

# Summary of Benefits 2021

Medicare Advantage Plan  
with Prescription Drugs

**Peoples Health Secure Choice (HMO D-SNP)**  
H1961-011-000

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



Toll-free **1-855-269-0778**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week



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

**PEOPLES HEALTH**

Your **Medicare Health** Team

A UnitedHealthcare Company

# Summary of Benefits

## January 1st, 2021 - December 31st, 2021

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 Customer Service 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 (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 (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 (HMO D-SNP)

## Premiums and Benefits

	In-Network
<b>Monthly Plan Premium</b>	\$29
<b>Annual Medical Deductible</b>	Your deductible is \$100 per year for covered medical services you receive from providers as described in the Plan Deductible chart later in this document. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	<p>\$7,550 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 (HMO D-SNP)

## Benefits

		In-Network
<b>Inpatient Hospital<sup>2</sup></b>		\$0 copay - \$1,400 copay per stay (or the 2021 Original Medicare amount, whichever is less).
		Our plan covers an unlimited number of days for an inpatient hospital stay.
<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 <sup>2</sup>	\$0 copay - 10% coinsurance
<b>Doctor Visits</b>	Primary	\$0 copay
	Specialists	\$0 copay
	Virtual Medical Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.
<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 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	\$0 copay; 1 per year
<b>Emergency Care</b>		<p>\$0 copay - \$90 copay (\$0 copay for worldwide coverage) 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” section of this booklet for other costs.</p>
<b>Urgently Needed Services</b>		\$0 copay - \$65 copay (\$0 copay for worldwide coverage)

## 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 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 Benefits</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
<b>Mental Health</b>	Inpatient visit <sup>2</sup>	\$0 copay - \$1,400 copay per stay (or the 2021 Original Medicare amount, whichever is less). 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
	Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.

## Benefits

		In-Network
<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 2021 which will be set by CMS in the fall of 2020. These are 2020 cost sharing amounts and may change for 2021. 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            \$176 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 \$92, 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, \$3.70 copay, or 15% of the total cost Some covered drugs limited to a 30-day supply
<b>All Other Drugs</b>	\$0, \$4, \$9.20 copay, or 15% of the total cost Some covered drugs limited to a 30-day supply

## Additional Benefits

		In-Network
<b>Acupuncture</b>	Medicare-covered acupuncture	\$0 copay for services provided by a primary care physician \$0 copay for services provided by a specialist
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation	\$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	\$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>NurseLine<sup>2</sup></b>		Speak with a registered nurse (RN) 24 hours a day, 7 days a week

## Additional Benefits

		In-Network
<b>Occupational Therapy Visit<sup>2</sup></b>		\$0 copay
<b>Opioid Treatment Program Services</b>		\$0 copay
<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.

# Plan Deductible

Your plan has a deductible for certain services. 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.

The deductible applies to the following Medicare-covered benefit categories, unless otherwise specified.

## Annual Medical Deductible

Your deductible is \$100 per year for covered medical services you receive from providers as described below. Until you have paid the deductible amount, you must pay the full cost of your covered medical services.

### Here's how it works:

1. You pay your plan's deductible in full; then,
2. You pay your copay or coinsurance; finally,
3. Your plan pays the rest.

The deductible applies in-network to the following Medicare-covered benefit categories, unless otherwise specified:

## In-Network

List of applicable services

### Outpatient Hospital

- Ambulatory Surgical Center (ASC), excluding diagnostic colonoscopy
- Outpatient Hospital, including surgery, excluding diagnostic colonoscopy
- Outpatient Hospital Observation Services

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### Diagnostic Tests, Lab and Radiology Services, and X-Rays

- Diagnostic radiology services (e.g. MRI), excluding diagnostic mammogram
- Lab services
- Diagnostic tests and procedures
- Therapeutic radiology
- Outpatient X-rays

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### Hearing Services

- Exam to diagnose and treat hearing and balance issues

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### Vision Services

- Eyewear after cataract surgery

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### Physical Therapy and Speech and Language Therapy Visit

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### Ambulance (All Non-emergency)

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### Medicare Part B Drugs

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Chemotherapy drugs

Other Part B drugs

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**Chiropractic Care**

Manual manipulation of the spine to correct subluxation

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**Diabetes Management**

Diabetes monitoring supplies

Therapeutic shoes or inserts

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**Durable Medical Equipment (DME) and Related Supplies**

Durable Medical Equipment (e.g. wheelchairs, oxygen)

Prosthetics (e.g., braces, artificial limbs)

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**Occupational Therapy Visit**

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**Renal Dialysis**

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# 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. 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 (HMO D-SNP)
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Hearing Services</b>	Covered	Covered
<b>Dental Services</b>	Covered	Covered
<b>Vision Services</b>	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Ambulance</b>	Covered	Covered
<b>Transportation (Routine)</b>	Covered	Not Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Chiropractic Care</b>	Covered	Covered

## Benefits

	Medicaid	Peoples Health Secure Choice (HMO D-SNP)
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Foot Care</b>	Covered	Covered
<b>Home Health Care</b>	Covered	Covered
<b>Hospice</b>	Covered	Covered
<b>Outpatient Hospital Services</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered
<b>Personal Care Services</b>	Covered	Not Covered beyond Original Medicare
<b>Telehealth</b>	Covered	Covered
<b>Discharge Meal Benefit</b>	Not Covered	Covered
<b>Chemotherapy Services</b>	Covered	Covered
<b>Neuropsychological Testing</b>	Covered	Not Covered beyond Original Medicare
<b>Residential Substance Use Services in Accordance With the American Society of Addiction Medicine (ASAM) Level of Care</b>	Covered	Not Covered beyond Original Medicare
<b>Outpatient Substance Abuse Care</b>	Covered	Covered

# 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.



## Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. 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.

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 [www.medicare.gov](http://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 1-800-222-8600 (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 1-800-222-8600 (TTY: 711)。

This information is available for free in other languages. Please call our Customer Service 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.

The Nurseline service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.