

2023



Peoples Health Choices 65 HMO-POS

H1961-014-001

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ASCENSION, EAST BATON ROUGE, EAST FELICIANA, IBERVILLE,
JEFFERSON, LIVINGSTON, ORLEANS, ST. CHARLES, ST. HELENA
AND WEST BATON ROUGE 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 65 (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	\$150/quarter to spend	\$50/quarter to spend	\$75/quarter to spend
 Part B Premium Give Back	\$30/month back to you	NO	\$60/month back to you
 Part D Prescription Drug Coverage	YES	YES	NO

Do you have Medicare and Medicaid?

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

Peoples Health Choices 65 HMO-POS[◇]

Ascension
East Baton Rouge
East Feliciana

Iberville
Jefferson
Livingston

Orleans
St. Charles

St. Helena
West Baton Rouge



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 \$30 per month Part B Premium Give Back (we pay \$30 of your monthly Medicare Part B premium for you).





Your out-of-pocket costs are limited to \$3,600 for in-network Medicare-covered services.



Monthly Plan Premium	\$0	
Part B Premium Give Back	\$30 per month back to you	
Doctor Visits & NurseLine		
Primary Care Physician Visit	\$0	
Specialist Visit	\$20	
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	\$0	
Diagnostic Tests & X-rays	\$0	
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$55	
Outpatient Surgery		
Surgery (outpatient hospital or ambulatory surgical center)	\$100	
Inpatient Hospital Care per Admission		
Inpatient Deductible	\$0	
Inpatient Stay per Day, for Days 1-10	\$60	
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°	
Emergency Care	\$90; \$0 worldwide
Urgently Needed Care	\$20; \$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	\$10
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)	\$60 for days 1-10 \$0 for days 11-90
Outpatient Mental Health Visit	\$20
Substance Abuse Treatment Visit	\$25
Virtual Mental Health Visit	\$0

Additional Benefits Not Covered by Original Medicare	
\$0 Over-the-Counter Health & Wellness Items	\$150 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	\$2,500
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
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.

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

1-855-286-9746 (TTY: 711)

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

Asistencia disponible en español.

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Connect with us.

Peoples Health earned Medicare's highest rating. Again!



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. Every year, Medicare evaluates plans based on a 5-star rating system. Peoples Health HMO-POS plans under Medicare contract H1961 are rated 5 out of 5 stars for 2023.
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