

## **Peoples Health Complete Care LA-5** HMO-POS C-SNP

H1961-022-000

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

## **Peoples Health Complete Care LA-6** HMO-POS C-SNP

H1961-023-000

This plan is available in Acadia, Allen, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, DeSoto, East Carroll, Evangeline, Franklin, Grant, Iberia, Jackson, Jefferson Davis, Lafayette, LaSalle, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Rapides, Red River, Richland, Sabine, St. Landry, St. Martin, St. Tammany, Tangipahoa, Tensas, Union, Vermilion, Vernon, Washington, Webster, West Carroll and Winn parishes.

## **Peoples Health Complete Care LA-7** HMO-POS C-SNP

H1961-025-000

This plan is available in Assumption, Lafourche, Plaquemines, Pointe Coupee, St. Bernard, St. James, St. John the Baptist, St. Mary, Terrebonne and West Feliciana parishes.

# 2026

# Live your best life with Peoples Health.

Peoples Health is the choice of more than 150,000 people with Medicare in Louisiana. Founded in 1994 by medical providers and physicians, we focus on one thing: helping people with Medicare enjoy the best health possible.

Peoples Health has a long history of caring, compassionate, one-on-one service for our plan members. That commitment remains.

## Peoples Health plan types

**Peoples Health HMO-POS\* C-SNPs** (Chronic Condition Special Needs Plans) are designed for people with diabetes, chronic heart failure or a cardiovascular disorder, and include benefits and services tailored to support these conditions.

### The following plan types are covered in separate booklets:

**Peoples Health HMO-POS\*** (Health Maintenance Organization) plans feature coordinated care through our extensive network of providers. Most of these plans include Part D drug coverage.

**Peoples Health HMO-POS\* D-SNPs** (Health Maintenance Organization Dual-Eligible Special Needs Plans) are available to people who have both Medicare and Medicaid. If you have both Medicare and medical assistance from the state, you may be eligible for one of these plans.

**Peoples Health PPO** (Preferred Provider Organization) plans let you choose in- or out-of-network providers. In most cases, you'll have lower out-of-pocket costs for services received in-network. We offer two PPO options, one with Part D drug coverage and one without.

\*Point-of-service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members. Dental coverage maximums vary by plan.

# Peoples Health + UnitedHealthcare



Since joining the UnitedHealthcare family, we've been able to expand many benefits and services. Members of the Peoples Health plans described in this booklet can enjoy:



**UCard**—Get simplified access to care and benefits through your member ID card. Most Peoples Health plans offer an allowance for purchasing over-the-counter items. The allowance is loaded onto your member ID card, called a UCard. You can use your UCard to purchase covered items in-store. Your UCard also lets you access your fitness benefit. No need to carry a separate fitness center membership card.



**UnitedHealth Passport® program**—Peoples Health has always offered worldwide emergency and urgent care coverage. Through the Passport program, you can also access plan-covered services while traveling outside your plan service area in the United States. The Passport program lets you access covered services at in-network costs from participating providers in the Passport service area.

Still, the best part is this: As a Peoples Health plan member, you enjoy the quality that comes from people who really care. Peoples Health is a company born and raised in Louisiana, and our members have been our neighbors, our friends and our family. It's simple. We want you to enjoy the best health possible.

## Chronic Condition Special Needs Plans

**If you have diabetes, chronic heart failure or a cardiovascular disorder, ask about our C-SNPs.**

These plans offer a monthly allowance for healthy food and health & wellness items and may include lower copays than some of our other plans for specialist visits and certain prescription drugs.

**This type of plan could be a good fit if you:**



Have diabetes, chronic heart failure or a cardiovascular disorder



Regularly see a specialist in our network to manage one of these conditions



Could use a monthly allowance for healthy foods and OTC items



Do not have Medicaid or medical assistance from the state

■ **Peoples Health Complete Care LA-5** HMO-POS C-SNP

■ **Peoples Health Complete Care LA-6** HMO-POS C-SNP

■ **Peoples Health Complete Care LA-7** HMO-POS C-SNP

	Complete Care LA-5	Complete Care LA-6	Complete Care LA-7
Monthly Plan Premium	\$0	\$0	\$0
Maximum Out-of-Pocket Costs	\$3,900	\$6,700	\$5,900
<b>Doctor Visits</b>			
Primary Care Provider Visit	\$0	\$0	\$0
Specialist Visit*	\$20	\$35	\$30
Telehealth Visit	\$0	\$0	\$0
<b>Preventive Care†</b>			
Pap Smears, Pelvic Exams, Mammograms	\$0	\$0	\$0
Prostate & Colorectal Cancer Screenings	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0	\$0	\$0
<b>Labs &amp; Tests‡</b>			
Lab Services	\$0	\$0	\$0
Diagnostic Procedures/Tests	\$50	\$50	\$50
X-rays	\$25	\$25	\$20
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0-\$260	\$0-\$260	\$0-\$260
<b>Outpatient Surgery</b>			
Surgery (outpatient hospital)	\$0-\$125	\$0-\$275	\$0-\$195
Surgery (ambulatory surgical center)	\$0-\$125	\$0-\$275	\$0-\$195
<b>Inpatient Hospital Care per Admission</b>			
Inpatient Deductible	\$0	\$0	\$0
Inpatient Stay per Day	\$95 days 1-10 \$0 days 11+	\$275 days 1-10 \$0 days 11+	\$195 days 1-10 \$0 days 11+
<b>Emergency Care, Urgent Care and Emergency Transportation‡</b>			
Emergency Care	\$150	\$130	\$130
Urgently Needed Care	\$65	\$50	\$50
Emergency Ambulance Services (per one-way trip, ground or air)	\$275	\$275	\$275
Emergency or Urgent Care Outside U.S.	\$0	\$0	\$0
<b>Mental Health &amp; Substance Abuse Treatment</b>			
Inpatient Mental Health Care (per day)	\$95 days 1-10 \$0 days 11-90	\$275 days 1-9 \$0 days 10-90	\$195 days 1-10 \$0 days 11-90
Outpatient Mental Health Visit	\$15 group	\$15 group	\$15 group
Substance Abuse Treatment Visit	\$25 individual	\$25 individual	\$25 individual

\*Some network services—including specialist visits, physical therapy, speech therapy and occupational therapy—require a referral from your primary care provider (PCP) to be covered. The PCP you choose can impact which specialists and hospitals you'll be able to see.

†Office visit copay may apply.

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



Home Health & Skilled Nursing Facility Care			
Home Health Care	\$0	\$0	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$218 days 21-100	\$0 days 1-20 \$218 days 21-100	\$0 days 1-20 \$218 days 21-100
Outpatient Services & Supplies			
Occupational, Physical or Speech Therapy Visit*	\$20	\$35	\$30
Durable Medical Equipment - DME (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies (DME provider or network retail pharmacy)	\$0	\$0	\$0
Additional Benefits Not Covered by Medicare			
Allowance for Food and Over-the-Counter Health & Wellness Items	\$95/month	\$45/month	\$100/month
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0	\$0	\$0
Routine Eye Exam (one per year)	\$0	\$0	\$0
Eyeglass Lenses (every two years)	\$0-\$153	\$0-\$153	\$0-\$153
Frames or Contact Lenses (every two years)	\$200 allowance	\$300 allowance	\$200 allowance
Routine Hearing Exam (one per year)	\$0	\$0	\$0
Hearing Aids (up to two per year; includes OTC and prescription hearing aids; cost listed is per hearing aid)	Prescription: \$199-\$1,249	Prescription: \$199-\$1,249	Prescription: \$199-\$1,249
	OTC: \$199-\$829	OTC: \$199-\$829	OTC: \$199-\$829
Dental - Preventive <sup>s</sup> (oral exams, cleanings and X-rays)	\$0	\$0	\$0
Dental - Comprehensive/Restorative <sup>s</sup>	50% coinsurance	50% coinsurance	50% coinsurance
Platinum Dental Rider for Comprehensive Services	N/A	\$44/month	\$44/month
Dental - Coverage Maximum	\$4,000	\$1,500	\$1,500
Respite Care (12 sessions per year for members with dementia, including Alzheimer's disease)	\$0	\$0	\$0
Fitness Benefit	\$0	\$0	\$0

### Part D Prescription Drug Coverage

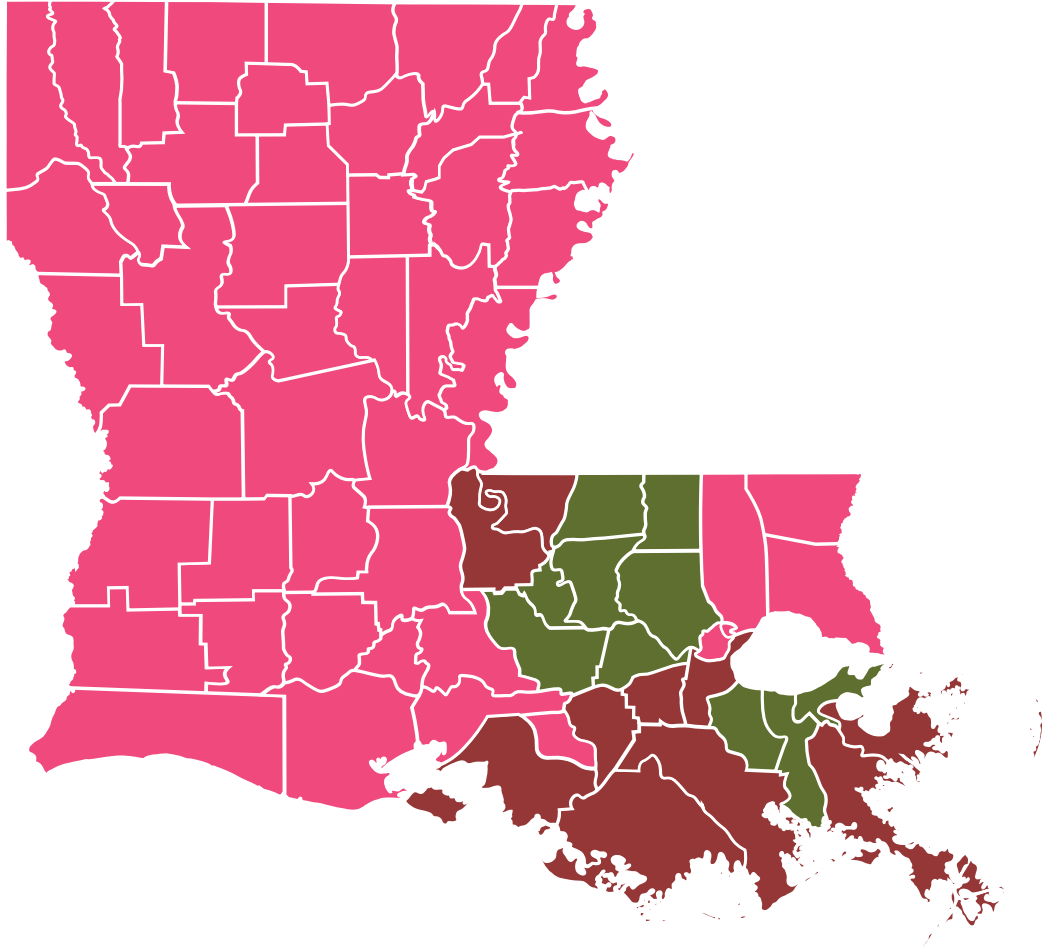
	Complete Care LA-5		Complete Care LA-6		Complete Care LA-7	
Deductible Stage	\$355 deductible for tiers 3-5		\$355 deductible for tiers 3-5		\$270 deductible for tiers 3-5	
Initial Coverage Stage	30-Day Supply	100-Day Supply	30-Day Supply	100-Day Supply	30-Day Supply	100-Day Supply
Tier 1	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2	\$5	\$0 preferred mail order	\$10	\$0 preferred mail order	\$5	\$0 preferred mail order
Tier 3	23% coinsurance	23% coinsurance	21% coinsurance	21% coinsurance	24% coinsurance	24% coinsurance
Tier 4	46% coinsurance	30-day supply only	46% coinsurance	30-day supply only	44% coinsurance	30-day supply only
Tier 5	29% coinsurance	30-day supply only	29% coinsurance	30-day supply only	30% coinsurance	30-day supply only

If you have a limited income, you may be eligible for Medicare's Extra Help program. It could lower your costs for prescription drugs. Ask us about eligibility.

\*Some network services—including specialist visits, physical therapy, speech therapy and occupational therapy—require a referral from your primary care provider (PCP) to be covered. The PCP you choose can impact which specialists and hospitals you'll be able to see.

<sup>s</sup>Out-of-network dental services may have higher member costs.

# C-SNP Availability



**Peoples Health Complete Care LA-5** (HMO-POS C-SNP)

**Peoples Health Complete Care LA-6** (HMO-POS C-SNP)

**Peoples Health Complete Care LA-7** (HMO-POS C-SNP)

# 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?

If you have diabetes, chronic heart failure or a cardiovascular disorder, you have a special enrollment period that lets you enroll in a Peoples Health chronic condition special needs plan.

You may also join a Medicare Advantage plan, like a Peoples Health chronic condition special needs plan, during:



**Medicare's Annual Enrollment Period (AEP):** From Oct. 15 through Dec. 7, you can change the way you get your Medicare benefits. Coverage changes made during this time go into effect Jan. 1.

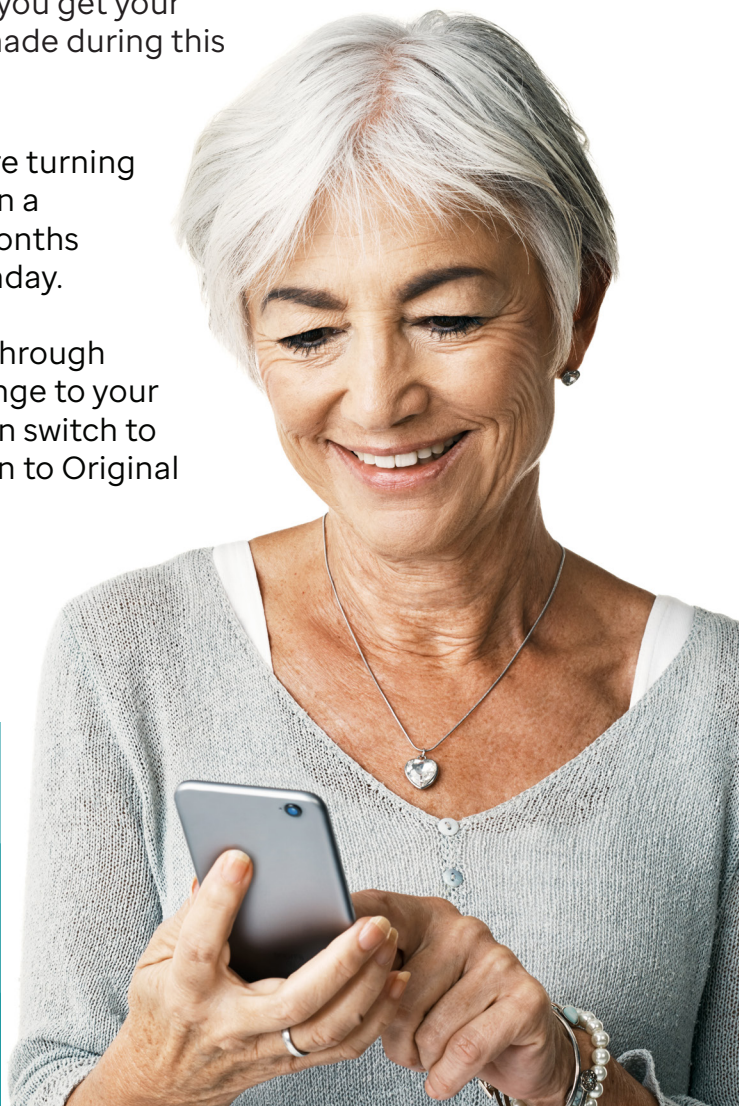


**Initial Enrollment Period (IEP):** If you are turning 65 and new to Medicare, you can enroll in a Medicare Advantage plan up to three months before and after the month of your birthday.



**Other Enrollment Periods:** From Jan. 1 through March 31, you can make a one-time change to your Medicare coverage. For example, you can switch to a new Medicare Advantage plan or return to Original Medicare.

There are a number of exceptions to the standard Medicare enrollment periods. Call the number on the back of this booklet to learn more.





A UnitedHealthcare Company

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

**1-877-897-3389** (TTY: 711)

Daily: 7 a.m. to 10 p.m.

Asistencia disponible en español.

**Peoples Health Medicare Center | 3017 Veterans Memorial Blvd. | Metairie, LA 70002**  
**peopleshealth.com**

Open Monday to Friday, 8 a.m. to 4 p.m.



Connect with us.



Scan the QR code to learn more.

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. For Dual Special Needs Plans: A Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. Out-of-network/noncontracted 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. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. OTC and food benefits have expiration timeframes. Review your Evidence of Coverage for more information. The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. This information is not intended to imply the recipient has a specific condition or disease nor requires a particular medical test or procedure. You must be a member of a plan that offers the UnitedHealth Passport® program in order to participate. Please check your Evidence of Coverage or look for UnitedHealth Passport on your UnitedHealthcare UCard® to ensure your plan has Passport. All copayments or coinsurance, the annual out-of-pocket maximum and any benefit limits that apply to your coverage under your plan's Evidence of Coverage also apply to covered services received under UnitedHealth Passport®. The provider network may change at any time. You will receive notice when necessary. Y0066\_26PHAEPQG\_CCLA5\_CCLA6\_CCLA7\_M 9/25