

PEOPLES HEALTH

A UnitedHealthcare Company

2023



Peoples Health Secure Complete HMO-POS D-SNP

H1961-019

Peoples Health Secure Health HMO-POS D-SNP

H1961-003

AVAILABLE STATEWIDE

YOU PAY
\$0
PLAN PREMIUM



Picture yourself with Peoples Health.

Peoples Health is the choice of more than 90,000 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-POS* D-SNPs (Health Maintenance Organization Dual-Eligible Special Needs Plans) are available to people who have both Medicare and Medicaid or medical assistance from the state.

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

Peoples Health PPO (Preferred Provider Organization) plans 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-POS* and PPO plans are covered in a separate booklet.

*Point-of-service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members. Dental coverage maximums vary by plan.

You asked for more. We listened!






Now it's easier than ever to picture yourself with Peoples Health.

Every year, we look for ways to take care of our members better. The enhancements we've made for 2023 are designed to do just that. Look for:

- 
More dollars – for you to spend on the things you need the most:
 - Utilities
 - Healthy Food
 - Health & Wellness Items
- 
More doctors – added more doctors to our Louisiana network
- 
More dentists & more dental coverage – 95% more network dental locations, and all plans now feature out-of-network dental coverage, a \$0 deductible, \$0 restorative services and an expanded list of covered services*
- 
More eye doctors – more than doubled our network of vision providers
- 
More fitness options – 95% more fitness facilities plus a national network, online fitness training and brain health exercises

Let us help you find a plan

The HMO-POS* D-SNP that is right for you will depend 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.

	Secure Complete (HMO-POS* D-SNP)	Secure Health (HMO-POS* D-SNP)
 \$0 Primary Care Visits	YES	YES
 Routine Transportation (trips to and from doctor's office)	Unlimited	Up to 48 one-way trips
 Meals After Inpatient Hospital Stay	Up to 28 meals over 14 days	Up to 28 meals over 14 days
 \$0 Part D Prescription Drug Coverage	YES	YES
 Debit Card for Utilities, Food, and Over-the-Counter Items	\$230/month to spend	\$105/month to spend

Peoples Health Secure Complete HMO-POS[◇] 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 statewide. This plan includes Part D drug coverage and a \$230 per month allowance for over-the-counter health and wellness items, healthy food, and utility bill payments.



If you don't have Medicare and full Medicaid, 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 (per one-way trip, ground or air)	\$0
Worldwide (out of USA) Emergency Care, Urgent Care and Emergency Ambulance Services (to nearest facility)	\$0

[◇]Point-of-service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members.

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

⁺Office visit copay may apply.

Home Health	\$0
Skilled Nursing Facility Care (semiprivate room and board)	\$0
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 or retail pharmacy)	\$0
Inpatient Mental Health Care (per day)	\$0
Outpatient Mental Health Visit	\$0
Outpatient Substance Abuse Visit	\$0
Virtual Mental Health Treatment Visit	\$0

Additional Benefits not Covered by Original Medicare



Allowance for Utility Bill Payments, Food and Over-the-Counter Health & Wellness Items	\$230 allowance per month
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Hearing Aids (choose from a range of styles and features)	\$0; \$3,600 allowance per year
Routine Eye Exam	\$0
Eyeglasses or Contact Lenses (one pair per year)	\$0; \$500 allowance per year
Dental - Preventive [‡] (oral exams, cleanings and X-rays)	\$0
Dental - Comprehensive [‡] (fillings, dentures, implants, etc.)	\$0
Dental - Coverage Maximum	\$3,500
Respite Care (12 respite care sessions per year, up to 8 hours per session, for members with dementia, including Alzheimer's disease)	\$0
Nonemergency Routine Transportation (such as trips to and from your doctor's office within 40 miles of your home)	\$0 (unlimited trips)
One Pass™ Fitness ^Δ	\$0
Emergency Medical Alert Device	\$0

Medicare Part D Prescription Drugs • 30-day Supply

Generic	\$0
Brand	\$0
100-day supplies of maintenance drugs available at retail pharmacies and by mail order. Specialty drugs limited to a 30-day supply.	

[‡]Out-of-network dental services may have higher member costs.

^Δ One Pass is a trademark of Optum, Inc. and/or its affiliates. © 2022 Optum, Inc.

Peoples Health Secure Health HMO-POS[◇] 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 \$105 per month allowance for over-the-counter health and wellness items, healthy food, and utility bill payments. Copays vary depending on your Medicaid level.



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	\$0 or \$75 per day for days 1-10 \$0 for days 11 and beyond
Emergency Care, Urgent Care & Emergency Transportation[°]	
Emergency Care	\$0 or \$50
Urgently Needed Care	\$0
Emergency Ambulance Services (per one-way trip, ground or air)	\$0 or \$75
Worldwide (out of USA) Emergency Care, Urgent Care and Emergency Ambulance Services (to nearest facility)	\$0

[◇]Point-of-service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members.

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

⁺Office visit copay may apply.

[°]Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

Home Health	\$0
Skilled Nursing Facility Care (semiprivate room and board)	\$0 for days 1-20 \$0 or \$100 for days 21-100
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 or retail pharmacy)	\$0
Inpatient Mental Health Care (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
Virtual Mental Health Treatment Visit	\$0

Additional Benefits not Covered by Original Medicare



Allowance for Utility Bill Payment, Food and Over-the-Counter Health & Wellness Items	\$105 allowance per month
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Hearing Aids (choose from a range of styles and features)	\$0; \$1,100 allowance per year
Routine Eye Exam	\$0
Eyeglasses or Contact Lenses (one pair per year)	\$0; \$450 allowance per year
Dental - Preventive [‡] (oral exams, cleanings and X-rays)	\$0
Dental - Comprehensive [‡] (fillings, dentures, implants, etc.)	\$0
Dental - Coverage Maximum	\$2,500
Respite Care (12 respite care sessions per year, up to 8 hours per session, for members with dementia, including Alzheimer's disease)	\$0
Nonemergency Routine Transportation (such as trips to and from your doctor's office within 40 miles of your home)	\$0 (up to 48 one-way trips)
One Pass™ Fitness ^Δ	\$0
Emergency Medical Alert Device	\$0

Medicare Part D Prescription Drugs • 30-day Supply

Generic	\$0
Brand	\$0
100-day supplies of maintenance drugs available at retail pharmacies and by mail order. Specialty drugs limited to a 30-day supply.	

[‡]Out-of-network dental services may have higher member costs.

^Δ One Pass is a trademark of Optum, Inc. and/or its affiliates. © 2022 Optum, Inc.



A UnitedHealthcare Company

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

1-855-283-2957 (TTY: 711)

Daily: 7 a.m. to 10 p.m.

Asistencia disponible en español.

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



Connect with us.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage Plans: A Medicare Advantage organization with a Medicare contract. For Dual Special Needs Plans: 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. Out-of-network/noncontracted providers are under no obligation to treat Peoples Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Contact the plan for more information.

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**GET
READY
FOR
MEDICARE**

PEOPLES HEALTH

A UnitedHealthcare Company



Peoples Health is a Louisiana-based Medicare Advantage organization. Founded by physicians and medical providers, we choose to focus on one thing:

Helping people with Medicare.

LET'S GET STARTED

Choosing the right Medicare plan can be confusing. There are a lot of options to consider. Peoples Health is here to help make Medicare easy.

Peoples Health has been helping people with Medicare since 1994. Over those years we've found that everybody's needs are different, but one thing remains the same: You need the coverage that works best for you.

We hope the information in this guide helps you understand your options. And we're always happy to talk through your questions, so you can be confident in your choices.



THE ABCs (and D) OF MEDICARE

Medicare Parts A and B are commonly known as Original Medicare.

Medicare Part A is hospital insurance. It covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care. For most people, there is no monthly premium for Part A. (It's been paid for through payroll deductions and employer contributions over your or your spouse's working life.)

Medicare Part B is medical insurance for doctor visits, outpatient care, preventive services, etc. Medicare charges a monthly premium for Part B.

Medicare Part C is another name for Medicare Advantage plans. For these plans, Medicare contracts with insurance companies to provide your benefits. These plans can offer more benefits than Original Medicare, and many of them include Part D drug coverage.

Medicare Part D is prescription drug coverage. It is offered by private insurers and is often included with Medicare Advantage plans. Part D plans have a monthly premium.



DEDUCTIBLES

Just like individual health plans, some Medicare options require you to pay a deductible before your coverage begins. For instance, Medicare has deductibles for both Part A and Part B. Many Part D plans have deductibles as well.

When choosing your coverage option, ask about the deductibles you may face.

Most Peoples Health plans do not have a deductible for Part A, Part B or Part D.



MAXIMUM OUT-OF-POCKET AMOUNT

Annual maximum out-of-pocket costs, also known as MOOP, refers to the maximum amount you'll have to pay for certain services. After you reach that limit, the plan pays 100% of your costs and you pay \$0 for those services.

With Original Medicare, there is no MOOP or limit to the costs you might be responsible for. On the other hand, Medicare Advantage plans are required to limit your out-of-pocket costs for Medicare-covered services.

Keep in mind the phrase “Medicare-covered services.” If it’s an additional benefit not normally covered by Medicare—like Part D drug coverage, comprehensive dental or routine hearing exams—the cost of the service may not apply to your MOOP limit.



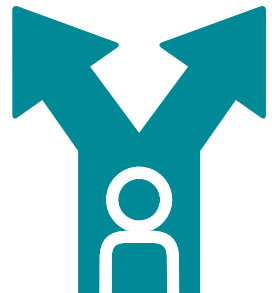
MEDICARE SUPPLEMENT PLANS

VS.

MEDICARE ADVANTAGE PLANS

Medicare supplements, sometimes called Medigap policies, are offered by private companies to help cover some of the costs you may face if you are using Original Medicare. They charge a monthly premium on top of your Medicare Part B premium. Supplemental insurance policies only cover the benefits offered by Original Medicare. If you want routine dental, routine vision and fitness coverage or Part D drug coverage, you would need to buy those plans separately.

Medicare Advantage plans are contracted with and paid by the federal government to administer your Medicare benefits. Each plan may have a different approach to how it offers coverage. Peoples Health helps its members by coordinating care and helping members navigate the health care environment. Plus, with Peoples Health, you can get more benefits than Original Medicare with no plan premium beyond the Part B premium you pay Medicare.



MORE THAN MEDICARE

Medicare Advantage plans can offer more benefits than Original Medicare. Peoples Health plans offer additional benefits without a monthly premium. You still pay your Medicare Part B premium, but you could enjoy additional benefits like:

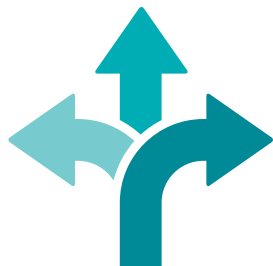
- Complimentary health club membership and access to online and community fitness resources
- Routine vision coverage, including an allowance for eyeglasses or contacts
- Routine and comprehensive dental coverage
- Debit card allowance for over-the-counter items
- Allowance for healthy groceries and utility bills[†]
- Meals after hospital stays
- Part D drug coverage with certain generic drugs for \$0* and no Part D deductible



*\$0 long-term supply of tier 2 generic drugs available from preferred mail-order pharmacy. Benefit does not apply to Peoples Health Patriot (PPO). [†]HMO-POS D-SNPs only.

MEDICARE ADVANTAGE PLAN TYPES

There are several types of Medicare Advantage plans available to people with Medicare. Peoples Health offers three basic models:



- Our Health Maintenance Organization (HMO-POS*) plans offer coordinated care through a carefully selected network of providers. These HMO plans include Part D prescription drug coverage.
- Our Dual-Eligible Special Needs Plans (HMO-POS* D-SNPs) also emphasize coordinated care, but with enhanced benefits. These plans are available to people who have both Medicare and Medicaid and also include Part D prescription drug coverage. Peoples Health offers different options depending on your level of Medicaid eligibility.
- Our Preferred Provider Organization (PPO) plans offer out-of-network coverage for providers that accept Medicare. As a member of one of these plans, you have the option of getting services from a provider in our network, usually at greater savings, or getting services out of network. We offer two PPO plans statewide. One has Part D drug coverage; one does not have Part D coverage.

*Point-of-Service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members.

ENROLLMENT PERIODS



Turning 65: If you're turning 65, your initial enrollment period starts 3 months before your birth month and ends 3 months after your birth month. The option to enroll in a Medicare Advantage plan is available to you during any of these 7 months.

Medicare's Annual Enrollment Period: Medicare's annual enrollment period starts Oct. 15 and ends Dec. 7. You can change the way you get your Medicare benefits during this time. Medicare Advantage plans are allowed to share information about the coming year's benefits starting Oct. 1 of every year.

Other Special Enrollment Periods: There are a number of exceptions to the standard Medicare enrollment periods. Moving into a new area, having Medicaid and Medicare, or qualifying for Medicare's Part D "Extra Help" program are a few of those exceptions. Call the number on the back of this booklet to learn more.

STARS:

MEDICARE'S QUALITY

AND PERFORMANCE RATINGS

Information on benefits and costs for Medicare Advantage plans is easily available, but how do you know if a health plan offers the quality you need? Check the plan's unbiased Medicare Star Rating. Every year, Medicare evaluates plans based on a 5-star rating system. The rating covers a number of measures related to the plan's health and drug services. The more stars, the higher the quality, with 5 stars being the highest overall rating.



When rating plans, Medicare takes into consideration a range of items, including:

- How well the plan helps members stay healthy and improve their health
- How well the plan helps members with long-term conditions manage their care
- The quality of call center services and how well the plan processes appeals and new enrollments in a timely manner
- How many members left the plan, submitted complaints or had issues getting services
- How satisfied members are with the plan
- Part D drug plan pricing and patient safety

THINGS TO CONSIDER:

WHAT DO YOU WANT IN A MEDICARE PLAN?

Here are a few things to think about when evaluating Medicare plans:

What benefits do you want?

Check all the things that are important to you.

- Part D prescription drug coverage
- Fitness center membership
- Dental coverage
- Lower Part B premium
- Vision and eyewear coverage
- Routine hearing coverage and hearing aids
- Allowance for over-the-counter items
- Out-of-network coverage



THINGS TO CONSIDER:

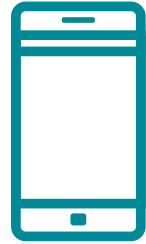
WHAT DO YOU WANT IN A MEDICARE PLAN?

Who do you want to receive care from? What doctors are important?

List the doctors you see and the hospitals you might visit.



IMPORTANT NUMBERS



Medicare

1-800-633-4227 (1-800-MEDICARE)

(TTY: 1-877-486-2048)

24 hours a day, 7 days a week,
except some federal holidays

Social Security Administration

1-800-772-1213 (TTY: 1-800-325-0778)

Louisiana Medicaid

1-888-342-6207 (TTY: 1-800-220-5404)

SHIIP (Louisiana's Senior Health Insurance Information Program)

1-800-259-5300 (TTY: 711)

Peoples Health

1-800-537-0311 (TTY: 711)

7 a.m. to 10 p.m., 7 days a week

**We hope this booklet helps you make
the best decision when it comes to
choosing your Medicare coverage.**

1-800-537-0311
(TTY: 711)

Toll-free, 7 a.m. to 10 p.m.,
7 days a week



A UnitedHealthcare Company

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage Plans: A Medicare Advantage organization with a Medicare contract. For Dual Special Needs Plans: 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. Out-of-network/noncontracted providers are under no obligation to treat Peoples Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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