

2021 Benefit Changes for Peoples Health Medicare Advantage Plans

Effective Jan. 1, 2021, changes to Peoples Health plans include plan offerings, networks, benefits and cost-sharing. We are administering 13 Medicare Advantage health plans in 2021—six HMO plans, two PPO plans, three D-SNPs and two employer group HMO-POS plans. We continue to serve all parishes in Louisiana.

2021 Plans:

Peoples Health Choices 65 (HMO) Orleans, Jefferson, East Baton Rouge	Peoples Health Secure Health (HMO D-SNP)
Peoples Health Choices 65 (HMO) Northshore	Peoples Health Secure Choice (HMO D-SNP)
Peoples Health Choices 65 (HMO) Rural Southeast	Peoples Health Secure Complete (HMO D-SNP)
Peoples Health Choices 65 (HMO) Southland	Peoples Health Choices (PPO)
Peoples Health Choices Gold (HMO)	Peoples Health Patriot (PPO)
Peoples Health Choices Value (HMO)	Peoples Health Group Medicare (HMO-POS)
	Peoples Health Group Medicare (HMO-POS) Office of Group Benefits

Plan Name Changes, Plan Segmentation and New Plans**Plan name changes**

- Peoples Health Choices 65 #14 changed to Peoples Health Choices 65 Orleans, Jefferson, East Baton Rouge
- Peoples Health Choices 65 #14 for Northshore changed to Peoples Health Choices 65 Northshore
- Peoples Health Choices Gold (HMO-POS) changed to Peoples Health Choices Gold (HMO)

Plan segmentation

Peoples Health Choices 65 is segmented into two additional plans, for four segments total. Each segment is available in specific parishes, and eligible residents in the parish may enroll. Each segment has a \$0 premium. See the plan's section in the attached benefit charts for segment parishes.

- Peoples Health Choices 65 Orleans, Jefferson, East Baton Rouge
- Peoples Health Choices 65 Northshore
- Peoples Health Choices 65 Rural Southeast
- Peoples Health Choices 65 Southland

New plans

The following new plans have a \$0 premium. See the plan's section in the attached benefit charts for plan parishes.

- Two PPO plans with a nationwide out-of-network benefit:
 - Peoples Health Choices – this plan offers Part D prescription drug coverage
 - Peoples Health Patriot – this plan **does not** offer Part D prescription drug coverage
- Peoples Health Secure Complete – available to members eligible for both Medicare and Medicaid categories QMB+, QMB, SLMB+ and FBDE

Operational Changes**Beneficiaries with end-stage renal disease – eligible to enroll in a Peoples Health plan**

Effective for the 2021 plan year, CMS has removed the mandate prohibiting Medicare Advantage plans, like Peoples Health, from enrolling beneficiaries with end-stage renal disease. Beneficiaries with the condition are allowed to enroll in a Peoples Health plan for coverage beginning Jan. 1, 2021.

Changes to maximum out-of-pocket (MOOP) amounts

The following plans have changes to the MOOP amount the patient will pay for covered Part A and Part B services:

- Peoples Health Choices 65 Orleans, Jefferson, East Baton Rouge – reduced from \$6,700 to \$4,700
- Peoples Health Secure Health – increased from \$6,700 to \$7,550
- Peoples Health Secure Choice – increased from \$6,700 to \$7,550

In addition, MOOPs vary for new plans.

Change to out-of-network benefit for Choices Gold

- Peoples Health Choices Gold will no longer offer an out-of-network benefit. Services from out-of-network providers are not covered, except for urgently needed care, emergency care and out-of-area dialysis services.

ID cards

- All plan members are getting a new plan ID card for 2021. Additions to the card:
 - An issue date and patient cost-sharing for physician visits, urgent care centers and EDs
 - Electronic claims submissions information on the back
- The Peoples Health Patriot ID card does not include the MedicareRx logo since the plan does not offer Part D prescription drug coverage; however, Part B drugs are covered by the plan. A different **RxBin number (610494)** is used to process Part B claims for this plan.
 - On all other ID cards, the RxBin number is 610097.
 - The RxPCN number (9999) and Rx group number (MPDPHP) are the same on **all** Peoples Health ID cards.
- To identify a Peoples Health Choices 65 segment ID card, reference the plan number on the bottom-right of the card front. The number represents the contract number (H1961) the plan number (014) and the segment number (either “001” for Orleans, Jefferson, East Baton Rouge; “002” for Northshore; “003” for Southland; or “004” for Rural Southeast).

Notable Benefit Changes

New benefits

- Peoples Health Secure Complete members have:
 - A **healthy food benefit** that provides an allowance of \$55 per month (which expires at the end of each month); this allowance is added to the member’s OTC benefit debit card, and the member can use the allowance to purchase healthy food items in-store at participating retailers available through the card OTC benefit
 - A **Personal Emergency Response System** benefit at \$0 that offers a monitoring device, provided by Philips Lifeline, for quick access to help 24 hours a day in any situation
- All Peoples Health members have access to a 24/7 **NurseLine** to ask health-related questions.
- **Virtual mental health visits** are covered for all plans at \$0. The benefit covers individual sessions for mental health, psychiatric services and substance abuse services. Services must be received through Optum Behavioral Health, the contracted provider.
- All plans now cover **worldwide** emergency transportation services outside the U.S and its territories at \$0. Additionally, the maximum coverage amount of \$5,000 for worldwide emergency care and urgent care has been removed for all plans.

Over-the-counter (OTC) health and wellness products benefit

- **New CARD benefit:** We’re introducing an OTC benefit for Peoples Health Secure Complete members that differs from the OTC benefit other Peoples Health members have access to.
 - This benefit utilizes a debit card that can be used in-store to purchase approved items from participating retailers (see benefit chart appendix).
 - The benefit card must be activated and is also used to set up an account for other ways to purchase items, including through www.healthybenefitsplus.com/hwpcard, by calling 1-833-853-8587 or TTY 711, or by mailing a form to Healthy Benefits Plus.
 - The quarterly credit amount is \$300; credits roll over from quarter to quarter and expire at the end of the calendar year.
- **Standard CATALOG benefit:** The following plans with the catalog benefit have a change in the quarterly credit maximum as noted (as a reminder, credits for this benefit are added to a benefit card that must be activated to purchase items by phone or online, and credits expire at the end of each quarter):
 - Peoples Health Choices 65 Orleans, Jefferson, East Baton Rouge – increased to \$80
 - Peoples Health Secure Health – increased to \$160

Credit amounts for the following new segments and plans with the catalog benefit are as follows:

- Peoples Health Choices 65 Rural Southeast – \$60

- Peoples Health Choices 65 Southland – \$60
- Peoples Health Choices – \$50
- Peoples Health Patriot – \$125

Network updates

The network for virtual medical visits is expanding and will include the following. All plans offer the virtual medical visits benefit. Peoples Health patients must see a provider in the network for services to be covered at \$0.

- Amwell: www.amwell.com, 1-844-733-3627 (existing provider)
- Lafayette General Health: <https://lghealthanywhere.com>, 1-844-300-0211 (new provider)

Virtual mental health visits, for individual mental health services or substance abuse services, are covered for all Peoples Health patients. Patients should visit virtualvisitsmentalhealth.uhc.com to schedule a virtual mental health appointment.

Philips Lifeline is the vendor for the Peoples Health Secure Complete Personal Emergency Response System.

- www.lifeline.philips.com/UHCMedicare, 1-855-595-0464

Prescription Drug Coverage Changes

Part D Senior Savings Model (savings on insulin medication)

All plans with Part D prescription drug coverage *except D-SNPs and Peoples Health Group Medicare* participate in the Part D Senior Savings Model, which offers lower, stable, and predictable out-of-pocket costs for covered insulin through the different Part D benefit coverage stages. Patients pay a maximum of \$35 for a one-month supply of covered insulin (or \$105 for a three-month supply) during the deductible, initial coverage and coverage gap or "donut hole" stages of the annual prescription drug cycle and 5% of the cost in the catastrophic stage. Costs may be less if patient receives Extra Help from Medicare. Note that patients who are in non-D-SNPs and receive the low-income subsidy are not eligible for the program. Those patients pay their regular plan cost-sharing amounts.

Excluded drugs

All plans with Part D prescription drug coverage *except D-SNPs* cover excluded drugs. These drugs are on tier 2.

Specialty drug 30-Day supply limit

All plans with Part D prescription drug coverage will impose a 30-day limit on fills of specialty drugs. For most plans, these drugs are on tier 5 of our formulary.

About This Benefit Packet

A comprehensive list of in-network benefits for each plan is enclosed. For benefits that have changed, 2020 cost-sharing is included for reference.

This packet is part of your Provider Reference Guide. We encourage you to keep it handy as a supplement to the guide.

Please familiarize yourself and your staff with the information included in this packet. If you have any questions, call your provider representative Monday through Friday, from 8 a.m. to 5 p.m.

Provider Relations Representative	Region	Phone
Christina Barras	Eastbank	504-681-8860
Christina Cavalier	Southland	504-681-8854
Adam Hall	Northshore Ochsner	504-681-8117
Wanda Haynes	Lafayette area	337-769-9946
Elizabeth LaFontaine	Westbank JenCare	504-681-8842
Stacy Musgrove	North Louisiana	318-588-0480
Victor Oliva	Baton Rouge	504-681-8813
Raymond Rupert	Lafayette area Lake Charles area	337-769-9941
Jennifer Stallings	New Orleans	504-836-1102
Katrina Young	Baton Rouge	504-681-8828
Facility Representative	Facility Type	Phone
Monica Calvin	Ancillary facilities	504-681-8806
Melissa Jones	Ancillary facilities	504-681-1210
Additional Contacts	Title	Phone
Dee Duhe-Robichaux	Provider Relations Manager	504-681-8837
Michele Fontenot	Hospital Operations Manager	504-681-8869



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Provider Benefit Packet



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The charts on the following pages include 2021 plan benefit information for the Peoples Health Medicare Advantage plans listed below. For reference, 2020 cost-sharing is included **only** for benefits that have changed. **Services that require prior authorization are noted as such.**

For explanations of the services and costs listed in the charts, refer to Appendix – Benefit Descriptions. For full benefit information, refer to a plan’s 2021 *Evidence of Coverage* at www.peopleshealth.com or on the Provider Portal.

Peoples Health Choices 65 (HMO) Plans for Areas: Orleans, Jefferson, East Baton Rouge; Rural Southeast; and Southland	3
Peoples Health Choices 65 (HMO) Northshore	8
Peoples Health Choices Gold (HMO)	13
Peoples Health Choices Value (HMO)	18
Peoples Health Secure Complete (HMO D-SNP)	23
Peoples Health Secure Health (HMO D-SNP)	27
Peoples Health Secure Choice (HMO D-SNP)	32
Peoples Health Preferred Provider Organization Plans: Peoples Health Choices (PPO) and Peoples Health Patriot (PPO)	37
Peoples Health Group Medicare Plans for Participating Employer and Retiree Groups	41
Appendix – Benefit Descriptions	45
Vendor Information	54



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2021 Plan Benefits

**Peoples Health Choices 65 (HMO) Orleans, Jefferson, East Baton Rouge
Peoples Health Choices 65 (HMO) Rural Southeast
Peoples Health Choices 65 (HMO) Southland**

**Peoples Health Choices 65 (HMO) Plans for Areas: Orleans, Jefferson, East Baton Rouge;
Rural Southeast; and Southland**

Plan Basics

The monthly premium for these plans is \$0.

Peoples Health Choices 65 (HMO) Orleans, Jefferson, East Baton Rouge

The service area for this plan includes the following Louisiana parishes: Orleans, Jefferson and East Baton Rouge. The patient's maximum out-of-pocket amount for Medicare Part A and Part B services from network providers is \$4,700.

Peoples Health Choices 65 (HMO) Rural Southeast

The service area for this plan includes the following Louisiana parishes: Ascension, East Feliciana, Iberville, Livingston, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, West Baton Rouge and West Feliciana. The patient's maximum out-of-pocket amount for Medicare Part A and Part B services from network providers is \$6,700.

Peoples Health Choices 65 (HMO) Southland

The service area for this plan includes the following Louisiana parishes: Assumption, Lafourche, St. Mary and Terrebonne. The patient's maximum out-of-pocket amount for Medicare Part A and Part B services from network providers is \$6,700.

Benefit	2021 Patient In-Network Cost-Sharing
Acupuncture for chronic low back pain	Cost-sharing applies to primary care physician visit or specialist physician visit depending on where services are received. See Physician services row. <i>This benefit was covered under chiropractic services in 2020, and cost-sharing changed from \$10.</i>
Ambulance services**	\$250 <i>Cost-sharing changed from \$235 in 2020.</i>
Annual routine physical exam	\$0
Cardiac rehabilitation services†	\$0
Chiropractic services	\$10 <i>Prior authorization was required in 2020.</i>
Dental services	\$20 – Medicare-covered comprehensive dental \$0 – preventive dental services \$50 deductible – non-Medicare-covered comprehensive dental services \$2,000 maximum – preventive and non-Medicare-covered comprehensive services

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
Diabetes supplies†	Self-monitoring supplies: <ul style="list-style-type: none"> • \$0 – supplies from a preferred DME provider • 20% coinsurance – supplies from other DME providers Therapeutic shoes/inserts: <ul style="list-style-type: none"> • \$0 each pair
Durable medical equipment*	20% coinsurance
Emergency care	\$90 – each emergency room visit within the United States or its territories \$0 – each worldwide emergency room visit outside the United States or its territories \$0 – worldwide transportation services
	<i>Cost-sharing changed from \$90 for worldwide emergency services in 2020, worldwide emergency transportation services were not covered, and coverage for emergency and urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000.</i>
Fitness center membership†	\$0
Health and wellness education†	\$0
Hearing services	\$20 – each diagnostic hearing exam \$20 – one routine hearing exam per year \$0 – one hearing exam per year for evaluation and fitting of hearing aids \$0 – up to two hearing aids (one per ear) each year, up to a maximum of \$500 per ear, per year
	<i>The maximum coverage amount for hearing aids was \$1,000 per year in 2020 and did not specify per ear.</i>
Home health agency care*	\$0
Home infusion therapy	Cost-sharing for administration or monitoring services applies to primary care physician visit, specialist physician visit or home health, depending on where services are received. See Physician services and Home health agency care rows.
Hospice care	When a patient is enroll in a Medicare-certified hospice program, hospice services and Part A and Part B services related to the patient's terminal prognosis are paid for by Original Medicare, not Peoples Health.

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Benefit	2021 Patient In-Network Cost-Sharing
Inpatient hospital care**	\$85 – per day, days 1–10 \$0 – days 11 and beyond Out-of-pocket costs limited to \$850 per admission
Inpatient mental health care**	\$85 – per day, days 1–10 \$0 – days 11–90 Out-of-pocket costs limited to \$850 per admission
Meal benefit†	\$0 – up to two prepared meals per day for five days (up to 10 meals total)
Medicare Part B drugs†	20% coinsurance
Nonemergency (routine) transportation	Not a covered benefit.
NurseLine†	\$0
	<i>Not a covered benefit in 2020.</i>
Opioid treatment services	\$0
Outpatient diagnostic tests and therapeutic services and supplies†	Diagnostic procedures and tests: <ul style="list-style-type: none"> • \$0 at a radiology facility • \$5 at a physician office • \$20 at an outpatient hospital X-rays: <ul style="list-style-type: none"> • \$0 at a radiology facility • \$5 at a physician office • \$20 at an outpatient hospital Lab services: <ul style="list-style-type: none"> • \$0 at a lab provider or an outpatient hospital contracted to provide lab services to Peoples Health patients • \$5 at a physician office • 20% coinsurance at an outpatient hospital not contracted to provide lab services to Peoples Health patients \$0 – diagnostic colonoscopies and diagnostic mammograms \$85 – advanced imaging services or nuclear medicine \$50 – therapeutic radiology (radiation therapy) services \$0 – blood

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Benefit	2021 Patient In-Network Cost-Sharing
Outpatient hospital services, including outpatient observation services [†]	\$125 <i>Prior authorization was not required for outpatient observation services in 2020.</i>
Outpatient mental health care services*	\$20
Outpatient rehabilitation services*	\$10
Outpatient substance abuse services*	\$25
Outpatient surgery*	\$125
Over-the-counter (OTC) health and wellness products	Peoples Health Choices 65 (HMO) Orleans, Jefferson, East Baton Rouge: \$80 in credits every quarter Peoples Health Choices 65 (HMO) Rural Southeast: \$60 in credits every quarter Peoples Health Choices 65 (HMO) Southland: \$60 in credits every quarter <i>For Peoples Health Choices 65 (HMO) Orleans, Jefferson, East Baton Rouge, credits changed from \$60 every quarter of the year in 2020.</i>
Partial hospitalization services*	\$20
Personal Emergency Response System	Not a covered benefit.
Physician services, including virtual visits	\$0 – each primary care physician visit \$30 – each specialist visit \$0 – virtual medical visits \$0 – virtual mental health visits <i>Virtual mental health visits were not a covered benefit in 2020, and prior authorization was required for specialist visits.</i>
Podiatry services	\$30 – each visit <i>Prior authorization was required in 2020.</i>
Prescription drugs	See Appendix – Benefit Descriptions , Prescription drugs row for costs. This plan participates in the Part D Senior Savings Model for insulin drugs and covers excluded drugs. A 90-day supply of tier 5 drugs is not covered. Tier 5 drugs are limited to a 30-day supply.

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Benefit	2021 Patient In-Network Cost-Sharing
	<i>In 2020, the Part D Senior Savings Model was not available, excluded drugs were not covered and a 90-day supply of tier 5 drugs was covered.</i>
Preventive screenings and services (Medicare-covered)	\$0
Prosthetic devices and related supplies†	20% coinsurance
Pulmonary rehabilitation services†	\$0
Respite care – help with certain chronic conditions*	\$0 – up to 12 sessions per year
Services to treat kidney disease†	\$0 – kidney disease education services 20% coinsurance – dialysis
Skilled nursing facility (SNF) care*	\$0 – days 1–20 \$165 – per day, days 21–100
Supervised exercise therapy†	\$0
Urgently needed services	\$20 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories
	<i>Cost-sharing changed from \$20 for worldwide urgently needed care in 2020, and coverage for emergency and urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000.</i>
Vision care	\$20 – exams and services to diagnose and treat diseases and conditions of the eye \$20 – one supplemental routine eye exam per year

*Prior authorization required

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Peoples Health Choices 65 (HMO) Northshore

Plan Basics

The service area for this plan includes the following Louisiana parishes: St. Tammany, Tangipahoa and Washington. The monthly premium is \$0. The patient's maximum out-of-pocket amount for Medicare Part A and Part B services from network providers is \$6,700.

Benefit	2021 Patient In-Network Cost-Sharing
Acupuncture for chronic low back pain	Cost-sharing applies to primary care physician visit or specialist physician visit depending on where services are received. See Physician services row.
	<i>This benefit was covered under chiropractic services in 2020, and cost-sharing changed from \$20.</i>
Ambulance services**	\$250
	<i>Cost-sharing changed from \$260 in 2020.</i>
Annual routine physical exam	\$0
Cardiac rehabilitation services†	\$0
Chiropractic services	\$20
	<i>Prior authorization was required in 2020.</i>
Dental services	\$40 – Medicare-covered comprehensive dental \$0 – preventive dental services \$50 deductible – non-Medicare-covered comprehensive dental services \$2,000 maximum – preventive and non-Medicare-covered comprehensive services
Diabetes supplies†	Self-monitoring supplies: <ul style="list-style-type: none"> \$0 – supplies from a preferred DME provider 20% coinsurance – supplies from other DME providers
	Therapeutic shoes/inserts: \$0 each pair
Durable medical equipment*	20% coinsurance
Emergency care	\$90 – each emergency room visit within the United States or its territories \$0 – each worldwide emergency room visit outside the United States or its territories \$0 – worldwide transportation services
	<i>Cost-sharing changed from \$90 for worldwide emergency services in 2020, worldwide emergency transportation services were not covered, and coverage for emergency and</i>

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Benefit	2021 Patient In-Network Cost-Sharing
	<i>urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000.</i>
Fitness center membership†	\$0
Health and wellness education†	\$0
Hearing services	\$20 – each diagnostic hearing exam \$20 – one routine hearing exam per year \$0 – one hearing exam per year for evaluation and fitting of hearing aids \$0 – up to two hearing aids (one per ear) each year, up to a maximum of \$500 per ear, per year <i>The maximum coverage amount for hearing aids was \$1,000 per year in 2020 and did not specify per ear.</i>
Home health agency care*	\$0
Home infusion therapy	Cost-sharing for administration or monitoring services applies to primary care physician visit, specialist physician visit or home health, depending on where services are received. See Physician services and Home health agency care rows.
Hospice care	When a patient is enroll in a Medicare-certified hospice program, hospice services and Part A and Part B services related to the patient’s terminal prognosis are paid for by Original Medicare, not Peoples Health.
Inpatient hospital care**	\$215 – per day, days 1–8 \$0 – days 9 and beyond Out-of-pocket costs limited to \$1,720 per admission
Inpatient mental health care**	\$215 – per day, days 1–8 \$0 – days 9–90 Out-of-pocket costs limited to \$1,720 per admission
Meal benefit†	\$0 – up to two prepared meals per day for five days (up to 10 meals total)
Medicare Part B drugs†	20% coinsurance
Nonemergency (routine) transportation	Not a covered benefit.
NurseLine*	\$0
	<i>Not a covered benefit in 2020.</i>

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Benefit	2021 Patient In-Network Cost-Sharing
Opioid treatment services	\$0
Outpatient diagnostic tests and therapeutic services and supplies†	Diagnostic procedures and tests: <ul style="list-style-type: none"> • \$0 an outpatient facility • \$10 at a physician office X-rays: <ul style="list-style-type: none"> • \$0 at a radiology facility • \$40 at a physician office • \$10 at an outpatient hospital Lab services: <ul style="list-style-type: none"> • \$0 at a lab provider or an outpatient hospital contracted to provide lab services to Peoples Health patients • \$10 at a physician office • 20% coinsurance at an outpatient hospital not contracted to provide lab services to Peoples Health patients \$0 – diagnostic colonoscopies and diagnostic mammograms \$175 – advanced imaging services or nuclear medicine \$50 – therapeutic radiology (radiation therapy) services \$0 – blood
Outpatient hospital services, including outpatient observation services†	\$200 <i>Prior authorization was not required for outpatient observation services in 2020.</i>
Outpatient mental health care services*	\$40
Outpatient rehabilitation services*	\$20
Outpatient substance abuse services*	\$50
Outpatient surgery*	\$200
Over-the-counter (OTC) health and wellness products	\$40 in credits every quarter
Partial hospitalization services*	\$50
Personal Emergency Response System	Not a covered benefit.

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Benefit	2021 Patient In-Network Cost-Sharing
Physician services, including virtual visits	\$0 – each primary care physician visit \$50 – each specialist visit \$0 – virtual medical visits \$0 – virtual mental health visits <i>Virtual mental health visits were not a covered benefit in 2020, and prior authorization was required for specialist visits.</i>
Podiatry services	\$50 – each visit <i>Prior authorization was required in 2020.</i>
Prescription drugs	See Appendix – Benefit Descriptions , Prescription drug row for costs. This plan participates in the Part D Senior Savings Model for insulin drugs and covers excluded drugs. A 90-day supply of tier 5 drugs is not covered. Tier 5 drugs are limited to a 30-day supply. <i>In 2020, Part D Senior Savings Model was not available, excluded drugs were not covered and a 90-day supply of tier 5 drugs was covered.</i>
Preventive screenings and services (Medicare-covered)	\$0
Prosthetic devices and related supplies†	20% coinsurance
Pulmonary rehabilitation services†	\$0
Respite care – help with certain chronic conditions*	\$0 – up to 12 sessions per year
Services to treat kidney disease†	\$0 – kidney disease education services 20% coinsurance – dialysis
Skilled nursing facility (SNF) care*	\$0 – days 1–20 \$165 – per day, days 21–100
Supervised exercise therapy†	\$0
Urgently needed services	\$50 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories

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Benefit	2021 Patient In-Network Cost-Sharing
	<i>Cost-sharing changed from \$50 for worldwide urgently needed care in 2020, and coverage for emergency and urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000.</i>
Vision care	\$40 – exams and services to diagnose and treat diseases and conditions of the eye \$40 – one supplemental routine eye exam per year

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**Prior authorization required (except in an emergency)

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2021 Plan Benefits
Peoples Health Choices Gold (HMO)

Peoples Health Choices Gold (HMO)

Plan Basics

The service area for this plan includes the following Louisiana parishes: Acadia, Bossier, Caddo, Calcasieu, Cameron, Evangeline, Iberia, Lafayette, Ouachita, St. Landry, St. Martin and Vermilion. The monthly premium is \$0. The patient's maximum out-of-pocket amount for Medicare Part A and Part B services from network providers is \$6,700.

This plan no longer has an out-of-network benefit or an annual out-of-network deductible.

Benefit	2021 Patient In-Network Cost-Sharing
Acupuncture for chronic low back pain	Cost-sharing applies to primary care physician visit or specialist physician visit depending on where services are received. See Physician services row. <i>This benefit was covered under chiropractic services in 2020, and cost-sharing changed from \$20.</i>
Ambulance services**	\$250 <i>Cost-sharing changed from \$260 in 2020.</i>
Annual routine physical exam	\$0
Cardiac rehabilitation services†	\$0 <i>Cost-sharing changed from \$20 in 2020.</i>
Chiropractic services	\$20 <i>Prior authorization was required in 2020.</i>
Dental services	\$35 – Medicare-covered comprehensive dental \$0 – preventive dental services \$50 deductible – non-Medicare-covered comprehensive dental services \$1,250 maximum – preventive and non-Medicare-covered comprehensive services
Diabetes supplies†	Self-monitoring supplies: <ul style="list-style-type: none"> • \$0 – supplies from a preferred DME provider • 20% coinsurance – supplies from other DME providers Therapeutic shoes/inserts: \$10 each pair
Durable medical equipment*	20% coinsurance

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Benefit	2021 Patient In-Network Cost-Sharing
Emergency care	\$90 – each emergency room visit within the United States or its territories \$0 – each worldwide emergency room visit outside the United States or its territories \$0 – worldwide transportation services <i>Cost-sharing changed from \$90 for worldwide emergency services in 2020, worldwide emergency transportation services were not covered, and coverage for emergency and urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000.</i>
Fitness center membership†	\$0
Health and wellness education†	\$0
Hearing services	\$20 – each diagnostic hearing exam \$20 – one routine hearing exam per year \$0 – one hearing exam per year for evaluation and fitting of hearing aids \$0 – up to two hearing aids (one per ear) each year, up to a maximum of \$500 per ear, per year <i>The maximum coverage amount for hearing aids was \$1,000 per year in 2020 and did not specify per ear.</i>
Home health agency care*	\$0
Home infusion therapy	Cost-sharing for administration or monitoring services applies to primary care physician visit, specialist physician visit or home health, depending on where services are received. See Physician services and Home health agency care rows.
Hospice care	When a patient is enroll in a Medicare-certified hospice program, hospice services and Part A and Part B services related to the patient’s terminal prognosis are paid for by Original Medicare, not Peoples Health.
Inpatient hospital care**	\$195 – per day, days 1–10 \$0 – days 11 and beyond Out-of-pocket costs limited to \$1,950 per admission
Inpatient mental health care**	\$195 – per day, days 1–9 \$0 – days 10–90 Out-of-pocket costs limited to \$1,755 per admission
Meal benefit†	\$0 – up to two prepared meals per day for five days (up to 10 meals total)
Medicare Part B drugs†	20% coinsurance

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Benefit	2021 Patient In-Network Cost-Sharing
Nonemergency (routine) transportation	Not a covered benefit.
NurseLine†	\$0
	<i>Not a covered benefit in 2020.</i>
Opioid treatment services	\$0
Outpatient diagnostic tests and therapeutic services and supplies†	<p>Diagnostic procedures and tests:</p> <ul style="list-style-type: none"> • \$10 at an outpatient facility • \$40 at a physician office <p>X-rays:</p> <ul style="list-style-type: none"> • \$10 at a physician office • \$30 at an outpatient facility <p>Lab services:</p> <ul style="list-style-type: none"> • \$0 at a lab provider or an outpatient hospital contracted to provide lab services to Peoples Health patients • \$10 at a primary care physician office • \$40 at a specialist office • 30% coinsurance at an outpatient hospital not contracted to provide lab services to Peoples Health patients <p>\$0 – diagnostic colonoscopies and diagnostic mammograms \$120 – advanced imaging services or nuclear medicine \$45 – therapeutic radiology (radiation therapy) services \$0 – blood</p>
Outpatient hospital services, including outpatient observation services†	\$250
	<i>Prior authorization was not required for outpatient observation services in 2020.</i>
Outpatient mental health care services*	\$40
Outpatient rehabilitation services*	\$20
Outpatient substance abuse services*	\$40
	<i>Cost-sharing changed from \$40 at a specialist office and \$50 at an outpatient hospital in 2020.</i>

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
Outpatient surgery*	\$250
Over-the-counter (OTC) health and wellness products	\$40 in credits every quarter
Partial hospitalization services*	\$40
Personal Emergency Response System	Not a covered benefit.
Physician services, including virtual visits	\$0 – each primary care physician visit \$35 – each specialist visit \$0 – virtual medical visits \$0 – virtual mental health visits
	<i>Cost-sharing changed from \$40 for specialist visits in 2020, prior authorization was required for specialist visits, and virtual mental health visits were not a covered benefit.</i>
Podiatry services	\$35 – each visit
	<i>Cost-sharing changed from \$40 and prior authorization was required in 2020.</i>
Prescription drugs	See Appendix – Benefit Descriptions , Prescription drug row for costs. This plan participates in the Part D Senior Savings Model for insulin drugs and covers excluded drugs. A 90-day supply of tier 5 drugs is not covered. Tier 5 drugs are limited to a 30-day supply.
	<i>In 2020, the Part D Senior Savings Model was not available, excluded drugs were not covered and a 90-day supply of tier 5 drugs was covered.</i>
Preventive screenings and services (Medicare-covered)	\$0
Prosthetic devices and related supplies†	20% coinsurance
Pulmonary rehabilitation services†	\$20
Respite care – help with certain chronic conditions*	\$0 – up to 12 sessions per year
Services to treat kidney disease†	\$0 – kidney disease education services 20% coinsurance – dialysis

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
Skilled nursing facility (SNF) care*	\$0 – days 1–20 \$165 – per day, days 21–100
Supervised exercise therapy†	\$20
Urgently needed services	\$40 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories
	<i>Cost-sharing changed from \$40 for worldwide urgently needed care in 2020, and coverage for emergency and urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000.</i>
Vision care	\$35 – exams and services to diagnose and treat diseases and conditions of the eye \$35 – one supplemental routine eye exam per year

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required



A UnitedHealthcare Company

2021 Plan Benefits
Peoples Health Choices Value (HMO)

Peoples Health Choices Value (HMO)

Plan Basics

The service area for the plan includes the following Louisiana parishes: Acadia, Bossier, Caddo, Calcasieu, Cameron, Evangeline, Iberia, Lafayette, Ouachita, St. Landry, St. Martin and Vermilion. The monthly premium is \$0. The patient's maximum out-of-pocket amount for Medicare Part A and Part B services from network providers is \$6,700.

Benefit	2021 Patient In-Network Cost-Sharing
Acupuncture for chronic low back pain	Cost-sharing applies to primary care physician visit or specialist physician visit depending on where services are received. See Physician services row. <i>This benefit was covered under chiropractic services in 2020, and cost-sharing changed from \$20.</i>
Ambulance services**	\$250 <i>Cost-sharing changed from \$235 in 2020.</i>
Annual routine physical exam	\$0
Cardiac rehabilitation services†	\$0 <i>Cost-sharing changed from \$20 in 2020.</i>
Chiropractic services	\$20 <i>Prior authorization was required in 2020.</i>
Dental services	\$35 – Medicare-covered comprehensive dental services \$0 – preventive dental services Non-Medicare-covered comprehensive dental services are not a covered benefit.
Diabetes supplies†	Self-monitoring supplies: <ul style="list-style-type: none"> • \$0 – supplies from a preferred DME provider • 20% coinsurance – supplies from other DME providers Therapeutic shoes/inserts: \$10 each pair
Durable medical equipment*	20% coinsurance
Emergency care	\$90 – each emergency room visit within the United States or its territories \$0 – each worldwide emergency room visit outside the United States or its territories

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
	<p>\$0 – worldwide transportation services</p> <p><i>Cost-sharing changed from \$90 for worldwide emergency services in 2020, worldwide emergency transportation services were not covered, and coverage for emergency and urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000.</i></p>
Fitness center membership†	\$0
Health and wellness education†	\$0
Hearing services	<p>\$20 – each diagnostic hearing exam</p> <p>Routine hearing services and hearing aids are not covered benefits.</p>
Home health agency care*	\$0
Home infusion therapy	<p>Cost-sharing for administration or monitoring services applies to primary care physician visit, specialist physician visit or home health, depending on where services are received. See Physician services and Home health agency care rows.</p>
Hospice care	<p>When a patient is enroll in a Medicare-certified hospice program, hospice services and Part A and Part B services related to the patient’s terminal prognosis are paid for by Original Medicare, not Peoples Health.</p>
Inpatient hospital care**	<p>\$350 – per day, days 1–5 \$0 – days 6 and beyond Out-of-pocket costs limited to \$1,750 per admission</p>
Inpatient mental health care**	<p>\$350 – per day, days 1–5 \$0 – days 6–90 Out-of-pocket costs limited to \$1,750 per admission</p>
Meal benefit	Not a covered benefit.
Medicare Part B drugs†	20% coinsurance
Nonemergency (routine) transportation	Not a covered benefit.
NurseLine†	\$0
	<i>Not a covered benefit in 2020.</i>

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
Opioid treatment services	\$0
Outpatient diagnostic tests and therapeutic services and supplies†	Diagnostic procedures and tests: <ul style="list-style-type: none"> • \$20 at a radiology facility • \$50 at a physician office or outpatient facility X-rays: <ul style="list-style-type: none"> • \$20 at an outpatient facility • \$50 at a physician office Lab services: <ul style="list-style-type: none"> • \$0 at a primary care physician office or lab provider or outpatient hospital contracted to provide lab services to Peoples Health patients • \$50 at a specialist office • 30% coinsurance at an outpatient hospital not contracted to provide lab services to Peoples Health patients \$0 – diagnostic colonoscopies and diagnostic mammograms \$130 – advanced imaging services or nuclear medicine \$60 – therapeutic radiology (radiation therapy) services \$0 – blood
Outpatient hospital services, including outpatient observation services†	\$350 <i>Prior authorization was not required for outpatient observation services in 2020.</i>
Outpatient mental health care services*	\$40
Outpatient rehabilitation services*	\$40
Outpatient substance abuse services*	\$40 <i>Cost-sharing changed from \$40 at a specialist office and \$50 at an outpatient hospital in 2020.</i>
Outpatient surgery*	\$350
Over-the-counter (OTC) health and wellness products	Not a covered benefit.

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization may be required

Benefit	2021 Patient In-Network Cost-Sharing
Partial hospitalization services*	\$50
Personal Emergency Response System	Not a covered benefit.
Physician services, including virtual visits	\$20 – each primary care physician visit \$50 – each specialist visit \$0 – virtual medical visits \$0 – virtual mental health visits
	<i>Prior authorization was required for specialist visits in 2020, and virtual mental health visits were not a covered benefit.</i>
Podiatry services	\$50 – each visit
	<i>Prior authorization was required in 2020.</i>
Prescription drugs	This plan has a \$300 Part D deductible for drugs in tiers 4 and 5. See Appendix – Benefit Descriptions , Prescription drug row for costs. This plan participates in the Part D Senior Savings Model for insulin drugs and covers excluded drugs. A 90-day supply of tier 5 drugs is not covered. Tier 5 drugs are limited to a 30-day supply.
	<i>In 2020, the Part D Senior Savings Model was not available, excluded drugs were not covered and a 90-day supply of tier 5 drugs was covered.</i>
Preventive screenings and services (Medicare-covered)	\$0
Prosthetic devices and related supplies†	20% coinsurance
Pulmonary rehabilitation services†	\$20
Respite care – help with certain chronic conditions	Not a covered benefit.
Services to treat kidney disease†	\$0 – kidney disease education services 20% coinsurance – dialysis
Skilled nursing facility (SNF) care*	\$0 – days 1–20 \$165 – per day, days 21–100

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization may be required



A UnitedHealthcare Company

2021 Plan Benefits
Peoples Health Choices Value (HMO)

Benefit	2021 Patient In-Network Cost-Sharing
Supervised exercise therapy†	\$20
Urgently needed services	\$50 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories
	<i>Cost-sharing changed from \$50 for worldwide urgently needed care in 2020, and coverage for emergency and urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000.</i>
Vision care	\$0 – exams and services to diagnose and treat diseases and conditions of the eye \$0 – one supplemental routine eye exam per year

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Peoples Health Secure Complete (HMO D-SNP)

Plan Basics

The service area for this plan includes the following Louisiana parishes: Acadia, Ascension, Assumption, Bienville, Bossier, Caddo, Calcasieu, Cameron, Claiborne, DeSoto, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Jefferson, Lafayette, Lafourche, Livingston, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, Webster, West Baton Rouge and West Feliciana. The monthly premium is \$0. The patient's maximum out-of-pocket amount for Medicare Part A and Part B services from network providers is \$0.

Medicare beneficiaries with the following Medicaid categories are eligible for this plan: Full Benefits Dual Eligible (FBDE), Qualified Medicare Beneficiary Plus (QMB+), Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB+). **You cannot collect cost-sharing from patients enrolled in this plan.**

Reminders About Dual-Eligible Cost-Sharing

Since patients in these plans are dually eligible for both Medicare and Medicaid, they have Louisiana Medicaid as a secondary payer. For services billable to Medicaid, claims remittance advice will show a QM claim adjustment code indicating that cost-sharing cannot be billed to the patient. Providers may not attempt to collect additional reimbursement from D-SNP patients whose Medicaid benefits cover **all** Medicare cost-sharing components. These patients aren't responsible for Medicare cost-sharing under CMS regulations. Medicare cost-sharing includes the deductibles, coinsurance and copays included as part of Medicare Advantage plans.

Determine which of your D-SNP patients are eligible for cost-share on our Provider Portal, www.peopleshealth.com/providerportal.

Benefit	2021 Patient In-Network Cost-Sharing
Acupuncture for chronic low back pain	\$0
Ambulance services**	\$0
Annual routine physical exam	\$0
Cardiac rehabilitation services†	\$0
Chiropractic services	\$0
Dental services	\$0 – Medicare-covered comprehensive dental \$0 – preventive dental services \$3,000 maximum – preventive and non-Medicare-covered comprehensive services
Diabetes supplies†	\$0
Durable medical equipment*	\$0
Emergency care	\$0 – each emergency room visit within the United States or its territories \$0 – each worldwide emergency room visit outside the United States or its territories

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
	\$0 – worldwide transportation services
Fitness center membership†	\$0
Health and wellness education	Not a covered benefit.
Healthy food benefit	\$55 in credits each month; credits expire at the end of each month
Hearing services	\$0 – each diagnostic hearing exam \$0 – one routine hearing exam per year \$0 – one hearing exam per year for evaluation and fitting of hearing aids \$0 – up to two hearing aids (one per ear) each year, up to a maximum of \$500 per ear, per year
Home health agency care*	\$0
Home infusion therapy	\$0
Hospice care	When a patient is enroll in a Medicare-certified hospice program, hospice services and Part A and Part B services related to the patient’s terminal prognosis are paid for by Original Medicare, not Peoples Health.
Inpatient hospital care**	\$0
Inpatient mental health care**	\$0
Meal benefit†	\$0 – up to two prepared meals per day for 28 days (up to 56 meals total)
Medicare Part B drugs†	\$0
Nonemergency (routine) transportation*	\$0 – unlimited one-way trips
NurseLine†	\$0
Opioid treatment services	\$0
Outpatient diagnostic tests and therapeutic services and supplies†	\$0 – diagnostic procedures and tests, X-rays, lab services, advanced imaging services or nuclear medicine, and therapeutic radiology (radiation therapy) services \$0 – diagnostic colonoscopies and diagnostic mammograms \$0 – blood

*Prior authorization required

**Prior authorization required (except in an emergency)

 †Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
Outpatient hospital services, including outpatient observation services [†]	\$0
Outpatient mental health care services*	\$0
Outpatient rehabilitation services*	\$0
Outpatient substance abuse services*	\$0
Outpatient surgery*	\$0
Over-the-counter (OTC) health and wellness products	\$300 in credits every quarter; credits roll over and expire at the end of the year
Partial hospitalization services*	\$0
Physician services, including virtual visits	\$0 – each primary care physician visit \$0 – each specialist visit \$0 – virtual medical visits \$0 – virtual mental health visits
Personal Emergency Response System	\$0
Podiatry services	\$0 – each visit foot exams and treatment \$0 – each visit routine foot care, up to 6 visits per year
Prescription drugs	See Appendix – Benefit Descriptions , Prescription drug row for costs. The Part D Senior Savings Model for insulin drugs and excluded drugs are not covered benefits. A 90-day supply of specialty drugs is not covered.
Preventive screenings and services (Medicare-covered)	\$0
Prosthetic devices and related supplies [†]	\$0
Pulmonary rehabilitation services [†]	\$0

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization may be required

Benefit	2021 Patient In-Network Cost-Sharing
Respite care – help with certain chronic conditions*	\$0 – up to 12 sessions per year
Services to treat kidney disease†	\$0 – kidney disease education services \$0 – dialysis
Skilled nursing facility (SNF) care*	\$0
Supervised exercise therapy†	\$0
Urgently needed services	\$0 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories
Vision care	\$0 – exams and services to diagnose and treat diseases and conditions of the eye \$0 – one supplemental routine eye exam per year

*Prior authorization required

**Prior authorization required (except in an emergency)

 †Prior authorization **may** be required



A UnitedHealthcare Company

Peoples Health Secure Health (HMO D-SNP)

Plan Basics

The service area for Peoples Health Secure Health includes the following Louisiana parishes: Acadia, Ascension, Assumption, Bossier, Caddo, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Jefferson, Lafayette, Lafourche, Livingston, Orleans, Ouachita, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge and West Feliciana. The monthly premium is \$34.30, and it is paid on the patient's behalf by Medicare's Extra Help program. The patient's maximum out-of-pocket amount for Medicare Part A and Part B services from network providers is \$7,550.

Cost-sharing for some services depends on the patient's level of Medicaid coverage. **As a reminder, you cannot collect cost-sharing from patients with full Medicaid or those in a Qualified Medicare Beneficiary program.**

Reminders About Dual-Eligible Cost-Sharing

Since patients in these plans are dually eligible for both Medicare and Medicaid, they have Louisiana Medicaid as a secondary payer. For services billable to Medicaid, claims remittance advice will show a QM claim adjustment code indicating that cost-sharing cannot be billed to the patient. Providers may not attempt to collect additional reimbursement from D-SNP patients whose Medicaid benefits cover **all** Medicare cost-sharing components. These patients aren't responsible for Medicare cost-sharing under CMS regulations. Medicare cost-sharing includes the deductibles, coinsurance and copays included as part of Medicare Advantage plans.

Determine which of your D-SNP patients are eligible for cost-share on our Provider Portal, www.peopleshealth.com/providerportal.

Benefit	2021 Patient In-Network Cost-Sharing
Acupuncture for chronic low back pain	<p>Cost-sharing applies to primary care physician visit or specialist physician visit depending on where services are received. See Physician services row.</p> <p><i>This benefit was covered under chiropractic services in 2020, and cost-sharing changed from \$0.</i></p>
Ambulance services**	\$0 or \$75
Annual routine physical exam	\$0
Cardiac rehabilitation services†	\$0
Chiropractic services	<p>\$0</p> <p><i>Prior authorization was required in 2020.</i></p>
Dental services	<p>\$0 – Medicare-covered comprehensive dental</p> <p>\$0 – preventive dental services</p> <p>\$2,000 maximum – preventive and non-Medicare-covered comprehensive services</p>
Diabetes supplies†	\$0

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
Durable medical equipment*	\$0
Emergency care	\$0 or \$50 – each emergency room visit within the United States or its territories \$0 – each worldwide emergency room visit outside the United States or its territories \$0 – worldwide transportation services
	<i>Cost-sharing changed from \$0 or \$50 for worldwide emergency services in 2020 and coverage for emergency and urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000.</i>
Fitness center membership†	\$0
Health and wellness education†	\$0
Hearing services	\$0 – each diagnostic hearing exam \$0 – one routine hearing exam per year \$0 – one hearing exam per year for evaluation and fitting of hearing aids \$0 – up to two hearing aids (one per ear) each year, up to a maximum of \$500 per ear, per year
	<i>The maximum coverage amount for hearing aids was \$1,000 per year in 2020 and did not specify per ear.</i>
Home health agency care*	\$0
Home infusion therapy	Cost-sharing for administration or monitoring services applies to primary care physician visit, specialist physician visit or home health, depending on where services are received. See Physician services and Home health agency care rows.
Hospice care	When a patient is enroll in a Medicare-certified hospice program, hospice services and Part A and Part B services related to the patient's terminal prognosis are paid for by Original Medicare, not Peoples Health.
Inpatient hospital care**	\$0 or \$75 – per day, days 1–10 \$0 – days 11 and beyond Out-of-pocket costs limited to \$750 per admission
Inpatient mental health care**	\$0 or \$75 – per day, days 1–10 \$0 – days 11–90 Out-of-pocket costs limited to \$750 per admission
Meal benefit†	\$0 for up to three prepared meals per day for seven days (up to 21 meals total)

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
Medicare Part B drugs†	\$0 or 20% coinsurance
Nonemergency (routine) transportation*	\$0 – each one-way trip, up to 48 trips
NurseLine†	\$0
	<i>Not a covered benefit in 2020.</i>
Opioid treatment services	\$0
Outpatient diagnostic tests and therapeutic services and supplies†	\$0 - diagnostic procedures and tests, X-rays, lab services and therapeutic radiology (radiation therapy) services \$0 – diagnostic colonoscopies and diagnostic mammograms \$0 or \$75 – advanced imaging services or nuclear medicine \$0 – blood
Outpatient hospital services, including outpatient observation services†	\$0
	<i>Prior authorization was not required for outpatient observation services in 2020.</i>
Outpatient mental health care services*	\$0 or \$10
Outpatient rehabilitation services*	\$0
Outpatient substance abuse services*	\$0 or \$10
Outpatient surgery*	\$0
Over-the-counter (OTC) health and wellness products	\$160 in credits every quarter
	<i>Credits changed from \$125 every quarter of the year in 2020.</i>
Partial hospitalization services*	\$0 or \$10
Personal Emergency Response System	Not a covered benefit.

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization may be required

Benefit	2021 Patient In-Network Cost-Sharing
Physician services, including virtual visits	\$0 – each primary care physician visit \$0 or \$20 – each specialist visit \$0 – virtual medical visits \$0 – virtual mental health visits <i>Virtual mental health visits were not a covered benefit in 2020, and prior authorization was required for specialist visits.</i>
Podiatry services	\$0 – each visit <i>Prior authorization was required in 2020.</i>
Prescription drugs	See Appendix – Benefit Descriptions , Prescription drug row for costs. The Part D Senior Savings Model for insulin drugs and excluded drugs are not covered benefits. A 90-day supply of tier 5 drugs is not covered. <i>Cost-sharing changed from the following in 2020: generic drugs, \$0, \$1.30, \$3.60 or 15% coinsurance for a 30-day or a 90-day supply; brand drugs, \$0, \$3.90, \$8.95 or 15% coinsurance for a 30-day or a 90-day supply. Specialty drugs were not limited to a 30-day supply.</i>
Preventive screenings and services (Medicare-covered)	\$0
Prosthetic devices and related supplies†	\$0
Pulmonary rehabilitation services†	\$0
Respite care – help with certain chronic conditions	\$0 – up to 12 sessions per year
Services to treat kidney disease†	\$0 – kidney disease education services \$0 – dialysis
Skilled nursing facility (SNF) care*	\$0 – days 1–20 \$0 or \$100 – per day, days 21–100
Supervised exercise therapy†	\$0

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization may be required

Benefit	2021 Patient In-Network Cost-Sharing
Urgently needed services	\$0 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories <i>Coverage for emergency and urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000 in 2020.</i>
Vision care	\$0 – exams and services to diagnose and treat diseases and conditions of the eye \$0 – one supplemental routine eye exam per year

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Peoples Health Secure Choice (HMO D-SNP)

Plan Basics

The service area for Peoples Health Secure Choice includes the following Louisiana parishes: Allen, Avoyelles, Beauregard, Bienville, Caldwell, Catahoula, Claiborne, Concordia, DeSoto, East Carroll, Franklin, Grant, Jackson, Jefferson Davis, LaSalle, Lincoln, Madison, Morehouse, Natchitoches, Rapides, Red River, Richland, Sabine, Tensas, Union, Vernon, Webster, West Carroll and Winn. The monthly premium is \$29, and it is paid on the patient's behalf by Medicare's Extra Help program. The patient's maximum out-of-pocket amount for Medicare Part A and Part B services from network providers is \$7,550. The plan has an annual deductible of \$100. Cost-sharing for some services depends on the patient's level of Medicaid coverage. **As a reminder, you cannot collect cost-sharing from patients with full Medicaid or those in a Qualified Medicare Beneficiary program.**

Reminders About Dual-Eligible Cost-Sharing

Since patients in these plans are dually eligible for both Medicare and Medicaid, they have Louisiana Medicaid as a secondary payer. For services billable to Medicaid, claims remittance advice will show a QM claim adjustment code indicating that cost-sharing cannot be billed to the patient. Providers may not attempt to collect additional reimbursement from D-SNP patients whose Medicaid benefits cover **all** Medicare cost-sharing components. These patients aren't responsible for Medicare cost-sharing under CMS regulations. Medicare cost-sharing includes the deductibles, coinsurance and copays included as part of Medicare Advantage plans.

Determine which of your D-SNP patients are eligible for cost-share on our Provider Portal, www.peopleshealth.com/providerportal.

Benefit	2021 Patient In-Network Cost-Sharing
Acupuncture for chronic low back pain	\$0
	<i>This benefit was covered under chiropractic services in 2020.</i>
Ambulance services**	\$0 or 20% coinsurance
Annual routine physical exam	\$0
Cardiac rehabilitation services†	\$0 or 20% coinsurance
Chiropractic services	\$0
	<i>Prior authorization was required in 2020.</i>
Dental services	\$0 or 20% coinsurance – Medicare-covered comprehensive dental
	Preventive and non-Medicare-covered comprehensive services are not covered benefits.
Diabetes self-monitoring supplies†	0 or 20% coinsurance
Durable medical equipment*	0 or 20% coinsurance

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
<p>Emergency care</p>	<p>\$0 or \$90 – each emergency room visit within the United States or its territories (cost-sharing waived if admitted to the hospital within 24 hours) \$0 – each worldwide emergency room visit outside the United States or its territories \$0 – worldwide transportation services</p> <p><i>Cost-sharing changed from \$0 or 20% coinsurance (up to \$75) for each visit within the United States or its territories in 2020, and the cost-sharing was waived if the patient was admitted to a hospital for the same condition within 72 hours. Worldwide emergency services and worldwide transportation services were not covered benefits.</i></p>
<p>Fitness center membership</p>	<p>Not a covered benefit.</p>
<p>Health and wellness education</p>	<p>Not a covered benefit.</p>
<p>Hearing services</p>	<p>\$0 or \$20 – each diagnostic hearing exam</p> <p>Hearing aids and other hearing exams are not covered benefits.</p>
<p>Home health agency care*</p>	<p>\$0</p>
<p>Home infusion therapy</p>	<p>Cost-sharing for administration or monitoring services applies to primary care physician visit, specialist physician visit or home health, depending on where services are received. See Physician services and Home health agency care rows.</p>
<p>Hospice care</p>	<p>When a patient is enroll in a Medicare-certified hospice program, hospice services and Part A and Part B services related to the patient's terminal prognosis are paid for by Original Medicare, not Peoples Health.</p>
<p>Inpatient hospital care**</p>	<p>For each stay, patient pays \$0 or \$1,400 or Medicare-defined amounts, whichever is less.</p> <p><i>In 2020, the amounts were \$0 or a \$1,408 deductible, \$0 per day for days 1–60, \$352 per day for days 61–90, and \$704 per day for 60 lifetime reserve days.</i></p>

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
Inpatient mental health care**	For each stay, patient pays \$0 or \$1,400 or Medicare-defined amounts, whichever is less. <i>In 2020, the amounts were \$0 or a \$1,408 deductible, \$0 per day for days 1–60, \$352 per day for days 61–90, and \$704 per day for 60 lifetime reserve days.</i>
Meal benefit†	\$0 for up to three prepared meals per day for seven days (up to 21 meals total)
Medicare Part B drugs†	\$0 or 20% coinsurance
Nonemergency (routine) transportation	Not a covered benefit.
NurseLine†	\$0 <i>Not a covered benefit in 2020.</i>
Opioid treatment services	\$0
Outpatient diagnostic tests and therapeutic services and supplies†	\$0 or 20% coinsurance – diagnostic procedures and tests, X-rays, therapeutic radiology (radiation therapy) services, and advanced imaging services or nuclear medicine Lab services: <ul style="list-style-type: none"> • \$0 – lab provider or outpatient hospital contracted to provide lab services to Peoples Health plan members • \$0 or 20% coinsurance – other locations \$0 – diagnostic colonoscopies and diagnostic mammograms \$0 – blood
Outpatient hospital services, including outpatient observation services†	\$0 or 10% coinsurance – observation services at an outpatient hospital \$0 or 15% coinsurance – each visit to an outpatient hospital for all other outpatient hospital services, including outpatient surgery <i>Prior authorization was not required for outpatient observation services in 2020.</i>
Outpatient mental health care services*	\$0 or \$10
Outpatient rehabilitation services*	\$0
Outpatient substance abuse services*	\$0 or \$40

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization may be required

Benefit	2021 Patient In-Network Cost-Sharing
Outpatient surgery*	\$0 or 15% coinsurance
Over-the-counter (OTC) health and wellness products	Not a covered benefit.
Partial hospitalization services*	\$0 or \$40
Personal Emergency Response System	Not a covered benefit.
Physician services, including virtual visits	\$0 – each primary care physician visit \$0 – each specialist visit \$0 – virtual medical visits \$0 – virtual mental health visits
	<i>Virtual mental health visits were not a covered benefit in 2020, and prior authorization was required for specialist visits.</i>
Podiatry services	\$0 – each visit
	<i>Prior authorization was required in 2020.</i>
Prescription drugs	See Appendix – Benefit Descriptions , Prescription drug row for costs. The Part D Senior Savings Model for insulin drugs and excluded drugs are not covered benefits. A 90-day supply of specialty drugs is not covered.
	<i>Cost-sharing changed from the following in 2020: generic drugs, \$0, \$1.30, \$3.60 or 15% coinsurance for a 30-day or a 90-day supply; brand drugs, \$0, \$3.90, \$8.95 or 15% coinsurance for a 30-day or a 90-day supply. Specialty drugs were not limited to a 30-day supply.</i>
Preventive screenings and services (Medicare-covered)	\$0
Prosthetic devices and related supplies†	\$0 or 20% coinsurance
Pulmonary rehabilitation services†	\$0 or 20% coinsurance
Respite care – help with certain chronic conditions	Not a covered benefit.

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization may be required

Benefit	2021 Patient In-Network Cost-Sharing
Services to treat kidney disease†	\$0 – kidney disease education services \$0 or 20% coinsurance – dialysis
Skilled nursing facility (SNF) care*	For each benefit period, patient pays \$0 or Medicare-defined amounts. In 2020, the amounts are: <ul style="list-style-type: none"> • \$0 – days 1–20 • \$176 – per day, days 21–100 These amounts may change for 2021.
Supervised exercise therapy†	\$0 or 20% coinsurance
Urgently needed services	\$0 or \$65 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories
	<i>Cost-sharing for visits within the United States or its territories changed from \$0 or 20% coinsurance (up to \$65) in 2020, and coverage for visits outside of the United States and its territories was not a covered benefit.</i>
Vision care	\$0 or \$45 – exams and services to diagnose and treat diseases and conditions of the eye Routine eye exams are not a covered benefit.

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required



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2021 Plan Benefits
 Peoples Health Choices (PPO)
 Peoples Health Patriot (PPO)

**Peoples Health Preferred Provider Organization Plans:
 Peoples Health Choices (PPO) and Peoples Health Patriot (PPO)**

Plan Basics

The monthly premium for these plans is \$0, and the plans have an out-of-network benefit. **In most cases, the patient pays higher costs for out-of-network services. Please review the plan’s Evidence of Coverage for out-of-network costs.**

The service area for both plans includes the following Louisiana parishes: Acadia, Ascension, Assumption, Bossier, Caddo, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Jefferson, Lafayette, Lafourche, Livingston, Orleans, Ouachita, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, West Feliciana.

The patient’s maximum out-of-pocket (MOOP) amount for Medicare Part A and Part B services from network providers is \$6,700. The patient also has a combined MOOP of \$10,000 for Medicare Part A and Part B services received from both network and out-of-network providers.

Peoples Health Choices (PPO)

This plan is a Medicare Advantage Prescription Drug plan and offers Part D prescription drug coverage (like most other Peoples Health Medicare Advantage plans).

Peoples Health Patriot (PPO)

This plan is a Medicare Advantage-only plan (an MA-only plan) and does **not** offer Part D coverage.

Benefit	2021 Patient In-Network Cost-Sharing
Acupuncture for chronic low back pain	Cost-sharing applies to primary care physician visit or specialist physician visit depending on where services are received. See Physician services row.
Ambulance services**	\$250
Annual routine physical exam	\$0
Cardiac rehabilitation services†	\$0
Chiropractic services	\$20
Dental services	20% coinsurance – Medicare-covered comprehensive dental \$0 – preventive dental services Benefit limit – all preventive and non-Medicare-covered comprehensive services <ul style="list-style-type: none"> • Peoples Health Choices – \$500 • Peoples Health Patriot – \$2,500
Diabetes supplies†	\$0 – self-monitoring supplies 20% coinsurance – therapeutic shoes/inserts

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
Durable medical equipment*	20% coinsurance
Emergency care	\$90 – each emergency room visit within the United States or its territories \$0 – each worldwide emergency room visit outside the United States or its territories \$0 – worldwide transportation services
Fitness center membership†	\$0
Health and wellness education	Not a covered benefit.
Hearing services	\$0 – each diagnostic hearing exam \$20 – one routine hearing exam per year \$0 – one hearing exam per year for evaluation and fitting of hearing aids \$0 – up to two hearing aids (one per ear) each year, up to a maximum of \$500 per ear, per year
Home health agency care*	\$0
Home infusion therapy	Cost-sharing for administration or monitoring services applies to primary care physician visit, specialist physician visit or home health, depending on where services are received. See Physician services and Home health agency care rows.
Hospice care	When a patient is enroll in a Medicare-certified hospice program, hospice services and Part A and Part B services related to the patient's terminal prognosis are paid for by Original Medicare, not Peoples Health.
Inpatient hospital care**	\$225 – per day, days 1–7 \$0 – days 8 and beyond
Inpatient mental health care**	\$225 – per day, days 1–7 \$0 – days 8–90
Meal benefit†	\$0 – up to two prepared meals per day for five days (up to 10 meals total)
Medicare Part B drugs†	20% coinsurance
Nonemergency (routine) transportation	Not a covered benefit.
NurseLine	\$0
Opioid treatment services*	\$0

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
Outpatient diagnostic tests and therapeutic services and supplies†	\$20 – diagnostic procedures and tests \$15 – X-rays \$0 – lab services \$0 – diagnostic colonoscopies and diagnostic mammograms \$110 – advanced imaging services or nuclear medicine \$50 – therapeutic radiology (radiation therapy) services \$0 – blood
Outpatient hospital services, including outpatient observation services†	\$225
Outpatient mental health care services*	\$15 – group therapy visit \$25 – individual therapy visit
Outpatient rehabilitation services*	\$35
Outpatient substance abuse services*	\$15 – group therapy visit \$25 – individual therapy visit
Outpatient surgery*	\$225
Over-the-counter (OTC) health and wellness products	Peoples Health Choices: \$50 in credits every quarter Peoples Health Patriot: \$125 in credits every quarter
Partial hospitalization services*	\$55
Personal Emergency Response System	Not a covered benefit.
Physician services, including virtual visits	\$5 – each primary care physician visit \$35 – each specialist visit \$0 – virtual medical visits \$0 – virtual mental health visits
Podiatry services	\$35 – each visit foot exams and treatment \$35 – each visit for routine foot care, up to 6 visits per year
Prescription drugs	Peoples Health Choices: See Appendix – Benefit Descriptions , Prescription drug row for costs. This plan participates in the Part D Senior Savings Model for insulin drugs and covers excluded drugs. A 90-day supply of tier 5 drugs is not covered. Tier 5 drugs are limited to a 30-day supply.

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
	Peoples Health Patriot: Not a covered benefit.
Preventive screenings and services (Medicare-covered)	\$0
Prosthetic devices and related supplies†	20% coinsurance
Pulmonary rehabilitation services†	\$20
Respite care – help with certain chronic conditions	Not a covered benefit.
Services to treat kidney disease†	\$0 – kidney disease education services 20% coinsurance – dialysis
Skilled nursing facility (SNF) care*	\$0 – days 1–20 \$184 – per day, days 21–57 \$0 – days 58–100
Supervised exercise therapy†	\$20
Urgently needed services	\$30 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories
Vision care	\$0 – exams and services to diagnose and treat diseases and conditions of the eye \$0 – one supplemental routine eye exam per year

*Prior authorization required

**Prior authorization required (except in an emergency)

 †Prior authorization **may** be required

Peoples Health Group Medicare Plans for Participating Employer and Retiree Groups

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

Plan Basics

The service area for these plans is defined by the employer or retiree group. The plans have an out-of-network benefit. **In most cases, the patient pays higher costs for out-of-network services. Please review the plan's Evidence of Coverage for out-of-network costs.** The monthly premium is determined (and collected) by the employer or retiree group. The patient's maximum out-of-pocket amount for Medicare Part A and Part B services from network providers is \$2,500.

Benefit	2021 Patient In-Network Cost-Sharing
Acupuncture for chronic low back pain	Cost-sharing applies to primary care physician visit or specialist physician visit depending on where services are received. See Physician services row.
	<i>This benefit was covered under chiropractic services in 2020, and cost-sharing changed from \$10.</i>
Ambulance services**	\$50
Annual routine physical exam	\$0
Cardiac rehabilitation services†	\$0
Chiropractic services	\$10
	<i>Prior authorization was required in 2020.</i>
Dental services	\$10 – Medicare-covered comprehensive dental \$0 – preventive dental services \$50 deductible – non-Medicare-covered comprehensive dental services \$2,000 maximum – preventive and non-Medicare-covered comprehensive services
Diabetes supplies†	\$0
Durable medical equipment*	5% coinsurance
Emergency care	\$50 – each emergency room visit within the United States or its territories \$50 – each worldwide emergency room visit outside the United States or its territories \$0 – worldwide transportation services

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization may be required

Benefit	2021 Patient In-Network Cost-Sharing
	<i>In 2020, worldwide emergency transportation services were not covered, and coverage for emergency and urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000.</i>
Fitness center membership†	\$0
Health and wellness education†	\$0
Hearing services	\$10 – each diagnostic hearing exam Hearing aids and other hearing exams are not covered.
Home health agency care*	\$0
Home infusion therapy	Cost-sharing for administration or monitoring services applies to primary care physician visit, specialist physician visit or home health, depending on where services are received. See Physician services and Home health agency care rows.
Hospice care	When a patient is enroll in a Medicare-certified hospice program, hospice services and Part A and Part B services related to the patient's terminal prognosis are paid for by Original Medicare, not Peoples Health.
Inpatient hospital care**	\$50 – per day, days 1–10 \$0 – days 11 and beyond Out-of-pocket costs limited to \$500 per admission
Inpatient mental health care**	Peoples Health Group Medicare Office of Group Benefits: \$25 – per day, days 1–5 \$0 – days 6–90 Out-of-pocket costs limited to \$125 per admission Peoples Health Group Medicare: \$50 – per day, days 1–10 \$0 – days 11–90 Out-of-pocket costs limited to \$500 per admission
Meal benefit	Not a covered benefit.
Medicare Part B drugs†	5% coinsurance
Nonemergency (routine) transportation	Not a covered benefit.

*Prior authorization required

**Prior authorization required (except in an emergency)

 †Prior authorization **may** be required

Benefit	2021 Patient In-Network Cost-Sharing
NurseLine†	\$0 <i>Not a covered benefit in 2020.</i>
Opioid treatment services	\$0
Outpatient diagnostic tests and therapeutic services and supplies†	\$0 – diagnostic procedures and tests (including diagnostic colonoscopies and diagnostic mammograms), X-rays, lab services, advanced imaging services or nuclear medicine, therapeutic radiology (radiation therapy) services and blood
Outpatient hospital services, including outpatient observation services†	\$0 <i>Prior authorization was not required for outpatient observation services in 2020.</i>
Outpatient mental health care services*	Peoples Health Group Medicare Office of Group Benefits: \$0 Peoples Health Group Medicare: \$10
Outpatient rehabilitation services*	\$0
Outpatient substance abuse services*	Peoples Health Group Medicare Office of Group Benefits: \$0 Peoples Health Group Medicare: \$10
Outpatient surgery*	\$0
Over-the-counter (OTC) health and wellness products	Not a covered benefit.
Partial hospitalization services*	Peoples Health Group Medicare Office of Group Benefits: \$0 Peoples Health Group Medicare: \$10
Personal Emergency Response System	Not a covered benefit.
Physician services, including virtual visits	\$5 – each primary care physician visit \$10 – each specialist visit \$0 – virtual medical visits \$0 – virtual mental health visits <i>Virtual mental health visits were not a covered benefit in 2020, and prior authorization was required for specialist visits.</i>

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization may be required

Benefit	2021 Patient In-Network Cost-Sharing
Podiatry services	\$10 – each visit <i>Prior authorization was required in 2020.</i>
Prescription drugs	See Appendix – Benefit Descriptions , Prescription drug row for costs. The Part D Senior Savings Model for insulin drugs is not a covered benefit. A 90-day supply of tier 5 drugs is not covered. Tier 5 drugs are limited to a 30-day supply. <i>In 2020, excluded drugs were not covered and a 90-day supply of tier 5 drugs was covered.</i>
Preventive screenings and services (Medicare-covered)	\$0
Prosthetic devices and related supplies†	5% coinsurance
Pulmonary rehabilitation services†	\$0
Respite care – help with certain chronic conditions*	Not a covered benefit.
Services to treat kidney disease†	\$0 – kidney disease education services \$0 – dialysis
Skilled nursing facility (SNF) care*	\$0 – days 1–20 \$25 – per day, days 21 and beyond
Supervised exercise therapy†	\$0
Urgently needed services	\$10 – each visit within the United States or its territories \$50 – each worldwide visit outside the United States or its territories <i>Coverage for emergency and urgently needed care outside of the United States and its territories was limited to a combined maximum of \$5,000 in 2020.</i>
Vision care	\$15 – exams and services to diagnose and treat diseases and conditions of the eye \$15 – one supplemental routine eye exam per year

*Prior authorization required

**Prior authorization required (except in an emergency)

†Prior authorization may be required

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Appendix – Benefit Descriptions

See a plan's Evidence of Coverage for full benefit descriptions and to verify coverage for in-network services, as well as out-of-network services for plans with an out-of-network benefit.

Acupuncture for chronic low back pain	Medicare-covered services provided by a network primary care physician or a network specialist.
Ambulance services	Cost-sharing applies for each one-way Medicare-covered ground or air service.
Cardiac rehabilitation services	Cost-sharing applies for Medicare-covered services from a network provider.
Chiropractic services	Cost-sharing applies for each Medicare-covered visit with a network provider. Only manual manipulations of the spine to correct subluxation are covered.
Dental services	<p>Medicare-covered comprehensive dental services from a network provider are covered for all plans.</p> <p>Preventive and non-Medicare-covered comprehensive dental services are covered for most plans.</p> <p>Depending on the plan:</p> <ul style="list-style-type: none">• A deductible applies for non-Medicare-covered comprehensive dental services• Costs vary for non-Medicare-covered comprehensive dental services• A maximum coverage amount applies for preventive and non-Medicare-covered comprehensive services
Diabetes supplies	<p>Diabetes monitoring supplies must be purchased from a network durable medical equipment provider. For most plans, cost-sharing levels apply based on whether Medicare-covered supplies are from a preferred network durable medical equipment provider or from other network durable medical equipment providers.</p> <p>Cost-sharing applies for one pair per calendar year of therapeutic custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts. Coverage includes fitting.</p>
Durable medical equipment	Cost-sharing applies for Medicare-covered items from a network provider.
Emergency care	<p>Cost-sharing applies for each Medicare-covered emergency room visit within the United States or its territories and each worldwide emergency room visit outside the United States and its territories.</p> <p>Worldwide coverage is for emergency care, urgently needed care and emergency transportation from the scene of the emergency to the nearest medical treatment facility.</p> <p>For services within the United States or its territories, cost-sharing is waived if patient is admitted to a hospital within 24 hours for the same condition. If admitted, patient pays cost-sharing for inpatient hospital care.</p>

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Fitness center membership

Coverage is for fitness center membership at a network fitness center. There are no out-of-network facilities available for this benefit. Patients in Peoples Health PPO plans may be eligible for an at-home fitness kit for \$0 if they live 15 miles or more from a participating fitness center location.

Health and wellness education

Health education from a network provider is covered for patients with chronic illnesses. Clinical staff provide telephonic instruction to members in the areas of disease process, key tests and exams, self-management, medication, and lifestyle issues. Instruction is supported by educational materials and health and wellness events.

Healthy food benefit

This benefit only applies to Peoples Health Secure Complete. Monthly credits are applied to the health and wellness products debit card to purchase approved healthy food items, such as vegetables, fruits, grains, milk and meats. Credits are in addition to the health and wellness products credits and expire at the end of each month. There are limitations on the types of foods approved for purchase. Approved retailers for purchasing OTC items in-store and for purchasing healthy food items include Walmart and other participating retailers (including Albertsons, Kroger, Walgreens).

Hearing services

Depending on plan, cost-sharing applies for:

- Each Medicare-covered diagnostic hearing exam from a network provider
- One routine hearing exam per year from a network provider

For plans with a hearing aid benefit:

- One hearing exam for evaluation and fitting of hearing aids is covered per year from a network provider
- Up to two hearing aids (one per ear) each year are covered up to a maximum of \$500 per ear, per year
- There is a special network of providers for hearing aids and hearing exams for evaluation and fitting of hearing aids

Home health agency care

Medicare-covered home health services are covered from a network provider.

Home infusion therapy

Patient pays cost-sharing that applies to a network primary care provider or a network specialist or home health, depending on where administration or monitoring services are received.

Inpatient hospital care

For most plans cost-sharing applies each day of each inpatient admission to a network hospital or other network facility (including a long-term acute care facility or an inpatient rehabilitation facility) for Medicare-covered services.

For most plans, out-of-pocket costs are limited to individual plan amounts for each inpatient admission. The per-day cost for an inpatient stay begins on the date of admission.

Inpatient mental health care

Services must be arranged by a network behavioral health provider.

For most plans, cost-sharing applies each day of each inpatient admission to a network hospital or network psychiatric facility for Medicare-covered mental health services.

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For most plans, out-of-pocket costs are limited to individual plan amounts for each inpatient admission. The per-day cost for an inpatient mental health care stay begins on the date of admission.

Meal benefit

A plan-specified number of prepared meals are covered per day for up to a total number of days for patients discharged from an inpatient hospital stay, an inpatient rehabilitation stay, or a long-term acute care facility stay to their home or another household in Louisiana.

Meals are not covered following a discharge from an inpatient mental health stay, a skilled nursing facility stay or an observation stay.

Meals are prepared and delivered by the network meal provider.

Medicare Part B drugs

Medicare Part B-covered chemotherapy drugs, Medicare-covered infusion therapy and other Medicare Part B-covered drugs are covered at a network provider.

Nonemergency (routine) transportation

Only covered for Peoples Health Secure Health and Peoples Health Secure Complete. Each one-way trip, up to a plan-defined number of trips, is covered from the plan's network transportation provider to plan-approved locations within 40 miles of the patient's home.

NurseLine

Patients can speak to a registered nurse through our NurseLine provider about medical concerns and questions. Available 24 hours a day, seven days a week.

Opioid treatment services

Medicare-covered services from a network provider are covered.

Outpatient diagnostic tests and therapeutic services and supplies

Medicare-covered diagnostic procedures and tests (examples include, but are not limited to EKG's, pulmonary function tests, home or lab-based sleep studies, and treadmill stress tests), Medicare-covered X-rays, and Medicare-covered lab services are covered at plan-defined cost-sharing amounts; costs may vary based on the network location of services.

Medicare-covered advanced imaging services (including MRI, MRA and CTA) or nuclear medicine, Medicare-covered therapeutic radiology (radiation therapy) services, and blood are covered at plan-defined cost-sharing amounts at a network location.

For services received at a network physician office, patient also pays any office visit copay.

Outpatient hospital services, including outpatient observation services

Medicare-covered outpatient hospital services, including observation services, are covered at a network outpatient hospital. Additional cost-sharing may apply for services received in these settings, and cost-sharing varies based on the service received.

Outpatient mental health care services

Services must be arranged by a network behavioral health provider.

Cost-sharing applies for each individual or group therapy visit and each individual or group therapy visit with a psychiatrist for Medicare-covered services from a network provider.

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Outpatient rehabilitation services

Cost-sharing applies for each Medicare-covered occupational therapy, physical therapy or speech-language therapy visit with a network provider.

Outpatient substance abuse services

Services must be arranged by a network behavioral health provider.

Cost-sharing applies per visit for Medicare-covered individual or group outpatient substance abuse services from a network provider.

Outpatient surgery

Cost-sharing applies for each Medicare-covered visit to a network ambulatory surgical center or a network outpatient hospital.

Over-the-counter (OTC) health and wellness products

Certain health-related items are covered at no cost. Approved products include brand name and generic products for allergy, sinus, cold and flu; pain relief; home health care and daily living; supports, bands and wraps; dental and oral health; eye and ear care; first aid; smoking cessation; diabetes care; foot care; digestive health; incontinence; skin care, sleep aids and vitamins. Covered items may change during the year.

Catalog benefit: For most plans, items are covered up to a plan-specific credit amount every quarter of the year and unused credits in a quarter do not carry over to the next quarter. Items must be purchased online, by phone or by mail from the network provider to be covered. Items purchased from any other provider are not covered.

Card benefit: For Peoples Health Secure Complete, credits are awarded each quarter to a debit card, roll over to the next quarter and expire at the end of the calendar year. Items can be purchased in-store from Walmart and other participating retailers (Albertsons, Kroger, Walgreens), as well as from the network provider online, by phone or by mail.

Partial hospitalization services

Services must be arranged by a network behavioral health provider.

Cost-sharing applies for each visit for Medicare-covered partial hospitalization services with a network provider.

Physician services, including virtual visits

Cost-sharing applies for each:

- Visit to the patient's network primary care physician for Medicare-covered services
- Visit to a network specialist for Medicare-covered services
- Virtual medical visit with a provider from the plan's virtual medical visit provider network
- Virtual mental health visit with a provider from the plan's virtual mental health visit provider, Optum Behavioral Health

Virtual medical visits covered services:

- Primary care services
- Urgently needed services

Network virtual medical visit providers are Amwell, www.amwell.com, and Lafayette General Health, <https://lghealthanywhere.com>.

Virtual mental health visits covered services:

- Individual mental health services, including substance abuse services

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Patients should visit virtualvisitsmentalhealth.uhc.com to schedule a virtual mental health appointment.

Podiatry services

Cost-sharing applies for each Medicare-covered visit to a network provider for medically necessary foot care. Some plans also cover routine foot care, and routine care copays apply to treatment of the foot, which is generally considered preventive, i.e., cutting or removal of corns, warts, calluses or nails.

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Prescription drugs

Cost-sharing applies for each prescription filled at a network pharmacy. **All plans with Part D prescription drug coverage, except D-SNPs**, have five cost-sharing tiers with patient cost-sharing based on the tier, the supply and the pharmacy.

Annual Part D Deductible

Two of the plans in the chart below have an annual Part D prescription drug deductible for tier 4 and tier 5 drugs:

- **Peoples Health Choices Value:** \$300
- **Peoples Health Choices:** \$100

Peoples Health Choices 65 (HMO) Orleans, Jefferson, East Baton Rouge Peoples Health Choices 65 (HMO) Northshore Peoples Health Choices 65 (HMO) Rural Southeast Peoples Health Choices 65 (HMO) Southland Peoples Health Choices Gold (HMO) Peoples Health Choices Value (HMO) Peoples Health Choices (PPO)				
Drug Tier	30-Day Supply – Retail Pharmacy	90-Day Supply – Retail Pharmacy	30-Day Supply – Mail-Order Pharmacy	90-Day Supply – Mail-Order Pharmacy
Tier 1 (preferred generic drugs)	\$0	\$0	Not available	\$0
Tier 2 (generic drugs)	\$10	\$30	Not available	\$0 preferred pharmacy \$30 standard pharmacy
Tier 3 (preferred brand drugs)	\$45	\$135	Not available	\$135
Tier 4 (nonpreferred drugs)	\$100	\$300	Not available	\$300
Tier 5 (specialty drugs)	<i>Peoples Health Choices Value: 27%</i> <i>Peoples Health Choices (PPO): 31%</i> <i>All others: 33% coinsurance</i>			Not available

Part D Senior Savings Model

All plans with Part D prescription drug coverage *except D-SNPs and Peoples Health Group Medicare* participate in the Part D Senior Savings Model, which offers lower, stable, and predictable out-of-pocket costs for covered insulin through the different Part D benefit coverage stages. Patients pay a maximum of \$35 for a one-month supply of covered insulin (or \$105 for a three-month supply) during the deductible, initial coverage and coverage gap or "donut hole" stages of the annual prescription drug cycle. Patients pay 5% of the cost of covered insulin in the catastrophic stage. Costs may be less if patient receives Extra Help from Medicare.

Excluded Drugs

All plans with Part D prescription drug coverage *except D-SNPs* cover excluded drugs. Excluded drugs are on tier 2.

Peoples Health Group Medicare (HMO-POS) Office Of Group Benefits			
Drug Tier	30-Day Supply From a Retail Pharmacy	90-Day Supply From a Retail Pharmacy or a Mail-Order Pharmacy With Standard Cost-Sharing	90-Day Supply From a Retail Pharmacy or a Mail-Order Pharmacy With Preferred Cost-Sharing
Tier 1 (preferred generic drugs)	\$0	\$0	\$0
Tier 2 (generic drugs)	\$0	\$0	\$0
Tier 3 (preferred brand drugs)	\$20	\$60	\$40
Tier 4 (nonpreferred drugs)	\$40	\$120	\$80
Tier 5 (specialty drugs)	20% coinsurance	90-day not available; limited to a 30-day supply	

Peoples Health Group Medicare (HMO-POS)			
Drug Tier	30-Day Supply From a Retail Pharmacy	90-Day Supply From a Retail Pharmacy or a Mail-Order Pharmacy With Standard Cost-Sharing	90-Day Supply From a Retail Pharmacy or a Mail-Order Pharmacy With Preferred Cost-Sharing
Tier 1 (preferred generic drugs)	\$3	\$9	\$0
Tier 2 (generic drugs)	\$10	\$30	\$0
Tier 3 (preferred brand drugs)	\$25	\$75	\$50
Tier 4 (nonpreferred drugs)	\$50	\$150	\$100
Tier 5 (specialty drugs)	20% coinsurance	90-day not available; limited to a 30-day supply	

D-SNPs pay the following costs based on whether the drug is a generic or brand. Cost-sharing depends on the patient’s level of low-income subsidy, or Extra Help, eligibility.

For each prescription filled at a network pharmacy:

Peoples Health Secure Health (HMO D-SNP) Peoples Health Secure Choice (HMO D-SNP)		
Drug Tier	30-Day Supply	90-Day Supply
Generic drugs (including brands treated as generic)	\$0, \$1.30, \$3.70 or 15% coinsurance Some covered drugs limited to a 30-day supply	
All other drugs	\$0, \$4, \$9.20 or 15% coinsurance Some covered drugs limited to a 30-day supply	

Peoples Health Secure Complete (HMO D-SNP)		
Drug Tier	30-Day Supply	90-Day Supply
All covered drugs	\$0 Some covered drugs limited to a 30-day supply	

Preventive screenings and services

The following Medicare-covered screenings from a network provider are covered (coverage frequencies vary):

- Abdominal aortic aneurysm screening
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening mammograms and clinical breast exams
- Cardiovascular disease risk reduction visit
- Cardiovascular disease testing
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diabetes self-management training
- HIV screening
- Immunizations
- Medical nutrition therapy
- Medicare Diabetes Prevention Program
- Obesity screening and therapy to promote sustained weight loss
- Prostate cancer screening exams
- Screening and counseling to reduce alcohol misuse
- Screening for lung cancer with low dose computed tomography
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation

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- Vision screenings for glaucoma and diabetic retinopathy
- Welcome to Medicare preventive visit

Prosthetic devices and related supplies

Cost-sharing applies for Medicare-covered devices and supplies from a network provider.

Pulmonary rehabilitation services

Cost-sharing applies for Medicare-covered services from a network provider.

Respite care – help with certain chronic conditions

Patients diagnosed with dementia (including Alzheimer’s disease) may be eligible for respite care; must meet plan rules for documenting either medical condition.

A maximum of 12 respite care sessions per year from the network respite care provider are covered. Each session can be up to four hours. Respite care is available Monday through Friday, from 8 a.m. to 5 p.m. Central time. Weekend and holiday service is not available. Sessions must be scheduled at least three full business days before the session is needed. Availability for specific dates and times cannot be guaranteed.

Services to treat kidney disease

Cost-sharing applies from a network provider for:

- Medicare-covered kidney disease education services
- Medicare-covered dialysis

Skilled nursing facility (SNF) care

Cost-sharing applies each day for Medicare-covered SNF care services at a network Medicare-certified SNF.

Supervised exercise therapy

Cost-sharing applies for Medicare-covered sessions from a network provider.

Urgently needed services

Cost-sharing applies for each Medicare-covered urgently needed care visit within the United States and its territories and each worldwide visit outside the United States and its territories.

Vision care

Cost-sharing applies for:

- Medicare-covered exams and services from a network provider to diagnose and treat diseases and conditions of the eye
- One supplemental routine eye exam per year from a network provider

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Vendor Information

Benefit Type	Vendor Name	Contact Information
Hearing Aids	TruHearing	1-866-581-9462 www.truhearing.com
Additional Dental Benefits	DINA Dental	1-866-803-1672 www.fcdental.com/provider-search
24-Hour NurseLine	NurseLine	1-877-365-7949
Over-the-Counter Products Catalog	Solutran	1-833-845-8798 www.HealthyBenefitsPlus.com/HWP
Over-the-Counter Products Card and Healthy Foods Benefit <i>(for Peoples Health Secure Complete patients only)</i>	Solutran	1-833-853-8587 www.HealthyBenefitsPlus.com/HWPCard
Personal Emergency Response System <i>(for Peoples Health Secure Complete patients only)</i>	Philips Lifeline	1-855-595-0464 www.lifeline.philips.com/UHCMedicare
Virtual Medical Visits	Amwell Lafayette General Health	1-844-733-3627 www.amwell.com 1-844-300-0211 https://lghealthanywhere.com
Virtual Mental Health Visits	Optum Behavioral Health	1-877-566-7913 virtualvisitsmentalhealth.uhc.com