Medicare Advantage plan

Summary of benefits 2022

Peoples Health Patriot (PPO)
H4544-002-000

Look inside to take advantage of the health services the plan provides.
Call Customer Service or go online for more information about the plan.

Toll-free **1-844-849-2591**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

www.peopleshealth.com

PEOPLES HEALTH
*Your **Medicare Health** Team*
A UnitedHealthcare Company

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Summary of benefits

January 1st, 2022 - December 31st, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.peopleshealth.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

Peoples Health Patriot (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these parishes in:

Louisiana: Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn.

Use network providers.

Peoples Health Patriot (PPO) has a network of doctors, hospitals, and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services.

You can go to www.peopleshealth.com to search for a network provider using the online directory.

Peoples Health Patriot (PPO)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Part B Premium Reduction	Up to $60	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount	$6,700 annually for Medicare-covered services you receive from in-network providers.	$10,000 annually for Medicare-covered services you receive from any provider.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.	

Peoples Health Patriot (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital[2]		$195 copay per day: for days 1-6 $0 copay per day: for days 7 and beyond	30% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)[2]	$0 copay for a diagnostic colonoscopy $195 copay otherwise	30% coinsurance
	Outpatient Hospital, including surgery[2]	$0 copay for a diagnostic colonoscopy $195 copay otherwise	30% coinsurance
	Outpatient Hospital Observation Services[2]	$195 copay	30% coinsurance
Doctor Visits	Primary Care Provider	$0 copay	$20 copay
	Specialists	$30 copay	$50 copay
	Virtual Medical Visits	$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Preventive Care	Medicare-covered	$0 copay	$0 copay - 30% coinsurance (depending on the service)
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)	

Benefits

		In-Network	Out-of-Network
		Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 "Welcome to Medicare" preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.	
	Routine physical	$0 copay; 1 per year*	30% coinsurance; 1 per year*
Emergency Care		$90 copay ($0 copay for emergency care outside the United States) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the "Inpatient Hospital" section of this booklet for other costs.	
Urgently Needed Services		$40 copay ($0 copay for urgently needed services outside the United States) per visit	

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)[2]	$0 copay for each diagnostic mammogram $110 copay otherwise	30% coinsurance
	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	$20 copay	30% coinsurance
	Therapeutic Radiology[2]	$50 copay per service	30% coinsurance
	Outpatient X-rays[2]	$15 copay per service	$20 copay per service
Hearing Services	Exam to diagnose and treat hearing and balance issues	$0 copay	$50 copay
	Routine hearing exam	$20 copay; 1 per year*	$50 copay; 1 per year*
	Hearing aid	$500 allowance per ear, maximum benefit of $1,000 every year.*	Hearing aids available nationwide through mail order from TruHearing.*
Routine Dental Benefits	Preventive	$0 copay for covered preventive services*	$0 copay for covered preventive services*
	Comprehensive	$0 copay for comprehensive dental services*	$0 copay for comprehensive dental services*
	Benefit limit	$2,500 combined limit on all covered dental services*	

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	$0 copay	$50 copay
	Eyewear after cataract surgery	$0 copay	$50 copay
	Routine eye exam	$0 copay; 1 each year*	$50 copay; 1 each year*
	Routine eyewear	$0 copay every year; up to $200 for a pair of lenses and frames or contact lenses.*	Eyewear available nationwide through mail order from Vision Benefits Network.*
Mental Health	Inpatient visit[2]	$195 copay per day: for days 1-6 $0 copay per day: for days 7-90	30% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit[2]	$15 copay	$30 copay
	Outpatient individual therapy visit[2]	$25 copay	$40 copay
	Virtual Mental Health Visits	$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Skilled Nursing Facility (SNF)[2]		$0 copay per day: for days 1-20 $188 copay per day: for days 21-56 $0 copay per day: for days 57-100	$225 copay per day: for days 1-45 $0 copay per day: for days 46-100
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit[2]		$30 copay	$50 copay

Benefits

		In-Network	Out-of-Network
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$250 copay for ground $250 copay for air	$250 copay for ground $250 copay for air
Routine Transportation		Not covered	
Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs[2]	20% coinsurance	30% coinsurance
	Other Part B drugs[2]	$0 copay for allergy antigens 20% coinsurance for all others	$0 copay for allergy antigens 30% coinsurance for all others

Additional Benefits

		In-Network	Out-of-Network
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	$20 copay	$50 copay
Diabetes Management	Diabetes monitoring supplies[2]	$0 copay for each Medicare-covered blood glucose diabetes monitoring supply. Diabetes monitoring supplies must be purchased from a network durable medical equipment provider.	50% coinsurance
	Diabetes Self-management training	$0 copay	30% coinsurance
	Therapeutic shoes or inserts[2]	20% coinsurance	50% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[2]	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance	50% coinsurance
Fitness program		$0 copay at a network fitness center $0 copay for an at home fitness kit; available for members living 15 miles or more from a participating fitness center location. There are no out-of-network facilities available for this benefit.	
Foot Care (podiatry services)	Foot exams and treatment	$30 copay	$50 copay
	Routine foot care	$30 copay; for each visit up to 6 visits every year*	$50 copay; for each visit up to 6 visits every year*

Additional Benefits

		In-Network	Out-of-Network
Meal Benefit[2]		$0 copay; coverage for at-home meal benefit from the network meal provider after an eligible hospital stay. Restrictions apply.	
Home Health Care[2]		$0 copay	50% coinsurance
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
Occupational Therapy Visit[2]		$30 copay	$50 copay
Opioid Treatment Program Services[2]		$0 copay	$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit[2]	$15 copay	$30 copay
	Outpatient individual therapy visit[2]	$25 copay	$40 copay
Over-the-Counter (OTC) Products Catalog		$75 credit every quarter to purchase approved health products. Order online, over the phone, or by mail through your Over-the-Counter catalog.	
Renal Dialysis[2]		20% coinsurance	20% coinsurance

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

Required Information

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.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy 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.

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.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

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.

The provider network may change at any time. You will receive notice when necessary.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.