

PEOPLES HEALTH

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2023 Provider Benefit Packet

The following pages contain 2023 plan benefit information for Peoples Health Medicare Advantage plans. For reference, benefits with coverage changes from 2022 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 2023 *Evidence of Coverage* at www.peopleshealth.com or on the Provider Portal.

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2023 Plan Basics**Peoples Health Choices 65 (HMO-POS) 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-POS) 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 \$4,500.

Peoples Health Choices 65 (HMO-POS) 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 \$5,900.

Peoples Health Choices 65 (HMO-POS) 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 \$5,900.

Peoples Health Choices Gold (HMO-POS)

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 \$5,900.

Peoples Health Secure Complete (HMO-POS D-SNP)

The service area for this plan is statewide. The monthly premium is \$37.60 and it is paid on the patient's behalf by Medicare's Extra Help program. The plan has an annual deductible of \$233 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 FBDE, 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 (\$8,300).** 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-POS D-SNP)

The service area for this plan is statewide. The monthly premium is \$38.40, 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 \$3,500.

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

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 \$5,900. The patient also has a combined MOOP of \$8,950 for Medicare Part A and Part B services received from both network and out-of-network providers.



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Peoples Health Group Medicare Plans for Participating Employer and Retiree Groups

Peoples Health Group Medicare (HMO-POS)

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

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.

2023 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	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
Acupuncture for chronic low back pain	All 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 plans, Peoples Health Choices Gold, Peoples Health Choices and Peoples Health Patriot: \$250</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p> <p>Peoples Health Secure Health: \$0 or \$75</p> <p>Peoples Health Group Medicare plans: \$50</p> <p><i>Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices: Cost-sharing changed.</i></p>
Annual routine physical exam [^]	All plans: \$0
Cardiac rehabilitation services [†]	<p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p> <p>All other plans: \$0</p>

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

^{*}Prior authorization required

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
<p>Chiropractic services</p>	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 Southland, Peoples Health Group Medicare plans: \$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: \$0</p>
<p>Dental services[^] <i>Through UnitedHealthcare Dental</i></p>	<p>All plans:</p> <ul style="list-style-type: none"> • \$0 – preventive dental services (exams, cleanings, X-rays, fluoride) • \$0 – comprehensive dental services <p>Maximum benefit amount – all dental services:</p> <p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Secure Health, Peoples Health Patriot, Peoples Health Group Medicare: \$2,500</p> <p>Peoples Health Choices 65 Northshore, Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 Southland, Peoples Health Group Medicare Office of Group Benefits: \$2,000</p> <p>Peoples Health Choices Gold: \$1,250</p> <p>Peoples Health Secure Complete: \$3,500</p> <p>Peoples Health Choices: \$750</p> <p><i>All plans: Benefit changed; enhanced benefit administered through UnitedHealthcare Dental; in-network and out-of-network dental services are covered.</i></p>
<p>Diabetes supplies[†]</p>	<p>All plans: Self-monitoring supplies and continuous glucose monitors and related supplies: \$0</p>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Choices 65 plans, Peoples Health Secure Health, Peoples Health Group Medicare plans: Therapeutic shoes/inserts: \$0 each pair</p> <p>Peoples Health Choices Gold: Therapeutic shoes/inserts: \$10 each pair</p> <p>Peoples Health Secure Complete: Therapeutic shoes/inserts: \$0 or 20% coinsurance</p> <p>Peoples Health Choices, Peoples Health Patriot: Therapeutic shoes/inserts: 20% coinsurance</p> <hr/> <p><i>All plans: Coverage for certain self-monitoring supplies available at a retail pharmacy. Brands listed in Appendix – Benefit Description and in a plan’s Evidence of Coverage.</i></p>
<p>Durable medical equipment*</p>	<p>Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot: 20% coinsurance</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p> <p>Peoples Health Secure Health: \$0</p> <p>Peoples Health Group Medicare plans: 5% coinsurance</p>
<p>Emergency care</p>	<p>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: \$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>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<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>
<p>Fitness center membership[^] <i>Through One Pass™</i></p>	<p>All plans: \$0</p>
<p>Health and wellness education[^]</p>	<p>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 Choices, Peoples Health Patriot: Not a covered benefit.</p>
<p>Hearing services <i>Through UnitedHealthcare Hearing</i></p>	<p>All plans:</p> <ul style="list-style-type: none"> • \$0 – one routine hearing exam per year[^] • Up to 2 hearing aids every year (includes hearing aids delivered to patient with virtual follow-up care (select models)[^] <p>Peoples Health Choices 65 plans, Peoples Health Choices Gold: \$20 – each diagnostic hearing exam \$175 - \$1,225 – each hearing aid, up to 2 hearing aids every year</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance – each diagnostic hearing exam Up to \$3,600 allowance for 2 hearing aids every year</p> <p>Peoples Health Secure Health: \$0 – each diagnostic hearing exam Up to \$1,100 allowance for 2 hearing aids every year</p> <p>Peoples Health Choices, Peoples Health Patriot: \$0 – each diagnostic hearing exam</p>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>\$175 - \$1,225 – each hearing aid, up to 2 hearing aids every year</p> <p>Peoples Health Group Medicare plans: \$10 – each diagnostic hearing exam \$175 - \$1,225 – each hearing aid, up to 2 hearing aids every year</p> <p><i>All plans: Routine hearing exams and hearing aids benefits changed; enhanced benefit administered through UnitedHealthcare Hearing.</i></p> <p><i>Peoples Health Group Medicare plans: Routine hearing exams and hearing aids added as a benefit.</i></p>
Home health agency care*	All plans: \$0
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 Greater New Orleans and Baton Rouge Area: \$60 – per day, days 1–10 \$0 – days 11 and beyond</p> <p>Peoples Health Choices 65 Northshore: \$175 – per day, days 1–10 \$0 – days 11 and beyond</p> <p>Peoples Health Choices 65 Rural Southeast: \$85 – 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>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Choices Gold: \$195 – per day, days 1-10 \$0 – days 11 and beyond</p> <p>Peoples Health Secure Complete: \$0 or \$1,556 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 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> <p>Peoples Health Group Medicare plans: \$50 – per day, days 1–10 \$0 – days 11 and beyond</p>
	<p><i>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Northshore: Cost-sharing changed.</i></p>
<p>Inpatient mental health care**</p>	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: \$60 – per day, days 1–10 \$0 – days 11–90</p> <p>Peoples Health Choices 65 Northshore: \$175 – per day, days 1–10 \$0 – days 10–90</p> <p>Peoples Health Choices 65 Rural Southeast: \$85 – per day, days 1–10 \$0 – days 11–90</p>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Choices 65 Southland: \$125 – per day, days 1–10 \$0 – days 11–90</p> <p>Peoples Health Choices Gold: \$195 – per day, days 1–9 \$0 – days 10–90</p> <p>Peoples Health Secure Complete: \$0 or \$1,556 each stay</p> <p>Peoples Health Secure Health: \$0 or \$75 – per day, days 1–10 \$0 – days 11–90</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> <p>Peoples Health Group Medicare: \$50 – per day, days 1–10 \$0 – days 11–90</p> <p>Peoples Health Group Medicare Office of Group Benefits: \$25 – per day, days 1–5 \$0 – days 6–90</p> <p><i>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Northshore: Cost-sharing changed.</i></p>
Meal benefit[^]	<p>All plans: Up to 28 prepared meals over 14 days</p> <p><i>All plans: Coverage changed.</i></p>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
<p>Medicare Part B drugs[†]</p>	<p>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:</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>
<p>Nonemergency (routine) transportation^{^†}</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> <p>All other plans: Not a covered benefit.</p>
<p>NurseLine[^]</p>	<p>All plans: \$0</p>
<p>Opioid treatment services[§]</p>	<p>All plans: \$0</p>
<p>Outpatient diagnostic tests and therapeutic services and supplies[†]</p>	<p>Peoples Health Choices 65 plans:</p> <div style="border: 1px solid black; padding: 5px;"> <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> <p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Rural Southeast: \$55</p> <p>Peoples Health Choices 65 Northshore: \$140</p> <p>Peoples Health Choices 65 Southland: \$50</p> </div>

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Benefit	2023 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 \$80 – 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, 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 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 \$125 – advanced imaging services or nuclear medicine \$60 – therapeutic radiology (radiation therapy) services \$0 – blood</p> </div> <p>Peoples Health Patriot:</p> <div style="border: 1px solid black; padding: 5px;"> <p>\$20 – diagnostic procedures and tests \$15 – X-rays \$0 – lab services \$0 – diagnostic colonoscopies and diagnostic mammograms</p> </div>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> \$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;"> \$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><i>Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices: Cost-sharing changed for advanced imaging services or nuclear medicine.</i></p>
<p>Outpatient hospital services, including outpatient observation services[†]</p>	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: \$100</p> <p>Peoples Health Choices 65 Northshore: \$175</p> <p>Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 Southland: \$125</p> <p>Peoples Health Choices Gold: \$250</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p> <p>Peoples Health Secure Health, Peoples Health Group Medicare plans: \$0</p> <p>Peoples Health Choices: \$225</p> <p>Peoples Health Patriot: \$195</p> <p><i>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Northshore: Cost-sharing changed.</i></p>
<p>Outpatient mental health care services[*]</p>	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 Southland: \$20</p> <p>Peoples Health Choices 65 Northshore, Peoples Health Choices Gold: \$40</p>

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Benefit	2023 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 or \$10</p> <p>Peoples Health Choices, Peoples Health Patriot: \$15 – group therapy visit \$25 – individual therapy visit</p> <p>Peoples Health Group Medicare: \$10</p> <p>Peoples Health Group Medicare Office of Group Benefits: \$0</p>
<p>Outpatient rehabilitation services*</p>	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 Southland: \$10</p> <p>Peoples Health Choices 65 Northshore, Peoples Health Choices Gold, Peoples Health Choices: \$20</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p> <p>Peoples Health Secure Health, Peoples Health Group Medicare plans: \$0</p> <p>Peoples Health Patriot: \$30</p>
<p>Outpatient substance abuse services*</p>	<p>Peoples Health Choices 65 plans Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 Southland: \$25</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: \$0 or \$10</p> <p>Peoples Health Choices, Peoples Health Patriot: \$15 – group therapy visit \$25 – individual therapy visit</p>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Group Medicare: \$10</p> <p>Peoples Health Group Medicare Office of Group Benefits: \$0</p>
Outpatient surgery*	<p><i>Peoples Health Choices 65 Northshore: Cost-sharing changed.</i></p> <p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: \$100</p> <p>Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 Southland: \$125</p> <p>Peoples Health Choices 65 Northshore: \$175</p> <p>Peoples Health Choices Gold: \$250</p> <p>Peoples Health Secure Complete: \$0 or 20% coinsurance</p> <p>Peoples Health Secure Health: \$0</p> <p>Peoples Health Choices: \$225</p> <p>Peoples Health Patriot: \$195</p> <p>Peoples Health Group Medicare plans: \$0</p> <p><i>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Northshore: Cost-sharing changed.</i></p>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
<p>Over-the-counter (OTC) benefit (two distinct benefits)[^]</p>	<p>Over-the-counter (OTC) Credit</p> <div style="border: 1px solid black; padding: 5px;"> <p>Credits issued: Every quarter on a debit card Purchasing options: In-store shopping; orders placed for home delivery online, by phone or through a mail-in form</p> <p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: \$150 Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 Southland: \$60 Peoples Health Choices 65 Northshore: \$80 Peoples Health Choices Gold: \$50 Peoples Health Choices: \$50 Peoples Health Patriot: \$75 Peoples Health Group Medicare: \$40</p> </div> <p>Food, Over-the-counter (OTC) + Utility Bill Credit</p> <div style="border: 1px solid black; padding: 5px;"> <p>Credits issued: Every month on a debit card Purchasing options: In-store shopping; orders placed for home delivery through the website or by phone</p> <p>Peoples Health Secure Complete: \$230 Peoples Health Secure Health: \$105</p> </div> <p>Peoples Health Group Medicare Office of Group Benefits: Not a covered benefit.</p> <p><i>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Northshore, Peoples Health Choices Gold: Credit amount, shopping options and vendor changed.</i></p> <p><i>Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 Southland, Peoples Health Choices, Peoples Health Patriot, Peoples Health Group Medicare: Shopping options and vendor changed.</i></p> <p><i>Peoples Health Secure Complete, Peoples Health Secure Health: Credit amount and spending options changed.</i></p>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
<p>Partial hospitalization services*</p>	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 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 Choices, Peoples Health Patriot: \$55</p> <p>Peoples Health Group Medicare: \$10</p> <p>Peoples Health Group Medicare Office of Group Benefits: \$0</p>
<p>Personal Emergency Response System[^]</p>	<p>All plans: \$0</p> <p><i>All plans, except Peoples Health Secure Complete, which already offered the benefit: Coverage added.</i></p>
<p>Physician services, including virtual visits</p>	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: \$0 – each primary care physician visit \$20 – each specialist visit</p> <p>Peoples Health Choices 65 Northshore: \$0 – each primary care physician visit \$40 – each specialist visit</p> <p>Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 Southland, Peoples Health Choices Gold, Peoples Health Patriot: \$0 – each primary care physician visit \$30 – 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>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>Peoples Health Secure Health: \$0 – each primary care physician visit \$0 or \$10 – 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> <p>All plans: \$0 – virtual medical visits \$0 – virtual mental health visits</p> <p><i>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Northshore: Specialist cost-sharing changed.</i></p>
Podiatry services	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area: \$20 – each visit for foot exams and treatment Routine foot care is not a covered benefit.</p> <p>Peoples Health Choices 65 Northshore: \$40 – each visit for foot exams and treatment Routine foot care is not a covered benefit.</p> <p>Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 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 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:</p>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>\$0 – each visit for foot exams and treatment Routine foot care is not a covered benefit.</p> <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> <p><i>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Northshore: Cost-sharing changed.</i></p>
<p>Prescription drugs</p>	<p>See Appendix – Benefit Descriptions, Prescription drugs row for costs.</p> <p>Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices: Excluded drugs are covered. A 100-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: Excluded drugs are not covered. A 100-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: Excluded drugs are covered. A 90-day supply of tier 5 drugs is not covered. Tier 5 drugs are limited to a 30-day supply.</p>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<i>All plans except Peoples Health Group Medicare plans: Extended medication supply changed to 100 days.</i>
Preventive screenings and services (Medicare-covered)	All plans: \$0
Prosthetic devices and related supplies [†]	<p>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: \$0 or 20% coinsurance</p> <p>Peoples Health Group Medicare plans: 5% coinsurance</p>
Pulmonary rehabilitation services [†]	<p>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: \$0 or 20% coinsurance</p>
Respite care – help with certain chronic conditions ^{^*}	<p>Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Secure Complete, Peoples Health Secure Health, Peoples Health Group Medicare plans: \$0 – up to 12 sessions per year</p> <p>Peoples Health Choices, Peoples Health Patriot: Not a covered benefit.</p>
	<i>All plans offering the benefit: Sessions changed from up to four hours to up to 8 hours.</i>
Services to treat kidney disease [†]	<p>Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot: \$0 – kidney disease education services 20% coinsurance – dialysis</p> <p>Peoples Health Secure Complete:</p>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
	<p>\$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>Peoples Health Choices 65 plans, Peoples Health Choices Gold: \$0 – days 1–20 \$196 – per day, days 21–100</p> <p>Peoples Health Secure Complete: For each benefit period, patient pays \$0 or Medicare-defined amounts. In 2022, the amounts are (these amounts may change for 2023):</p> <ul style="list-style-type: none"> • \$0 – days 1–20 • \$194.50 – 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 \$196 – per day, days 21–51 \$0 – days 52–100</p> <p>Peoples Health Group Medicare plans: \$0 – days 1–20 \$25 – per day, days 21 and beyond</p> <p><i>Peoples Health Choices 65 plans, Peoples Health Choices Gold: Cost-sharing changed.</i></p> <p><i>Peoples Health Choices, Peoples Health Patriot: Cost-sharing and ranges for days covered changed.</i></p>

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Benefit	2023 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: \$0 or 20% coinsurance</p> <p>All other plans: \$0</p>
Urgently needed services	<p>Peoples Health Choices 65 Greater New Orleans and Baton Rouge Area, Peoples Health Choices 65 Rural Southeast, Peoples Health Choices 65 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: \$0 or \$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 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> <p><i>Peoples Health Secure Complete: Cost-sharing levels changed.</i></p>

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Benefit	2023 Patient In-Network Cost-Sharing for Medicare-Covered Services [^]
<p>Vision care <i>Through UnitedHealthcare Vision</i></p>	<p>All plans: \$0 – exams and services to diagnose and treat diseases and conditions of the eye \$0 – routine eye exam, one per year[^] Plan pays up to a maximum amount every year for frames or contact lenses; standard, single, bifocal, trifocal or progressive lenses are covered in full; home delivered eyewear available nationwide (select products only)</p> <p>Peoples Health Choices 65 plans, Peoples Health Choices Gold, Peoples Health Choices, Peoples Health Patriot, Peoples Health Group Medicare plans: Up to \$200 every year for frames or contact lenses</p> <p>Peoples Health Secure Complete: Up to \$500 every year for frames or contact lenses</p> <p>Peoples Health Secure Health: Up to \$450 every year for frames or contact lenses</p> <hr/> <p><i>All plans: Benefit and coverage changed; enhanced benefit administered through UnitedHealthcare Vision.</i></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.
Dental services	<p>The dental benefit is provided by UnitedHealthcare Dental. The benefit offers both in-network and out-of-network dental coverage for all Peoples Health patients. Patients have access to a national network of dental providers and may pay more for out-of-network services. Each plan has a maximum benefit limit on all covered dental services; benefit limits are combined for in- and out-of-network services. Coverage is provided for preventive and other necessary dental services such as:</p> <ul style="list-style-type: none">• Exams and cleanings (prophylaxis, periodontal maintenance and deep cleanings)• Fillings• Crowns• Bridges• Root canals• Partial dentures• Complete dentures• Implants

The UnitedHealthcare Dental network is nationwide.

All plans except Peoples Health Secure Complete and Peoples Health Secure Health: There is plan-specific cost-sharing for non-routine comprehensive dental services (limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician). See the plan's *Evidence of Coverage*.

Diabetes supplies	<p>Coverage for diabetes monitoring supplies is available with a prescription. Certain supplies can be purchased from a retail pharmacy. Other brands are covered from a durable medical equipment provider.</p> <ul style="list-style-type: none">• At a retail pharmacy:<ul style="list-style-type: none">○ Accu-Chek® and OneTouch® brands are covered○ Covered glucose monitors: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide○ Covered test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView
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Patients can visit www.peopleshealth.com and use the **Find Other Providers** search for a list of [network durable medical equipment providers](#) and go to the [Diabetes Testing Supplies page](#) under the **Members** tab for a list of the major brands our durable medical equipment providers cover.

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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.

Emergency care

Worldwide coverage is for emergency care, urgently needed care and emergency transportation from the scene of the emergency to the nearest medical treatment facility.

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.

Fitness center membership

Coverage is through One Pass™ (One Pass is a trademark of Optum, Inc. and/or its affiliates. © 2022 Optum, Inc). Benefit includes a free gym membership at a network location, a personalized fitness plan, online fitness classes and brain health challenges. The network is nationwide. Patients 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 clinical staff is covered for patients with chronic illnesses. 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

Routine hearing exams and hearing aids are provided through UnitedHealthcare Hearing. Patients can choose from a broad selection of custom-programmed name-brand hearing aids or UnitedHealthcare Hearing's brand Relate™. Hearing aids can be fit in-person with a network provider or delivered directly to the patient with virtual follow-up care (select models). The UnitedHealthcare Hearing network is nationwide. To access the hearing aid benefit, patients must contact UnitedHealthcare Hearing.

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

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, beginning on the date of admission.

Meal benefit

Up to 28 home-delivered meals for 14 days are covered each time a patient is discharged from an eligible hospital stay—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.

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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	<p>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.</p> <p>For services received at a network physician office, patient also pays any office visit copay.</p>
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	<p>Services must be arranged by a network behavioral health provider.</p> <p>Cost-sharing applies per visit for individual or group outpatient substance abuse services.</p>
Over-the-counter (OTC) credit (two distinct benefits)	<p>Certain health-related OTC 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.</p> <p>Plan members receive a single preloaded debit card that can be used to purchase covered items in-store or through other channels, depending on the benefit. Credits are reapplied on a specific time frame, based on the benefit, and up to a plan-specific amount. Unused credits do not carry over.</p> <p>For more information, including product catalogs, visit the Over-the-Counter Health & Wellness page at www.peopleshealth.com/otc.</p> <p>OTC Credit benefit: Most plans offer this benefit. The plan-specific credit amount is applied every quarter of the year, and credits expire at the end of each quarter. Items may be purchased in-store at a participating retailer or online, by phone or by mail from the plan vendor for delivery to the home.</p>

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Food, OTC and Utilities Credit benefit: For Peoples Health Secure Complete and Peoples Health Secure Health, the plan-specific credit amount is applied each month, and credits expire at the end of each month. Credits can be used to purchase food and OTC items or to pay utility bills, such as electricity, gas, water or internet. 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, etc.), as well as from the plan vendor online or by phone for delivery to the home.

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, <https://patients.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 www.liveandworkwell.com to schedule a virtual mental health appointment.

Podiatry services

Some plans 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 2023. Plans cover most Part D vaccines at no cost to patients.

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

Peoples Health Choices 65 (HMO-POS) Greater New Orleans and Baton Rouge Area Peoples Health Choices 65 (HMO-POS) Northshore Peoples Health Choices 65 (HMO-POS) Rural Southeast Peoples Health Choices 65 (HMO-POS) Southland Peoples Health Choices Gold (HMO-POS) Peoples Health Choices (PPO)				
Drug Tier	30-Day Supply – Retail Pharmacy	100-Day Supply – Retail Pharmacy	30-Day Supply – Mail-Order Pharmacy	100-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) <i>Patients won't pay more than \$35 for a 1-month supply of select Part D insulin products.</i>	\$45	\$135	Not available	\$135
Tier 4 (nonpreferred drugs)	\$100	\$300	Not available	\$300
Tier 5 (specialty tier)	33% coinsurance	100-day supply not available; limited to a 30-day supply	33% coinsurance	100-day supply not available; limited to a 30-day supply
<i>All plans in this chart: Number of days in a long-term supply changed.</i>				

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) <i>Patients won't pay more than \$25 for a 1-month supply for covered Part D insulin products.</i>	\$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	

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) <i>Patients won't pay more than \$20 a 1-month supply for covered Part D insulin products.</i>	\$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	

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

Peoples Health Secure Complete (HMO-POS D-SNP)		
Peoples Health Secure Health (HMO-POS D-SNP)		
Drug Tier	30-Day Supply	100-Day Supply
All covered drugs	\$0 Some covered drugs limited to a 30-day supply	
<i>All plans in this chart: Number of days in a long-term supply changed.</i>		

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 eight 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.

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Vision care

A supplemental routine eye exam must be with a UnitedHealthcare Vision provider or plan network provider. Plan pays up to plan-specific allowance amount toward the purchase of eyeglass frames (with standard lenses covered in full) or contact lenses (fitting and evaluation may be an additional cost). The UnitedHealthcare Vision network is nationwide.

Vendor Information

Benefit Type	Vendor Name	Contact Information
24-Hour NurseLine	NurseLine	1-877-365-7949
Routine Dental Benefits	UnitedHealthcare Dental	1-800-222-8600 www.UHCMedicareDentistSearch.com
Fitness Benefit	One Pass™	1-877-504-6830 www.peopleshealth.com/onepass
Hearing Aids	UnitedHealthcare Hearing	www.UCHearing.com/Medicare Phone varies; all plans, except Peoples Health Secure Complete and Peoples Health Secure Health: 1-855-523-9355 Peoples Health Secure Complete and Peoples Health Secure Health: 1-877-704-3384
Over-the-Counter Credit Benefit	Solutran	1-877-909-1359 www.HealthyBenefitsPlus.com/HWPCard
Food, Over-the-Counter and Utility Bill Credit Benefit <i>(for Peoples Health Secure Complete and Peoples Health Secure Health patients only)</i>	Solutran	1-877-909-2479 www.HealthyBenefitsPlus.com/HWPCard
Personal Emergency Response System	Philips Lifeline	1-855-595-0464 www.lifeline.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 For providers: www.amwell.com For patients: https://patients.amwell.com
Virtual Mental Health Visits	Optum Behavioral Health	1-877-566-7913 www.liveandworkwell.com
Routine Vision Benefit	UnitedHealthcare Vision	1-800-222-8600 www.medicare.myuhcvision.com