



Peoples Health Choices Gold HMO-POS

H1961-017-000

ACADIA, BOSSIER, CADDO, CALCASIEU, CAMERON, EVANGELINE,
IBERIA, LAFAYETTE, OUACHITA, ST. LANDRY, ST. MARTIN
AND VERMILION PARISHES

Peoples Health Choices PPO

H4544-001

Peoples Health Patriot PPO (MA-only)

H4544-002

PPO PLANS AVAILABLE STATEWIDE

\$0

PLAN PREMIUM



Picture yourself with Peoples Health.

Peoples Health is the choice of more than 90,000 people with Medicare in Louisiana. Founded in 1994 by medical providers and physicians, we focus on one thing: helping people with Medicare enjoy the best health possible.

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

Peoples Health plan types

Peoples Health HMO-POS* (Health Maintenance Organization) plans feature coordinated care through our extensive network of providers. These plans include Part D drug coverage.

Peoples Health PPO (Preferred Provider Organization) plans let you choose in- or out-of-network providers. In most cases, you'll have lower out-of-pocket costs for services received in-network. We offer two PPO options, one with Part D drug coverage and one without.

Peoples Health HMO-POS* D-SNPs (Health Maintenance Organization Dual-Eligible Special Needs Plans) are covered in a separate booklet. These plans are available to people who have both Medicare and Medicaid. If you have both Medicare and medical assistance from the state, ask about our D-SNP options. You may be entitled to additional benefits.

* Point-of-service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members. Dental coverage maximums vary by plan.

You asked for more. We listened!






Now it's easier than ever to picture yourself with Peoples Health.

Every year, we look for ways to take care of our members better. The enhancements we've made for 2023 are designed to do just that. Look for:

- ✓ **More doctors** – added more doctors to our Louisiana network
- ✓ **More dentists & more dental coverage** – 95% more network dental locations, and all plans now feature out-of-network dental coverage, a \$0 deductible, \$0 restorative services and an expanded list of covered services*
- ✓ **More eye doctors** – more than doubled our network of vision providers
- ✓ **More savings** – for many of our plans, lower copays and bigger allowances for select services, as well as lower maximum out-of-pocket costs
- ✓ **More flexibility** – new retail card for over-the-counter health & wellness purchases and a retail option to get diabetes supplies at local network pharmacies

Compare Key Benefits

Choose the plan that fits your needs.

	Choices Gold (HMO-POS*)	Choices (PPO)	Patriot (PPO)
 \$0 Primary Care Visits	YES	YES	YES
 Flexible Out-of-Network Coverage	NO	YES	YES
 Over-the-Counter Allowance	\$50/quarter to spend	\$50/quarter to spend	\$75/quarter to spend
 Part B Premium Give Back	Not offered	NO	\$60/month back to you
 Part D Prescription Drug Coverage	YES	YES	NO

Do you have Medicare and Medicaid?

If you have Medicare and the state pays your Medicare Part B premium or you have Medicaid, you may be entitled to additional benefits. Ask if other Peoples Health plans are available to you.

Peoples Health Choices Gold HMO-POS[◇]

Acadia
Bossier
Caddo

Calcasieu
Cameron
Evangeline

Iberia
Lafayette
Ouachita


St. Landry
St. Martin
Vermilion



If you live in a parish not listed, ask about Peoples Health plans available in your area.

This Medicare Advantage Prescription Drug plan offers a \$50 per quarter allowance for over-the-counter health & wellness items.





Your out-of-pocket costs are limited to \$5,900 for in-network Medicare-covered services.



Monthly Plan Premium	\$0
Part B Premium Give Back	Not offered
Doctor Visits & NurseLine	
Primary Care Physician Visit	\$0 
Specialist Visit	\$30
Virtual Medical Visit	\$0
24-Hour NurseLine	\$0
Preventive Care⁺	
Pap Smears, Pelvic Exams, Mammograms	\$0
Prostate & Colorectal Cancer Screenings	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0
Labs & Tests⁺⁺	
Lab Services and X-rays	\$0
Diagnostic tests	\$10
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$80
Outpatient Surgery	
Surgery (outpatient hospital or ambulatory surgical center)	\$250
Inpatient Hospital Care per Admission	
Inpatient Deductible	\$0
Inpatient Stay per Day, for Days 1-10	\$195
Inpatient Stay for Days 11 and Beyond	\$0
Home Health & Skilled Nursing Facility Care	
Home Health	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 for days 1-20 \$196 for days 21-100

⁺Office visit copay may apply. ^{*}X-rays at network locations other than a radiology facility may have higher out-of-pocket costs.

[◇]Point-of-service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members.

Emergency Care, Urgent Care & Emergency Transportation^o	
Emergency Care	\$90; \$0 worldwide
Urgently Needed Care	\$40; \$0 worldwide
Emergency Ambulance Services (per one-way trip, ground or air)	\$250
Worldwide Emergency Ambulance Service (to nearest facility)	\$0
Outpatient Services & Supplies	
Occupational, Physical or Speech Therapy Visit	\$20
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	20% coinsurance
Diabetes Monitoring Supplies (test strips, monitor, etc. from a DME provider or retail pharmacy)	\$0
Mental Health & Substance Abuse Treatment	
Inpatient Mental Health Care (per day)	\$195 for days 1-9 \$0 for days 10-90
Outpatient Mental Health Visit	\$40
Substance Abuse Treatment Visit	\$40
Virtual Mental Health Visit	\$0

Additional Benefits Not Covered by Original Medicare	
\$0 Over-the-Counter Health & Wellness Items	\$50 allowance per quarter 
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Hearing Aids (choose from a range of styles and features)	starting at \$175
Routine Eye Exam	\$0
Eyeglasses or Contact Lenses (one pair per year)	\$200 allowance for eyewear 
Dental - Preventive [‡] (oral exams, cleanings and X-rays)	\$0
Dental - Comprehensive [‡] (fillings, dentures, implants, etc.)	\$0 
Dental - Coverage Maximum	\$1,250
Respite Care (12 respite care sessions per year, up to 8 hours per session, for members with dementia, including Alzheimer's disease)	\$0
One Pass™ Fitness ^Δ	\$0 
Emergency Medical Alert Device	\$0

Medicare Part D Prescription Drugs		
Initial Coverage Stage	30-Day Supply 	100-Day Supply 
Tier 1 (with coverage through the gap)	\$0	\$0
Tier 2 (with coverage through the gap)	\$10	\$0 (preferred mail order)
Tier 3	\$45	\$135
Tier 4	\$100	\$300
Tier 5	33% coinsurance	30-day supply only
<p>If you have a limited income, you may be eligible for Medicare's Extra Help program. It could lower your costs for prescriptions. Ask us about eligibility.</p>		

[‡] Out-of-network dental services may have higher member costs.

^o Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

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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 \$5,900 for in-network or \$8,950 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 Premium Give Back	Not offered	\$60 per month	Not applicable
Doctor Visits & NurseLine			
Primary Care Physician Visit 	\$0	\$0	\$20
Specialist Visit	\$35	\$30	\$55 Choices \$50 Patriot
Virtual Medical Visit	\$0	\$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.)	\$125	\$110	30% coinsurance
Outpatient Surgery (Outpatient Hospital or Ambulatory Surgical Center)			
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)	\$250	\$250	\$250
Worldwide (out of USA) Emergency Care, Urgent Care and Emergency Transportation (to nearest facility)	\$0	\$0	\$0

⁺Office visit copay may apply. *Through contracted provider.

^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 \$196 for days 21-51 \$0 for days 52-100	\$0 for days 1-20 \$196 for days 21-51 \$0 for days 52-100	\$225 for days 1-40 \$0 for days 41-100
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 or retail pharmacy)	\$0	\$0	50% coinsurance
Mental Health & Substance Abuse Treatment			
Inpatient Mental Health Care (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 Visit	\$15 group	\$15 group	\$30 group
Substance Abuse Treatment Visit	\$25 individual	\$25 individual	\$40 individual
Virtual Mental Health Visit	\$0	\$0	\$0*

Additional In-Network Benefits Not Covered by Original Medicare	Choices (PPO)	Patriot (PPO) MA-only
\$0 Over-the-Counter Health & Wellness Items 	\$50 allowance per quarter	\$75 allowance per quarter
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0	\$0
Hearing Aids (choose from a range of styles and features)	starting at \$175	starting at \$175
Routine Eye Exam	\$0	\$0
Eyeglasses or Contact Lenses (\$200 allowance) 	\$0	\$0
Dental - Preventive [‡] (oral exams, cleanings and X-rays)	\$0	\$0
Dental - Comprehensive [‡] (fillings, dentures, implants, etc.) 	\$0	\$0
Dental - Coverage Maximum	\$750	\$2,500
Respite Care	Not offered	Not offered
One Pass™ Fitness ^Δ 	\$0	\$0
Emergency Medical Alert Device	\$0	\$0

Medicare Part D Prescription Drugs	Choices (PPO)		Patriot (PPO) MA-only
Initial Coverage Stage	30-Day Supply	100-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.

[‡] Out-of-network dental services may have higher member costs.

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A UnitedHealthcare Company

For more information on Medicare or our plan benefits, call toll-free:

1-855-287-5340 (TTY: 711)

Daily: 7 a.m. to 10 p.m.

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. For Medicare Advantage Plans: A Medicare Advantage organization with a Medicare contract. For Dual Special Needs Plans: A Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal. Out-of-network/noncontracted providers are under no obligation to treat Peoples Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Contact the plan for more information.

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GET

READY

FOR

MEDICARE

PEOPLES HEALTH

A UnitedHealthcare Company

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

Helping people with Medicare.

LET'S GET STARTED

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

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

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



THE ABCs (and D) OF MEDICARE

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

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

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

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

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



DEDUCTIBLES

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

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

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



MAXIMUM OUT-OF-POCKET AMOUNT

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

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

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



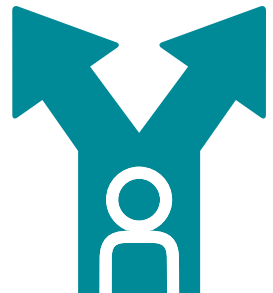
MEDICARE SUPPLEMENT PLANS

VS.

MEDICARE ADVANTAGE PLANS

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

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



MORE THAN MEDICARE

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

- Complimentary health club membership and access to online and community fitness resources
- Routine vision coverage, including an allowance for eyeglasses or contacts
- Routine and comprehensive dental coverage
- Debit card allowance for over-the-counter items
- Allowance for healthy groceries and utility bills[†]
- Meals after hospital stays
- Part D drug coverage with certain generic drugs for \$0* and no Part D deductible



*\$0 long-term supply of tier 2 generic drugs available from preferred mail-order pharmacy. Benefit does not apply to Peoples Health Patriot (PPO). [†]HMO-POS D-SNPs only.

MEDICARE ADVANTAGE PLAN TYPES

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



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

*Point-of-Service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members.

ENROLLMENT PERIODS



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

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

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

STARS:

MEDICARE'S QUALITY

AND PERFORMANCE RATINGS



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

When rating plans, Medicare takes into consideration a range of items, including:

- How well the plan helps members stay healthy and improve their health
- How well the plan helps members with long-term conditions manage their care
- The quality of call center services and how well the plan processes appeals and new enrollments in a timely manner
- How many members left the plan, submitted complaints or had issues getting services
- How satisfied members are with the plan
- Part D drug plan pricing and patient safety

THINGS TO CONSIDER:

WHAT DO YOU WANT IN A MEDICARE PLAN?

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

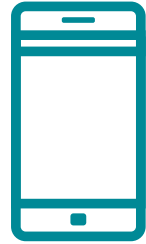
What benefits do you want?

Check all the things that are important to you.

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



IMPORTANT NUMBERS



Medicare

1-800-633-4227 (1-800-MEDICARE)

(TTY: 1-877-486-2048)

24 hours a day, 7 days a week,
except some federal holidays

Social Security Administration

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

Louisiana Medicaid

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

SHIIP (Louisiana's Senior Health Insurance Information Program)

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

Peoples Health

1-800-537-0311 (TTY: 711)

7 a.m. to 10 p.m., 7 days a week

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

1-800-537-0311

(TTY: 711)

Toll-free, 7 a.m. to 10 p.m.,

7 days a week



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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage Plans: A Medicare Advantage organization with a Medicare contract. For Dual Special Needs Plans: A Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal. Out-of-network/noncontracted providers are under no obligation to treat Peoples Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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