200
Inpatient Hospital Care per admission	
Inpatient Deductible	\$0
Inpatient Stay per day, for days 1-10	\$195
Inpatient Stay for days 11 and beyond	\$0
Home Health & Skilled Nursing Facility Care	
Home Health	\$0
Skilled Nursing Facility Care per day (Semiprivate room and board)	\$0 for days 1-20 \$188 for days 21-100

⁺Office visit copay may apply. ⁺⁺X-rays at network locations other than a radiology facility may have higher out-of-pocket costs.

^oEmergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

Emergency Care, Urgent Care & Emergency Transportation°	
Emergency Care	\$90
Urgently Needed Care	\$50
Emergency Ambulance Services per one-way trip (ground or air)	\$270
Worldwide (out of USA) Emergency Care, Urgent Care and Emergency Transportation (to nearest facility)	\$0
Outpatient Services & Supplies	
Occupational, Physical or Speech Therapy Visit	\$20
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	20% coinsurance
Diabetes Monitoring Supplies (test strips, monitor, etc. from a preferred DME provider)	\$0
Mental Health & Substance Abuse Treatment	
Inpatient Mental Health per day	\$195 for days 1-9 \$0 for days 10-90
Outpatient Mental Health Group or Individual Visit	\$40
Outpatient Substance Abuse Group or Individual Visit	\$50
Virtual Mental Health or Virtual Substance Abuse Treatment Visit	\$0

Additional Benefits not Covered by Original Medicare		
\$0 Over-the-Counter Health & Wellness Items	\$65 allowance per quarter	✓
Meals After Inpatient Hospital Stay (2 meals per day, for up to 5 days)	\$0	
Hearing Aids (up to \$500 per ear)	\$0	✓
Routine Eye Exam	\$40	
Glasses or Contact Lenses (one pair per year)	\$0	✓
Dental - Preventive (1 set of X-rays and 2 exams and cleanings per year)	\$0	
Dental - Comprehensive (fillings, dentures, etc.)	Copays vary \$50 deductible applies	
Dental - Coverage Maximum	\$2,000	
Fitness Center Membership	\$0	✓

Medicare Part D Prescription Drugs		
Initial Coverage Stage	30-Day Supply	90-Day Supply
Tier 1 (with coverage through the gap)	\$0 ✓	\$0 ✓
Tier 2 (with coverage through the gap)	\$10	\$0 (preferred mail order)
Tier 3	\$45	\$135
Tier 4	\$100	\$300
Tier 5	33% coinsurance	30-day supply only
If you have a limited income, you may be eligible for Medicare's Extra Help program. It could lower your costs for prescriptions. Ask us about eligibility.		

Peoples Health Choices PPO


This plan offers coverage for out-of-network providers and additional savings for staying in network. Part D prescription drug coverage is included.

Peoples Health Patriot PPO (MA-only)

This plan also offers coverage for out-of-network providers and additional savings for staying in network, however Part D prescription drug coverage is NOT included.







These plans limit your out-of-pocket costs to \$6,700 for in-network or \$10,000 for combined in- and out-of-network Medicare-covered services. Both plans are available to people with Medicare throughout the state of Louisiana.



	Choices (PPO)	Patriot (PPO) MA-only	Choices (PPO) & Patriot (PPO)
	In-network		Out-of-network
Monthly Plan Premium	\$0	\$0	\$0
Part B Give Back	Does not apply	\$60	
Doctor Visits & NurseLine			
Primary Care Physician Visit 	\$0	\$0	\$20
Specialist Visit	\$35	\$30	\$55 Choices \$50 Patriot
Virtual Medical Visit	\$0	\$0	
24-Hour NurseLine	\$0	\$0	\$0
Preventive Care⁺			
Pap Smears, Pelvic Exams, Mammograms	\$0	\$0	30% coinsurance
Prostate & Colorectal Cancer Screenings	\$0	\$0	30% coinsurance
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0	\$0	\$0
Labs & Tests⁺			
Lab Services	\$0	\$0	\$0
Diagnostic Tests	\$40	\$20	30% coinsurance
X-rays	\$12	\$15	\$20
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$175	\$110	30% coinsurance
Outpatient Surgery (Outpatient Hospital or Ambulatory Surgical Center)			
Outpatient Surgery	\$225	\$195	30% coinsurance
Inpatient Hospital Care per admission			
Inpatient Deductible	\$0	\$0	\$0
Inpatient Stay per day	\$225 for days 1-7 \$0 for days 8 & beyond	\$195 for days 1-6 \$0 for days 7 & beyond	30% coinsurance
Emergency Care, Urgent Care & Emergency Transportation^o			
Emergency Care	\$90	\$90	\$90
Urgently Needed Care	\$40	\$40	\$40
Emergency Ambulance Services per one-way trip (ground or air)	\$275	\$250	\$275 Choices \$250 Patriot
Worldwide (out of USA) Emergency Care, Urgent Care and Emergency Transportation (to nearest facility)	N/A	N/A	\$0

⁺Office visit copay may apply.

^oEmergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

	Choices (PPO)	Patriot (PPO) MA-only	Choices (PPO) & Patriot (PPO)
	In-network		Out-of-network
Home Health & Skilled Nursing Facility Care			
Home Health	\$0	\$0	50% coinsurance
Skilled Nursing Facility Care per day (Semiprivate room and board)	\$0 for days 1-20 \$188 for days 21-56 \$0 for days 57-100	\$0 for days 1-20 \$188 for days 21-56 \$0 for days 57-100	\$225 for days 1-45 \$0 for days 46-100
Outpatient Services & Supplies			
Occupational, Physical or Speech Therapy Visit	\$20	\$30	\$40 Choices \$50 Patriot
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	50% coinsurance
Diabetes Monitoring Supplies (test strips, monitor, etc. from a DME provider)	\$0	\$0	50% coinsurance
Mental Health & Substance Abuse Treatment			
Inpatient Mental Health per day	\$225 for days 1-7 \$0 for days 8-90	\$195 for days 1-6 \$0 for days 7-90	30% coinsurance
Outpatient Mental Health or Substance Abuse Group or Individual Visit	\$15 group \$25 individual	\$15 group \$25 individual	\$30 group \$40 individual
Virtual Mental Health or Virtual Substance Abuse Treatment Visit	\$0	\$0	\$0 through contracted provider

Additional In-Network Benefits not Covered by Original Medicare	Choices (PPO)	Patriot (PPO) MA-only
\$0 Over-the-Counter Health & Wellness Items 	\$50 per quarter	\$75 per quarter
Meals After Inpatient Hospital Stay (2 meals per day, for up to 5 days)	\$0	\$0
Hearing Aids (up to \$500 per ear) 	\$0	\$0
Routine Eye Exam	\$0	\$0
Glasses or Contact Lenses (up to \$200 in coverage) 	\$0	\$0
Dental - Preventive (1 set of X-rays and 2 exams and cleanings per year)	\$0	\$0
Dental - Coverage Maximum (\$0 deductible)	\$500	\$2,500
Fitness Center Membership 	\$0	\$0

Medicare Part D Prescription Drugs	Choices (PPO)		Patriot (PPO) MA-only
Initial Coverage Stage	30-Day Supply	90-Day Supply	Part D drug coverage not included with this plan
Tier 1 (with coverage through the gap)	\$0 	\$0 	
Tier 2 (with coverage through the gap)	\$10	\$0 (preferred mail order)	
Tier 3	\$45	\$135	
Tier 4	\$100	\$300	
Tier 5	33% coinsurance	30-day supply only	
If you have a limited income, you may be eligible for Medicare’s Extra Help program. It could lower your costs for prescriptions. Ask us about eligibility.			



A UnitedHealthcare Company

For more information on Medicare or our plan benefits, call toll-free:

1-844-817-1650 (TTY: 711)

Monday through Friday: 7 a.m. to 1 a.m. CST

Saturday and Sunday: 7 a.m. to 10 p.m. CST

Asistencia disponible en español.

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www.peopleshealth.com



Connect with us.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal. This is a brief overview of Peoples Health plans H1961-014-002, H4544-001, and H4544-002. Out-of-network/noncontracted providers are under no obligation to treat Peoples Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Contact the plan for more information.

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