



## 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<br>(HMO)   | Choices<br>(PPO)      | Patriot<br>(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

NORTSHORE


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  |
| <b>Doctor Visits &amp; NurseLine</b>                               |   |
| Primary Care Physician Visit                                       | \$0  |
| Specialist Visit   | \$45  |
| Virtual Medical Visit  | \$0   |
| 24-Hour NurseLine  | \$0   |
| <b>Preventive Care<sup>+</sup></b>                                 |   |
| Pap Smears, Pelvic Exams, Mammograms                               | \$0   |
| Prostate & Colorectal Cancer Screenings                            | \$0   |
| Vaccinations (COVID-19, flu, pneumonia, hepatitis B)               | \$0   |
| <b>Labs &amp; Tests<sup>+</sup>*</b>                               |   |
| 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   |
| <b>Outpatient Surgery</b>  |   |
| Surgery (outpatient hospital or ambulatory surgical center)        | \$200   |
| <b>Inpatient Hospital Care per admission</b>                       |   |
| Inpatient Deductible   | \$0   |
| Inpatient Stay per day, for days 1-10                              | \$195   |
| Inpatient Stay for days 11 and beyond                              | \$0   |
| <b>Home Health &amp; Skilled Nursing Facility Care</b>             |   |
| Home Health  | \$0   |
| Skilled Nursing Facility Care per day (Semiprivate room and board) | \$0 for days 1-20<br>\$188 for days 21-100  |

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

<sup>o</sup>Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

| Emergency Care, Urgent Care & Emergency Transportation <sup>o</sup>                                   |  |
|---|--|
| 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<br>\$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<br>\$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  |
| <p>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.</p> |   |   |



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

<sup>+</sup>Office visit copay may apply.

<sup>o</sup>Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

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

| Additional In-Network Benefits not Covered by Original Medicare  | Choices (PPO)    | Patriot (PPO)<br>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<br>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)<br>MA-only                                  |
|--|-----------------|---|---|
| Initial Coverage Stage   | 30-Day Supply   | 90-Day Supply   | Part D drug<br>coverage not<br>included<br>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.

Three Lakeway Center | 3838 N. Causeway Blvd., Suite 2500 | Metairie, LA 70002

[www.peopleshealth.com](http://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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