



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

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
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 ^o	
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
<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) 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.

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

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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GET

READY

FOR

MEDICARE

PEOPLES HEALTH

A UnitedHealthcare Company

Peoples Health is a Louisiana-based Medicare Advantage organization. Founded by physicians and medical providers, we choose to focus on one thing:

Helping people with Medicare.

LET'S GET STARTED

Choosing the right Medicare plan can be confusing. There are a lot of options to consider. Peoples Health is here to help make Medicare easy.

Peoples Health has been helping people with Medicare since 1994. Over those years we've found that everybody's needs are different, but one thing remains the same: You need the coverage that works best for you.

We hope the information in this guide helps you understand your options. And we're always happy to talk through your questions, so you can be confident in your choices.



THE ABCs (and D) OF MEDICARE

Medicare Parts A and B are commonly known as Original Medicare.

Medicare Part A is hospital insurance. It covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care. For most people, there is no monthly premium for Part A. (It's been paid for through payroll deductions and employer contributions over your or your spouse's working life.)

Medicare Part B is medical insurance for doctor visits, outpatient care, preventive services, etc. Medicare charges a monthly premium for Part B.

Medicare Part C is another name for Medicare Advantage plans. For these plans, Medicare contracts with insurance companies to provide your benefits. These plans can offer more benefits than Medicare, and many of them include Part D drug coverage.

Medicare Part D is prescription drug coverage. It is offered by private insurers and is often included with Medicare Advantage plans. Part D plans have a monthly premium.



DEDUCTIBLES

Just like individual health plans, some Medicare options require you to pay a deductible before your coverage begins. For instance, Medicare has deductibles for both Part A and Part B. Many Part D plans have deductibles as well.

When choosing your coverage option, ask about the deductibles you may face.

Most Peoples Health plans do not have a deductible for Part A, Part B or Part D.



MAXIMUM OUT-OF-POCKET

Annual maximum out-of-pocket costs, also known as MOOP, refers to the maximum amount you'll have to pay for certain services. After you reach that limit, the plan pays 100% and you pay \$0 for those services.

With Original Medicare, there is no MOOP or limit to the costs you might be responsible for. On the other hand, Medicare Advantage plans are required to limit your out-of-pocket costs for Medicare-covered services.

Keep in mind the phrase “Medicare-covered services.” If it’s an additional benefit not normally covered by Medicare—like Part D drug coverage, comprehensive dental or routine hearing exams—the cost of the service may not apply to your MOOP limit.



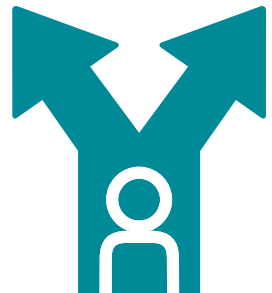
MEDICARE SUPPLEMENT PLANS

VS.

MEDICARE ADVANTAGE PLANS

Medicare supplements, sometimes called Medigap policies, are offered by private companies to help cover some of the costs you may face if you are using Original Medicare. They charge a monthly premium above and beyond your Medicare Part B premium. Supplemental insurance policies only cover the benefits offered by Original Medicare. If you want routine dental, vision and fitness coverage or Part D drug coverage, you would need to buy those plans separately.

Medicare Advantage plans are contracted with and paid by the federal government to administer your Medicare benefits. Each plan may have a different approach to how it offers coverage. Peoples Health helps its members by coordinating care and helping members navigate the health care environment. Plus, with Peoples Health, you can get more benefits than Original Medicare with no plan premium beyond the Part B premium you pay Medicare.



MORE THAN MEDICARE

Medicare Advantage plans can offer more benefits than Original Medicare. Most Peoples Health plans offer additional benefits without a monthly premium. You still pay your Medicare Part B premium, but you could enjoy additional benefits like:

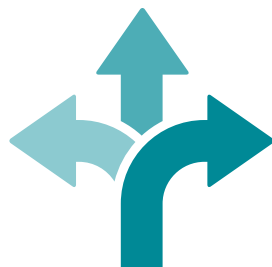
- Complimentary fitness center membership
- Routine vision coverage, including \$0 eyeglasses or contacts
- \$0 routine dental coverage, including a set of X-rays and 2 cleanings and exams per year
- Allowance for over-the-counter items
- Allowance for healthy groceries[†]
- Meals after hospital stays
- Part D drug coverage with certain generic drugs for \$0* and no Part D deductible



*\$0 Tier 2 generic drugs available by preferred mail-order on 90-day supplies. [†]D-SNPs only.

MEDICARE ADVANTAGE PLAN TYPES

There are several types of Medicare Advantage plans available to people with Medicare. Peoples Health offers three basic models:



- Our Health Maintenance Organization (HMO) plans offer coordinated care through a carefully selected network of providers. These HMO plans include Part D prescription drug coverage. In Louisiana, most people enrolled in Medicare Advantage plans have chosen an HMO plan.
- Our Dual-Eligible Special Needs Plans (HMO D-SNPs) also emphasize coordinated care, but with enhanced benefits. These plans are available to people who have both Medicare and Medicaid and also include Part D prescription drug coverage. Peoples Health offers different options depending on your level of Medicaid eligibility.
- Our Preferred Provider Organization (PPO) plans offer out-of-network coverage for providers that accept Medicare. As a member of one of these plans, you have the option of getting services from a provider in our network, usually at greater savings or getting services out of network. We offer two PPO plans statewide. One has Part D drug coverage; one does not have Part D coverage.

ENROLLMENT PERIODS



Turning 65: If you're turning 65, your initial enrollment period starts 3 months before your birth month, includes the month of your birth and extends to 3 months after your birth month. The option to enroll in a Medicare Advantage plan is available to you during any of these 7 months.

Medicare's Annual Enrollment Period: Medicare's annual enrollment period starts Oct. 15 and ends Dec. 7. You can change the way you get your Medicare benefits during this time. Medicare Advantage plans are allowed to share information about the coming year's benefits starting Oct. 1 of every year.

5-Star Special Enrollment Period: You can switch to a plan rated 5 out of 5 stars by Medicare any time from December 8 through November 30 of the following year. You can use this enrollment option one time during that period.

Other Special Enrollment Periods: There are a number of exceptions to the standard Medicare enrollment periods. Moving into a new area, having Medicaid and Medicare, or qualifying for Medicare's Part D "Extra Help" program are a few of those exceptions. Call the number on the back of this booklet to learn more.

STARS:

MEDICARE'S QUALITY

AND PERFORMANCE RATINGS

Information on benefits and costs for Medicare Advantage plans is easily available, but how do you know if a health plan offers the quality you need? Check the plan's unbiased Medicare Star Rating. Every year, Medicare evaluates plans based on a 5-star rating system. The rating covers a number of measures related to the plan's health and drug services. The more stars, the higher the quality, with 5 stars being the highest overall rating.



In an effort to give people with Medicare access to plans with a high quality rating, Medicare offers a special enrollment period for plans with a 5-star rating. That means if you are in another Medicare Advantage plan, you have the opportunity to switch to a 5-star plan outside of the annual enrollment period.

**Peoples Health earned
Medicare's highest rating for 2022.***



5 out of 5 stars

*For our HMO plans and D-SNPs

THINGS TO CONSIDER:

WHAT DO YOU WANT IN A MEDICARE PLAN?

Here are a few things to think about when evaluating Medicare plans:

What benefits do you want?

Check all the things that are important to you.

- Part D prescription drug coverage
- Fitness center membership
- Dental coverage
- Lower Part B premium
- Vision and eyewear coverage
- Routine hearing coverage and hearing aids
- Allowance for over-the-counter items
- Out-of-network coverage



THINGS TO CONSIDER:

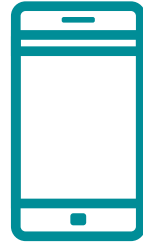
WHAT DO YOU WANT IN A MEDICARE PLAN?

Who do you want to receive care from? What doctors are important?

(List the doctors you see and the hospitals you might visit.)



IMPORTANT NUMBERS



Medicare

1-800-633-4227 (1-800-MEDICARE)
(TTY: 1-877-486-2048)
24 hours a day, 7 days a week,
except some federal holidays

Social Security Administration

1-800-772-1213 (TTY: 1-800-325-0778)

Louisiana Medicaid

1-888-342-6207 (TTY: 1-800-220-5404)

SHIP (Louisiana's Senior Health Insurance Information Program)

1-800-259-5300 (TTY: 711)

Peoples Health

Sales Representative: 1-800-537-0311 (TTY: 711)
7 a.m. to 5 p.m., Monday through Friday

**We hope this booklet helps you make
the best decision when it comes to
choosing your Medicare coverage.**

1-800-537-0311

(TTY: 711)

Toll-free, 7 a.m. to 7 p.m. CST,
Monday through Friday



A UnitedHealthcare Company

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage Plans: A Medicare Advantage organization with a Medicare contract. For Dual Special Needs Plans: A Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal. Every year, Medicare evaluates plans based on a 5-star rating system. Peoples Health HMO and HMO D-SNP plans under Medicare contract H1961 are rated 5 out of 5 stars for 2022. Peoples Health PPO plans (contract H4544) are too new to be rated. 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.

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