



A UnitedHealthcare Company

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Peoples Health Choices 65 HMO-POS
H1961-014-001

Peoples Health Medicare Advantage LA-0004 HMO-POS
H1961-020-000

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

Peoples Health Choices PPO
H4544-001

Peoples Health Patriot PPO (MA-Only)
H4544-002

These PPO plans are available statewide.



Peoples Health

Founded in

1994

by medical providers and
physicians in Louisiana

Focused on the needs of
people with

Medicare

Peoples Health Choices 65
enrolled its first members in

1997

and has consistently earned high
ratings from Medicare.

We offer three Medicare plan types:

Health Maintenance Organization (HMO-POS*)

Preferred Provider Organization (PPO)

Dual-Eligible Special Needs Plan (HMO-POS* D-SNP)

* Point-of-service (POS) option allows out-of-network dental services.
Those services may have higher costs.

2024 Choices 65, Medicare Advantage LA-0004, and PPO Plan Highlights



\$0 PCP & Telehealth Visits



Allowance for OTC Health & Wellness Items



\$0 Preventive & Comprehensive Dental*



Allowance for Routine Eyewear



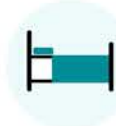
Personal Emergency Response System



\$0 Meals After Hospital Stay



UnitedHealthcare Passport® Program



\$0 Home Health Care



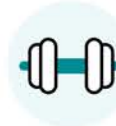
\$0 Vaccinations, including for COVID-19



\$0 Preventive Care Screenings



Hearing Aid Coverage









\$0 Fitness Benefit

*Some comprehensive dental services may have a higher cost.

2024 HMO-POS and PPO Plans Compared

Compare Key Benefits

Choose the plan that fits your needs.

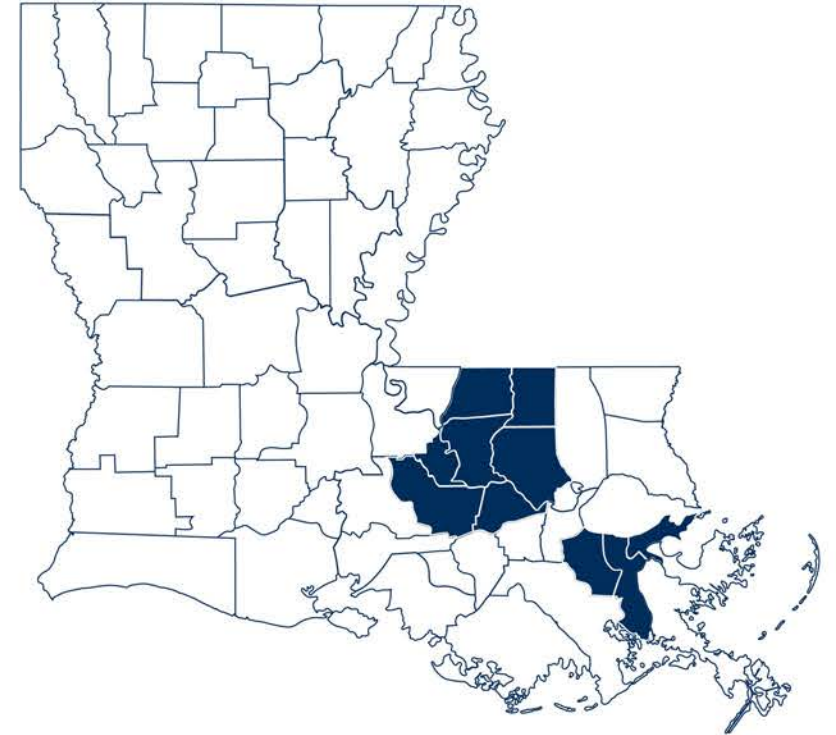
Compare Key Benefits		Medicare Advantage LA-0004 (HMO-POS)	Choices 65 (HMO-POS)	Choices (PPO)	Patriot (PPO)
Choose the plan that fits your needs.					
	Part B Premium Give Back	\$86/Month Back to You	\$35/Month Back to You	No	\$110/Month Back to You
	\$0 Primary Care Visits	Yes	Yes	Yes	Yes
	Out-of-Network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

Peoples Health Medicare Advantage LA-0004 (HMO-POS)

H1961-020-000

This HMO-POS plan is available in Ascension, East Baton Rouge, East Feliciana, Iberville, Jefferson, Livingston, Orleans, St. Charles, St. Helena and West Baton Rouge parishes.

- **\$86 per month Part B Premium Give Back**
We pay part of your Medicare Part B premium, putting money back in your pocket.
- **\$40 per quarter** allowance for over-the-counter health & wellness items
- **Medicare Part D** prescription drug coverage
- **\$0** primary care doctor visits
- **\$0** telehealth visits
- **\$0** 24-hour NurseLine
- **UnitedHealth Passport® program**
Members have access to plan-covered services while traveling outside their plan service area in the United States.



Peoples Health Medicare Advantage LA-0004

H1961-020-000

	In-Network
Monthly Plan Premium	\$0
Part B Premium Give Back (amount paid by Peoples Health)	\$86/month (\$1,032/year)
Maximum Out of Pocket Costs	\$5,900
Doctor Visits & NurseLine	
Primary Care Physician Visit	\$0
Specialist Visit	\$40
Telehealth Visit	\$0
24-Hour NurseLine	\$0
Preventive Care*	
Pap Smears, Pelvic Exams, Mammograms	\$0
Prostate & Colorectal Cancer Screenings	\$0
Bone Mass Measurement	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0
Labs & Tests*	
Lab Services	\$0
Diagnostic Procedures/Tests	\$45
X-rays	\$25
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$225

*Office visit copay may apply.

Peoples Health Medicare Advantage LA-0004 H1961-020-000

	In-Network
Outpatient Surgery	
Surgery (outpatient hospital)	\$250
Surgery (ambulatory surgical center)	\$200
Inpatient Hospital Care per Admission	
Inpatient Deductible	\$0
Inpatient Stay per Day	\$275 days 1-6 \$0 days 7+
Home Health & Skilled Nursing Facility Care	
Home Health Care	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$203 days 21-100
Worldwide Emergency Care, Urgent Care & Emergency Transportation[†]	
Emergency Care	\$120
Urgently Needed Care	\$40
Emergency Ambulance Services (per one-way trip, ground or air)	\$275
Emergency or Urgent Care Outside U.S.	\$0

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

Peoples Health Medicare Advantage LA-0004 H1961-020-000

	In-Network
Outpatient Services & Supplies	
Occupational, Physical or Speech Therapy Visit	\$40 \$0 telehealth
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	20% coinsurance
Diabetes Monitoring Supplies (DME provider or network retail pharmacy)	\$0
Mental Health & Substance Abuse Treatment	
Inpatient Mental Health Care (per day)	\$275 days 1-6 \$0 days 7-90
Outpatient Mental Health Visit	\$15 group
Substance Abuse Treatment Visit	\$25 individual
Mental Health or Substance Abuse Treatment Telehealth Visit	\$0

Peoples Health Medicare Advantage LA-0004 H1961-020-000

Additional Benefits Not Covered by Original Medicare	In-Network
Allowance for Over-the-Counter Health & Wellness Items	\$40 per quarter
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Routine Eye Exam (one per year)	\$0
Eyeglasses (one pair per year) or Contact Lenses	\$150 allowance
Routine Hearing Exam (one per year)	\$0
Hearing Aids (choose from a range of styles and features)	\$99–\$1,249
Dental – Preventive [‡] (oral exams, cleanings and X-rays)	\$0
Dental – Comprehensive/Restorative [‡]	\$0
Dental – Bridges or Dentures [‡]	50% coinsurance
Dental – Coverage Maximum	\$1,000
Respite Care (12 respite care sessions per year, up to 8 hours per session, for members with dementia, including Alzheimer’s disease)	\$0
Fitness Benefit	\$0
Emergency Medical Alert Device	\$0

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

Peoples Health Medicare Advantage LA-0004 H1961-020-000

Part D Prescription Drug Coverage

Part D Deductible

In-Network
\$0
Tier 1 and Tier 2 Generics

Coverage Through the Gap

Drug Tier

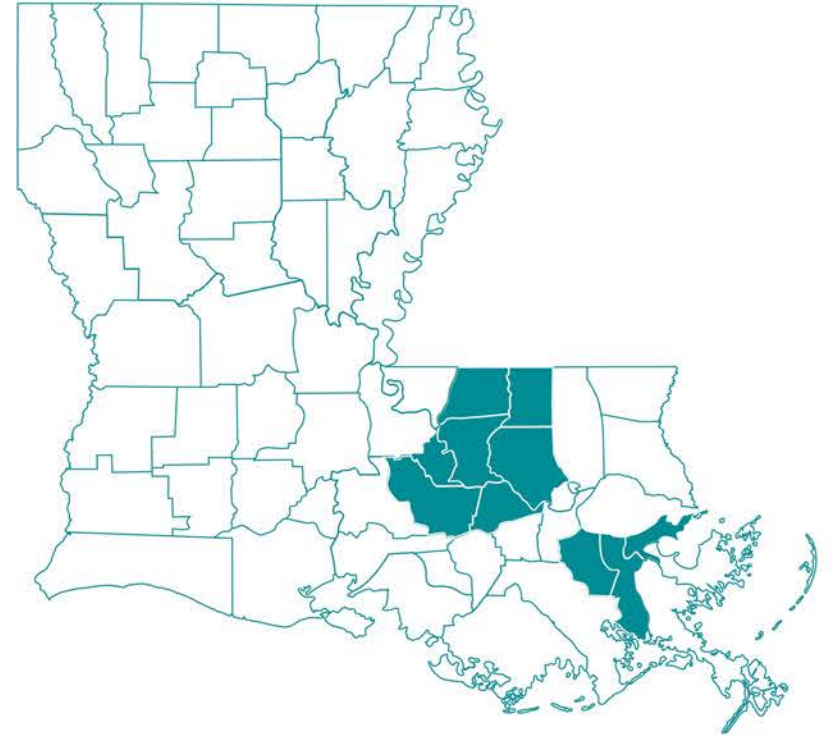
Initial Coverage Stage

	In-Network	
	30-Day Supply	100-Day Supply
Tier 1 (with coverage through the gap)	\$0	\$0
Tier 2 (with coverage through the gap)	\$10	\$0 by preferred mail order
Tier 3	\$45	\$135
Tier 4	\$100	\$300
Tier 5	33% coinsurance	30-day supply only

Peoples Health Choices 65 (HMO-POS) H1961-014-001

This HMO-POS plan is available in Ascension, East Baton Rouge, East Feliciana, Iberville, Jefferson, Livingston, Orleans, St. Charles, St. Helena and West Baton Rouge parishes.

- **BENEFIT INCREASE: \$35 per month Part B Premium Give Back**
We pay part of your Medicare Part B premium, putting money back in your pocket.
- **\$90 per quarter** allowance for over-the-counter health & wellness items
- **Medicare Part D** prescription drug coverage
- **\$0** primary care doctor visits
- **\$0** telehealth visits
- **\$0** 24-hour NurseLine
- **NEW BENEFIT: UnitedHealth Passport® program**
Members can get coverage for plan-covered services while traveling outside their plan service area in the United States.



Peoples Health Choices 65 (HMO-POS) H1961-014-001

	In-Network
Monthly Plan Premium	\$0
Part B Premium Give Back (amount paid by Peoples Health)	\$35/month (\$420/year)
Maximum Out of Pocket Costs	\$3,600
Doctor Visits & NurseLine	
Primary Care Physician Visit	\$0
Specialist Visit	\$20
Telehealth Visit	\$0
24-Hour NurseLine	\$0
Preventive Care*	
Pap Smears, Pelvic Exams, Mammograms	\$0
Prostate & Colorectal Cancer Screenings	\$0
Bone Mass Measurement	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0
Labs & Tests*	
Lab Services	\$0
Diagnostic Procedures/Tests	\$45
X-rays	\$0
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$120

*Office visit copay may apply.

Peoples Health Choices 65 (HMO-POS) H1961-014-001

	In-Network
Outpatient Surgery	
Surgery (outpatient hospital)	\$100
Surgery (ambulatory surgical center)	\$100
Inpatient Hospital Care per Admission	
Inpatient Deductible	\$0
Inpatient Stay per Day	\$60 days 1-10 \$0 days 11+
Home Health & Skilled Nursing Facility Care	
Home Health Care	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$203 days 21-100
Worldwide Emergency Care, Urgent Care & Emergency Transportation†	
Emergency Care	\$135
Urgently Needed Care	\$20
Emergency Ambulance Services (per one-way trip, ground or air)	\$275
Emergency or Urgent Care Outside U.S.	\$0

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

Peoples Health Choices 65 (HMO-POS) H1961-014-001

	In-Network
Outpatient Services & Supplies	
Occupational, Physical or Speech Therapy Visit	\$10 \$0 telehealth
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	20% coinsurance
Diabetes Monitoring Supplies (DME provider or network retail pharmacy)	\$0
Mental Health & Substance Abuse Treatment	
Inpatient Mental Health Care (per day)	\$60 days 1-10 \$0 days 11-90
Outpatient Mental Health Visit	\$20
Substance Abuse Treatment Visit	\$25
Mental Health or Substance Abuse Treatment Telehealth Visit	\$0

Peoples Health Choices 65 (HMO-POS) H1961-014-001

Additional Benefits Not Covered by Original Medicare

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

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

Peoples Health Choices 65 (HMO-POS) H1961-014-001

Part D Prescription Drug Coverage

Part D Deductible

In-Network
\$0

Coverage Through the Gap

Tier 1 and Tier 2 Generics

Drug Tier

Initial Coverage Stage

	In-Network	
	30-Day Supply	100-Day Supply
Tier 1 (with coverage through the gap)	\$0	\$0
Tier 2 (with coverage through the gap)	\$10	\$0 by preferred mail order
Tier 3	\$45	\$135
Tier 4	\$100	\$300
Tier 5	33% coinsurance	30-day supply only

4 Stages of Part D Drug Coverage

January 1

Deductible

- Because our plans don't have a deductible, this payment stage does not apply to you.

Initial Coverage

- You pay a copay or coinsurance. The plan pays the rest.
- You stay in this stage until your total drug costs reach \$5,030.

Coverage Gap (Donut Hole)

- Tier 1 and 2 generics covered at regular copay amounts.
- You pay 25% of the cost of drugs in Tiers 3, 4 or 5.
- You pay \$35 per one-month supply of covered insulin drugs.
- You stay in this stage until your total out-of-pocket costs reach \$8,000.

Catastrophic Coverage

- The plan pays the full cost for your covered Part D drugs.
- You may pay costs for drugs that are covered under our enhanced benefit.
- You stay in this stage for the rest of the plan year.

December 31

Peoples Health Choices (PPO) H4544-001

This PPO plan is available statewide.

- **Out-of-Network Coverage**
Coordinated care and additional savings when using in-network providers
- **\$40 per quarter** allowance for over-the-counter health & wellness items
- **\$0** primary care doctor visits *
- **\$0** telehealth visits *
- **\$0** 24-hour NurseLine*
- **\$0** dental services *
- **\$0** fitness benefit*
- **Medicare Part D** prescription drug coverage

*From network providers



Peoples Health Choices (PPO) H4544-001

Monthly Plan Premium

Part B Premium Give Back (amount paid by Peoples Health)

Medicare Part D Prescription Drug Coverage

Maximum Out of Pocket Costs

Peoples Health Choices (PPO)

In-Network

Out-of-Network

\$0

N/A

Not offered

N/A

Offered

Offered

\$5,900 In-Network; \$9,550 Combined In- and Out-of-Network

Doctor Visits & NurseLine

Primary Care Physician Visit

\$0

\$20

Specialist Visit

\$35

\$55

Medicare-Covered Chiropractic Visit

\$15

\$55

Telehealth Visit

\$0

Costs vary*

24-Hour NurseLine

\$0

\$0†

Preventive Care‡

Pap Smears, Pelvic Exams, Mammograms; Prostate & Colorectal Cancer Screenings; Bone Mass Measurement

\$0

30% coinsurance

Vaccinations (COVID-19, flu, pneumonia, hepatitis B)

\$0

\$0

Labs & Tests‡

Lab Services

\$0

\$0

Diagnostic Procedures/Tests

\$45

30% coinsurance

X-rays

\$12

\$30

Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)

\$215

30% coinsurance

*For primary care physician and specialist telehealth visits; in-office visit costs apply † Through contracted provider ‡ Office visit copay may apply.

Peoples Health Choices (PPO) H4544-001

	Peoples Health Choices (PPO)	
	In-Network	Out-of-Network
Outpatient Surgery		
Surgery (outpatient hospital or ambulatory surgical center)	\$225	30% coinsurance
Inpatient Hospital Care per Admission		
Inpatient Deductible	\$0	\$0
Inpatient Stay per Day	\$225 days 1-7 \$0 days 8+	30% coinsurance per admission
Home Health & Skilled Nursing Facility Care		
Home Health Care	\$0	50% coinsurance
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$203 days 21-100	\$225 days 1-43 \$0 days 44-100
Worldwide Emergency Care, Urgent Care & Emergency Transportation[§]		
Emergency Care	\$120	\$120; \$0 worldwide
Urgently Needed Care	\$40	\$40; \$0 worldwide
Emergency Ambulance Services (per one-way trip, ground or air)	\$290	\$290

[§] Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

Peoples Health Choices (PPO) H4544-001

Outpatient Services & Supplies

Occupational, Physical or Speech Therapy Visit

\$20

\$55

Durable Medical Equipment – DME
(wheelchairs, oxygen, etc.)

20% coinsurance

50% coinsurance

Diabetes Monitoring Supplies (DME provider or retail pharmacy)

\$0

50% coinsurance

Mental Health & Substance Abuse Treatment

Inpatient Mental Health Care (per day)

\$225 days 1-7
\$0 days 8-90

30% coinsurance per admission

Outpatient Mental Health Visit and Substance Abuse Treatment Visit

\$15 group
\$25 individual

\$30 group
\$40 individual

Mental Health or Substance Abuse Treatment Telehealth Visit

\$0

\$30 group
\$40 individual

Peoples Health Choices (PPO) H4544-001

Additional Benefits Not Covered by Original Medicare

Allowance for Over-the-Counter Health & Wellness Items

Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)

Routine Eye Exam (one per year)

Eyeglasses (one pair per year) or Contact Lenses

Routine Hearing Exam (one per year)

Hearing Aids (choose from a range of styles and features)

Dental – Preventive[°] (oral exams, cleanings and X-rays)

Dental – Comprehensive/Restorative[°]

Dental – Bridges or Dentures[°]

Dental – Coverage Maximum

Fitness Benefit

Personal Emergency Response System

Peoples Health Choices (PPO)	
In-Network	Out-of-Network
\$40/quarter (\$160/year)	\$40/quarter (\$160/year)
\$0	\$0
\$0	\$55
Up to \$250	Up to \$250
\$0	\$55
\$99-\$1,249	\$99-\$1,249
\$0	\$0
\$0	\$0
50% coinsurance	50% coinsurance
\$750	\$750
\$0	\$0
\$0	\$0

[°] Out-of-network dental services may have higher member costs.

Peoples Health Choices (PPO) H4544-001

Part D Prescription Drug Coverage

Part D Deductible

Coverage Through the Gap

Choices (PPO)
\$0
Tier 1 and Tier 2 Generics

Drug Tier

Initial Coverage Stage

Tier 1 (with coverage through the gap)

Tier 2 (with coverage through the gap)

Tier 3

Tier 4

Tier 5

Choices (PPO)	
30-Day Supply	100-Day Supply
\$0	\$0
\$10	\$0 by preferred mail order
\$45	\$135
\$100	\$300
33% coinsurance	30-day supply only

Peoples Health Patriot (PPO) H4544-002

This PPO plan is available statewide.

- **Out-of-Network Coverage**

Coordinated care and additional savings when using in-network providers

- **BENEFIT INCREASE: \$110 per month Part B Premium Give Back**

We pay part of your Medicare Part B premium, putting money back in your pocket.

- **\$75 per quarter** allowance for over-the-counter health & wellness items

- **\$0** primary care doctor visits *

- **\$0** telehealth visits *

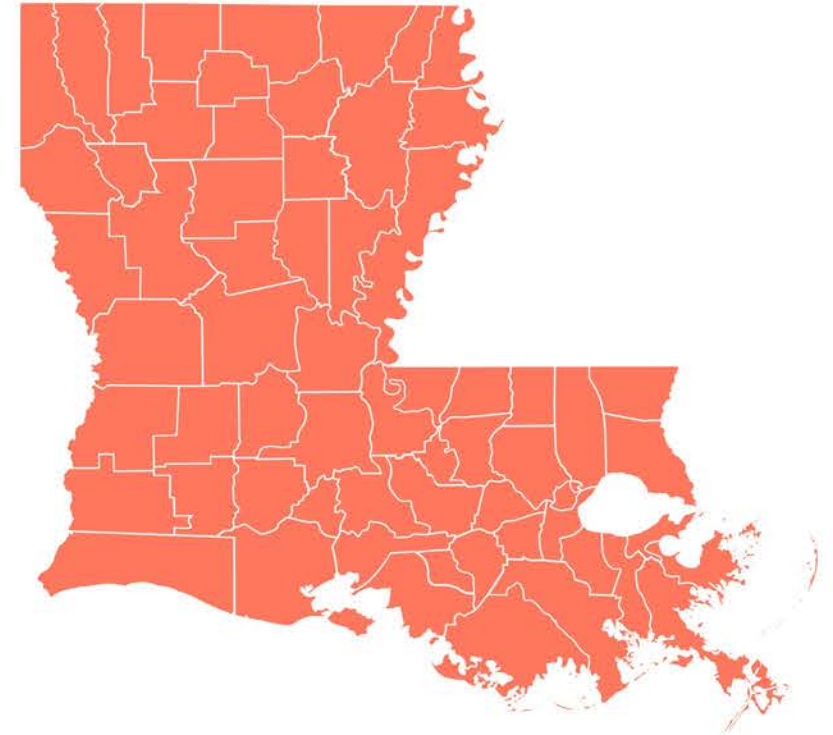
- **\$0** 24-hour NurseLine*

- **\$0** dental services *

- **\$0** fitness benefit*

- **NO Medicare Part D** prescription drug coverage

*From network providers



Peoples Health Patriot (PPO) H4544-002

Monthly Plan Premium

Part B Premium Give Back (amount paid by Peoples Health)

Out-of-Network Coverage

Maximum Out of Pocket Costs

Patriot (PPO) MA-Only

In-Network

Out-of-Network

\$0

N/A

\$110/month

N/A

Yes

Yes

\$5,900 In-Network; \$9,550 Combined In- and Out-of-Network

Doctor Visits & NurseLine

Primary Care Physician Visit

\$0

\$20

Specialist Visit

\$30

\$50

Medicare-Covered Chiropractic Visit

\$15

\$50

Telehealth Visit

\$0

Costs vary*

24-Hour NurseLine

\$0

\$0†

Preventive Care‡

Pap Smears, Pelvic Exams, Mammograms; Prostate & Colorectal Cancer Screenings; Bone Mass Measurement

\$0

30% coinsurance

Vaccinations (COVID-19, flu, pneumonia, hepatitis B)

\$0

\$0

Labs & Tests‡

Lab Services

\$0

\$0

Diagnostic Procedures/Tests

\$20

30% coinsurance

X-rays

\$15

\$20

Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)

\$225

30% coinsurance

*For primary care physician and specialist telehealth visits; in-office visit costs apply † Through contracted provider ‡ Office visit copay may apply.

Peoples Health Patriot (PPO) H4544-002

	Patriot (PPO) MA-Only	
	In-Network	Out-of-Network
Outpatient Surgery		
Surgery (outpatient hospital or ambulatory surgical center)	\$195	30% coinsurance
Inpatient Hospital Care per Admission		
Inpatient Deductible	\$0	\$0
Inpatient Stay per Day	\$195 days 1-6 \$0 days 7+	30% coinsurance per admission
Home Health & Skilled Nursing Facility Care		
Home Health Care	\$0	50% coinsurance
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$203 days 21-100	\$225 days 1-43 \$0 days 44-100
Worldwide Emergency Care, Urgent Care & Emergency Transportation[§]		
Emergency Care	\$120	\$120; \$0 worldwide
Urgently Needed Care	\$40	\$40; \$0 worldwide
Emergency Ambulance Services (per one-way trip, ground or air)	\$275	\$275

[§] Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

Peoples Health Patriot (PPO) H4544-002

Outpatient Services & Supplies

Occupational, Physical or Speech Therapy Visit

\$30

\$50

Durable Medical Equipment – DME
(wheelchairs, oxygen, etc.)

20% coinsurance

50% coinsurance

Diabetes Monitoring Supplies (DME provider or retail pharmacy)

\$0

50% coinsurance

Mental Health & Substance Abuse Treatment

Inpatient Mental Health Care (per day)

\$195 days 1-6
\$0 days 7-90

30% coinsurance per admission

Outpatient Mental Health Visit and Substance Abuse Treatment Visit

\$15 group
\$25 individual

\$30 group
\$40 individual

Mental Health or Substance Abuse Treatment Telehealth Visit

\$0

\$30 group
\$40 individual

Peoples Health Patriot (PPO) H4544-002

Additional Benefits Not Covered by Original Medicare

Allowance for Over-the-Counter Health & Wellness Items

Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)

Routine Eye Exam (one per year)

Eyeglasses (one pair per year) or Contact Lenses

Routine Hearing Exam (one per year)

Hearing Aids (choose from a range of styles and features)

Dental – Preventive[°] (oral exams, cleanings and X-rays)

Dental – Comprehensive/Restorative[°]

Dental – Bridges or Dentures[°]

Dental – Coverage Maximum

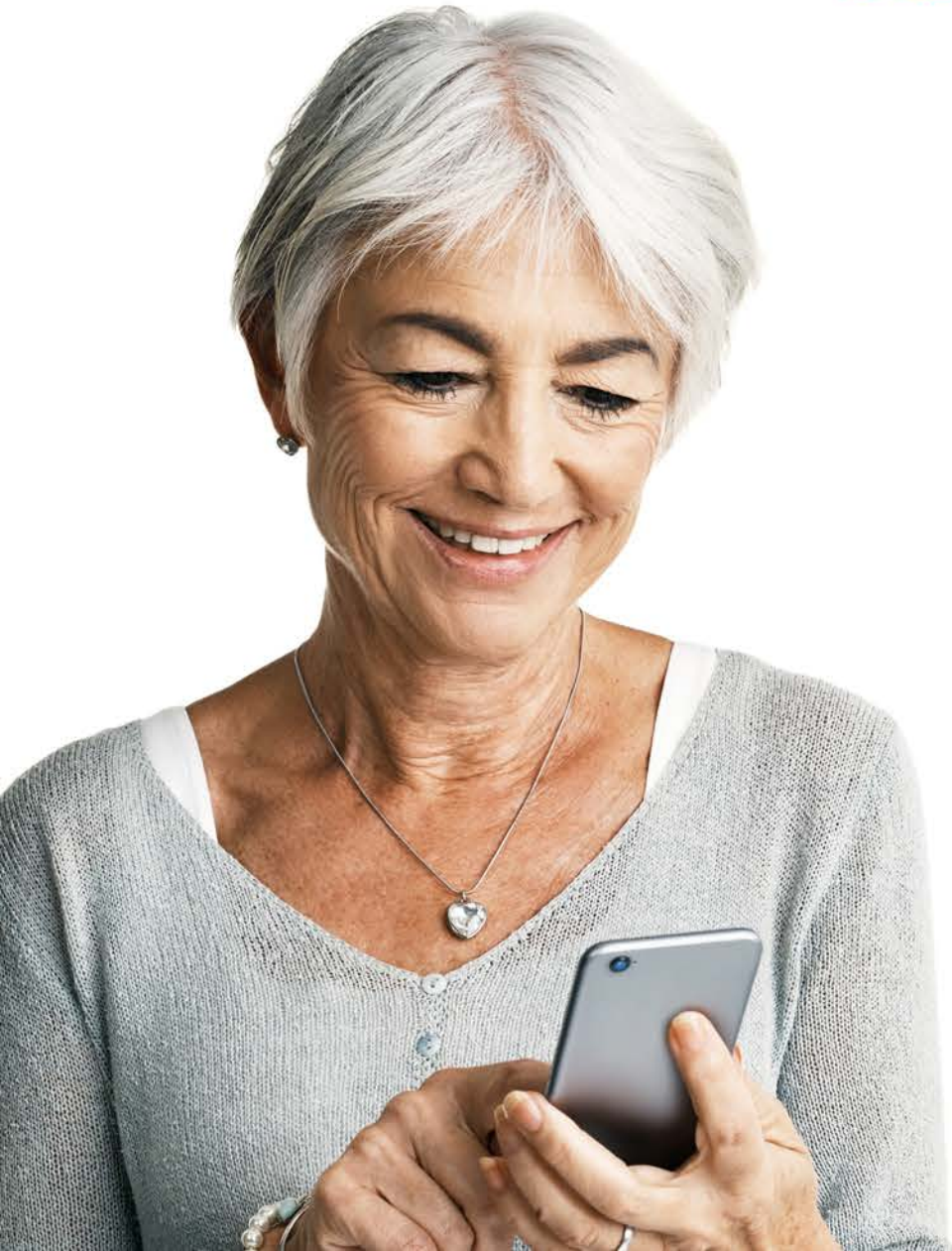
Fitness Benefit

Personal Emergency Response System

Peoples Health Patriot (PPO)		
	In-Network	Out-of-Network
	\$75/quarter (\$300/year)	\$75/quarter (\$300/year)
	\$0	\$0
	\$0	\$50
	Up to \$200	Up to \$200
	\$0	\$50
	\$99-\$1,249	\$99-\$1,249
	\$0	\$0
	\$0	\$0
	50% coinsurance	50% coinsurance
	\$3,000	\$3,000
	\$0	\$0
	\$0	\$0

[°] Out-of-network dental services may have higher member costs.

Online Search Tools



Check for covered drugs, tier levels and requirements, such as quantity limits or step therapy for certain drugs.



Find hospitals, pharmacies, physicians and other health care providers.

When Can I Enroll?



Initial Enrollment Period (IEP)

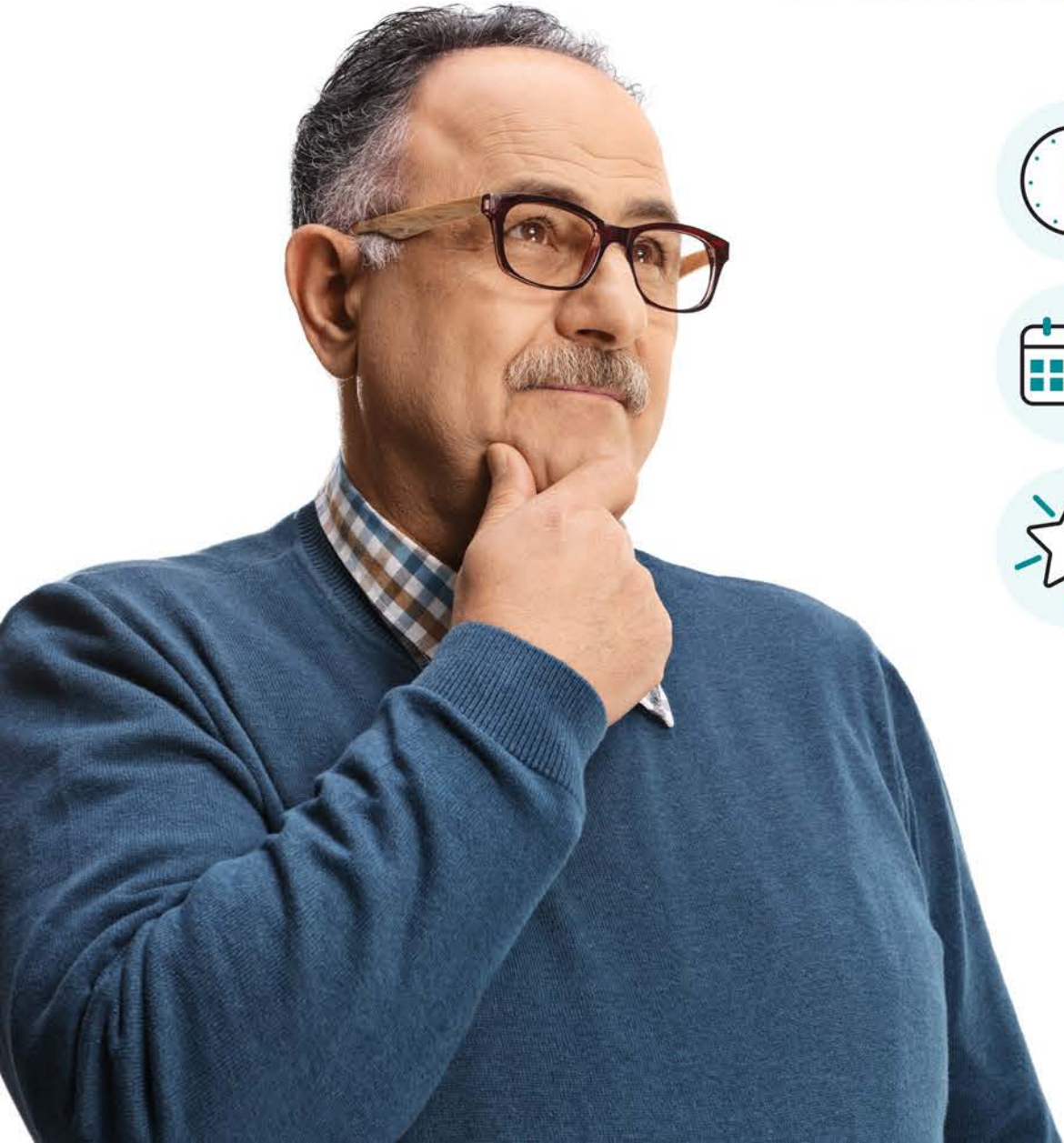


Annual Enrollment Period (AEP)



Special Enrollment Period (SEP)
for people who:

- Have both Medicare and Medicaid
- Receive Medicare's "Extra Help"
- Just moved into the service area
- Lost other coverage, such as employer group coverage



Thank you!

Live your best life with Peoples Health.
We look forward to serving you.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage Plans: A Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal. Out-of-network/noncontracted providers are under no obligation to treat plan 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. This information is not a complete description of benefits. Call 1-800-222-8600 for more information. TTY users may call 711.
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