

Summary of Benefits 2023

Peoples Health Patriot (PPO)

H4544-002-000

Look inside to take advantage of the health services the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-844-849-2591**, TTY **711**

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



peopleshealth.com

PEOPLES HEALTH

A UnitedHealthcare Company

Summary of Benefits

January 1st, 2023 - December 31st, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at peopleshealth.com or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

Peoples Health Patriot (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these parishes in:

Louisiana: Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn.

Use network providers

Peoples Health Patriot (PPO) has a network of doctors, hospitals, and other providers. With this plan, you have the freedom to see any provider nationwide that accepts Medicare. Plus, you have the flexibility to access a network of local providers. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services.

You can go to peopleshealth.com to search for a network provider using the online directory.

Peoples Health Patriot (PPO)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Part B Premium Reduction	Up to \$60	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount	\$5,900 annually for Medicare-covered services you receive from in-network providers.	\$8,950 annually for Medicare-covered services you receive from any provider.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.	

Peoples Health Patriot (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care²		\$195 copay per day: days 1-6 \$0 copay per day: days 7 and beyond	30% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ²	\$0 copay for a diagnostic colonoscopy \$195 copay otherwise	30% coinsurance
	Outpatient Hospital, including surgery ²	\$0 copay for a diagnostic colonoscopy \$195 copay otherwise	30% coinsurance
	Outpatient Hospital Observation Services ²	\$195 copay	30% coinsurance
Doctor Visits	Primary Care Provider	\$0 copay	\$20 copay
	Specialists	\$30 copay	\$50 copay
	Virtual Medical Visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive Services	Medicare-covered	\$0 copay	\$0 copay - 30% coinsurance (depending on the service)
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)	

Benefits

		In-Network	Out-of-Network
		<p>Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services Medicare Diabetes Prevention Program (MDPP) Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 “Welcome to Medicare” preventive visit (one-time)</p> <hr/> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p>	
	Routine physical	\$0 copay, 1 per year*	30% coinsurance, 1 per year*
Emergency Care		<p>\$90 copay (\$0 copay for emergency care outside the United States) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$40 copay (\$0 copay for urgently needed services outside the United States) per visit</p>	

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay for each diagnostic mammogram \$110 copay otherwise	30% coinsurance
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	\$20 copay	30% coinsurance
	Therapeutic radiology ²	\$50 copay per service	30% coinsurance
	Outpatient X-rays ²	\$15 copay per service	\$20 copay per service
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$0 copay	\$50 copay
	Routine hearing exam	\$0 copay, 1 per year*	\$50 copay, 1 per year*
	Hearing aids	\$175 - \$1,225 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.* Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
Routine Dental Benefits	Preventive	\$0 copay for exams, cleanings, X-rays, and fluoride*	\$0 copay for exams, cleanings, X-rays, and fluoride*
	Comprehensive	\$0 copay for comprehensive dental services*	\$0 copay for comprehensive dental services*
	Benefit limit	\$2,500 combined limit on all covered dental services* If you choose to see an out-of-network dentist you might be billed more, even for services listed as \$0 copay	

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay	\$50 copay
	Eyewear after cataract surgery	\$0 copay	\$50 copay
	Routine eye exam	\$0 copay, 1 per year*	\$50 copay, 1 per year*
	Routine eyewear	\$0 copay Plan pays up to \$200 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.* Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).	
Mental Health	Inpatient visit ²	\$195 copay per day: days 1-6 \$0 copay per day: days 7-90	30% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit ²	\$15 copay	\$30 copay
	Outpatient individual therapy visit ²	\$25 copay	\$40 copay
	Virtual Mental Health Visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Skilled Nursing Facility (SNF)²		\$0 copay per day: days 1-20 \$196 copay per day: days 21-51 \$0 copay per day: days 52-100	\$225 copay per day: days 1-40 \$0 copay per day: days 41-100
		Our plan covers up to 100 days in a SNF.	

Benefits

		In-Network	Out-of-Network
Outpatient Rehabilitation Services	Physical therapy and speech and language therapy visit ²	\$30 copay	\$50 copay
	Occupational Therapy Visit ²	\$30 copay	\$50 copay
	Virtual Visit	\$0 copay	30% coinsurance
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$250 copay for ground \$250 copay for air	\$250 copay for ground \$250 copay for air
Routine Transportation		Not covered	
Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs ²	20% coinsurance	30% coinsurance
	Other Part B drugs ²	\$0 copay for allergy antigens 20% coinsurance for all others	\$0 copay for allergy antigens 30% coinsurance for all others

Additional Benefits

		In-Network	Out-of-Network
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	\$20 copay	\$50 copay
Diabetes Management	Diabetes monitoring supplies ²	<p>\$0 copay</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 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 DME provider.</p>	50% coinsurance
	Diabetes self-management training	\$0 copay	30% coinsurance
	Therapeutic shoes or inserts ²	20% coinsurance	50% coinsurance

Additional Benefits

		In-Network	Out-of-Network
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance	50% coinsurance
Fitness program		\$0 copay for One Pass™, which includes a free gym membership at a location you select from our nationwide network, plus a personalized fitness plan, online fitness classes and brain health challenges	
Foot Care (podiatry services)	Foot exams and treatment	\$30 copay	\$50 copay
	Routine foot care	\$30 copay, 6 visits per year*	\$50 copay, 6 visits per year*
Meal Benefit²		\$0 copay for home-delivered meals from the network meal provider after an eligible hospital stay. Restrictions apply.	
Home Health Care²		\$0 copay	50% coinsurance
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
Opioid Treatment Program Services²		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$15 copay	\$30 copay
	Outpatient individual therapy visit ²	\$25 copay	\$40 copay
Over-the-counter (OTC) credit		\$75 credit every quarter to buy covered OTC products. Shop at network retail locations or get home delivery by ordering online, by phone or by mail through your OTC catalog.	

Additional Benefits

	In-Network	Out-of-Network
Personal Emergency Response System	\$0 copay for a personal emergency response system (PERS). Help is only a button press away. A PERS device can quickly connect you to the help you need, 24 hours a day in any situation.	
Renal Dialysis²	20% coinsurance	20% coinsurance

² May require your provider to get prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

Required Information

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.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy 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.

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, or you can 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 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 1-800-222-8600, 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.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

Out-of-network/non-contracted 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.

The provider network may change at any time. You will receive notice when necessary.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.