

Medicare Advantage plan
with prescription drugs

Summary of benefits 2022

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



Your **Medicare Health** Team

A UnitedHealthcare Company

Summary of benefits

January 1st, 2022 - December 31st, 2022

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 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 for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- 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 for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- 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 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
Monthly Plan Premium	\$34
Annual Medical Deductible	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.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<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>
Medicare Cost Sharing	If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services as noted by the cost sharing in this chart.

Peoples Health Secure Choice (HMO D-SNP)

Benefits

		In-Network
Inpatient Hospital²		\$0 copay - \$1,480 copay per stay (or the 2022 Original Medicare amount, whichever is less).
		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 for a diagnostic colonoscopy \$0 copay - 15% coinsurance otherwise
	Outpatient Hospital, including surgery ²	\$0 copay for a diagnostic colonoscopy \$0 copay - 15% coinsurance otherwise
	Outpatient Hospital Observation Services ²	\$0 copay - 10% coinsurance
Doctor Visits	Primary Care Provider	\$0 copay
	Specialists	\$0 copay
	Virtual Medical Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.
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 those for the flu, Hepatitis B, pneumonia, or COVID-19</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
Emergency Care		<p>\$0 copay - \$90 copay (\$0 copay for emergency care outside the United States) 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>
Urgently Needed Services		<p>\$0 copay - \$65 copay</p> <p>(\$0 copay for urgently needed services outside the United States) per visit</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ²	<p>\$0 copay for each diagnostic mammogram</p> <p>\$0 copay - 20% coinsurance otherwise</p>
	Lab services ²	\$0 copay
	Diagnostic tests and procedures ²	\$0 copay - 20% coinsurance
	Therapeutic Radiology ²	\$0 copay - 20% coinsurance
	Outpatient X-rays ²	\$0 copay - 20% coinsurance

Benefits

		In-Network
Hearing Services	Exam to diagnose and treat hearing and balance issues	\$0 copay - \$20 copay
Routine Dental Benefits		Not covered
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay - \$45 copay
	Eyewear after cataract surgery	\$0 copay - 20% coinsurance
Mental Health	Inpatient visit ²	\$0 copay - \$1,480 copay per stay (or the 2022 Original Medicare amount, whichever is less). 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
	Virtual Mental Health Visits	\$0 copay; Speak to network telehealth providers using your computer or mobile device.
Skilled Nursing Facility (SNF)² (Stay must meet Medicare coverage criteria)		You pay the Original Medicare cost sharing amount for 2022 which will be set by CMS in the fall of 2021. These are 2021 cost sharing amounts and may change for 2022. Our plan will provide updated rates as soon as they are released. \$0 copay per day for days 1-100, or; \$0 copay per day: for days 1-20 and up to \$185.50 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

Benefits

		In-Network
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$0 copay - 20% coinsurance for ground \$0 copay - 20% coinsurance for air
Routine Transportation		Not covered
Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs ²	\$0 copay - 20% coinsurance
	Other Part B drugs ²	\$0 copay for allergy antigens \$0 copay - 20% coinsurance for all others

Prescription Drugs

Annual Prescription Deductible	\$0
30-day or 90-day supply from retail network pharmacy	
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply

Additional Benefits

		In-Network
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	\$0 copay
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay - 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 ²	\$0 copay
	Therapeutic shoes or inserts ²	\$0 copay - 20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	\$0 copay - 20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	\$0 copay - 20% coinsurance
Foot Care (podiatry services)	Foot exams and treatment	\$0 copay
Meal Benefit²		\$0 copay; coverage for at-home meal benefit from the network meal provider after an eligible hospital stay. 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.
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.

Additional Benefits

		In-Network
Occupational Therapy Visit²		\$0 copay
Opioid Treatment Program Services		\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$0 copay - \$40 copay
	Outpatient individual therapy visit ²	\$0 copay - \$40 copay
Renal Dialysis²		\$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

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

Hearing Services

- Exam to diagnose and treat hearing and balance issues

Vision Services

- Eyewear after cataract surgery

Physical Therapy and Speech and Language Therapy Visit

Ambulance (All Non-emergency)

Medicare Part B Drugs

Chemotherapy drugs

Other Part B drugs

Chiropractic Care

Manual manipulation of the spine to correct subluxation

Diabetes Management

Diabetes monitoring supplies

Therapeutic shoes or inserts

Durable Medical Equipment (DME) and Related Supplies

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

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

Occupational Therapy Visit

Renal Dialysis

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

Benefits

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

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 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 does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Member Services number at 1-800-222-8600 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-800-222-8600, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, los 7 días de la semana.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions 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.