

Summary of Benefits 2020



Overview of your plan

Peoples Health Secure Health (HMO D-SNP)

H1961-003-000

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

PEOPLES HEALTH

Your **Medicare Health** Team

Summary of Benefits

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 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 Health (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: Acadia, Ascension, Assumption, Bossier, Caddo, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Jefferson, Lafayette, Lafourche, Livingston, Orleans, Ouachita, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, West Feliciana.

Use network providers and pharmacies.

Peoples Health Secure Health (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 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 Health (HMO D-SNP)

| Premiums and Benefits | In-Network |
|---|--|
| Monthly Plan Premium | \$32.20 |
| Annual Medical Deductible | This plan does not have a deductible. |
| Maximum Out-of-Pocket Amount (does not include prescription drugs) | <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 Health (HMO D-SNP)

| Benefits | | In-Network |
|---|---|--|
| Inpatient Hospital ² | | \$0 copay - \$75 copay per day: for days 1-10 \$0 copay per day: for days 11 and beyond Our plan covers an unlimited number of days for an inpatient hospital stay. |
| Outpatient Hospital Cost sharing for additional plan covered services will apply. | Ambulatory Surgical Center (ASC) ² | \$0 copay |
| | Outpatient Hospital, including surgery ² | \$0 copay |
| | Outpatient Hospital Observation Services | \$0 copay |
| Doctor Visits | Primary | \$0 copay |
| | Specialists ² | \$0 copay - \$20 copay |
| | Virtual Medical Visits | Speak to network telehealth providers using your computer or mobile device. Find participating doctors online at www.amwell.com |
| Preventive Care | 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 Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening |

Benefits**In-Network**

| | | |
|---------------------------------|-------------------------------|---|
| | | <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 ² | \$0 copay; 1 per year |
| Emergency Care | | <p>\$0 copay - \$50 copay (worldwide) per visit</p> <p>If you are admitted to the hospital within 24 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> <p>You are covered for emergency and urgently needed care outside of the United States and its territories up to an annual combined maximum of \$5,000.</p> |
| Urgently Needed Services | | <p>\$0 copay</p> <p>Urgently needed care coverage is provided worldwide. You are covered for emergency and urgently needed care outside of the United States and its territories up to an annual combined maximum of \$5,000.</p> |

Benefits**In-Network**

| | | |
|---|---|---|
| Diagnostic Tests, Lab and Radiology Services, and X-Rays | Diagnostic radiology services (e.g. MRI) ² | \$0 copay for each diagnostic mammogram \$0 copay - \$75 copay per service otherwise |
| | Lab services ² | \$0 copay |
| | Diagnostic tests and procedures ² | \$0 copay |
| | Therapeutic Radiology ² | \$0 copay per service |
| | Outpatient X-rays ² | \$0 copay per service |
| Hearing Services | Exam to diagnose and treat hearing and balance issues | \$0 copay |
| | Routine hearing exam | \$0 copay; 1 per year |
| | Hearing aid | \$1,000 allowance every year |
| Routine Dental Services | Preventive | \$0 copay for covered preventive services |
| | Comprehensive | \$0 copay for comprehensive dental services |
| | Benefit limit | \$2,000 limit on all covered dental services |
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye | \$0 copay |
| | Eyewear after cataract surgery | \$0 copay |
| | Routine eye exam | \$0 copay; 1 every year |
| | Eyewear | \$0 copay every year for a pair of lenses and frames or contact lenses |

Benefits

In-Network

| | | |
|---|--|--|
| Mental Health | Inpatient visit ² | \$0 copay - \$75 copay per day: for days 1-10 \$0 copay per day: for days 11-90 |
| | | Our plan covers 90 days for an inpatient hospital stay. |
| | Outpatient group therapy visit ² | \$0 copay - \$10 copay |
| | Outpatient individual therapy visit ² | \$0 copay - \$10 copay |
| Skilled Nursing Facility (SNF)² | | \$0 copay per day: for days 1-20 \$100 copay per day: for days 21-100 |
| | | Our plan covers up to 100 days in a SNF. |
| Physical therapy and speech and language therapy visit² | | \$0 copay |
| Ambulance² Your provider must obtain prior authorization for non-emergency transportation. | | \$0 copay - \$75 copay for ground \$0 copay - \$75 copay for air |
| Routine Transportation² | | \$0 copay; 48 one-way trips per year to or from approved locations |
| Medicare Part B Drugs | Chemotherapy drugs ² | \$0 copay - 20% coinsurance |
| | Other Part B drugs ² | \$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:

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

| Additional Benefits | | In-Network |
|---|--|--|
| Chiropractic Care | Manual manipulation of the spine to correct subluxation ² | \$0 copay |
| Diabetes Management | Diabetes monitoring supplies ² | \$0 copay 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 ² | \$0 copay |
| | Therapeutic shoes or inserts ² | \$0 copay |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ² | \$0 copay |
| | Prosthetics (e.g., braces, artificial limbs) ² | \$0 copay |
| Health Education² | | \$0 copay; Learn how to help manage chronic illness over the phone with telephonic help from clinical staff |
| Fitness program² | | \$0 copay to a network fitness center |
| Foot Care (podiatry services) | Foot exams and treatment ² | \$0 copay |
| Meal Benefit² | | \$0 copay; Coverage for at home meal benefit. Restrictions apply. |
| Home Health Care² | | \$0 copay |
| Hospice | | 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. |
| Occupational Therapy Visit² | | \$0 copay |

| Additional Benefits | | In-Network |
|---|--|---|
| Opioid Treatment Services | | \$0 copay |
| Outpatient Substance Abuse | Outpatient group therapy visit ² | \$0 copay - \$10 copay |
| | Outpatient individual therapy visit ² | \$0 copay - \$10 copay |
| Health & Wellness Products Catalog | | \$125 credit per quarter to use on approved health products. Order online at Walmart.com, over the phone, or by mail. |
| Telemonitoring Services² | | Specialized home monitoring for members with certain classes of heart failure or who have had a hospital admission for heart failure. |
| Renal Dialysis² | | \$0 copay |
| Respite Care² | | \$0 copay; Members diagnosed with dementia may be eligible for a maximum of 12 respite care sessions per year from the network respite care provider. |

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

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

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

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.