

# Summary of Benefits 2020



## Overview of your plan

Peoples Health Secure Choice #011 (HMO D-SNP)

H1961-011-000

Look inside to take advantage of the health services and drug coverages the plan provides. Call Member Services or go online for more information about the plan.



Toll-free **1-800-978-6598**, TTY **711**

October 1 - December 7: 8 a.m. to 8 p.m. local time, 7 days a week; December 8 -  
September 30: 8 a.m. to 8 p.m. local time, Monday - Friday



**[www.peopleshealth.com](http://www.peopleshealth.com)**

**PEOPLES HEALTH**

Your **Medicare Health** Team

# Summary of Benefits

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## January 1st, 2020 - December 31st, 2020

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](http://www.peopleshealth.com) or you can call Member Services 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 Secure Choice #011 (HMO D-SNP) is a Medicare Advantage HMO 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.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

You can enroll in this plan if you are in one of these Medicaid categories:

- Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts. You pay nothing, except for Part D prescription drug copays.
- Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts only. You pay nothing, except for Part D prescription drug copays.
- Qualified Disabled and Working Individual (QDWI):** Medicaid pays your Part A premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- Qualifying Individual (QI):** Medicaid pays your part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. You pay the cost share amounts listed in the chart below. There may be some services that do not have a member cost share amount.
- Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in

paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Part B premium only. The State Medicaid Office does not pay your cost-share. You do not have full Medicaid benefits. There may be some services that do not have a member cost share amount.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes these parishes in:

**Louisiana:** Allen, Avoyelles, Beauregard, Bienville, Caldwell, Catahoula, Claiborne, Concordia, De Soto, East Carroll, Franklin, Grant, Jackson, Jefferson Davis, LaSalle, Lincoln, Madison, Morehouse, Natchitoches, Rapides, Red River, Richland, Sabine, Tensas, Union, Vernon, Webster, West Carroll, Winn.

### **Use network providers and pharmacies.**

Peoples Health Secure Choice #011 (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to [www.peopleshealth.com](http://www.peopleshealth.com) to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

## Peoples Health Secure Choice #011 (HMO D-SNP)

Premiums and Benefits	In-Network
<b>Monthly Plan Premium</b>	\$27.30
<b>Annual Medical Deductible</b>	\$100 annually for covered services you receive from in-network providers.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	<p>\$6,700 annually for Medicare-covered services you receive from in-network providers.</p> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>

# Peoples Health Secure Choice #011 (HMO D-SNP)

Benefits		In-Network
<b>Inpatient Hospital<sup>2</sup></b>		<p>You pay the Original Medicare cost sharing amount for 2020 which will be set by CMS in the fall of 2019. These are 2019 cost sharing amounts and may change for 2020. Our plan will provide updated rates as soon as they are released.</p> <p>\$0 copay up to:            \$1,364 deductible for days 1 to 60;            \$341 copay each day for days 61 to 90;            \$682 copay each day for days 91 to 150 (lifetime reserve days)</p> <hr/> <p>Our plan covers 90 days for an inpatient hospital stay.</p>
<b>Outpatient Hospital</b>  Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) <sup>2</sup>	\$0 copay for a diagnostic colonoscopy \$0 copay - 15% coinsurance otherwise
	Outpatient Hospital, including surgery <sup>2</sup>	\$0 copay for a diagnostic colonoscopy \$0 copay - 15% coinsurance otherwise
	Outpatient Hospital Observation Services	\$0 copay - 10% coinsurance
<b>Doctor Visits</b>	Primary	\$0 copay
	Specialists <sup>2</sup>	\$0 copay
	Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at <a href="http://www.amwell.com">www.amwell.com</a>
<b>Preventive Care</b>	Medicare-covered	\$0 copay
		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

**Benefits****In-Network**

		<p>Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</p> <p>Depression screening</p> <p>Diabetes screenings and monitoring</p> <p>Hepatitis C screening</p> <p>HIV screening</p> <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p>
		<p>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.</p>
	Routine physical <sup>2</sup>	\$0 copay; 1 per year
<b>Emergency Care</b>		<p>\$0 copay - 20% coinsurance per visit (up to \$75), depending on the service</p> <p>If you are admitted to the hospital within 72 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		\$0 copay - 20% coinsurance (up to \$65), depending on the service

## Benefits

## In-Network

<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>	Diagnostic radiology services (e.g. MRI) <sup>2</sup>	\$0 copay for each diagnostic mammogram \$0 copay - 20% coinsurance per service otherwise
	Lab services <sup>2</sup>	\$0 copay at a lab provider or an outpatient hospital contracted to provide lab services \$0 copay - 20% coinsurance at all other locations
	Diagnostic tests and procedures <sup>2</sup>	\$0 copay - 20% coinsurance
	Therapeutic Radiology <sup>2</sup>	\$0 copay - 20% coinsurance
	Outpatient X-rays <sup>2</sup>	\$0 copay - 20% coinsurance
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues	\$0 copay - \$20 copay
<b>Routine Dental Services</b>		Not covered
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay - \$45 copay
	Eyewear after cataract surgery	\$0 copay - 20% coinsurance

## Benefits

## In-Network

<b>Mental Health</b>	Inpatient visit <sup>2</sup>	<p>You pay the Original Medicare cost sharing amount for 2020 which will be set by CMS in the fall of 2019. These are 2019 cost sharing amounts and may change for 2020. Our plan will provide updated rates as soon as they are released.</p> <p>\$0 copay up to:            \$1,364 deductible for days 1 to 60;            \$341 copay each day for days 61 to 90;            \$682 copay each day for days 91 to 150 (lifetime reserve days)</p>
		Our plan covers 90 days for an inpatient hospital stay.
	Outpatient group therapy visit <sup>2</sup>	\$0 copay - \$10 copay
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay - \$10 copay
<b>Skilled Nursing Facility (SNF)<sup>2</sup> (Stay must meet Medicare coverage criteria)</b>		<p>You pay the Original Medicare cost sharing amount for 2020 which will be set by CMS in the fall of 2019. These are 2019 cost sharing amounts and may change for 2020. Our plan will provide updated rates as soon as they are released.</p> <p>\$0 copay up to:            \$0 copay per day: for days 1-20            \$170.50 copay per day: for days 21-100</p>
		Our plan covers up to 100 days in a SNF.
<b>Physical therapy and speech and language therapy visit<sup>2</sup></b>		\$0 copay
<b>Ambulance<sup>2</sup></b>  Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay - 20% coinsurance for ground \$0 copay - 20% coinsurance for air
<b>Routine Transportation</b>		Not covered
<b>Medicare Part B Drugs</b>	Chemotherapy drugs <sup>2</sup>	\$0 copay - 20% coinsurance
	Other Part B drugs <sup>2</sup>	\$0 copay - 20% coinsurance



## Prescription Drugs

If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay:

<b>Annual Prescription Deductible</b>	Your deductible amount is either \$0 or \$89, depending on the level of "Extra Help" you receive.
<b>30-day or 90-day supply from retail network pharmacy</b>	
<b>Generic (including brand drugs treated as generic)</b>	\$0, \$1.30, \$3.60 copay, or 15% of the total cost
<b>All Other Drugs</b>	\$0, \$3.90, \$8.95 copay, or 15% of the total cost

**Additional Benefits****In-Network**

<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation <sup>2</sup>	\$0 copay
<b>Diabetes Management</b>	Diabetes monitoring supplies <sup>2</sup>	\$0 copay or 20% coinsurance for each Medicare-covered blood glucose diabetes monitoring supply. Diabetes monitoring supplies must be purchased from a network durable medical equipment provider.
	Diabetes Self-management training <sup>2</sup>	\$0 copay
	Therapeutic shoes or inserts <sup>2</sup>	\$0 copay - 20% coinsurance
<b>Durable Medical Equipment (DME) and Related Supplies</b>	Durable Medical Equipment (e.g., wheelchairs, oxygen) <sup>2</sup>	\$0 copay - 20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) <sup>2</sup>	\$0 copay - 20% coinsurance
<b>Foot Care (podiatry services)</b>	Foot exams and treatment <sup>2</sup>	\$0 copay
<b>Meal Benefit<sup>2</sup></b>		\$0 copay; Coverage for at home meal benefit. Restrictions apply.
<b>Home Health Care<sup>2</sup></b>		\$0 copay
<b>Hospice</b>		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.
<b>Occupational Therapy Visit<sup>2</sup></b>		\$0 copay
<b>Opioid Treatment Services</b>		\$0 copay

<b>Additional Benefits</b>		<b>In-Network</b>
<b>Outpatient Substance Abuse</b>	Outpatient group therapy visit <sup>2</sup>	\$0 copay - \$40 copay
	Outpatient individual therapy visit <sup>2</sup>	\$0 copay - \$40 copay
<b>Renal Dialysis<sup>2</sup></b>		\$0 copay - 20% coinsurance

**Services with a 2 may require your provider to obtain prior authorization from the plan.**

## Medicaid Benefits

Information for People with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Louisiana Department of Health covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Peoples Health Secure Choice #011 (HMO D-SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Louisiana Department of Health, 1-225-342-9500.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share.

Benefits	Medicaid	Peoples Health Secure Choice #011 (HMO D-SNP)
<b>23-Hour Observation Bed</b>	Covered	Not Covered beyond Original Medicare
<b>Additional Dental Services</b>	Covered	Not Covered
<b>Additional Foot Care</b>	Covered	Not Covered
<b>Additional Hearing Services</b>	Not Covered	Not Covered
<b>Additional Vision Services</b>	Not Covered	Not Covered
<b>Ambulance</b>	Covered	Covered
<b>Assertive Community Treatment (ACT) (limited to 18 years and older)</b>	Covered	Not Covered beyond Original Medicare
<b>Chemotherapy Services</b>	Covered	Covered
<b>Child Health Screenings/ Checkups (EPSDT Screening Services)</b>	Covered	Not Covered beyond Original Medicare
<b>Chiropractic Care</b>	Covered	Covered
<b>Community Psychiatric Support and Treatment (CPST)</b>	Covered	Not Covered beyond Original Medicare
<b>Crisis Intervention (CI)</b>	Covered	Not Covered beyond Original Medicare

<b>Benefits</b>	<b>Medicaid</b>	<b>Peoples Health Secure Choice #011 (HMO D-SNP)</b>
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Electroconvulsive Therapy (ECT)</b>	Covered	Not Covered beyond Original Medicare
<b>Emergency Care</b>	Covered	Covered
<b>Family Planning</b>	Covered	Not Covered
<b>Family Psychotherapy</b>	Covered	Not Covered beyond Original Medicare
<b>Federally Qualified Health Centers (FQHCs)</b>	Covered	Not Covered beyond Original Medicare
<b>Foot Care</b>	Covered	Covered
<b>Functional Family Therapy (FFT) (under age 21)</b>	Covered	Not Covered beyond Original Medicare
<b>Hearing Services</b>	Covered	Covered
<b>Home Health Care</b>	Covered	Covered
<b>Homebuilders (under age 21)</b>	Covered	Not Covered beyond Original Medicare
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Not Covered beyond Original Medicare
<b>Mental Health Care</b>	Covered	Covered
<b>Midwife Services (Certified Nurse Midwife)</b>	Covered	Not Covered
<b>Multi-Systemic Therapy (MST) (Under age 21)</b>	Covered	Not Covered beyond Original Medicare
<b>Neuropsychological Testing</b>	Covered	Not Covered beyond Original Medicare
<b>Outpatient hospital services</b>	Covered	Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>Peoples Health Secure Choice #011 (HMO D-SNP)</b>
<b>Over-the-Counter Items</b>	Not Covered	Not Covered
<b>Pediatric Day Health Care (PDHC)</b>	Covered	Not Covered
<b>Peer Support Services</b>	Covered	Not Covered beyond Original Medicare
<b>Personal Care Services</b>	Covered	Not Covered beyond Original Medicare
<b>Pharmacologic Management (all ages)</b>	Covered	Not Covered beyond Original Medicare
<b>Prenatal Care Services</b>	Covered	Not Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered
<b>Psychiatric Residential Treatment Facilities (PRTF) (under age 21)</b>	Covered	Not Covered beyond Original Medicare
<b>Psychological Testing</b>	Covered	Not Covered beyond Original Medicare
<b>Psychosocial Rehabilitation (PSR)</b>	Covered	Not Covered beyond Original Medicare
<b>Renal Dialysis</b>	Covered	Covered
<b>Residential Substance Use Services in Accordance With the American Society of Addiction Medicine (ASAM) Levels of Care</b>	Covered	Not Covered beyond Original Medicare
<b>Rural Health Clinics</b>	Covered	Not Covered beyond Original Medicare
<b>Skilled Nursing Facility (SNF)</b>	Covered	Not Covered beyond Original Medicare
<b>Therapeutic Group Homes (TGH) (under age 21)</b>	Covered	Not Covered beyond Original Medicare
<b>Transcranial Magnetic Stimulation (TMS)</b>	Covered	Not Covered beyond Original Medicare
<b>Transportation (Routine)</b>	Not Covered	Not Covered

<b>Benefits</b>	<b>Medicaid</b>	<b>Peoples Health Secure Choice #011 (HMO D-SNP)</b>
<b>Women's Health Services</b>	Covered	Not Covered beyond Original Medicare

## Required Information

Peoples Health is a Medicare Advantage organization with a Medicare contract to offer HMO plans and a contract with the state Medicaid program. Enrollment depends on annual Medicare contract renewal.

Plans may offer supplemental benefits in addition to Part C benefits and Part D 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 <https://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 1-855-814-6894 (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 1-855-814-6894 (TTY : 711)。

This information is available for free in other languages. Please call our member services 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.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.



# Enrollment Checklist

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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. If they are not listed, it means you will likely have to select a new doctor.
- ✓ Review the Provider Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- ✓ You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. 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.
- ✓ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ✓ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.