

The Peoples Health Advantage:

Get more benefits than Original Medicare with Peoples Health Group Medicare (HMO-POS) plan for OGB members.

Extras include:

- vision coverage with \$0 glasses or contacts
- dental coverage with \$0 cleanings
- fitness center membership at no cost to you



Learning more is easy. Just call us.

1-866-912-8304 (TTY: 711)
8 a.m. to 8 p.m.,
Monday through Friday
www.peopleshealth.com/ogb



2021 Benefit Highlights:



Medical deductible



Inpatient hospital deductible at network providers



Prescription drug deductible



\$0 Tier 1 and 2 generic drugs (coverage through the Part D coverage gap on all tiers)



Dental coverage – up to \$2,000 (\$50 deductible for comprehensive dental)



\$0 fitness center membership

PEOPLES HEALTH

A UnitedHealthcare Company

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For more information on Medicare or our plan benefits, call toll-free:

1-866-912-8304 (TTY: 711)

8 a.m. to 8 p.m.

Seven days a week from October 1 through December 7

Monday through Friday from December 8 through September 30

Asistencia disponible en español.

Three Lakeway Center | 3838 N. Causeway Blvd., Suite 2500 | Metairie, LA 70002

www.peopleshealth.com



Connect with us.

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 with Medicare. Every year, Medicare evaluates plans based on a 5-star rating system. Peoples Health is rated 4.5 out of 5 stars for 2018, 2019, 2020 and 2021. Ratings are for Peoples Health contract number H1961. The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-8600 (TTY: 711). ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-222-8600 (ATS: 711).

PEOPLES HEALTH

A UnitedHealthcare Company

2022 Health Plan Overview



Peoples Health Group Medicare HMO-POS

AVAILABLE STATEWIDE



Picture Yourself with Peoples Health.

At Peoples Health, we focus on one thing: helping people with Medicare. And we've been doing just that for OGB retirees since 2008. Since then, more OGB retirees have chosen Peoples Health than any other OGB Medicare Advantage plan.

Here are a few of the questions that we get from OGB members considering this plan.

? What is Medicare Advantage?
It's a health plan approved and regulated by Medicare to administer Medicare benefits. Peoples Health Medicare Advantage plans provide more benefits than Original Medicare.

? Who can join the Peoples Health OGB Plan?
It is available to OGB retirees and their spouses who are enrolled in Medicare Parts A and B.

? If I join Peoples Health, do I leave the OGB?
No, OGB-covered retirees can choose a Peoples Health Medicare Advantage plan without leaving the OGB. You remain an OGB member and retain all the rights, protections and options you've earned as an OGB member.

? How do I choose Peoples Health?
Simply complete an enrollment request form and mail it to OGB's Eligibility Department, P.O. Box 66678, Baton Rouge, LA 70896. Or fax a completed enrollment request form to OGB at 1-225-925-6333.



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Peoples Health is the only Medicare Advantage plan to earn Medicare's highest star rating in the state, 4 years running: 2018, 2019, 2020 and 2021.

★★★★★ 4.5 out of 5 stars

Peoples Health Group Medicare HMO-POS

A Medicare Advantage Prescription Drug plan exclusively for Louisiana Office of Group Benefits retirees. This plan features the coordinated, in-network care for which Peoples Health is known. It also offers out-of-network coverage.



	Group Medicare	
	In-network	Out-of-network
Out-of-Pocket Maximum	\$2,500	Does not apply
Doctor Visits & NurseLine		
Primary Care Physician Visit	\$0	20% coinsurance
Specialist Visit	\$10	
Virtual Medical Visit or 24-Hour NurseLine	\$0	Available through contracted provider
Preventive Care⁺		
Pap Smears, Pelvic Exams, Mammograms	\$0	20% coinsurance
Prostate & Colorectal Cancer Screenings	\$0	
Bone Mass Measurement	\$0	
Vaccinations (COVID-19, flu, pneumonia)	\$0	\$0
Labs & Tests⁺		
Lab Services, Diagnostic Tests, X-rays and Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0	20% coinsurance
Outpatient Surgery		
Surgery (outpatient hospital or ambulatory surgical center)	\$0	20% coinsurance
Inpatient Hospital Care per admission		
Inpatient Deductible	\$0	Same as Medicare
Inpatient Stay per day, for days 1-10	\$50	
Inpatient Stay for days 11 and beyond	\$0	
Worldwide Emergency and Urgent Care[°]		
Emergency Care (worldwide)	\$50	\$50
Urgent Care (inside the U.S.)	\$5	\$5
Urgent Care (outside the U.S.)		\$50
Emergency Transportation (per one-way trip)		
Emergency Ambulance Services (ground or air)	\$50	\$50
Home Health & Skilled Nursing Facility Care		
Home Health	\$0	20% coinsurance
Skilled Nursing Facility Care (semi private room and board, days 1-20)	\$0	\$0
Skilled Nursing Facility Care (semi private room and board, per each additional day of the benefit period)	\$25 per day	\$25 per day

⁺Office visit copay may apply.
[°]Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

	Group Medicare	
	In-network	Out-of-network
Outpatient Services & Supplies		
Occupational, Physical or Speech Therapy Visit	\$0	20% coinsurance
Durable Medical Equipment - DME (wheelchairs, oxygen, etc.)	5% coinsurance	
Diabetes Monitoring Supplies (test strips, monitor, etc. from a DME provider)	\$0	
Mental Health & Substance Abuse Treatment		
Inpatient Mental Health per day, for days 1-5	\$25	Same as Medicare
Inpatient Mental Health per day, for days 6-90	\$0	
Outpatient Mental Health or Substance Abuse Visit	\$0	20% coinsurance
Virtual Mental Health Visit	\$0	Available through contracted provider

Out-of-network/non-contracted providers are under no obligation to treat Peoples Health 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. Contact the plan for more information.

Additional In-Network Benefits not Covered by Original Medicare	
Meals After Inpatient Hospital Stay (2 meals per day, for up to 5 days)	\$0
Respite Care Services (up to 12 four-hour sessions per year)	\$0
Routine Eye Exam	\$15
Eyeglasses or Contact Lenses (one pair per year)	\$0
Dental - Preventive (1 set of X-rays and 2 exams and cleanings per year)	\$0
Dental - Comprehensive (fillings, dentures, etc.)	Copays vary \$50 deductible applies
Dental - Coverage Maximum	\$2,000
Fitness Center Membership	\$0

Medicare Part D Prescription Drugs	Network Pharmacies	
Initial Coverage Period	30-Day Supply	90-Day Supply (from pharmacies with preferred cost-sharing)
Tier 1 (with coverage through the gap)	\$0	\$0
Tier 2 (with coverage through the gap)	\$0	\$0
Tier 3 (with coverage through the gap)	\$20	\$40
Tier 4 (with coverage through the gap)	\$40	\$80
Tier 5 (with coverage through the gap)	20% coinsurance	30-day supply only