

2022 Benefit Changes for Peoples Health Medicare Advantage Plans

Effective Jan. 1, 2022, changes to Peoples Health plans include plan offerings, benefits and cost-sharing. We are administering 12 Medicare Advantage health plans in 2022—five HMO plans, two PPO plans, three D-SNPs and two employer group HMO-POS plans. We continue to serve all parishes in Louisiana.

2022 Plans:

Peoples Health Choices 65 (HMO) Greater New Orleans and Baton Rouge Area 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 Secure Health (HMO D-SNP) Peoples Health Secure Choice (HMO D-SNP) Peoples Health Secure Complete (HMO D-SNP) Peoples Health Choices (PPO) Peoples Health Patriot (PPO) Peoples Health Group Medicare (HMO-POS) Peoples Health Group Medicare (HMO-POS) Office of Group Benefits
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Plan Name Change, Plan Segment and Parish Change, Plan Consolidation

Plan name change

Peoples Health Choices 65 Orleans, Jefferson, East Baton Rouge changed to Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area.

Plan segment and parish change

- The following parishes will become part of the service area for Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area (these were formerly part of the service area for Peoples Health Choices 65 Rural Southeast): Ascension, East Feliciana, Iberville, Livingston, St. Charles, St. Helena and West Baton Rouge.
- This means members residing in these parishes are being moved from Peoples Health Choices 65 Rural Southeast to Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area.

Plan consolidation

Peoples Health Choices Value (HMO) is no longer being offered in 2022. Members in this plan are being moved to Peoples Health Choices Gold.

Operational Changes

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

For Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, the MOOP amount a member pays for covered Part A and Part B services was reduced to \$3,600 from \$4,700.

Lab service costs

For members in all Peoples Health Choices 65 plans and in Peoples Health Choices Gold, lab costs are no longer dependent on where services are received. Lab costs are \$0 at any location.

Non-radiological diagnostic services costs

For members in all Peoples Health Choices 65 plans and in Peoples Health Choices Gold, the costs for non-radiological diagnostic services are no longer dependent on where services are received. Costs vary by plan. Most members pay \$0.

Notable Benefit Changes

Physician cost changes

The following plans have lower costs for network physician office visits:

- Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area - \$25 per specialist visit
- Peoples Health Choices 65 Northshore - \$45 per specialist visit

- Peoples Health Choices Gold - \$30 per specialist visit
- Peoples Health Choices and Peoples Health Patriot - \$0 per primary care physician visit
- Peoples Health Patriot - \$30 per specialist visit
- Peoples Health Group Medicare Office of Group Benefits - \$0 per primary care physician visit

Inpatient hospital cost-sharing change

Members in Peoples Health Choices 65 Northshore pay reduced per-day costs for each inpatient hospital stay. They pay \$195 per day for days 1-10 and \$0 for unlimited days after that.

Over-the-counter (OTC) benefit changes

- **CATALOG benefit:** We are working with a new vendor, FirstLine Benefits, to administer our OTC Products Catalog benefit. Members have the same type of options for ordering items as they do in 2021, but they will do so through new contacts for 2022. See the **Vendor Information** section of the Provider Benefit Packet.
 - The following plans with the catalog benefit have a change in the quarterly credit maximum as noted (as a reminder, credits expire at the end of each quarter):
 - Peoples Health Choices 65 Rural Southeast members being moved to Peoples Health Greater New Orleans and Baton Rouge Area – increase to \$80
 - Peoples Health Choices 65 Northshore – increase to \$65
 - Peoples Health Patriot – reduction to \$75
- **DEBIT CARD benefit:** We continue to work with the vendor Solutran to administer a new combined OTC + Healthy Food Card benefit, which provides members with a single prepaid debit card that can be used to purchase OTC items and healthy food items. The benefit also differs from the OTC benefit of other Peoples Health plans in that it offers the option to shop in-store.
 - This benefit and vendor are only available to members in Peoples Health Secure Health and Peoples Health Secure Complete.
 - Credits are added to the debit card once per month on the first calendar day of the month and expire at the end of the month. Credit amounts vary by plan.
 - Credit amounts have changed for the plans (and are offered monthly vs. quarterly):
 - Peoples Health Secure Health – \$42
 - Peoples Health Secure Complete – \$175

Prescription Drug Coverage Changes

Part B prescription drug step therapy

For all plans except Peoples Health Group Medicare, step therapy applies to some Medicare Part B prescription drugs. A list of affected drugs can be found at www.peopleshealth.com/part-b-step-therapy.

Allergy antigens

For all plans except Peoples Health Group Medicare plans, allergy antigens are covered at \$0.

About This Benefit Packet

A comprehensive list of in-network benefits for each plan is enclosed. Benefits that have changed are noted as such.

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	504-836-1541
Victor Oliva	Baton Rouge	504-681-8813
Raymond Rupert	Lake Charles area Lafayette area Alexandria 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	504-836-1210
Additional Contacts	Title	Phone
Dee Duhe-Robichaux	Provider Relations Manager	504-681-8837
Michele Fontenot	Hospital Operations Manager	504-681-8869

2022 Provider Benefit Packet

The following pages contain 2022 plan benefit information for Peoples Health Medicare Advantage plans. For reference, benefits with coverage changes from 2021 are noted in the charts. **Services that require prior authorization are noted as such.**

For an explanation of the services and costs listed in the charts, refer to [Appendix – Benefit Descriptions](#). For full benefit information, refer to a plan’s 2022 *Evidence of Coverage* at www.peopleshealth.com or on the Provider Portal.

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2022 Plan Basics**Peoples Health Choices 65 (HMO) Greater New Orleans and Baton Rouge Area**

The service area for this plan includes the following Louisiana parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Jefferson, Livingston, Orleans, St. Charles, St. Helena and West Baton Rouge. 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 \$3,600.

Peoples Health Choices 65 (HMO) Northshore

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.

Peoples Health Choices 65 (HMO) Rural Southeast

The service area for this plan includes the following Louisiana parishes: Plaquemines, Pointe Coupee, St. Bernard, St. James, St. John the Baptist 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 \$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 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.

Peoples Health Choices Gold (HMO)

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.

Peoples Health Secure Complete (HMO D-SNP)

The service area for this plan is statewide. The monthly premium is \$34 and it is paid on the patient's behalf by Medicare's Extra Help program. The plan has an annual deductible of \$203 for the following plan-covered services:

- | | |
|---|---|
| Cardiac Rehabilitation Services | Outpatient X-Ray Services |
| Intensive Cardiac Rehabilitation Services | Outpatient Hospital Services |
| Pulmonary Rehabilitation Services | Observation Services |
| SET for PAD Services | Ambulatory Surgical Center (ASC) Services |
| Partial Hospitalization | Outpatient Substance Abuse |
| Primary Care Physician Services | Outpatient Blood Services |
| Chiropractic Services | Ground Ambulance Services |
| Occupational Therapy Services | Air Ambulance Services |
| Physician Specialist Services | Durable Medical Equipment (DME) |
| Mental Health Specialty Services | Prosthetics/Medical Supplies |
| Podiatry Services | Diabetic Supplies and Services |

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Other Health Care Professional Services	Dialysis Services
Psychiatric Services	Medicare Part B Rx Drugs
Physical Therapy and Speech-Language Pathology Services	Comprehensive Dental
Opioid Treatment Program Services	Eye Exams
Diagnostic Procedures/Tests/Lab Services	Eyewear
Diagnostic Radiological Services	Hearing Exams
Therapeutic Radiological Services	

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 FDDE, QMB+, QMB, or SLMB+ patients enrolled in this plan. Those with other levels of Medicaid coverage, who remain enrolled in this plan during a grace period due to loss or reduction in Medicaid coverage are responsible for cost-sharing and benefit-level deductibles during that period, as well as the plan deductible as described above and a maximum out-of-pocket amount (\$3,450).** Cost-sharing values for patients in a grace period are listed in the benefit chart on the following pages shown as the secondary cost. All other patients in the plan pay \$0.

Peoples Health Secure Health (HMO D-SNP)

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 \$36.40, 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 FDDE, QMB+, QMB, or SLMB+ patients enrolled in this plan.**

Peoples Health Secure Choice (HMO D-SNP)

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 \$34, 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 for certain plan-covered services.

Cost-sharing for some services depends on the patient's level of Medicaid coverage. **As a reminder, you cannot collect cost-sharing from FDDE, QMB+, QMB, or SLMB+ patients enrolled in this plan.**

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Peoples Health Preferred Provider Organization Plans

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.

The service area for both plans is statewide. 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 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 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)

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.

2022 Plan Benefits

Reminders About Dual-Eligible Cost-Sharing

Since patients in Peoples Health special needs plans (D-SNPs) 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 and the amount billable to Medicaid as secondary payer. 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 responsible for cost-sharing on our Provider Portal, www.peopleshealth.com/providerportal.

Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
Acupuncture for chronic low back pain	All Peoples Health plans: Cost-sharing applies for primary care physician visit or specialist physician visit depending on where services are received. See Physician services row.
Ambulance services**	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: \$255</p> <p>Peoples Health Choices 65 Northshore: \$270</p> <p>Peoples Health Choices 65 plans Rural Southeast and Southland: \$265</p> <p>Peoples Health Choices Gold: \$280</p> <p>Peoples Health Choices: \$275</p> <p>Peoples Health Patriot: \$250</p> <p>Peoples Health Secure Complete, Peoples Health Secure Choice: \$0 or 20% coinsurance</p> <p>Peoples Health Secure Health: \$0 or \$75</p> <p>Peoples Health Group Medicare plans: \$50</p>

[^]Some benefits are supplemental and not covered by Original Medicare.

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	All Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices: <i>Cost-sharing changed.</i>
Annual routine physical exam [^]	All plans: \$0
Cardiac rehabilitation services [†]	<p>All plans, except Peoples Health Secure Complete and Peoples Health Secure Choice: \$0</p> <p>Peoples Health Secure Complete, Peoples Health Secure Choice: \$0 or 20% coinsurance</p>
Chiropractic services	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; Rural Southeast; and Southland: \$10</p> <p>Peoples Health Choices 65 Northshore, Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot: \$20</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p> <p>Peoples Health Secure Health, Peoples Health Secure Choice: \$0</p> <p>Peoples Health Group Medicare plans: \$10</p>
Dental services [^]	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; Rural Southeast; and Southland: \$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</p> <p>Peoples Health Choices 65 Northshore: \$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</p> <p>Peoples Health Choices Gold: \$35 – Medicare-covered comprehensive dental</p>

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>\$0 – preventive dental services \$50 deductible – non-Medicare-covered comprehensive dental services \$1,250 maximum – preventive and non-Medicare-covered comprehensive services</p> <p>Peoples Health Secure Complete: \$0 – Medicare-covered comprehensive dental \$0 – preventive dental services \$3,000 maximum – preventive and non-Medicare-covered comprehensive services</p> <p>Peoples Health Secure Health: \$0 – Medicare-covered comprehensive dental \$0 – preventive dental services \$2,000 maximum – preventive and non-Medicare-covered comprehensive services</p> <p>Peoples Health Secure Choice: \$0 or 20% coinsurance – Medicare-covered comprehensive dental Preventive and non-Medicare-covered comprehensive services are not covered benefits.</p> <p>Peoples Health Choices, Peoples Health Patriot: 20% coinsurance – Medicare-covered comprehensive dental \$0 – preventive dental services Benefit maximum – preventive and non-Medicare-covered comprehensive services</p> <ul style="list-style-type: none"> • Peoples Health Choices – \$500 • Peoples Health Patriot – \$2,500 <p>Peoples Health Group Medicare plans: \$10 – Medicare-covered comprehensive dental \$0 – preventive dental services \$50 deductible – non-Medicare-covered comprehensive dental services Benefit maximum – preventive and non-Medicare-covered comprehensive services</p> <ul style="list-style-type: none"> • Peoples Health Group Medicare: \$2,500 • Peoples Health Group Medicare Office of Group Benefits: \$2,000 <p>Peoples Health Group Medicare: <i>Benefit maximum changed.</i></p>

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
<p>Diabetes supplies[†]</p>	<p>All Peoples Health Choices 65 plans: Self-monitoring supplies: <ul style="list-style-type: none"> • \$0 – supplies from a preferred DME provider • 20% coinsurance – supplies from other DME providers Continuous glucose monitors and related supplies: \$0 Therapeutic shoes/inserts: \$0 each pair</p> <p>Peoples Health Choices Gold: Self-monitoring supplies: <ul style="list-style-type: none"> • \$0 – supplies from a preferred DME provider • 20% coinsurance – supplies from other DME providers Continuous glucose monitors and related supplies: \$0 Therapeutic shoes/inserts: \$10 each pair</p> <p>Peoples Health Secure Health: \$0</p> <p>Peoples Health Secure Complete: Self-monitoring supplies and continuous glucose monitors and related supplies: \$0 Therapeutic shoes/inserts: \$0 or 20% coinsurance</p> <p>Peoples Health Group Medicare plans: Self-monitoring supplies and therapeutic shoes/inserts: \$0 Continuous glucose monitors and related supplies: 5% coinsurance</p> <p>Peoples Health Secure Choice: Self-monitoring supplies and therapeutic shoes/inserts: \$0 or 20% coinsurance Continuous glucose monitors and related supplies: \$0 or 20% coinsurance</p> <p>Peoples Health Choices, Peoples Health Patriot: Self-monitoring supplies, including continuous glucose monitors and related supplies: \$0 Therapeutic shoes/inserts: 20% coinsurance</p> <p>All plans except Peoples Health Group Medicare, Peoples Health Secure Complete, Peoples Health Secure Health, Peoples Health Secure Choice: <i>Coverage and cost change for continuous glucose monitors and related supplies.</i></p>
<p>Durable medical equipment*</p>	<p>All Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot: 20% coinsurance</p>

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Secure Complete, Peoples Health Secure Choice: \$0 or 20% coinsurance</p> <p>Peoples Health Secure Health: \$0</p> <p>Peoples Health Group Medicare plans: 5% coinsurance</p>
Emergency care	<p>All Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot: \$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</p> <p>Peoples Health Secure Complete, Peoples Health Secure Choice: \$0 or \$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</p> <p>Peoples Health Secure Health: \$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</p> <p>Peoples Health Group Medicare plans: \$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</p>
Fitness center membership [^]	<p>All plans, except Peoples Health Secure Choice: \$0</p> <p>Peoples Health Secure Choice: Not a covered benefit.</p>
Health and wellness education [^]	<p>All Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Secure Health, Peoples Health Group Medicare plans: \$0</p> <p>Peoples Health Secure Complete, Peoples Health Secure Choice, Peoples Health Choices, Peoples Health Patriot: Not a covered benefit.</p>

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
Hearing services	<p>All Peoples Health Choices 65 plans, Peoples Health Choices Gold: \$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[^]</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance – 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[^]</p> <p>Peoples Health Secure Health: \$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[^]</p> <p>Peoples Health Secure Choice: \$0 or \$20 – each diagnostic hearing exam Hearing aids and other hearing exams are not covered benefits.</p> <p>Peoples Health Choices, Peoples Health Patriot: \$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[^]</p> <p>Peoples Health Group Medicare plans: \$10 – each diagnostic hearing exam Hearing aids and other hearing exams are not covered.</p>
Home health agency care*	All plans: \$0

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
Home infusion therapy	All plans: 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	All plans: When a patient is enrolled 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 ^{**}	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; and Rural Southeast: \$85 – per day, days 1–10 \$0 – days 11 and beyond</p> <p>Peoples Health Choices 65 Northshore, Peoples Health Choices Gold: \$195 – per day, days 1-10 \$0 – days 11 and beyond</p> <p>Peoples Health Choices 65 Southland: \$125 – per day, days 1–10 \$0 – days 11 and beyond</p> <p>Peoples Health Secure Complete: \$0 or \$2,524 each stay</p> <p>Peoples Health Secure Health: \$0 or \$75 – per day, days 1–10 \$0 – days 11 and beyond</p> <p>Peoples Health Secure Choice: \$0 or \$1,480 each stay or Medicare-defined Part A deductible, whichever is less</p> <p>Peoples Health Choices: \$225 – per day, days 1–7 \$0 – days 8 and beyond</p> <p>Peoples Health Patriot: \$195 – per day, days 1–6 \$0 – days 7 and beyond</p>

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Group Medicare plans: \$50 – per day, days 1–10 \$0 – days 11 and beyond Out-of-pocket costs limited to \$500 per admission</p> <p>Peoples Health Secure Choice, Peoples Health Choices 65 Northshore, Peoples Health Choices 65 Southland: <i>Cost-sharing changed.</i></p>
<p>Inpatient mental health care**</p>	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; and Rural Southeast: \$85 – per day, days 1–10 \$0 – days 11–90</p> <p>Peoples Health Choices 65 Northshore, Peoples Health Choices Gold: \$195 – per day, days 1–9 \$0 – days 10–90</p> <p>Peoples Health Choices 65 Southland: \$125 – per day, days 1–10 \$0 – days 11–90</p> <p>Peoples Health Secure Complete: \$0 or \$2,339 each stay</p> <p>Peoples Health Secure Health: \$0 or \$75 – per day, days 1–10 \$0 – days 11–90</p> <p>Peoples Health Secure Choice: \$0 or \$1,480 each stay or Medicare-defined Part A deductible, whichever is less</p> <p>Peoples Health Choices: \$225 – per day, days 1–7 \$0 – days 8–90</p> <p>Peoples Health Patriot: \$195 – per day, days 1–6 \$0 – days 7–90</p>

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>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</p> <p>Peoples Health Group Medicare: \$50 – per day, days 1–10 \$0 – days 11–90 Out-of-pocket costs limited to \$500 per admission</p> <p>Peoples Health Choices 65 plans Northshore and Southland, Peoples Health Secure Choice, Peoples Health Patriot: <i>Cost-sharing changed.</i></p>
Meal benefit [^]	<p>All Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot, Peoples Health Group Medicare plans: \$0 – up to two prepared meals per day for five days (up to 10 meals total)</p> <p>Peoples Health Secure Complete: \$0 – up to two prepared meals per day for 28 days (up to 56 meals total)</p> <p>Peoples Health Secure Health, Peoples Health Secure Choice: \$0 – up to three prepared meals per day for seven days (up to 21 meals total)</p> <p>Peoples Health Group Medicare plans: <i>Coverage added.</i></p>
Medicare Part B drugs [†]	<p>All Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot:</p> <ul style="list-style-type: none"> • \$0 – Part B allergy antigens • 20% coinsurance – all other Part B drugs <p>Peoples Health Secure Complete, Peoples Health Secure Health, Peoples Health Secure Choice:</p> <ul style="list-style-type: none"> • \$0 – Part B allergy antigens • \$0 or 20% coinsurance – all other Part B drugs <p>Peoples Health Group Medicare plans: 5% coinsurance</p>

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	All plans, except Peoples Health Group Medicare plans: <i>Cost-sharing changed for Part B allergy antigens.</i>
Nonemergency (routine) transportation^{^†}	<p>All plans except Peoples Health Secure Complete and Peoples Health Secure Health: Not a covered benefit.</p> <p>Peoples Health Secure Complete: \$0 – unlimited one-way trips</p> <p>Peoples Health Secure Health: \$0 – each one-way trip, up to 48 trips</p>
NurseLine[^]	All plans: \$0
Opioid treatment services[§]	All plans: \$0
Outpatient diagnostic tests and therapeutic services and supplies[†]	<p>Peoples Health Choices 65 plans:</p> <div style="border: 1px solid black; padding: 10px;"> <p>\$0 – diagnostic procedures and tests</p> <p>\$0 – lab services</p> <p>X-rays:</p> <ul style="list-style-type: none"> • \$0 at a radiology facility • \$15 at all other locations <p>\$0 – diagnostic colonoscopies and diagnostic mammograms</p> <p>\$50 – therapeutic radiology (radiation therapy) services</p> <p>\$0 – blood</p> <p>Advanced imaging services or nuclear medicine:</p> <ul style="list-style-type: none"> • Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: \$90 • Peoples Health Choices 65 Northshore: \$175 • Peoples Health Choices 65 plans Rural Southeast; and Southland: \$85 </div>

[^]Some benefits are supplemental and not covered by Original Medicare.

^{*}Prior authorization required

^{**}Prior authorization required (except in an emergency)

[†]Prior authorization **may** be required

[§]Prior authorization required for PPO plans only.

Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Choices Gold:</p> <div style="border: 1px solid black; padding: 5px;"> <p>\$10 – diagnostic procedures and tests: \$0 – lab services X-rays: • \$0 at a radiology facility • \$15 at all other locations \$0 – diagnostic colonoscopies and diagnostic mammograms \$120 – advanced imaging services or nuclear medicine \$45 – therapeutic radiology (radiation therapy) services \$0 – blood</p> </div> <p>Peoples Health Secure Complete:</p> <div style="border: 1px solid black; padding: 5px;"> <p>\$0 or 20% coinsurance – diagnostic procedures and tests, X-rays, advanced imaging services or nuclear medicine, and therapeutic radiology (radiation therapy) services and blood \$0 – lab services, diagnostic colonoscopies and diagnostic mammograms</p> </div> <p>Peoples Health Secure Health:</p> <div style="border: 1px solid black; padding: 5px;"> <p>\$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</p> </div> <p>Peoples Health Secure Choice:</p> <div style="border: 1px solid black; padding: 5px;"> <p>\$0 or 20% coinsurance – diagnostic procedures and tests, X-rays, therapeutic radiology (radiation therapy) services, and advanced imaging services or nuclear medicine \$0 – lab services \$0 – diagnostic colonoscopies and diagnostic mammograms \$0 – blood</p> </div> <p>Peoples Health Choices:</p> <div style="border: 1px solid black; padding: 5px;"> <p>\$40 – diagnostic procedures and tests \$12 – X-rays \$0 – lab services \$0 – diagnostic colonoscopies and diagnostic mammograms \$175 – advanced imaging services or nuclear medicine</p> </div>

[^]Some benefits are supplemental and not covered by Original Medicare.

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> \$60 – therapeutic radiology (radiation therapy) services \$0 – blood </div> <p>Peoples Health Patriot:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> \$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 </div> <p>Peoples Health Group Medicare plans:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> \$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 </div> <p>Peoples Health Choices 65 plans, Choices Gold: <i>Cost-sharing changed for diagnostic tests, lab services and X-rays.</i></p> <p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: <i>Cost-sharing changed for advanced imaging services.</i></p> <p>Peoples Health Secure Choice: <i>Cost-sharing changed for lab services; prior authorization added for blood.</i></p> <p>Peoples Health Choices: <i>Cost-sharing changed for diagnostic tests, X-rays, radiation therapy and advanced imaging services.</i></p>
<p>Outpatient hospital services, including outpatient observation services[†]</p>	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; Rural Southeast; and Southland: \$125</p> <p>Peoples Health Choices 65 Northshore: \$200</p> <p>Peoples Health Choices Gold: \$250</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p>

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[§]Prior authorization required for PPO plans only.

Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Secure Health: \$0</p> <p>Peoples Health Secure Choice: \$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</p> <p>Peoples Health Choices: \$225</p> <p>Peoples Health Patriot: \$195</p> <p>Peoples Health Group Medicare plans: \$0</p> <hr/> <p>Peoples Health Patriot: <i>Cost-sharing changed.</i></p>
<p>Outpatient mental health care services*</p>	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; Rural Southeast; and Southland: \$20</p> <p>Peoples Health Choices 65 Northshore, Peoples Health Choices Gold: \$40</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p> <p>Peoples Health Secure Health, Peoples Health Secure Choice: \$0 or \$10</p> <p>Peoples Health Choices, Peoples Health Patriot: \$15 – group therapy visit \$25 – individual therapy visit</p> <p>Peoples Health Group Medicare Office of Group Benefits: \$0</p> <p>Peoples Health Group Medicare: \$10</p>
<p>Outpatient rehabilitation services*</p>	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; Rural Southeast; and Southland: \$10</p> <p>Peoples Health Choices 65 Northshore, Peoples Health Choices Gold: \$20</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p>

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§Prior authorization required for PPO plans only.

Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Secure Health, Peoples Health Secure Choice: \$0</p> <p>Peoples Health Choices: \$20</p> <p>Peoples Health Patriot: \$30</p> <p>Peoples Health Group Medicare plans: \$0</p> <hr/> <p>Peoples Health Choices, Peoples Health Patriot: <i>Cost-sharing changed.</i></p>
<p>Outpatient substance abuse services*</p>	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; Rural Southeast; and Southland: \$25</p> <p>Peoples Health Choices 65 Northshore: \$50</p> <p>Peoples Health Choices Gold: \$40</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p> <p>Peoples Health Secure Health: \$0 or \$10</p> <p>Peoples Health Secure Choice: \$0 or \$40</p> <p>Peoples Health Choices, Peoples Health Patriot: \$15 – group therapy visit \$25 – individual therapy visit</p> <p>Peoples Health Group Medicare Office of Group Benefits: \$0</p> <p>Peoples Health Group Medicare: \$10</p>
<p>Outpatient surgery*</p>	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; Rural Southeast; and Southland: \$125</p> <p>Peoples Health Choices 65 Northshore: \$200</p> <p>Peoples Health Choices Gold: \$250</p>

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p> <p>Peoples Health Secure Health: \$0</p> <p>Peoples Health Secure Choice: \$0 or 15% coinsurance</p> <p>Peoples Health Choices: \$225</p> <p>Peoples Health Patriot: \$195</p> <p>Peoples Health Group Medicare plans: \$0</p> <hr/> <p>Peoples Health Patriot: <i>Cost-sharing changed.</i></p>
<p>Over-the-counter (OTC) products (two distinct benefits)[^]</p>	<p>Over-the-counter (OTC) products catalog Vendor: FirstLine Benefits</p> <ul style="list-style-type: none"> • Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: \$80 in credits every quarter • Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 Southland: \$60 in credits every quarter • Peoples Health Choices 65 Northshore: \$65 in credits every quarter • Peoples Health Choices Gold, Peoples Health Group Medicare: \$40 in credits every quarter • Peoples Health Choices: \$50 in credits every quarter • Peoples Health Patriot: \$75 in credits every quarter <p>Over-the-counter (OTC) + healthy food card Vendor: Solutran</p> <ul style="list-style-type: none"> • Peoples Health Secure Complete: \$175 in credits every month • Peoples Health Secure Health: \$42 in credits every month

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Secure Choice, Peoples Health Group Medicare Office of Group Benefits: Not a covered benefit.</p> <p>Peoples Health Choices 65 plans for Greater New Orleans and Baton Rouge Area; Rural Southeast; and Southland; Peoples Health Choices Gold, Peoples Health Choices: <i>Vendor changed.</i></p> <p>Peoples Health Choices 65 Northshore, Peoples Health Patriot: <i>Credit amount and vendor changed.</i></p> <p>Peoples Health Secure Health: <i>Benefit type changed and credit amount changed.</i></p> <p>Peoples Health Secure Complete: <i>Credit amount changed.</i> Peoples Health Group Medicare: <i>Coverage added.</i></p>
<p>Partial hospitalization services*</p>	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; Rural Southeast; and Southland: \$20</p> <p>Peoples Health Choices 65 Northshore: \$50</p> <p>Peoples Health Choices Gold: \$40</p> <p>Peoples Health Secure Complete: \$0 or \$55</p> <p>Peoples Health Secure Health: \$0 or \$10</p> <p>Peoples Health Secure Choice: \$0 or \$40</p> <p>Peoples Health Choices, Peoples Health Patriot: \$55</p> <p>Peoples Health Group Medicare Office of Group Benefits: \$0</p> <p>Peoples Health Group Medicare: \$10</p>
<p>Personal Emergency Response System[^]</p>	<p>Peoples Health Secure Complete: \$0</p> <p>All other plans: Not a covered benefit.</p>

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	Plan with the benefit: <i>Prior authorization not required.</i>
Physician services, including virtual visits	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: \$0 – each primary care physician visit \$25 – each specialist visit</p> <p>Peoples Health Choices 65 plans Rural Southeast and Southland; Peoples Health Choices Gold, Peoples Health Patriot: \$0 – each primary care physician visit \$30 – each specialist visit</p> <p>Peoples Health Choices 65 Northshore: \$0 – each primary care physician visit \$45 – each specialist visit</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance – each primary care physician visit \$0 or 20% coinsurance – each specialist visit</p> <p>Peoples Health Secure Health: \$0 – each primary care physician visit \$0 or \$10 – each specialist visit</p> <p>Peoples Health Secure Choice: \$0 – each primary care physician visit \$0 – each specialist visit</p> <p>Peoples Health Choices: \$0 – each primary care physician visit \$35 – each specialist visit</p> <p>Peoples Health Group Medicare: \$5 – each primary care physician visit \$10 – each specialist visit</p> <p>Peoples Health Group Medicare Office of Group Benefits: \$0 – each primary care physician visit \$10 – each specialist visit</p>

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*Prior authorization required

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†Prior authorization **may** be required

§Prior authorization required for PPO plans only.

Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>All plans: \$0 – virtual medical visits \$0 – virtual mental health visits</p> <p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area and Northshore, Peoples Health Choices Gold: <i>Cost-sharing changed for specialist visits.</i></p> <p>Peoples Health Choices: <i>Cost-sharing changed for primary care visits.</i></p> <p>Peoples Health Patriot: <i>Cost-sharing changed for primary care and specialist visits.</i></p> <p>Peoples Health Secure Health: <i>Cost-sharing changed for specialist visits.</i> Peoples Health Group Medicare Office of Group Benefits: <i>Cost-sharing changed for primary care visits.</i></p> <p>All plans: <i>Virtual medical visits are a covered benefit with any network provider.</i></p>
<p>Podiatry services[^]</p>	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: \$25 – each visit for foot exams and treatment Routine foot care is not a covered benefit.</p> <p>Peoples Health Choices 65 plans Rural Southeast; and Southland; Peoples Health Choices Gold: \$30 – each visit for foot exams and treatment Routine foot care is not a covered benefit.</p> <p>Peoples Health Choices 65 Northshore: \$45 – each visit for foot exams and treatment Routine foot care is not a covered benefit.</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance – each visit for foot exams and treatment \$0 – each visit routine foot care, up to 6 visits per year</p> <p>Peoples Health Secure Health, Peoples Health Secure Choice: \$0 – each visit for foot exams and treatment Routine foot care is not a covered benefit.</p>

[^]Some benefits are supplemental and not covered by Original Medicare.

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**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

§Prior authorization required for PPO plans only.

Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Choices: \$35 – each visit for foot exams and treatment \$35 – each visit for routine foot care, up to 6 visits per year</p> <p>Peoples Health Peoples Health Patriot: \$30 – each visit for foot exams and treatment \$30 – each visit for routine foot care, up to 6 visits per year</p> <p>Peoples Health Group Medicare plans: \$10 – each visit for foot exams and treatment Routine foot care is not a covered benefit.</p> <hr/> <p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area and Northshore; Peoples Health Choices Gold, Peoples Health Patriot: <i>Cost-sharing changed.</i></p>
<p>Prescription drugs</p>	<p>See Appendix – Benefit Descriptions, Prescription drugs row for costs.</p> <p>All Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices: 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. Step therapy may be required for Medicare Part B prescription drugs.</p> <p>Peoples Health Secure Complete, Peoples Health Secure Health, Peoples Health Secure Choice: 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. Specialty drugs are limited to a 30-day supply. Step therapy may be required for Medicare Part B prescription drugs.</p> <p>Peoples Health Patriot: Not a covered benefit</p> <p>Peoples Health Group Medicare plans: This plan covers excluded drugs. 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.</p>

[^]Some benefits are supplemental and not covered by Original Medicare.

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**Prior authorization required (except in an emergency)

†Prior authorization **may** be required

§Prior authorization required for PPO plans only.

Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	All plans except Peoples Health Group Medicare plans: <i>Step therapy added for Part B prescription drugs.</i>
Preventive screenings and services (Medicare-covered)	All plans: \$0
Prosthetic devices and related supplies [†]	<p>All Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot: 20% coinsurance</p> <p>Peoples Health Secure Health: \$0</p> <p>Peoples Health Secure Complete, Peoples Health Secure Choice: \$0 or 20% coinsurance</p> <p>Peoples Health Group Medicare plans: 5% coinsurance</p>
Pulmonary rehabilitation services [†]	<p>All Peoples Health Choices 65 plans, Peoples Health Secure Health, Peoples Health Group Medicare plans: \$0</p> <p>Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot: \$20</p> <p>Peoples Health Secure Complete, Peoples Health Secure Choice: \$0 or 20% coinsurance</p>
Respite care – help with certain chronic conditions ^{^*}	<p>All plans, except Peoples Health Secure Choice: \$0 – up to 12 sessions per year</p> <p>Peoples Health Secure Choice: Not a covered benefit.</p> <p>Peoples Health Group Medicare plans: <i>Coverage added.</i></p> <p>Peoples Health Secure Health: <i>Prior authorization required.</i></p>
Services to treat kidney disease [†]	<p>All Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot:</p> <p>\$0 – kidney disease education services</p> <p>20% coinsurance – dialysis</p>

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[†]Prior authorization **may** be required

[§]Prior authorization required for PPO plans only.

Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Secure Complete, Peoples Health Secure Choice: \$0 – kidney disease education services \$0 or 20% coinsurance – dialysis</p> <p>Peoples Health Secure Health: \$0 – kidney disease education services \$0 – dialysis</p> <p>Peoples Health Group Medicare plans: \$0 – kidney disease education services \$0 – dialysis</p>
<p>Skilled nursing facility (SNF) care*</p>	<p>All Peoples Health Choices 65 plans, Peoples Health Choices Gold: \$0 – days 1–20 \$188 – per day, days 21–100</p> <p>Peoples Health Secure Complete, Peoples Health Secure Choice: For each benefit period, patient pays \$0 or Medicare-defined amounts. In 2021, the amounts are (these amounts may change for 2022):</p> <ul style="list-style-type: none"> • \$0 – days 1–20 • \$185.50 – per day, days 21–100 <p>Peoples Health Secure Health: \$0 – days 1–20 \$0 or \$100 – per day, days 21–100</p> <p>Peoples Health Choices, Peoples Health Patriot: \$0 – days 1–20 \$188 – per day, days 21–56 \$0 – days 57–100</p> <p>Peoples Health Group Medicare plans: \$0 – days 1–20 \$25 – per day, days 21 and beyond</p> <p>All Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot, Peoples Health Secure Choice: <i>Cost-sharing changed.</i></p>

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Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
Supervised exercise therapy [†]	<p>Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot: \$20</p> <p>Peoples Health Secure Complete, Peoples Health Secure Choice: \$0 or 20% coinsurance</p> <p>All other plans: \$0</p>
Urgently needed services	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; Rural Southeast; and Southland: \$20 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories</p> <p>Peoples Health Choices 65 Northshore: \$50 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories</p> <p>Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot: \$40 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories</p> <p>Peoples Health Secure Complete, Peoples Health Secure Choice: \$0 or \$65 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories</p> <p>Peoples Health Secure Health: \$0 – each visit within the United States or its territories \$0 – each worldwide visit outside the United States or its territories</p> <p>Peoples Health Group Medicare: \$10 – each visit within the United States or its territories \$50 – each worldwide visit outside the United States or its territories</p> <p>Peoples Health Group Medicare Office of Group Benefits: \$5 – each visit within the United States or its territories \$50 – each worldwide visit outside the United States or its territories</p>

[^]Some benefits are supplemental and not covered by Original Medicare.

^{*}Prior authorization required

^{**}Prior authorization required (except in an emergency)

[†]Prior authorization **may** be required

[§]Prior authorization required for PPO plans only.

Benefit	2022 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	Peoples Health Choices, Peoples Health Patriot, Peoples Health Group Medicare Office of Group Benefits: <i>Cost-sharing changed.</i>
Vision care	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area; Rural Southeast; and Southland: \$20 – exams and services to diagnose and treat diseases and conditions of the eye \$20 – one supplemental routine eye exam per year[^]</p> <p>Peoples Health Choices 65 Northshore: \$40 – exams and services to diagnose and treat diseases and conditions of the eye \$40 – one supplemental routine eye exam per year[^]</p> <p>Peoples Health Choices Gold: \$35 – exams and services to diagnose and treat diseases and conditions of the eye \$35 – one supplemental routine eye exam per year[^]</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance – exams and services to diagnose and treat diseases and conditions of the eye \$0 – one supplemental routine eye exam per year[^]</p> <p>Peoples Health Secure Health, Peoples Health Choices, Peoples Health Patriot: \$0 – exams and services to diagnose and treat diseases and conditions of the eye \$0 – one supplemental routine eye exam per year[^]</p> <p>Peoples Health Secure Choice: \$0 or \$45 – exams and services to diagnose and treat diseases and conditions of the eye Routine eye exams are not a covered benefit.</p> <p>Peoples Health Group Medicare plans: \$15 – exams and services to diagnose and treat diseases and conditions of the eye \$15 – one supplemental routine eye exam per year[^]</p>

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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.

Ambulance services	Cost-sharing applies for each one-way Medicare-covered ground or air service.
Chiropractic services	Only manual manipulations of the spine to correct subluxation are covered.
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. There are no brand limitations for continuous glucose monitors.</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>
Emergency care	<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>
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 support to members on chronic diseases, important tests and exams, medication, lifestyle issues, and ways to manage illness. The benefit includes educational materials and health and wellness events.
Hearing services	There is a special network of providers for hearing aids and hearing exams for evaluation and fitting of hearing aids
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), beginning on the date of admission.
Inpatient mental health care	<p>Services must be arranged by a network behavioral health provider.</p> <p>For most plans, cost-sharing applies each day of each inpatient admission to a network hospital or network psychiatric facility, beginning on the date of admission.</p>

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Meal benefit

A plan-specified number of prepared meals are covered each time a patient is 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.

Nonemergency (routine) transportation

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.

Outpatient diagnostic tests and therapeutic services and supplies

Examples of diagnostic procedures and tests include but are not limited to EKG's, pulmonary function tests, home or lab-based sleep studies, and treadmill stress tests. Advanced imaging services include but are not limited to MRI, MRA and CTA.

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

Outpatient hospital services, including outpatient observation services

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 (each individual or group therapy visit and each individual or group therapy visit with a psychiatrist) must be arranged by a network behavioral health provider.

Outpatient rehabilitation services

Cost-sharing applies per visit. Services include occupational therapy, physical therapy or speech-language therapy.

Outpatient substance abuse services

Services must be arranged by a network behavioral health provider.

Cost-sharing applies per visit for individual or group outpatient substance abuse services.

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Over-the-counter (OTC) products (two distinct benefits)

Certain health-related over-the-counter items are covered at no cost. Approved items 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.

OTC 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 plan vendor to be covered. Items purchased from any other vendor are not covered.

OTC and Healthy Food Card benefit: For Peoples Health Secure Complete and Peoples Health Secure Health, credits are applied each month to a single prepaid card to purchase approved OTC items and healthy food items. Credits expire at the end of each month. Approved foods include fruits and vegetables, dairy products, beans, bread, fish, poultry and more. Items can be purchased in-store from Walmart and other participating retailers (Albertsons, Kroger, Walgreens), as well as from the plan vendor online, by phone or by mail.

Partial hospitalization services

Services must be arranged by a network behavioral health provider.

Physician services, including virtual visits

Virtual medical visits can be received from any local provider offering telehealth services or from the plan's virtual medical visit provider network: Amwell, www.amwell.com.

Virtual medical visits covered services:

- Cardiac rehabilitation services
- Intensive cardiac rehabilitation services
- Urgently needed services
- Primary care physician services
- Outpatient rehabilitation services (occupational therapy)
- Specialist services
- Services from other health care professionals
- Outpatient rehabilitation services (physical therapy and speech-language therapy)

Virtual mental health visits must be with a provider from the plan's virtual mental health visit provider, Optum Behavioral Health

Virtual mental health visits covered services:

- Individual mental health services, including substance abuse services

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

Podiatry services

Some plans also cover routine foot care, 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. Plans **do not** have an annual Part D prescription drug deductible for 2022.

Peoples Health Choices 65 (HMO) Greater New Orleans and Baton Rouge Area 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 (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)	\$0	\$0	Not available	\$0
Tier 2 (generic)	\$10	\$30	Not available	\$0 preferred pharmacy \$30 standard pharmacy
Tier 3 (preferred brand)	\$45	\$135	Not available	\$135
Tier 4 (nonpreferred drugs)	\$100	\$300	Not available	\$300
Tier 5 (specialty tier)	33% coinsurance	90-day supply not available; limited to a 30-day supply	33% coinsurance	90-day supply not available; limited to a 30-day supply
Peoples Health Choices: <i>Tier 5 coinsurance changed.</i>				

Part D Senior Savings Model

All plans with Part D prescription drug coverage *except D-SNPs and Peoples Health Group Medicare plans* participate in the Part D Senior Savings Model, which offers lower, stable, and predictable out-of-pocket costs for select covered Part D insulin drugs 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. This cost-sharing only applies to patients who do not qualify for the Extra Help program that helps pay for drugs.

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)	\$0	\$0	\$0
Tier 2 (generic)	\$0	\$0	\$0
Tier 3 (preferred brand)	\$20	\$60	\$40
Tier 4 (nonpreferred drugs)	\$40	\$120	\$80
Tier 5 (specialty tier)	20% coinsurance	90-day supply 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)	\$3	\$9	\$0
Tier 2 (generic)	\$10	\$30	\$0
Tier 3 (preferred brand)	\$25	\$75	\$50
Tier 4 (nonpreferred drugs)	\$50	\$150	\$100
Tier 5 (specialty tier)	20% coinsurance	90-day supply not available; limited to a 30-day supply	

D-SNPs pay the following costs for each prescription filled at a network pharmacy:

Peoples Health Secure Complete (HMO D-SNP)		
Peoples Health Secure Health (HMO D-SNP)		
Peoples Health Secure Choice (HMO D-SNP)		
Drug Tier	30-Day Supply	90-Day Supply
All covered drugs	\$0	
Some covered drugs limited to a 30-day supply		
Peoples Health Secure Health, Peoples Health Secure Choice: <i>Cost-sharing changed.</i>		

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

Respite care – help with certain chronic conditions

Patients diagnosed with dementia may be eligible for respite care; must meet plan rules for documenting the 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 and is provided in the patient's home or another household in Louisiana. 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.

Vision care

Supplemental routine eye exams must be with a routine eye exam provider.

Vendor Information

Benefit Type	Vendor Name	Contact Information
Hearing Aids	TruHearing	1-866-202-0324 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	FirstLine Benefits	1-866-811-9477 www.shopfirstlinebenefits.com
Over-the-Counter and Healthy Foods Card <i>(for Peoples Health Secure Complete and Peoples Health Secure Health 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 <i>(local network providers offering telehealth can provide covered visits; patients are not limited to Amwell providers)</i>	Amwell	1-844-733-3627 www.amwell.com
Virtual Mental Health Visits	Optum Behavioral Health	1-877-566-7913 virtualvisitsmentalhealth.uhc.com