

# Annual Notice of Changes 2023

Peoples Health Group Medicare (HMO-POS) Office of Group Benefits



Toll-free **1-866-616-8308, ext. 1**, 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

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## **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 1-866-616-8308, ext.1 (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 Group Medicare (HMO-POS) Office of Group Benefits (OGB) offered by UnitedHealthcare

### Annual Notice of Changes for 2023

You are currently enrolled as a member of Peoples Health Group Medicare. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 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 [www.peopleshealth.com](http://www.peopleshealth.com). You may also call member services to ask us to mail you an *Evidence of Coverage*.

- **You can make changes to your Medicare coverage for next year during your employer or retiree group's Annual Enrollment Period. Check with your benefits administrator for more information.**

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### 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 physician, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- 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](http://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 want to keep Peoples Health Group Medicare, you don't need to do anything. You will stay in Peoples Health Group Medicare.
- To change to a **different plan**, you can switch plans during your employer or retiree group's Annual Enrollment Period.
- 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. Check with your benefits administrator for more information.

### **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, or audio. You can also ask for an interpreter. Please contact our member services number at 1-866-616-8308, ext. 1, 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 1-866-616-8308, ext. 1, 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Peoples Health Group Medicare**

- 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 Group Medicare.

***Annual Notice of Changes for 2023***  
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## Summary of Important Costs for 2023

The following table compares the 2022 costs and 2023 costs for Peoples Health Group Medicare in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	Please contact your employer or retiree group's benefits administrator for information about changes to your plan premium.	
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	\$2,500	\$2,500
<p><b>Doctor office visits</b></p>	<p>Primary care visits: You pay a \$0 copayment per visit.</p> <p>Specialist visits: You pay a \$10 copayment per visit.</p>	<p>Primary care visits: You pay a \$0 copayment per visit.</p> <p>Specialist visits: You pay a \$10 copayment per visit.</p>
<p><b>Inpatient hospital stays</b></p>	<p>You pay a \$50 copayment per day for days 1-10 for Medicare-covered hospital care each time you are admitted.</p> <p>You pay a \$0 copayment per day for additional Medicare-covered days.</p>	<p>You pay a \$50 copayment per day for days 1-10 for Medicare-covered hospital care each time you are admitted.</p> <p>You pay a \$0 copayment per day for additional Medicare-covered days.</p>
<p><b>Part D prescription drug coverage</b></p> <p>(See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copays/Coinsurance for a one-month (30-day)</p>	<p>Deductible: \$0</p> <p>Copays/Coinsurance for a one-month (30-day)</p>

Cost	2022 (this year)	2023 (next year)
	<p>supply during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: Standard retail cost-sharing (in-network) \$0 copayment</li> <li>• Drug Tier 2: Standard retail cost-sharing (in-network) \$0 copayment</li> <li>• Drug Tier 3: Standard retail cost-sharing (in-network) \$20 copayment</li> <li>• Drug Tier 4: Standard retail cost-sharing (in-network) \$40 copayment</li> <li>• Drug Tier 5: Standard retail cost-sharing (in-network) 20% of the total cost</li> </ul>	<p>supply during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: Standard retail cost-sharing (in-network) \$0 copayment</li> <li>• Drug Tier 2: Standard retail cost-sharing (in-network) \$0 copayment</li> <li>• Drug Tier 3: Standard retail cost-sharing (in-network) \$20 copayment</li> <li>• Drug Tier 4: Standard retail cost-sharing (in-network) \$40 copayment</li> <li>• Drug Tier 5: Standard retail cost-sharing (in-network) 20% of the total cost</li> </ul>

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	Please contact your employer or retiree group's benefits administrator for information about changes to your plan premium.	

- 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.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” 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 year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$2,500 Once you have paid \$2,500 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.	\$2,500 Once you have paid \$2,500 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 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [www.peopleshealth.com](http://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 physician, 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 1.4 – 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>Dental Services</b>	You pay a \$0 copayment for covered preventive and diagnostic services (in-network).	You pay a \$0 copayment for covered preventive and diagnostic services (in-network).
	You pay a \$0-\$217.75 copayment for covered comprehensive dental services not normally covered by Medicare (in-network).	You pay a \$0 copayment for covered comprehensive dental services not normally covered by Medicare (in-network).
	\$50 deductible applies before coverage begins for covered comprehensive dental services not normally covered by Medicare.	There is no deductible for comprehensive dental services.

Cost	2022 (this year)	2023 (next year)
	<p>You are covered for up to \$2,000 per year (in-network).</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; please see your <i>Evidence of Coverage</i> 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 monitor supply.</p> <p>Diabetes monitoring supplies must be purchased from a network durable medical equipment (DME) provider.</p>	<p>You pay a \$0 copayment for each Medicare-covered diabetes monitor supply.</p> <p>At a retail pharmacy, we only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch</p>

Cost	2022 (this year)	2023 (next year)
		<p>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>
<p><b>Hearing Services</b> Routine Hearing Exam</p>	<p><u>Not</u> covered.</p>	<p>You pay a \$0 copayment for 1 exam every year (in-network).</p> <p><u>Not</u> covered out of network.</p>
<p><b>Hearing Services</b> Hearing Aids</p>	<p><u>Not</u> covered.</p>	<p>You pay a \$175 to \$1,225 copayment for each hearing aid, up to 2 hearing aids every year (select products only) (in-network).</p> <p>Home-delivered hearing aids are available nationwide (select products only).</p> <p><u>Not</u> covered out of network.</p>
<p><b>Inpatient Hospital Care</b></p>	<p>For a Medicare-covered inpatient stay at an out-of-network hospital, each benefit period you pay a:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible</li> <li>• \$0 copayment per day for days 1-60</li> </ul>	<p>In 2022, for a Medicare-covered inpatient stay at an out-of-network hospital, each benefit period you pay a:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible</li> <li>• \$0 copayment per day for days 1-60</li> </ul>

Cost	2022 (this year)	2023 (next year)
	<ul style="list-style-type: none"> <li>• \$389 copayment per day for days 61-90</li> <li>• \$778 copayment per day for 60 lifetime reserve days</li> </ul>	<ul style="list-style-type: none"> <li>• \$389 copayment per day for days 61-90</li> <li>• \$778 copayment per day for 60 lifetime reserve days</li> </ul> <p>These are 2022 cost-sharing amounts and may change for 2023. Peoples Health Group Medicare will provide updated rates as soon as they are released.</p>
<p><b>Inpatient Mental Health Care</b></p>	<p>For each inpatient stay at an out-of-network hospital or an out-of-network psychiatric facility for Medicare-covered mental health services, each benefit period you pay a:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible</li> <li>• \$0 copayment per day for days 1-60</li> <li>• \$389 copayment per day for days 61-90</li> <li>• \$778 copayment per day for 60 lifetime reserve days</li> </ul>	<p>In 2022, for each inpatient stay at an out-of-network hospital or an out-of-network psychiatric facility for Medicare-covered mental health services, each benefit period you pay a:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible</li> <li>• \$0 copayment per day for days 1-60</li> <li>• \$389 copayment per day for days 61-90</li> <li>• \$778 copayment per day for 60 lifetime reserve days</li> </ul> <p>These are 2022 cost-sharing amounts and may change for 2023. Peoples Health Group Medicare will provide</p>

Cost	2022 (this year)	2023 (next year)
		updated rates as soon as they are released.
<b>Meal Benefit</b>	<p>You pay a \$0 copayment for up to 10 meals for 5 days, delivered by the network meal provider, each time you are discharged from an eligible hospital stay to your home or another household in Louisiana.</p> <p><u>Not covered</u> out of network.</p>	<p>You pay a \$0 copayment for up to 28 meals for 14 days, delivered by the network meal provider, each time you are discharged from an eligible hospital stay to your home or another household in Louisiana.</p> <p><u>Not covered</u> out of network.</p>
<b>Personal Emergency Response System (PERS)</b>	<p><u>Not covered</u>.</p>	<p>You pay a \$0 copayment (in-network).</p> <p>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.</p> <p><u>Not covered</u> out of network.</p>
<b>Respite Care – Help With Certain Chronic Conditions</b>	<p>You pay a \$0 copayment (in-network).</p> <p>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 four hours each session, from the network respite care provider.</p>	<p>You pay a \$0 copayment (in-network).</p> <p>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 eight hours each session, from the network respite care provider.</p>

Cost	2022 (this year)	2023 (next year)
	<u>Not</u> covered out of network.	<u>Not</u> covered out of network.
<p><b>Vision Care</b> Additional Routine Eye Exams</p>	<p>You pay a \$15 copayment for 1 exam each year (in-network).</p>	<p>You pay a \$0 copayment for 1 exam each year (in-network).</p>
<p><b>Vision Care</b> Routine Eyewear</p>	<p>You pay a \$0 copayment for one pair of eyeglasses or contact lenses for vision correction each year from a network vision provider.</p> <p>Home-delivered eyewear <u>not</u> covered.</p> <p><u>Not</u> covered out of network.</p>	<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 available nationwide through UnitedHealthcare Vision network providers (select products only).</p> <p><u>Not</u> covered out of network. You are responsible for all costs for eyewear not purchased from a UnitedHealthcare Vision network provider.</p>

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

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” and you haven’t received this insert by September 30, please call member services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The following information shows the changes 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.)

### Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

## 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></p> <p>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. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of the <i>Evidence of Coverage</i>.</p> <p><b>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.</b></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> You pay \$0 per prescription.</p> <p><b>Tier 2 (generic):</b> You pay \$0 per prescription.</p> <p><b>Tier 3 (preferred brand):</b> You pay \$20 per prescription.</p> <p><b>Tier 4 (nonpreferred drug):</b> You pay \$40 per prescription.</p> <p><b>Tier 5 (specialty tier):</b> You pay 20% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</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> You pay \$0 per prescription.</p> <p><b>Tier 2 (generic):</b> You pay \$0 per prescription.</p> <p><b>Tier 3 (preferred brand):</b> You pay \$20 per prescription.</p> <p><b>Tier 4 (nonpreferred drug):</b> You pay \$40 per prescription.</p> <p><b>Tier 5 (specialty tier):</b> You pay 20% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

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

**Important Message About What You Pay for Insulin** – You won't pay more than \$20 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.



## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Peoples Health Group Medicare

**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 during your employer or retiree group's Annual Enrollment Period, you will automatically be enrolled in Peoples Health Group Medicare for 2023.

### Section 2.2 – 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 1.1 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 4), or call Medicare (see Section 6.2).

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 Group Medicare.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Peoples Health Group Medicare.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact member services 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 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it during your employer or retiree group's Annual Enrollment Period. 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 4 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. 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 SHIIP at 1-800-259-5300. You can learn more about SHIIP by visiting their website ([www.lldi.la.gov/SHIIP](http://www.lldi.la.gov/SHIIP)).

### SECTION 5 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 6 Questions?

### Section 6.1 – Getting Help from Peoples Health

Questions? We’re here to help. Please call member services at 1-866-616-8308, ext. 1 (TTY only, call 711). We are available for phone calls seven days a week, from 8 a.m. to 8 p.m. 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 Group Medicare. 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 [www.peopleshealth.com](http://www.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 [www.peopleshealth.com](http://www.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/Drug List).

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## Section 6.2 – Getting Help from Medicare

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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 document, 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.

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.

### **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, just call us at 1-800-222-8600 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-222-8600 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-800-222-8600 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-800-222-8600 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-222-8600 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-222-8600 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-222-8600 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-222-8600 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-222-8600 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-222-8600 (TTY:

711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-222-8600 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-222-8600 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-222-8600 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-222-8600 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-222-8600 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-222-8600 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-222-8600 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

For more information, please call member services at:

## Peoples Health Group Medicare (HMO-POS) Member Services:



Call **1-866-616-8308, ext. 1**

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**