

PEOPLES HEALTH

A UnitedHealthcare Company

2022 Health Plan Overview



Peoples Health Group Medicare

HMO-POS

AVAILABLE STATEWIDE

Peoples Health Group Medicare HMO-POS

A Medicare Advantage Prescription Drug plan that features the coordinated, in-network care for which Peoples Health is known. It also offers out-of-network coverage.



Don't miss some of our key benefits


	Group Medicare	
	In-network	Out-of-network
Out-of-Pocket Maximum	\$2,500	Does not apply
Doctor Visits & NurseLine		
Primary Care Physician Visit	\$5	20% coinsurance
Specialist Visit	\$10	
Virtual Medical Visit or 24-Hour NurseLine	\$0	Available through contracted provider
Preventive Care⁺		
Pap Smears, Pelvic Exams, Mammograms	\$0	20% coinsurance
Prostate & Colorectal Cancer Screenings	\$0	
Bone Mass Measurement	\$0	
Vaccinations (COVID-19, flu, pneumonia)	\$0	\$0
Labs & Tests⁺		
Lab Services, Diagnostic Tests, X-rays and Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0	20% coinsurance
Outpatient Surgery		
Surgery (outpatient hospital or ambulatory surgical center)	\$0	20% coinsurance
Inpatient Hospital Care per admission		
Inpatient Deductible	\$0	Same as Medicare
Inpatient Stay per day, for days 1-10	\$50	
Inpatient Stay for days 11 and beyond	\$0	
Worldwide Emergency and Urgent Care^o		
Emergency Care (worldwide)	\$50	\$50
Urgent Care (inside the U.S.)	\$10	\$10
Urgent Care (outside the U.S.)		\$50
Emergency Transportation (per one-way trip)		
Emergency Ambulance Services (ground or air)	\$50	\$50
Home Health & Skilled Nursing Facility Care		
Home Health	\$0	20% coinsurance
Skilled Nursing Facility Care (semi private room and board, days 1-20)	\$0	\$0
Skilled Nursing Facility Care (semi private room and board, per each additional day of the benefit period)	\$25 per day	\$25 per day

⁺Office visit copay may apply.

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

	Group Medicare	
	In-network	Out-of-network
Outpatient Services & Supplies		
Occupational, Physical or Speech Therapy Visit	\$0	20% coinsurance
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	5% coinsurance	
Diabetes Monitoring Supplies (test strips, monitor, etc. from a DME provider)	\$0	
Mental Health & Substance Abuse Treatment		
Inpatient Mental Health per day, for days 1-10	\$50	Same as Medicare
Inpatient Mental Health per day, for days 11-90	\$0	
Outpatient Mental Health or Substance Abuse Visit	\$10	20% coinsurance
Virtual Mental Health Visit	\$0	Available through contracted provider

Out-of-network/non-contracted 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.

Additional In-Network Benefits not Covered by Original Medicare 	
\$0 Over-the-Counter Health & Wellness Items	\$40 allowance per quarter
Meals After Inpatient Hospital Stay (2 meals per day, for up to 5 days)	\$0
Respite Care Services (up to 12 four-hour sessions per year)	\$0
Routine Eye Exam	\$15
Eyeglasses 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	\$2,500
Fitness Center Membership	\$0

Medicare Part D Prescription Drugs	Network Pharmacies	
Initial Coverage Period	30-Day Supply	90-Day Supply (from pharmacies with preferred cost-sharing)
Tier 1 (with coverage through the gap)	\$3	\$0
Tier 2 (with coverage through the gap)	\$10	\$0
Tier 3 (with coverage through the gap)	\$25	\$50
Tier 4 (with coverage through the gap)	\$50	\$100
Tier 5 (with coverage through the gap)	20% coinsurance	30-day supply only



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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 with Medicare. The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-8600 (TTY: 711). ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-222-8600 (ATS: 711).