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**Peoples Health Choices 65 HMO-POS**

H1961-014-001

**Peoples Health Medicare Advantage LA-0004 HMO-POS**

H1961-020-000

These HMO-POS plans are available in 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

These PPO plans are available statewide.

**2024**



# Live your best life with Peoples Health.

Peoples Health is the choice of more than 100,000 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. Peoples Health has a long history of caring, compassion and one-on-one service for our plan members. That commitment remains.

## 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.

# Peoples Health + UnitedHealthcare



Since joining the UnitedHealthcare family, we've been able to expand many benefits and services. And 2024 brings enhancements that have been on our wish list for years. Here are two big ones:



**UCard**—We've simplified access to benefits by making member ID cards work a little harder. Most Peoples Health plans offer an allowance for purchasing over-the-counter items. The allowance is loaded onto your member ID card, which we now call a UCard. You can use this allowance purchase covered items. Your UCard also lets you access your fitness benefit, too. No need to carry a separate fitness center membership card.



**UnitedHealth Passport® program**—Peoples Health has always offered worldwide emergency and urgent care coverage. Now members have access to plan-covered services while traveling outside their plan service area in the United States. The Passport program lets members access covered services with participating providers in the Passport service area at in-network costs.

Still, the best part is this: As a Peoples Health plan member, you enjoy the quality that comes from people who really care. Peoples Health is a company born and raised in Louisiana, and our members have been our neighbors, our friends and our family. It's simple. We want you to enjoy the best health possible.

## Compare Key Benefits

Choose the plan that fits your needs.



	Medicare Advantage LA-0004 (HMO-POS)	Choices 65 (HMO-POS)	Choices (PPO)	Patriot (PPO)
Part B Premium Give Back	\$86/Month Back to You	\$35/Month Back to You	No	\$110/Month Back to You
\$0 Primary Care Visits	Yes	Yes	Yes	Yes
Out-of-Network Coverage	Dental Only	Dental Only	Yes	Yes
Over-the-Counter Allowance	\$40/Quarter to Spend	\$90/Quarter to Spend	\$40/Quarter to Spend	\$75/Quarter to Spend
Part D Prescription Drug Coverage	Yes	Yes	Yes	No
UnitedHealth Passport	Yes	Yes	Yes	Yes

# Peoples Health Choices 65 HMO-POS

# Peoples Health Medicare Advantage LA-0004 HMO-POS



These HMO-POS plans are available in Ascension, East Baton Rouge, East Feliciana, Iberville, Jefferson, Livingston, Orleans, St. Charles, St. Helena and West Baton Rouge parishes.

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

## Out-of-Network Coverage



- Emergency and urgent care coverage available worldwide
- Out-of-area network available through the UnitedHealth Passport program
- Out-of-network dental services covered but may have higher costs

	Choices 65 (HMO-POS)	Medicare Advantage LA- 0004 (HMO-POS)
Monthly Plan Premium	\$0	\$0
Part B Premium Give Back (amount paid by Peoples Health)	\$35/month (\$420/year)	\$86/month (\$1,032/year)
Maximum Out of Pocket Costs	\$3,600	\$5,900
<b>Doctor Visits &amp; NurseLine</b>		
Primary Care Physician Visit	\$0	\$0
Specialist Visit	\$20	\$40
Telehealth Visit	\$0	\$0
24-Hour NurseLine	\$0	\$0
<b>Preventive Care*</b>		
Pap Smears, Pelvic Exams, Mammograms	\$0	\$0
Prostate & Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement	\$0	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0	\$0
<b>Labs &amp; Tests*</b>		
Lab Services	\$0	\$0
Diagnostic Procedures/Tests	\$45	\$45
X-rays	\$0	\$25
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$120	\$225
<b>Outpatient Surgery</b>		
Surgery (outpatient hospital)	\$100	\$250
Surgery (ambulatory surgical center)	\$100	\$200
<b>Inpatient Hospital Care per Admission</b>		
Inpatient Deductible	\$0	\$0
Inpatient Stay per Day	\$60 days 1-10 \$0 days 11+	\$275 days 1-6 \$0 days 7+
<b>Home Health &amp; Skilled Nursing Facility Care</b>		
Home Health Care	\$0	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$203 days 21-100	\$0 days 1-20 \$203 days 21-100

\*Office visit copay may apply.

### Worldwide Emergency Care, Urgent Care and Emergency Transportation†

Emergency Care	\$135	\$120
Urgently Needed Care	\$20	\$40
Emergency Ambulance Services (per one-way trip, ground or air)	\$275	\$275
Emergency or Urgent Care Outside U.S.	\$0	\$0

### Outpatient Services & Supplies

Occupational, Physical or Speech Therapy Visit	\$10 \$0 telehealth	\$40 \$0 telehealth
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies (DME provider or network retail pharmacy)	\$0	\$0

### Mental Health & Substance Abuse Treatment

Inpatient Mental Health Care (per day)	\$60 days 1-10 \$0 days 11-90	\$275 days 1-6 \$0 days 7-90
Outpatient Mental Health Visit	\$20	\$15 group
Substance Abuse Treatment Visit	\$25	\$25 individual
Mental Health or Substance Abuse Treatment Telehealth Visit	\$0	\$0

### Additional Benefits Not Covered by Original Medicare

	Choices 65 (HMO-POS)	Medicare Advantage LA-0004 (HMO-POS)
Allowance for Over-the-Counter Health & Wellness Items	\$90 per quarter ✓	\$40 per quarter ✓
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0	\$0
Routine Eye Exam (one per year)	\$0	\$0
Eyeglasses (one pair per year) or Contact Lenses	\$250 allowance ✓	\$150 allowance ✓
Routine Hearing Exam (one per year)	\$0	\$0
Hearing Aids (choose from a range of styles and features)	\$99–\$1,249	\$99–\$1,249
Dental – Preventive‡ (oral exams, cleanings and X-rays)	\$0	\$0
Dental – Comprehensive/Restorative‡	\$0 ✓	\$0 ✓
Dental – Bridges or Dentures‡	50% coinsurance	50% coinsurance
Dental – Coverage Maximum	\$3,000	\$1,000
Respite Care (12 respite care sessions per year, up to 8 hours per session, for members with dementia, including Alzheimer’s disease)	\$0	\$0
Fitness Benefit	\$0	\$0
Emergency Medical Alert Device	\$0	\$0

### Part D Prescription Drug Coverage (Choices 65 and Medicare Advantage LA-0004)

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 by 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 prescription drugs. Ask us about eligibility.

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

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

# Peoples Health Choices PPO

# Peoples Health Patriot PPO (MA-Only)



These PPO plans are available statewide.

	Choices (PPO)	Patriot (PPO) MA-Only	Choices (PPO) & Patriot (PPO)
	In-Network		Out-of-Network
Monthly Plan Premium	\$0	\$0	N/A
Part B Premium Give Back (amount paid by Peoples Health)	Not offered	\$110/month	N/A
Out-of-Network Coverage	Yes	Yes	Yes
Maximum Out of Pocket Costs	\$5,900 In-Network; \$9,550 Combined In- and Out-of-Network		
<b>Doctor Visits &amp; NurseLine</b>			
Primary Care Physician Visit	\$0	\$0	\$20
Specialist Visit	\$35	\$30	\$55 Choices
Medicare-Covered Chiropractic Visit	\$15	\$15	\$50 Patriot
Telehealth Visit	\$0	\$0	Costs vary*
24-Hour NurseLine	\$0	\$0	\$0†
<b>Preventive Care‡</b>			
Pap Smears, Pelvic Exams, Mammograms	\$0	\$0	30% coinsurance
Prostate & Colorectal Cancer Screenings	\$0	\$0	30% coinsurance
Bone Mass Measurement	\$0	\$0	30% coinsurance
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0	\$0	\$0
<b>Labs &amp; Tests‡</b>			
Lab Services	\$0	\$0	\$0
Diagnostic Procedures/Tests	\$45	\$20	30% coinsurance
X-rays	\$12	\$15	\$30 Choices \$20 Patriot
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$215	\$225	30% coinsurance
<b>Outpatient Surgery</b>			
Surgery (outpatient hospital or ambulatory surgical center)	\$225	\$195	30% coinsurance
<b>Inpatient Hospital Care per Admission</b>			
Inpatient Deductible	\$0	\$0	\$0
Inpatient Stay per Day	\$225 days 1-7 \$0 days 8+	\$195 days 1-6 \$0 days 7+	30% coinsurance per admission
<b>Home Health &amp; Skilled Nursing Facility Care</b>			
Home Health Care	\$0	\$0	50% coinsurance
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$203 days 21-100	\$0 days 1-20 \$203 days 21-100	\$225 days 1-43 \$0 days 44-100

\*For primary care physician and specialist telehealth visits; in-office visit costs apply

† Through contracted provider

‡ Office visit copay may apply.

## Worldwide Emergency Care, Urgent Care & Emergency Transportation<sup>§</sup>

Emergency Care	\$120	\$120	\$120; \$0 worldwide
Urgently Needed Care	\$40	\$40	\$40; \$0 worldwide
Emergency Ambulance Services (per one-way trip, ground or air)	\$290	\$275	\$290 Choices \$275 Patriot

## Outpatient Services & Supplies

Occupational, Physical or Speech Therapy Visit	\$20	\$30	\$55 Choices \$50 Patriot
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	50% coinsurance
Diabetes Monitoring Supplies (DME provider or retail pharmacy)	\$0	\$0	50% coinsurance

## Mental Health & Substance Abuse Treatment

Inpatient Mental Health Care (per day)	\$225 days 1-7 \$0 days 8-90	\$195 days 1-6 \$0 days 7-90	30% coinsurance per admission
Outpatient Mental Health Visit and Substance Abuse Treatment Visit	\$15 group \$25 individual	\$15 group \$25 individual	\$30 group \$40 individual
Mental Health or Substance Abuse Treatment Telehealth Visit	\$0	\$0	\$30 group \$40 individual

## Additional Benefits Not Covered by Original Medicare

	Choices (PPO)	Patriot (PPO) MA-Only
Allowance for Over-the-Counter Health & Wellness Items	\$40/quarter (\$160/year) ✓	\$75/quarter (\$300/year) ✓
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0	\$0
Routine Eye Exam (one per year)	\$0	\$0
Eyeglasses (one pair per year) or Contact Lenses	Up to \$250 ✓	Up to \$200 ✓
Routine Hearing Exam (one per year)	\$0	\$0
Hearing Aids (choose from a range of styles and features)	\$99-\$1,249	\$99-\$1,249
Dental – Preventive <sup>°</sup> (oral exams, cleanings and X-rays)	\$0	\$0
Dental – Comprehensive/Restorative <sup>°</sup>	\$0 ✓	\$0 ✓
Dental – Bridges or Dentures <sup>°</sup>	50% coinsurance	50% coinsurance
Dental – Coverage Maximum	\$750	\$3,000
Fitness Benefit	\$0	\$0
Personal Emergency Response System	\$0	\$0

## Part D Prescription Drug Coverage

Initial Coverage Stage	Choices (PPO)		Patriot (PPO) MA-Only
	30-Day Supply	100-Day Supply	
Tier 1 (with coverage through the gap)	\$0 ✓	\$0 ✓	Part D drug coverage not offered with this plan
Tier 2 (with coverage through the gap)	\$10	\$0 by 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 prescription drugs. Ask us about eligibility.

<sup>§</sup> Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

<sup>°</sup> Out-of-network dental services may have higher member costs.



A UnitedHealthcare Company

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.

**Only Peoples Health earned Medicare's  
highest rating in Louisiana for 2024.**



**5 out of 5 stars for 2022, 2023 and 2024**

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 2024. Y0066\_24PHAEPMemQGSTARSC6501\_0004\_M