



Plan ID card:



**Peoples Health**  
Secure Complete (HMO-POS D-SNP)  
A UnitedHealthcare Company With UnitedHealthcare Dental

John H Smith  
RxID/Policy # G000000000  
Plan (80840)  
PCP Name  
Mary Bird Perkins

In Network: PCP: \$0 Spec: \$0  
ER: \$0 Urgent: \$0



Medicare  
Prescription Drug Coverage  
RxBin 610097  
RxPCN 9999  
RxGroup MPDPHP

H1961-019-000

**For Members:**  
Member Website: mypeopleshealth.com  
Member Services: 1-800-222-8600 (TTY: 711)  
NurseLine: 1-877-365-7949 (TTY: 711)  
Behavioral Health: 1-877-566-7913 (TTY: 711)



**For Providers:**  
Provider Portal: peopleshealth.com/providerportal  
Medical Providers Direct Questions To: 1-866-553-5705  
Pharmacists Direct Questions To: 1-877-889-6510  
Medical Electronic Claim: Change Healthcare Payer ID: 72126  
Medical Claim Address: P.O. Box 981645, El Paso, TX 79998-1645  
Issue Date: MM/DD/YYYY

Note: Peoples Health members will have an ID card with a contract number at the bottom right, and RxBin number 610097, RxPCN 9999 and RxGroup MPDPHP. The card shows select 2023 cost-sharing on the front and includes important phone numbers on the back.

**IMPORTANT NOTICE**

Always verify eligibility prior to rendering services.

Patients in this plan are dually eligible for both Medicare and Medicaid and have Louisiana Medicaid as a secondary payer. For services billable to Medicaid, review claims remittance advice for claims adjustment code QM, indicating that cost-sharing is not billable to the patient. Providers may not attempt to collect reimbursement from D-SNP patients whose Medicaid benefits cover all Medicare cost-sharing components. These patients are not responsible for Medicare cost-sharing. Collect the patient's Medicaid information to bill Medicaid.

Peoples Health Secure Complete (HMO-POS D-SNP)	2023 In-Network Benefits	
Benefit Description	Cost-Sharing Amounts*	Portion Billable to Medicaid as Secondary*
Out-of-Pocket Maximum	\$8,300 for Medicare-covered benefits	N/A
<b>INPATIENT CARE</b>		
Inpatient Hospital Care	\$0 or \$1,556 each stay	Up to \$1,556 each stay
Inpatient Mental Health Care	\$0 or \$1,556 each stay	Up to \$1,556 each stay
Skilled Nursing Facility Care	\$0 (1-20 days) \$0 or Medicare-defined costs (21-100 days) 100-day max per benefit period	Original Medicare cost-sharing amounts
Home Health Care	\$0	N/A
Meals After Inpatient Hospital Stay	\$0 for 28 meals over 14 days; meals not covered following discharge from inpatient mental health stay, SNF stay or observation stay	N/A
<b>AMBULANCE AND TRANSPORTATION SERVICES</b>		
Ambulance Services†	\$0 or 20% coinsurance each way	20% coinsurance
Nonemergency Transportation	\$0 for unlimited one-way trips per year; trips limited to within 40 miles of patient's home	N/A
<b>OUTPATIENT CARE</b>		
PCP Office Visit†	\$0 or 20% coinsurance	20% coinsurance
Specialist Office Visit†	\$0 or 20% coinsurance	20% coinsurance
Podiatry Services†	\$0 or 20% coinsurance	20% coinsurance
Routine Foot Care†	\$0; up to 6 visits per year	N/A
Chiropractic Services†	\$0 or 20% coinsurance	20% coinsurance
Acupuncture for Chronic Low Back Pain	\$0 or 20% coinsurance	20% coinsurance
X-rays, Diagnostic Procedures and Tests, and Echocardiography†	\$0 or 20% coinsurance	N/A for Medicare-covered diagnostic mammograms 20% on all other diagnostic services
Advanced Imaging (MRI, MRA, CT, CTA and PET scans)†	\$0 or 20% coinsurance	20% coinsurance
Therapeutic Radiological Services (radiation therapy)†	\$0 or 20% coinsurance	20% coinsurance
Lab Services†	\$0	N/A
Outpatient Mental Health Care†	\$0 or 20% coinsurance; services must be arranged by a network behavioral health provider	20% coinsurance
Outpatient Substance Abuse Services†	\$0 or 20% coinsurance; services must be arranged by a network behavioral health provider	20% coinsurance
Partial Hospitalization†	\$0 or \$55; services must be arranged by a network behavioral health provider	\$55
Outpatient Rehabilitation Services (occupational, physical and speech therapy)†	\$0 or 20% coinsurance	20% coinsurance
Cardiac and Pulmonary Rehabilitation Services†	\$0 or 20% coinsurance	20% coinsurance
Outpatient Hospital Services†	\$0 or 20% coinsurance	N/A for Medicare-covered diagnostic colonoscopies 20% coinsurance for other outpatient services
Outpatient Surgery†	\$0 or 20% coinsurance	20% coinsurance
Durable Medical Equipment†	\$0 or 20% coinsurance	20% coinsurance
Prosthetic Devices (including replacements and repairs)†	\$0 or 20% coinsurance	20% coinsurance
Medical Supplies†	\$0 or 20% coinsurance	20% coinsurance
Diabetes Supplies and Services†	\$0 or 20% coinsurance for Medicare-covered therapeutic shoes \$0 for diabetes monitoring supplies, continuous glucose monitors and related supplies Approved brands of diabetes monitoring supplies covered at a retail pharmacy	20% coinsurance for therapeutic shoes N/A for all other diabetes supplies
Dialysis Services†	\$0 or 20% coinsurance	20% coinsurance
<b>EMERGENCY AND URGENTLY NEEDED CARE</b>		
Emergency Care (copay waived if admitted to an inpatient stay within 24 hours for the same condition)	\$0 or \$90 within the U.S.; \$0 outside the U.S. or its territories	\$90
Urgently Needed Care	\$0 or \$40 within the U.S.; \$0 outside the U.S. or its territories	\$40
<b>ADDITIONAL BENEFITS</b>		
Dental Services	\$0 for preventive and comprehensive dental services \$0 for Medicare-covered comprehensive dental services† \$3,500 max benefit amount	N/A
Vision Services	\$0 for Medicare-covered exams and services to diagnose/treat diseases and conditions of the eye† \$0 for one routine eye exam per year	N/A

	\$500 allowance for eyeglass frames and lenses or contact lenses	
Hearing Services	\$0 or 20% coinsurance for Medicare-covered diagnostic hearing exams * \$0 for one routine hearing exam per year \$3,600 allowance for up to two hearing aids per year	20% coinsurance for Medicare-covered diagnostic hearing exam N/A for other hearing exams and hearing aids
Fitness Benefit	\$0	N/A
Healthy Food, Over-the-Counter Items and Utility Bill Benefit	\$230 monthly allowance for healthy food, over-the-counter health and wellness items, and utility bill payments	N/A
Respite Care	\$0 for up to 12, eight-hour sessions per year for members diagnosed with Alzheimer's disease, including dementia; sessions may be scheduled Monday through Friday from 8 a.m. to 5 p.m.	N/A
Opioid Treatment <sup>†</sup>	\$0 for Medicare-covered opioid treatment program services	N/A
Virtual Visits	\$0 for primary care, urgently needed care, specialist care and other types of care through a network provider offering virtual visits; see <i>Evidence of Coverage</i> for complete details	N/A
Virtual Mental Health Visits	\$0 through network provider, Optum Behavioral Health	N/A
NurseLine (1-877-365-7949)	\$0	N/A
Personal Emergency Response System	\$0	N/A
<b>PHARMACY COVERAGE (PART B)</b>		
Part B Rx <sup>†</sup>	\$0 for Part B allergy antigens \$0 or 20% coinsurance for all other Part B drugs	N/A for Part B allergy antigens 20% coinsurance for all other Part B drugs
Chemotherapy Drugs <sup>†</sup>	\$0 or 20% coinsurance	20% coinsurance
Home Infusion Therapy	Cost-sharing for primary care physician visit, specialist visit or home health, depending on where services are received	Cost-sharing for primary care physician visit, specialist visit or home health, depending on where services are received
<b>PHARMACY COVERAGE (PART D)</b>		
Generic Drugs; 30-day or 100-day supply (some covered drugs limited to a 30-day supply)	\$0	N/A
Brand Drugs; 30-day or 100-day supply (some covered drugs limited to a 30-day supply)	\$0	N/A
Note: Patient also pays the office visit copay for diagnostic services (labs, X-rays, etc.) received at physician's office.		
Some services require prior authorization. Authorization is not a guarantee of payment, as services must be medically necessary. Use the <a href="#">Peoples Health Authorization Requirements Search</a> to identify authorization requirements for procedure codes by place of service.		
*Cost-sharing varies depending on level of Louisiana Medicaid coverage. Per CMS guidelines, Medicare providers may not collect coinsurance or copayments from QMBs and may not refuse to serve dual-eligible patients who receive assistance from a state Medicaid program. If the patient has cost-sharing coverage, you may not charge or bill the patient for the service. Patients with a Medicaid status of SLMB Only, QI, or QDWI may be responsible for these amounts and plan deductibles.		
<sup>†</sup> There is a \$233 plan-level deductible that applies to these services.		