



A UnitedHealthcare Company

2022 Health Plan Overview



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.

We offer Medicare Advantage plans – also known as Medicare Part C plans. They include Medicare Part A (hospital coverage) and Medicare Part B (medical coverage), and they can include Medicare Part D (prescription drug coverage).

Plus, Peoples Health plans include more benefits than Medicare – for no additional premium.

Everyone has their own needs for health coverage, so our plans give you flexibility backed by a commitment to individualized attention. Since our founding in 1994, Peoples Health has come to be known for our commitment to individualized care and attention to our members.

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

We hope the information in this booklet helps you understand the benefits available to you. If you have any questions, please call us at **1-844-817-1650** (TTY: 711). There's no obligation.

Get more than Original Medicare without paying more.

More benefits. \$0 plan premium. A plan that works for you.

This booklet covers our Peoples Health Choices PPO and Peoples Health Patriot PPO plans. PPO stands for Preferred Provider Organization – a plan that lets you choose in- or out-of-network providers. If your out-of-network provider accepts Medicare, they can accept Peoples Health PPO plans. If you use in-network (preferred) providers, in most cases you'll have lower out-of-pocket costs.

We offer two PPO options: one with Part D coverage and one without. Each 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 (PPO) | Patriot (PPO) MA-only |
|---|--------------------------|---------------------------|
|  \$0 Primary Care Visits | YES | YES |
|  Flexible out-of-network coverage | YES | YES |
|  Over-the-Counter Allowance | \$50/quarter to spend | \$75/quarter to spend |
|  Part B Premium Give Back | NO | \$60/month back to you |
|  Part D Prescription Drug Coverage | 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 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)

Seven days a week, 7 a.m. to 7 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 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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