



## D-SNP

**Peoples Health Secure Complete HMO-POS D-SNP**

H1961-019

**Peoples Health Secure Health HMO-POS D-SNP**

H1961-003

These dual-eligible special needs plans are available statewide.

# 2024



# Live your best life with Peoples Health.

Peoples Health is the choice of more than 100,000 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. Peoples Health has a long history of caring, compassion and one-on-one service for our plan members. That commitment remains.

## 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.

\* 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.



# Dental Coverage That Keeps You Smiling

**\$3,500** in dental coverage with our **Secure Complete plan**







**\$2,500** in dental coverage with our **Secure Health plan**

Don't put off getting that dental work any longer. It's important. Preventive dental services such as exams, cleanings and X-rays cost you \$0. Most comprehensive services cost you \$0, too, including fillings, crowns and extractions. Choose from a large network of dentists, plus enjoy your plan's out-of-network dental option!<sup>†</sup>



## Compare Key Benefits

Choose the plan that fits your needs.

	Secure Complete (HMO-POS D-SNP)	Secure Health (HMO-POS D-SNP)
 Eligibility	Medicare and Full Medicaid	Medicare and Partial Medicaid
 Allowance for Utilities, Food, and Over-the-Counter Health & Wellness Items	\$248/Month to Spend	\$112/Month to Spend
 \$0 Primary Care Visits	Yes	Yes
 Routine Transportation (trips to and from doctor's office)	Unlimited	Up to 36 One-Way Trips
 \$0 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

<sup>†</sup> Out-of-network dental services may have costs to you.

# Peoples Health Secure Complete HMO-POS D-SNP

This is a Medicare health plan for people with Medicare and full Medicaid (FBDE, QMB, QMB+ or SLMB+).

If you don't have Medicare and full Medicaid, ask about our other plans that may be available to you.



	Secure Complete (HMO-POS D-SNP)
Monthly Plan Premium	\$0*
Part B Premium Give Back (amount paid by Peoples Health)	N/A
Maximum Out of Pocket Costs	N/A
<b>Doctor Visits &amp; NurseLine</b>	
Primary Care Physician Visit	\$0
Specialist Visit	\$0
Telehealth Visit	\$0
24-Hour NurseLine	\$0
<b>Preventive Care</b>	
Pap Smears, Pelvic Exams, Mammograms	\$0
Prostate & Colorectal Cancer Screenings	\$0
Bone Mass Measurement	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0
<b>Labs &amp; Tests</b>	
Lab Services	\$0
Diagnostic Procedures/Tests	\$0
X-rays	\$0
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0
<b>Outpatient Surgery</b>	
Surgery (outpatient hospital or ambulatory surgical center)	\$0
<b>Inpatient Hospital Care per Admission</b>	
Inpatient Deductible	\$0
Inpatient Stay per Day	\$0
<b>Home Health &amp; Skilled Nursing Facility Care</b>	
Home Health Care	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-100

\*Paid for by Medicare's Extra Help Program

Worldwide Emergency Care, Urgent Care and Emergency Transportation†	
Emergency Care	\$0
Urgently Needed Care	\$0
Emergency Ambulance Services (per one-way trip, ground or air)	\$0
Emergency or Urgent Care Outside U.S.	\$0
Outpatient Services & Supplies	
Occupational, Physical or Speech Therapy Visit	\$0
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	\$0
Diabetes Monitoring Supplies (DME provider or network retail pharmacy)	\$0
Mental Health & Substance Abuse Treatment	
Inpatient Mental Health Care (per day)	\$0 days 1-90
Outpatient Mental Health Visit	\$0
Substance Abuse Treatment Visit	\$0
Mental Health or Substance Abuse Treatment Telehealth Visit	\$0

### Additional Benefits Not Covered by Original Medicare



Allowance for Utility Bill Payments, Food and Over-the-Counter Health & Wellness Items	\$248/month (\$2,976/year)
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Routine Eye Exam (one per year)	\$0
Eyeglasses (one pair per year) or Contact Lenses	\$0 (\$400/year allowance)
Routine Hearing Exam (one per year)	\$0
Hearing Aids (choose from a range of styles and features)	\$0 (\$2,500/year allowance)
Dental – Preventive‡ (oral exams, cleanings and X-rays)	\$0
Dental – Comprehensive/Restorative‡	\$0
Dental – Bridges or Dentures‡	\$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 75 miles of your home)	\$0 (unlimited trips)
Fitness Benefit	\$0
Personal Emergency Response System	\$0

### Part D Prescription Drug Coverage

Network Pharmacies	30-Day Supply
Generics	\$0
Brands	\$0

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

† Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition

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

# Peoples Health Secure Health HMO-POS D-SNP

This is a Medicare health plan for people with Medicare and medical assistance from the state (FBDE, QDWI, QI, QMB, QMB+, SLMB, or SLMB+). Copays vary depending on your Medicaid level.

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



	Secure Health (HMO-POS D-SNP)
Monthly Plan Premium	\$0*
Part B Premium Give Back (amount paid by Peoples Health)	N/A
Maximum Out of Pocket Costs	\$3,500
<b>Doctor Visits &amp; NurseLine</b>	
Primary Care Physician Visit	\$0
Specialist Visit	\$0
Telehealth Visit	\$0
24-Hour NurseLine	\$0
<b>Preventive Care</b>	
Pap Smears, Pelvic Exams, Mammograms	\$0
Prostate & Colorectal Cancer Screenings	\$0
Bone Mass Measurement	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0
<b>Labs &amp; Tests</b>	
Lab Services	\$0
Diagnostic Procedures/Tests	\$0
X-rays	\$0
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0 or \$225
<b>Outpatient Surgery</b>	
Surgery (outpatient hospital)	\$0 or \$50
Surgery (ambulatory surgical center)	\$0
<b>Inpatient Hospital Care per Admission</b>	
Inpatient Deductible	\$0
Inpatient Stay per Day	\$0 or \$75 days 1-10 \$0 days 11+
<b>Home Health &amp; Skilled Nursing Facility Care</b>	
Home Health Care	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$0 or \$100 days 21-100

\*Paid for by Medicare's Extra Help Program

<b>Worldwide Emergency Care, Urgent Care and Emergency Transportation†</b>	
Emergency Care	<b>\$0 or \$135</b>
Urgently Needed Care	<b>\$0</b>
Emergency Ambulance Services (per one-way trip, ground or air)	<b>\$0 or 275</b>
Emergency or Urgent Care Outside U.S.	<b>\$0</b>
<b>Outpatient Services &amp; Supplies</b>	
Occupational, Physical or Speech Therapy Visit	<b>\$0</b>
Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)	<b>\$0</b>
Diabetes Monitoring Supplies (DME provider or network retail pharmacy)	<b>\$0</b>
<b>Mental Health &amp; Substance Abuse Treatment</b>	
Inpatient Mental Health Care (per day)	<b>\$0 or \$75</b> days 1-10 <b>\$0</b> days 11-90
Outpatient Mental Health Visit	<b>\$0 or \$10</b>
Substance Abuse Treatment Visit	<b>\$0 or \$10</b>
Mental Health or Substance Abuse Treatment Telehealth Visit	<b>\$0</b>

### Additional Benefits Not Covered by Original Medicare



Allowance for Utility Bill Payments, Food and Over-the-Counter Health & Wellness Items	<b>\$112/month</b> (\$1,344/year)
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	<b>\$0</b>
Routine Eye Exam (one per year)	<b>\$0</b>
Eyeglasses (one pair per year) or Contact Lenses	<b>\$0</b> (\$300/year allowance)
Routine Hearing Exam (one per year)	<b>\$0</b>
Hearing Aids (choose from a range of styles and features)	<b>\$0</b> (\$1,100/year allowance)
Dental – Preventive‡ (oral exams, cleanings and X-rays)	<b>\$0</b>
Dental – Comprehensive/Restorative‡	<b>\$0</b>
Dental – Bridges or Dentures‡	<b>\$0 or 50%</b> coinsurance
Dental – Coverage Maximum	<b>\$2,500</b>
Respite Care (12 respite care sessions per year, up to 8 hours per session, for members with dementia, including Alzheimer's disease)	<b>\$0</b>
Nonemergency Routine Transportation (such as trips to and from your doctor's office within 75 miles of your home)	<b>\$0</b> (up to 36 one-way trips)
Fitness Benefit	<b>\$0</b>
Personal Emergency Response System	<b>\$0</b>

### Part D Prescription Drug Coverage

<b>Network Pharmacies</b>	<b>30-Day Supply</b>
Generics	<b>\$0</b>
Brands	<b>\$0</b>

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

† Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition

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



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.

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Connect with us.

**Only Peoples Health earned Medicare's  
highest rating in Louisiana for 2024.**



**5 out of 5 stars for 2022, 2023 and 2024**

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. Every year, Medicare evaluates plans based on a 5-star rating system. Peoples Health HMO-POS plans under Medicare contract H1961 are rated 5 out of 5 stars for 2024. Y0066\_24PHAEPMemDSNPQGSTARSSHSC\_M