Summary of Benefits 2021

Medicare Advantage Plan

Peoples Health Patriot (PPO)
H4544-002-000

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

Toll-free **1-844-849-2591**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

www.peopleshealth.com

PEOPLES HEALTH
*Your **Medicare Health** Team*
A UnitedHealthcare Company

Y0066_SB_H4544_002_000_2021_M

Summary of Benefits

January 1st, 2021 - December 31st, 2021

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.peopleshealth.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

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

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

Our service area includes these parishes in:

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

Use network providers.

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

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

Peoples Health Patriot (PPO)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Part B Premium Reduction	Up to $50	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount	$6,700 annually for Medicare-covered services you receive from in-network providers.	$10,000 annually for Medicare-covered services you receive from any provider.
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.	

Peoples Health Patriot (PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital[2]		$225 copay per day: for days 1-7 $0 copay per day: for days 8 and beyond	40% coinsurance per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC)[2]	$0 copay for a diagnostic colonoscopy $225 copay otherwise	40% coinsurance
	Outpatient Hospital, including surgery[2]	$0 copay for a diagnostic colonoscopy $225 copay otherwise	40% coinsurance
	Outpatient Hospital Observation Services[2]	$225 copay	40% coinsurance
Doctor Visits	Primary	$5 copay	$25 copay
	Specialists	$35 copay	$55 copay
	Virtual Medical Visits	$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Preventive Care	Medicare-covered	$0 copay	$0 copay - 40% coinsurance (depending on the service)
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening	

Benefits

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

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI)[2]	$0 copay for each diagnostic mammogram $110 copay otherwise	40% coinsurance
	Lab services[2]	$0 copay	$0 copay
	Diagnostic tests and procedures[2]	$20 copay	40% coinsurance
	Therapeutic Radiology[2]	$50 copay per service	40% coinsurance
	Outpatient X-rays[2]	$15 copay per service	$20 copay per service
Hearing Services	Exam to diagnose and treat hearing and balance issues	$0 copay	$55 copay
	Routine hearing exam	$20 copay; 1 per year*	$55 copay; 1 per year*
	Hearing aid	$500 allowance per ear, maximum benefit of $1,000 every year.*	Hearing aids available nationwide through mail order from TruHearing.*
Routine Dental Benefits	Preventive	$0 copay for covered preventive services *	$0 copay for covered preventive services*
	Comprehensive	$0 copay for comprehensive dental services*	$0 copay for comprehensive dental services*
	Benefit limit	$2,500 limit on all covered dental services*	

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	$0 copay	$55 copay
	Eyewear after cataract surgery	$0 copay	$55 copay
	Routine eye exam	$0 copay; 1 every year*	$55 copay; 1 every year*
	Eyewear	$0 copay every year; up to $200 for a pair of lenses and frames or contact lenses.*	Eyewear available nationwide through mail order from Vision Benefits Network.*
Mental Health	Inpatient visit[2]	$225 copay per day: for days 1-7 $0 copay per day: for days 8-90	40% coinsurance per stay
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit[2]	$15 copay	$30 copay
	Outpatient individual therapy visit[2]	$25 copay	$40 copay
	Virtual Mental Health Visits	$0 copay; Speak to network telehealth providers using your computer or mobile device.	
Skilled Nursing Facility (SNF)[2]		$0 copay per day: for days 1-20 $184 copay per day: for days 21-57 $0 copay per day: for days 58-100	$225 copay per day: for days 1-45 $0 copay per day: for days 46-100
		Our plan covers up to 100 days in a SNF.	
Physical therapy and speech and language therapy visit[2]		$35 copay	$55 copay

Benefits

		In-Network	Out-of-Network
Ambulance[2] Your provider must obtain prior authorization for non-emergency transportation.		$250 copay for ground $250 copay for air	$250 copay for ground $250 copay for air
Routine Transportation		Not covered	
Medicare Part B Drugs	Chemotherapy drugs[2]	20% coinsurance	40% coinsurance
	Other Part B drugs[2]	20% coinsurance	40% coinsurance

Additional Benefits

		In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture	$5 copay for services provided by a primary care physician $35 copay for services provided by a specialist	$25 copay for services provided by a primary care physician $55 copay for services provided by a specialist
Chiropractic Care	Manual manipulation of the spine to correct subluxation	$20 copay	$55 copay
Diabetes Management	Diabetes monitoring supplies[2]	$0 copay for each Medicare-covered blood glucose diabetes monitoring supply. Diabetes monitoring supplies must be purchased from a network durable medical equipment provider.	40% coinsurance
	Diabetes Self-management training	$0 copay	40% coinsurance
	Therapeutic shoes or inserts[2]	20% coinsurance	40% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)[2]	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs)[2]	20% coinsurance	40% coinsurance
Fitness program		$0 copay at a network fitness center $0 copay for an at home fitness kit; available for members living 15 miles or more from a participating fitness center location. There are no out-of-network facilities available for this benefit.	

Additional Benefits

		In-Network	Out-of-Network
Foot Care (podiatry services)	Foot exams and treatment	$35 copay	$55 copay
	Routine foot care	$35 copay; for each visit up to 6 visits every year*	$55 copay; for each visit up to 6 visits every year*
Meal Benefit[2]		$0 copay; Coverage for at home meal benefit. Restrictions apply.	
Home Health Care[2]		$0 copay	50% coinsurance
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit[2]		$35 copay	$55 copay
Opioid Treatment Program Services[2]		$0 copay	$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit[2]	$15 copay	$30 copay
	Outpatient individual therapy visit[2]	$25 copay	$40 copay
Over-the-Counter (OTC) Products Catalog		$125 credit per quarter to use on approved OTC products. Order online, over the phone, or by mail through your Health & Wellness Products Catalog.	
Renal Dialysis[2]		20% coinsurance	20% coinsurance

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the Benefits

- ✔ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✔ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network.

Understanding Important Rules

- ✔ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✔ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.
- ✔ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. A Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal.

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

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-8600 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服 務。請致電 1-800-222-8600 (TTY: 711).

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Esta información esta disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura de este libro.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

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