

# Annual Notice of Changes 2023

Peoples Health Choices 65 (HMO-POS) Northshore



Toll-free **1-800-222-8600**, TTY **711**

8 a.m.-8 p.m. local time, 7 days a week



**peopleshealth.com**

**Do we have the right address for you?**

If not, please let us know so we can keep you informed about your plan.



A UnitedHealthcare Company

Y0066\_ANOC\_H1961\_014\_002\_2023\_M

## Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **peopleshealth.com** to review the details online. All of the below documents will be available online by **October 15, 2022**.

### Provider Directory

Review the 2023 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) and pharmacies will be in the network next year.

### Drug List (Formulary)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

### Evidence of Coverage (EOC)

Review your 2023 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

### Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Member Services at 1-800-222-8600 (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, 7 days a week.

### Reduce the clutter and get plan documents faster.

Visit **peopleshealth.com** to sign up for paperless delivery.

---

**Peoples Health Choices 65 (HMO-POS) offered by UnitedHealthcare**

# Annual Notice of Changes for 2023



**You are currently enrolled as a member of Peoples Health Choices 65 (HMO).**

Next year, there will be changes to the plan's costs and benefits. Please see page 7 for a Summary of Important Costs, including Premium. This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at **peopleshealth.com**. You may also call Member Services to ask us to mail you an Evidence of Coverage.

You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

## What to do now

### 1. Ask: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - ☐ Review the changes to Medical care costs (doctor, hospital).
  - ☐ Review the changes to our drug coverage, including authorization requirements and costs.
  - ☐ Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about your overall health care costs.
- ☐ Think about whether you are happy with our plan.

---

**2. Compare:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your Medicare & You 2023 handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. Choose:** Decide whether you want to change your plan

- ☐ If you don't join another plan by December 7, 2022, you will be enrolled in Peoples Health Choices 65 (HMO-POS).
- ☐ To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Peoples Health Choices 65 (HMO).
- ☐ If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

**Additional Resources**

- ☐ 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. You can also 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 comuniquen 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.
- ☐ **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Peoples Health Choices 65 (HMO-POS)**

- ☐ 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.
- ☐ When this document says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means Peoples Health Choices 65 (HMO-POS).

## **Annual Notice of Changes for 2023**

### **Table of Contents**

|  |           |
|--|-----------|
| <b>Summary of important costs for 2023.....</b>                              | <b>7</b>  |
| <b>Section 1 We Are Changing the Plan’s Name.....</b>                        | <b>9</b>  |
| <b>Section 2 Changes to Benefits and Costs for Next Year.....</b>            | <b>9</b>  |
| Section 2.1— Changes to the Monthly Premium.....                             | 9         |
| Section 2.2— Changes to Your Maximum Out-of-Pocket Amounts.....              | 9         |
| Section 2.3— Changes to the Provider and Pharmacy Networks.....              | 10        |
| Section 2.4— Changes to Benefits and Costs for Medical Services.....         | 10        |
| Section 2.5— Changes to Part D Prescription Drug Coverage.....               | 16        |
| <b>Section 3 Deciding Which Plan to Choose.....</b>                          | <b>19</b> |
| Section 3.1— If You Want to Stay in Peoples Health Choices 65 (HMO-POS)..... | 19        |
| Section 3.2— If You Want to Change Plans.....                                | 19        |
| <b>Section 4 Deadline for Changing Plans.....</b>                            | <b>20</b> |
| <b>Section 5 Programs That Offer Free Counseling about Medicare.....</b>     | <b>21</b> |
| <b>Section 6 Programs That Help Pay for Prescription Drugs.....</b>          | <b>21</b> |
| <b>Section 7 Questions?.....</b>   | <b>22</b> |
| Section 7.1— Getting Help from Peoples Health Choices 65 (HMO-POS).....      | 22        |
| Section 7.2— Getting Help from Medicare.....                                 | 22        |

## Summary of important costs for 2023

The table below compares the 2022 costs and 2023 costs for Peoples Health Choices 65 (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

| Cost   | 2022 (this year)  | 2023 (next year)  |
|--|---|---|
| <b>Monthly Plan Premium*</b><br>*Your premium may be higher than this amount.<br>(See Section 2.1 for details.)  | \$0   | \$0   |
| <b>Maximum out-of-pocket amounts</b><br>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.<br>(See Section 2.2 for details.)  | From network providers:<br>\$6,700  | From network providers:<br>\$4,500  |
| <b>Doctor office visits</b>  | Primary care visits:<br>You pay a \$0 copayment per visit.<br><br>Specialist visits:<br>You pay a \$45 copayment per visit.             | Primary care visits:<br>You pay a \$0 copayment per visit.<br><br>Specialist visits:<br>You pay a \$40 copayment per visit.             |
| <b>Inpatient hospital stays</b>  | You pay a \$195 copayment each day for days 1 to 10.<br><br>\$0 copayment for additional Medicare covered days.                         | You pay a \$175 copayment each day for days 1 to 10.<br><br>\$0 copayment for additional Medicare covered days.                         |
| <b>Part D prescription drug coverage</b><br>(See Section 2.5 for details.)<br>To find out which drugs are Select Insulin Drugs, review the most recent Drug List we provided electronically. You can identify Select Insulins by the acronym ISSP in the list of covered | Deductible: Because we have no deductible, this payment stage does not apply to you.<br><br>Copays/Coinsurance for a one-month (30-day) | Deductible: Because we have no deductible, this payment stage does not apply to you.<br><br>Copays/Coinsurance for a one-month (30-day) |



**Questions?** Call Member Services at **1-800-222-8600**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week

| Cost   | 2022 (this year)  | 2023 (next year)  |
|--|---|---|
| drugs (Formulary). If you have questions about the Drug List, you can also call Member Services. | <p>supply during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Tier 1: Standard retail cost-sharing (in-network) \$0 copayment</li> <li><input type="checkbox"/> Drug Tier 2: Standard retail cost-sharing (in-network) \$10 copayment</li> <li><input type="checkbox"/> Drug Tier 3: Standard retail cost-sharing (in-network) \$45 copayment</li> <li><input type="checkbox"/> Select Insulin Drugs<sup>1</sup>: Standard retail cost-sharing (in-network) \$35 copayment</li> <li><input type="checkbox"/> Drug Tier 4: Standard retail cost-sharing (in-network) \$100 copayment</li> <li><input type="checkbox"/> Drug Tier 5: Standard retail cost-sharing (in-network) 33% of the total cost</li> </ul> | <p>supply during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Tier 1: Standard retail cost-sharing (in-network) \$0 copayment</li> <li><input type="checkbox"/> Drug Tier 2: Standard retail cost-sharing (in-network) \$10 copayment</li> <li><input type="checkbox"/> Drug Tier 3: Standard retail cost-sharing (in-network) \$45 copayment</li> <li><input type="checkbox"/> Select Insulin Drugs<sup>1</sup>: Standard retail cost-sharing (in-network) \$35 copayment</li> <li><input type="checkbox"/> Drug Tier 4: Standard retail cost-sharing (in-network) \$100 copayment</li> <li><input type="checkbox"/> Drug Tier 5: Standard retail cost-sharing (in-network) 33% of the total cost</li> </ul> |

<sup>1</sup> For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for select insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for each 1-month supply of Part D select insulin drug through all coverage stages.



**Questions?** Call Member Services at **1-800-222-8600**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week

---

## Section 1 We Are Changing the Plan's Name

---

On January 1, 2023, our plan name will change from Peoples Health Choices 65 (HMO) to Peoples Health Choices 65 (HMO-POS).

We will mail you a new member ID card. If you have questions, or if your member ID card is damaged, lost, or stolen, call Member Services at 1-800-222-8600 (TTY users should call 711) right away and we will send you a new card.

You will see the new plan name reflected on future communications where the plan name is referenced.

---

## Section 2 Changes to Benefits and Costs for Next Year

---

### Section 2.1 Changes to the Monthly Premium

---

| Cost  | 2022 (this year) | 2023 (next year) |
|---|------------------|------------------|
| <b>Monthly Premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$0              | \$0              |

- ☐ Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- ☐ If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

---

### Section 2.2 Changes to Your Maximum Out-of-Pocket Amounts

---

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost  | 2022 (this year)   | 2023 (next plan year)  |
|---|--|--|
| <b>Maximum out-of-pocket amount</b>   | \$6,700  | \$4,500  |
| Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. | Once you have paid \$4,500 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year. |

### Section 2.3 Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [peopleshealth.com](https://www.peopleshealth.com). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Provider Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

### Section 2.4 Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost  | 2022 (this year)   | 2023 (next year)  |
|---|--|---|
| <b>Plan Change</b>  | As a member of Peoples Health Choices 65 (HMO), a Health Maintenance Organization plan, you may only receive covered services from network doctors and medical providers, with a few exceptions.                       | As a member of Peoples Health Choices 65 (HMO-POS), a Health Maintenance Organization POS plan, you may receive covered dental services from out-of-network dental providers. For additional information, please refer to the Evidence of Coverage. |
| <b>Acupuncture for chronic low back pain (Medicare-covered)</b> | <p>You pay a \$0 copayment for services provided by a primary care physician.</p> <p>You pay a \$45 copayment for services provided by a specialist.</p> <p>See Chapter 4 of the Evidence of Coverage for details.</p> | <p>You pay a \$0 copayment for services provided by a primary care physician.</p> <p>You pay a \$40 copayment for services provided by a specialist.</p> <p>See Chapter 4 of the Evidence of Coverage for details.</p>                              |
| <b>Ambulance Services</b>                                       | <p>You pay a \$270 copayment for each one-way Medicare-covered ground trip.</p> <p>You pay a \$270 copayment for each one-way Medicare-covered air trip.</p>   | <p>You pay a \$250 copayment for each one-way Medicare-covered ground trip.</p> <p>You pay a \$250 copayment for each one-way Medicare-covered air trip.</p>  |
| <b>Dental Services</b><br>Comprehensive and Preventive Dental   | <p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>You pay a \$0-\$217.75 copayment for covered comprehensive dental services.</p>  | <p>You pay a \$0 copayment for covered preventive and diagnostic services.</p> <p>You pay a \$0 copayment for covered comprehensive dental services.</p>  |

| Cost  | 2022 (this year)  | 2023 (next year)   |
|---|---|--|
|   | <p>\$50 deductible applies for covered comprehensive dental services before coverage begins.</p> <p>You are covered for up to \$2,000 per year.</p> <p>You must see a network dentist to receive dental services.</p>   | <p>There is no deductible for comprehensive dental services.</p> <p>You are covered for up to \$2,000 per year. Benefit is combined in and out-of-network.</p> <p>You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as \$0 copayment.</p> <p>The list of services covered by your plan has expanded. See your Evidence of Coverage for more information.</p> |
| <p><b>Diabetes Self-Management Training, Diabetic Services and Supplies</b></p> | <p>You pay a \$0 copayment for each Medicare-covered diabetes monitoring supply from a preferred durable medical equipment provider.</p> <p>You pay 20% of the total cost for each Medicare-covered diabetes monitoring supply from other durable medical equipment providers.</p> <p>Diabetes monitoring supplies must be purchased from a</p> | <p>You pay a \$0 copayment for each Medicare-covered diabetes monitoring supply.</p> <p>At a retail pharmacy, we only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include:<br/>OneTouch Verio Flex®,<br/>OneTouch Verio Reflect®,<br/>OneTouch® Verio,<br/>OneTouch® Ultra 2, Accu-Chek® Guide Me, and<br/>Accu-Chek® Guide.</p>  |

| Cost  | 2022 (this year)   | 2023 (next year)  |
|---|--|---|
|   | network durable medical equipment provider.  | <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>You can get other brands of glucose monitors and test strips from a network DME provider.</p> |
| <b>Hearing Services</b><br>Routine Hearing Exam | You pay a \$20 copayment for 1 exam every year.  | You pay a \$0 copayment for 1 exam every year.  |
| <b>Hearing Services</b><br>Hearing Aids         | You receive up to a \$500 credit for one hearing aid per ear up to a maximum benefit of \$1,000 every year.            | <p>You pay a \$175 - \$1,225 copayment for each hearing aid, up to 2 hearing aids every year (select products only).</p> <p>Home-delivered hearing aids are available nationwide (select products only).</p>              |
| <b>Inpatient Hospital Care</b>                  | <p>You pay a \$195 copayment each day for days 1 to 10.</p> <p>\$0 copayment for additional Medicare covered days.</p> | <p>You pay a \$175 copayment each day for days 1 to 10.</p> <p>\$0 copayment for additional Medicare covered days.</p>  |
| <b>Inpatient Mental Health Care</b>             | <p>You pay a \$195 copayment each day for days 1 to 9.</p> <p>\$0 copayment each day for days 10 to 90.</p>            | <p>You pay a \$175 copayment each day for days 1 to 10.</p> <p>\$0 copayment each day for days 11 to 90.</p>  |

| <b>Cost</b>   | <b>2022 (this year)</b>   | <b>2023 (next year)</b>  |
|---|---|--|
| <b>Meal Benefit</b>   | You pay a \$0 copayment for up to 10 meals for 5 days each time you are discharged from an eligible hospital stay to your home or another household in Louisiana. | You pay a \$0 copayment for up to 28 meals for 14 days each time you are discharged from an eligible hospital stay to your home or another household in Louisiana. |
| <b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies - Other Diagnostic tests - Radiological Diagnostic Service, not Including X-rays</b> | You pay a \$0 copayment for each diagnostic mammogram.<br><br>You pay a \$175 copayment otherwise.  | You pay a \$0 copayment for each diagnostic mammogram.<br><br>You pay a \$140 copayment otherwise.   |
| <b>Outpatient Substance Abuse Services - Group Therapy Sessions</b>   | You pay a \$50 copayment.   | You pay a \$40 copayment.  |
| <b>Outpatient Substance Abuse Services - Individual Therapy Sessions</b>  | You pay a \$50 copayment.   | You pay a \$40 copayment.  |
| <b>Outpatient Surgery - Ambulatory Surgical Center</b>  | You pay a \$0 copayment for a diagnostic colonoscopy.<br><br>You pay a \$200 copayment otherwise.   | You pay a \$0 copayment for a diagnostic colonoscopy.<br><br>You pay a \$175 copayment otherwise.  |
| <b>Outpatient Surgery - Hospital Outpatient Facilities</b>  | You pay a \$0 copayment for a diagnostic colonoscopy.<br><br>You pay a \$200 copayment otherwise.   | You pay a \$0 copayment for a diagnostic colonoscopy.<br><br>You pay a \$175 copayment otherwise.  |
| <b>Outpatient Surgery - Hospital Outpatient Observation Services</b>  | You pay a \$200 copayment.  | You pay a \$175 copayment.   |

| Cost   | 2022 (this year)   | 2023 (next year)  |
|--|--|---|
| <b>Over-the-counter (OTC) credit</b>   | \$65 credit a quarter for over-the-counter products. Your credit amount expires at the end of each quarter.  | \$80 credit a quarter on a prepaid card for over-the-counter products. Your credit amount expires at the end of each quarter.<br><br>See your Evidence of Coverage for more information.  |
| <b>Personal Emergency Response System</b>  | Not Covered.   | You pay a \$0 copayment. Help is only a button press away. A PERS monitoring device can quickly connect you to a trained emergency operator 24 hours a day at no additional cost.   |
| <b>Physician/Practitioner Services, Including Doctor's Office Visits - Specialists</b> | You pay a \$45 copayment.  | You pay a \$40 copayment.   |
| <b>Podiatry Services</b>   | You pay a \$45 copayment.  | You pay a \$40 copayment.   |
| <b>Respite Care – Help With Certain Chronic Conditions</b>                             | If you have been diagnosed with dementia by a plan provider and meet certain medical criteria, you may be eligible for a maximum of 12 respite care sessions per year, up to 4 hours each session, from the network respite care provider.<br><br>You pay a \$0 copayment. | If you have been diagnosed with dementia by a plan provider and meet certain medical criteria, you may be eligible for 12 respite care sessions per year, up to 8 hours each session, from the network respite care provider.<br><br>You pay a \$0 copayment. |
| <b>Skilled Nursing Facility (SNF) Care</b>   | You pay a \$0 copayment each day for days 1 to 20.   | You pay a \$0 copayment each day for days 1 to 20.  |

| Cost   | 2022 (this year)  | 2023 (next year)   |
|--|---|--|
|  | You pay a \$188 copayment each day for days 21 to 100.  | You pay a \$196 copayment each day for days 21 to 100.   |
| <b>Vision Care</b><br>Medicare-Covered Eye Exams to Evaluate for Eye Disease | You pay a \$40 copayment.   | You pay a \$0 copayment.   |
| <b>Vision Care</b><br>Medicare-Covered Visits                                | You pay a \$40 copayment.   | You pay a \$0 copayment.   |
| <b>Vision Care</b><br>Additional Routine Eye Exams                           | You pay a \$40 copayment for 1 exam each year.  | You pay a \$0 copayment for 1 exam each year.  |
| <b>Vision Care</b><br>Additional Routine Eyewear                             | You pay a \$0 copayment for 1 pair of eyeglasses or contact lenses for vision correction each year. | <p>You pay a \$0 copayment for standard lenses and receive up to \$200 toward your purchase of frames or contact lenses through a UnitedHealthcare Vision provider each year.</p> <p>Home-delivered eyewear is available nationwide through UnitedHealthcare Vision network providers (select products only). You are responsible for all costs for eyewear not purchased from a UnitedHealthcare Vision network provider.</p> |

## Section 2.5 Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” **You can get the complete Drug List** by calling Member Services (see the back cover) or visiting our website (**peopleshealth.com**).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” you will receive a “LIS Rider.” If you don’t receive it, please call Customer Service and ask for the “LIS Rider” to be sent to you.

There are four “drug payment stages.”

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Your plan had additional changes to your Part D benefits not listed in the chart below. These changes may include, but are not limited to, your retail and mail order day supply. For information about any other Part D benefits, look in Chapter 6, Section 5 of your Evidence of Coverage.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

**Important Message About What You Pay for Insulin** - You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

**Getting Help from Medicare** - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

**Additional Resources to Help** – 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.

## Changes to the Deductible Stage

| Stage  | 2022 (this year)   | 2023 (next year)   |
|--|--|--|
| <b>Stage 1: Yearly (Part D) Deductible Stage</b> | <p>Because we have no deductible, this payment stage does not apply to you.</p> <p>There is no deductible for Peoples Health Choices 65 (HMO) for Select Insulin Drugs. You pay \$35 for a one-month retail supply for Select Insulin Drugs.</p> | <p>Because we have no deductible, this payment stage does not apply to you.</p> <p>There is no deductible for Peoples Health Choices 65 (HMO-POS) for Select Insulin Drugs. You pay \$35 for a one-month retail supply for Select Insulin Drugs.</p> |

## Changes to Your Cost-sharing in the Initial Coverage Stage

| Stage  | 2022 (this year)  | 2023 (next year)  |
|--|---|---|
| <p><b>Stage 2: Initial Coverage Stage</b><br/>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing.</p> <p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <b>Evidence of Coverage.</b></p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Tier 1 – Preferred Generic:</b></p> <p>You pay \$0 per prescription.</p> <p><b>Tier 2 - Generic:</b></p> <p>You pay \$10 per prescription.</p> <p><b>Tier 3 - Preferred Brand:</b></p> <p>You pay \$45 per prescription.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Tier 1 – Preferred Generic:</b></p> <p>You pay \$0 per prescription.</p> <p><b>Tier 2 - Generic:</b></p> <p>You pay \$10 per prescription.</p> <p><b>Tier 3 - Preferred Brand:</b></p> <p>You pay \$45 per prescription.</p> |

| Stage | 2022 (this year)   | 2023 (next year)   |
|-------|--|--|
|       | <b>Select Insulin Drugs<sup>1</sup>:</b><br>You pay \$35 for Select Insulins.<br><br><b>Tier 4 - Non-Preferred Drug:</b><br>You pay \$100 per prescription.<br><br><b>Tier 5 - Specialty Tier:</b><br>You pay 33% of the total cost.<br><br><hr/> Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage). | <b>Select Insulin Drugs<sup>1</sup>:</b><br>You pay \$35 for Select Insulins.<br><br><b>Tier 4 - Non-Preferred Drug:</b><br>You pay \$100 per prescription.<br><br><b>Tier 5 - Specialty Tier:</b><br>You pay 33% of the total cost.<br><br><hr/> Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage). |

<sup>1</sup> For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for select insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for each 1-month supply of Part D select insulin drug through all coverage stages.

## Section 3 Deciding Which Plan to Choose

### Section 3.1 If You Want to Stay in Peoples Health Choices 65 (HMO-POS)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Peoples Health Choices 65 (HMO-POS).

### Section 3.2 If You Want to Change Plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

---

**Step 1: Learn about and compare your choices**

- ☐ You can join a different Medicare health plan,
- ☐ – **OR**– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the **Medicare & You 2023 handbook**, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a **reminder**, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

**Step 2: Change your coverage**

- ☐ To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Peoples Health Choices 65 (HMO-POS).
- ☐ To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Peoples Health Choices 65 (HMO-POS).
- ☐ To **change to Original Medicare without a prescription drug plan**, you must either:
  - ☐ Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - ☐ – **or** – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

---

**Section 4                      Deadline for Changing Plans**

---

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 to December 7**. The change will take effect on January 1, 2023.

**Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug

coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

---

## Section 5 Programs That Offer Free Counseling about Medicare

---

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Louisiana, the SHIP is called Louisiana Senior Health Insurance Information Program (SHIIP).

It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. Louisiana Senior Health Insurance Information Program (SHIIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Louisiana Senior Health Insurance Information Program (SHIIP) at 1-800-259-5300.

---

## Section 6 Programs That Help Pay for Prescription Drugs

---

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- ☐ **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - ☐ 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - ☐ The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - ☐ Your State Medicaid Office (applications).
- ☐ **Help from your state’s pharmaceutical assistance program.** Louisiana has a program called Louisiana Department of Health that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- ☐ **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please contact the ADAP in your state. You can find your state’s ADAP contact information in Chapter 2 of the **Evidence of Coverage**.

---

## Section 7 Questions?

---

### Section 7.1 Getting Help from Peoples Health Choices 65 (HMO-POS)

---

Questions? We're here to help. Please call Member Services at 1-800-222-8600. (TTY only, call 711.) We are available for phone calls 8 a.m.-8 p.m. local time, 7 days a week. Calls to these numbers are free.

#### **Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)**

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 **Evidence of Coverage** for Peoples Health Choices 65 (HMO-POS). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at **peopleshealth.com**. You may also call Member Services to ask us to mail you an Evidence of Coverage.

#### **Visit our Website**

You can also visit our website at **peopleshealth.com**. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary).

---

### Section 7.2 Getting Help from Medicare

---

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

#### **Read Medicare & You 2023**

Read the **Medicare & You 2023** handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number on your member identification card. Someone who speaks your language can help you. This is a free service.

**Spanish:** Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en su tarjeta de identificación de miembro. Una persona que habla su idioma podrá ayudarle. Es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用您的会员身份证上的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

**Chinese Cantonese:** 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打您的會員識別卡上的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libreng numero sa iyong kard ng pagkakakilanlan ng kasapi. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyong ito ay libre.

**French:** Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại miễn phí trên thẻ nhận dạng thành viên của bạn. Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

**German:** Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer auf Ihrem Mitgliedsausweis an. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

**Korean:** 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 가입자 ID 카드에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

**Russian:** Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на Вашей идентификационной карте участника плана. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

**Arabic:** لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم، اتصل بنا باستخدام رقم الهاتف المجاني على بطاقة تعريف عضويتك. سيساعدك شخص ما يتحدث لغتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया अपने सदस्य पहचान पत्र पर टोल-फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:** Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato sulla tessera identificativa. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

**Portuguese:** Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito no seu cartão de identificação de membro. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante ouwa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo apèl gratis ki sou kat idantifikasyon kòm manm ou an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

**Polish:** Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej członka planu. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

**Japanese:** 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、会員IDカードに記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

For more information, please call member services at:

## Peoples Health Choices 65 (HMO-POS) Member Services:



Call **1-800-222-8600**

Calls to this number are free. 8 a.m.-8 p.m. local time, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.

**TTY 711**

Calls to this number are free.  
8 a.m.-8 p.m. local time, 7 days a week.



Write: **Three Lakeway CTR, 3838 N Causeway BLVD, STE 2500  
Metairie, LA 70002**



**peopleshealth.com**