

2022 Health Plan Overview









Peoples Health Secure Complete D-SNP

AVAILABLE STATEWIDE

Peoples Health Secure Health D-SNP

H1961-003

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, AND WEST FELICIANA PARISHES



Picture yourself with Peoples Health.

Peoples Health is the choice of more than 85,000 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.

Today, Peoples Health is part of the UnitedHealthcare® family of plans. Both organizations share a commitment to helping our members live happier, healthier lives.

Peoples Health plan types.

Peoples Health HMO D-SNP plans (Dual-Eligible Special Needs Plans) are available to people who have both Medicare and Medicaid or medical assistance from the state.

Peoples Health HMO plans (Health Maintenance Organization) feature coordinated care through our extensive network of providers. These plans include Part D drug coverage.

Peoples Health PPO plans (Preferred Provider Organization) 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.

HMO and PPO plans are covered in a separate booklet.

More plan options. More ways to serve your needs.

It's never been easier to picture yourself with Peoples Health.

This booklet covers Peoples Health D-SNP plans for people with both Medicare and Medicaid. Peoples Health Secure Complete is available statewide for people with full Medicaid benefits. Peoples Health Secure Health is available in 35 parishes for people with partial or full Medicaid assistance.

These are Medicare Part C plans, which include Medicare Part A (hospital coverage), Part B (medical coverage) and Part D (prescription drug coverage). Each plan offers additional benefits beyond Original Medicare. Benefits such as:



Plan Premium



Dental Coverage Including Dentures



\$0 Hearing Aid Coverage



\$0 Eyeglasses or Contacts

Secure Complete



\$0
Fitness Center
Membership

Secure Health

Let us help you find a plan

Medicare D-SNP plans are based upon your level of Medicaid benefits or assistance from the state. Call and let us help you find the plan that best fits your needs.

| | | (D-SNP) | (D-SNP) |
|-------------------------------------|-------|---------------------------------------|--------------------------------------|
| \$0 Primary Care V | isits | YES | YES |
| Routine Transport to and from docto | | Unlimited | Up to 48 one-way trips |
| Meals After Inpation | ent | 2 meals per day, for up to 28 days | 3 meals per day, for up to 7 days |
| \$0 Part D Prescrip Drug Coverage | tion | YES | YES |
| Healthy Food and Counter (OTC) Iter | | \$175/month to spend | \$42/month to spend |

Peoples Health Secure Complete HMO D-SNP

A Medicare health plan for people with full Medicaid (FBDE, QMB, QMB+, SLMB+) and Medicare. Care is coordinated through our extensive network of providers and the plan is available to people statewide. This plan includes Part D drug coverage and a \$175 per month allowance for over-the-counter health & wellness items and healthy food.



If you don't have Medicare and Medicaid or medical assistance from the state, ask about our other plans that may be available to you.

| Monthly Plan Premium* | \$0 | |
|---|-----|--|
| Doctor Visits & NurseLine | | |
| Primary Care Physician Visit | \$0 | |
| Specialist Visit | \$0 | |
| Virtual Medical Visit | \$0 | |
| 24-Hour NurseLine | \$0 | |
| Preventive Care | | |
| Pap Smears, Pelvic Exams, Mammograms | \$0 | |
| Prostate & Colorectal Cancer Screenings | \$0 | |
| Vaccinations (COVID-19, flu, pneumonia, hepatitis B) | \$0 | |
| Labs & Tests | | |
| Lab Services | \$0 | |
| Diagnostic Tests & X-rays | \$0 | |
| Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.) | \$0 | |
| Outpatient Surgery | | |
| Surgery (outpatient hospital or ambulatory surgical center) | \$0 | |
| Inpatient Hospital Care per admission | | |
| Inpatient Deductible | \$0 | |
| Inpatient Stay | \$0 | |
| Emergency Care, Urgent Care & Emergency Transportation | | |
| Emergency Care | \$0 | |
| Urgently Needed Care | \$0 | |
| Emergency Ambulance Services (ground or air) | \$0 | |
| Worldwide (out of USA) Emergency Care, Urgent Care and Emergency Transportation (to nearest facility) | \$0 | |

^{*}This plan's premium is paid by Medicare's Extra Help program.

| Home Health & Skilled Nursing Facility Care | | |
|---|-----|--|
| Home Health | \$0 | |
| Skilled Nursing Facility Care (Semiprivate room and board) | \$0 | |
| Outpatient Services & Supplies | | |
| Occupational, Physical or Speech Therapy Visit | \$0 | |
| Durable Medical Equipment - DME (wheelchairs, oxygen, etc.) \$0 | | |
| Diabetes Monitoring Supplies (test strips, monitor, etc. from a DME provider) | \$0 | |
| Mental Health & Substance Abuse Treatment | | |
| Inpatient Mental Health | \$0 | |
| Outpatient Mental Health Visit | \$0 | |
| Outpatient Substance Abuse Visit | \$0 | |
| Virtual Mental Health or Virtual Substance Abuse Treatment Visit | \$0 | |

| Additional Benefits not Covered by Original Medicare | | |
|---|---------------------------|--|
| Over-the-Counter Health & Wellness Items & Healthy Food | \$175 allowance per month | |
| Meals After Inpatient Hospital Stay (2 meals per day, for up to 28 days) | \$0 | |
| Hearing Aids (up to \$500 per ear) | \$0 | |
| Routine Eye Exam | \$0 | |
| Glasses or Contact Lenses (one pair per year) | \$0 | |
| Dental - Preventive (1 fluoride treatment, 1 set of X-rays, and 2 exams and cleanings per year) | \$0 | |
| Dental - Comprehensive (fillings, dentures, etc.) | \$0 | |
| Dental - Coverage Maximum (\$0 deductible) | \$3,000 | |
| Nonemergency Routine Transportation (such as trips to and from your doctor's office) | \$0 unlimited trips | |
| Fitness Center Membership | \$0 | |

| Medicare Part D Prescription Drugs • 30-day Supply | | |
|--|-----|--|
| Generics | \$0 | |
| Brands | \$0 | |
| 90-day supplies of maintenance drugs available at retail pharmacies and by mail order. Specialty drugs limited to a 30-day supply. | | |

Peoples Health Secure Health HMO D-SNP

A Medicare health plan for people with medical assistance from the state (FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+) and Medicare. This plan includes Part D drug coverage and a \$40 per month allowance for over-the-counter health & wellness items and healthy food. Copays vary depending on your Medicaid level. It is available to people in these parishes:



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

If you don't have Medicare and Medicaid or medical assistance from the state, ask about our other plans that may be available to you.

| Monthly Plan Premium* | \$0 |
|---|-------------|
| Doctor Visits & NurseLine | |
| Primary Care Physician Visit | \$0 |
| Specialist Visit | \$0 or \$10 |
| Virtual Medical Visit | \$0 |
| 24-Hour NurseLine | \$0 |
| Preventive Care+ | |
| Pap Smears, Pelvic Exams, Mammograms | \$0 |
| Prostate & Colorectal Cancer Screenings | \$0 |
| Vaccinations (COVID-19, flu, pneumonia, hepatitis B) | \$0 |
| Labs & Tests+ | |
| Lab Services | \$0 |
| Diagnostic Tests & X-rays | \$0 |
| Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.) | \$0 or \$75 |
| Outpatient Surgery | |
| Surgery (outpatient hospital or ambulatory surgical center) | \$0 |
| Inpatient Hospital Care per admission | |
| Inpatient Deductible | \$0 |
| Inpatient Stay per day, for days 1-10 | \$0 or \$75 |
| Inpatient Stay for days 11 and beyond | \$0 |

^{*}This plan's premium is paid by Medicare's Extra Help program. +Office visit copay may apply.

^oEmergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

| Home Health & Skilled Nursing Facility Care | |
|---|---|
| Home Health | \$0 |
| Skilled Nursing Facility Care per day (Semiprivate room and board) | \$0 for days 1-20 \$0 or \$100 for days 21-100 |
| Emergency Care, Urgent Care & Emergency Transportation° | |
| Emergency Care | \$0 or \$50 |
| Urgently Needed Care | \$0 |
| Emergency Ambulance Services (ground or air) | \$0 or \$75 |
| Worldwide (out of USA) Emergency Care, Urgent Care and Emergency Transportation (to nearest facility) | \$0 |
| Outpatient Services & Supplies | |
| Occupational, Physical or Speech Therapy Visit | \$0 |
| Durable Medical Equipment - DME (wheelchairs, oxygen, etc.) | \$0 |
| Diabetes Monitoring Supplies (test strips, monitor, etc. from a DME provider) | \$0 |
| Mental Health & Substance Abuse Treatment | |
| Inpatient Mental Health per day | \$0 or \$75 for days 1-10 \$0 for days 11-90 |
| Outpatient Mental Health Visit | \$0 or \$10 |
| Outpatient Substance Abuse Visit | \$0 or \$10 |
| Virtual Mental Health or Virtual Substance Abuse Treatment Visit | \$0 |
| | |

| Additional Benefits not Covered by Original Medicare | | |
|---|------------------------------|--|
| Over-the-Counter Health & Wellness Items & Healthy Food | \$42 allowance per month | |
| Meals After Inpatient Hospital Stay (3 meals per day, for up to 7 days) | \$0 | |
| Hearing Aids (up to \$500 per ear) | \$0 | |
| Routine Eye Exam | \$0 | |
| Glasses or Contact Lenses (one pair per year) | \$0 | |
| Dental - Preventive (1 fluoride treatment, 1 set of X-rays, and 2 exams and cleanings per year) | \$0 | |
| Dental - Comprehensive (fillings, dentures, etc.) | \$0 | |
| Dental - Coverage Maximum (\$0 deductible) | \$2,000 | |
| Nonemergency Routine Transportation (such as trips to and from your doctor's office) | \$0 (up to 48 one-way trips) | |
| Fitness Center Membership | \$0 | |

| Medicare Part D Prescription Drugs • 30-day Supply | | |
|--|-----|--|
| Generics | \$0 | |
| Brands | \$0 | |
| 90-day supplies of maintenance drugs available at retail pharmacies and by mail order. Specialty drugs limited to a 30-day supply. | | |



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

1-844-818-9827 (TTY: 711)

Monday through Friday: 7 a.m. to 1 a.m. CST Saturday and Sunday: 7 a.m. to 10 p.m. CST

Asistencia disponible en español.

Three Lakeway Center | 3838 N. Causeway Blvd., Suite 2500 | Metairie, LA 70002 www.peopleshealth.com



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. This is a brief overview of Peoples Health plans H1961-019 and H1961-003. Contact the plan for more information.

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