

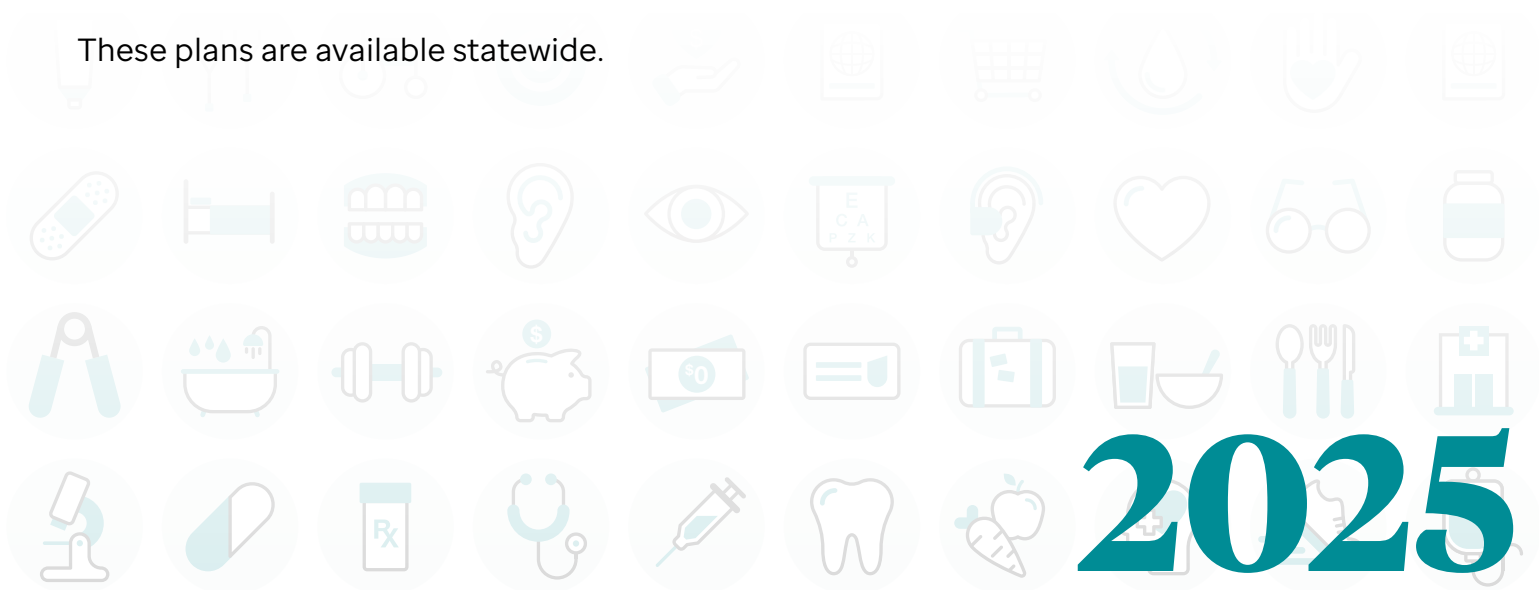


Peoples Health Secure Complete HMO-POS D-SNP
H1961-019-000

Peoples Health Dual Complete LA-S5 HMO-POS D-SNP
H1961-024-000

Peoples Health Secure Health HMO-POS D-SNP
H1961-003-000

These plans are available statewide.



Live your best life with Peoples Health.

Peoples Health is the choice of more than 110,000 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, compassionate, 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. If you have both Medicare and medical assistance from the state, you may be eligible for one of these plans.

The following plan types are covered in separate booklets:

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

Peoples Health HMO-POS* C-SNPs (Chronic Condition Special Needs Plans) are designed for people with diabetes, cardiovascular disease or chronic heart failure, and include benefits and services tailored to support these conditions.

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

\$3,000 in dental coverage with our Secure Complete plan






\$3,500 in dental coverage with our Dual Complete LA-S5 plan

\$1,750 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!†



Compare Key Benefits

	Secure Complete (HMO-POS D-SNP)	Dual Complete LA-S5 (HMO-POS D-SNP)	Secure Health (HMO-POS D-SNP)
 Allowance for Utilities, Food, and Over-the-Counter Health & Wellness Items	\$227/Month to Spend	\$280/Month to Spend	\$120/Month to Spend
 \$0 Primary Care Visits	Yes	Yes	Yes
 Routine Transportation (trips to and from a doctor's office)	Up to 60 One-Way Trips	Unlimited Trips	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	Up to 28 Meals Over 14 Days
 \$0 Part D Prescription Drug Coverage	Yes	Yes	Yes

† 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 Medicare cost-sharing assistance under Medicaid (FBDE, QMB, QMB+ or SLMB+).

If you don't have Medicare and Medicare cost-sharing assistance under Medicaid, ask about our other plans that may be available to you.

	Secure Complete (HMO-POS D-SNP)
Monthly Plan Premium	\$0*
Maximum Out-of-Pocket Costs	N/A
Doctor Visits	
Primary Care Provider Visit	\$0
Specialist Visit	\$0
Telehealth Visit	\$0
Preventive Care	
Pap Smears, Pelvic Exams, Mammograms	\$0
Prostate & Colorectal Cancer Screenings	\$0
Bone Mass Measurement	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0
Labs & Tests	
Lab Services	\$0
Diagnostic Procedures/Tests	\$0
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 per Day	\$0
Home Health & Skilled Nursing Facility Care	
Home Health Care	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-100
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

*Paid for by Medicare's Extra Help Program

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
Additional Benefits Not Covered by Medicare	
Allowance for Utility Bill Payments, Food, and Over-the-Counter Health & Wellness Items	\$227/month (\$2,724/year)
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Routine Eye Exam (one per year)	\$0
Eyeglass Lenses (every year)	\$0
Frames or Contact Lenses (every year)	\$400 allowance
Routine Hearing Exam (one per year)	\$0
Hearing Aids (up to two per year; includes OTC and prescription hearing aids)	\$0 (\$1,500 allowance)
Dental - Preventive [†] (oral exams, cleanings and X-rays)	\$0
Dental - Comprehensive/Restorative [†]	\$0
Dental - Bridges or Dentures [†]	\$0
Dental - Coverage Maximum	\$3,000
Respite Care (12 sessions per year 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 (60 one-way trips)
Fitness Benefit	\$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.

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

■ **Peoples Health Dual Complete LA-S5** HMO-POS D-SNP

This is a Medicare health plan for people with Medicare and full Medicaid benefits (FBDE, QMB+ or SLMB+).
If you don't have Medicare and full Medicaid benefits, ask about our other plans that may be available to you.

	Dual Complete LA-S5 (HMO-POS D-SNP)
Monthly Plan Premium	\$0*
Maximum Out-of-Pocket Costs	N/A
Doctor Visits	
Primary Care Provider Visit	\$0
Specialist Visit	\$0
Telehealth Visit	\$0
Preventive Care	
Pap Smears, Pelvic Exams, Mammograms	\$0
Prostate & Colorectal Cancer Screenings	\$0
Bone Mass Measurement	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0
Labs & Tests	
Lab Services	\$0
Diagnostic Procedures/Tests	\$0
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 per Day	\$0
Home Health & Skilled Nursing Facility Care	
Home Health Care	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-100
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

*Paid for by Medicare's Extra Help Program

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
Additional Benefits Not Covered by Medicare	
Allowance for Utility Bill Payments, Food, and Over-the-Counter Health & Wellness Items	\$280/month (\$3,360/year)
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Routine Eye Exam (one per year)	\$0
Eyeglass Lenses (every year)	\$0
Frames or Contact Lenses (every year)	\$350 allowance
Routine Hearing Exam (one per year)	\$0
Hearing Aids (up to two per year; includes OTC and prescription hearing aids)	\$0 (\$2,200 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 sessions per year 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

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.

[†] 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 Medicaid (FBDE, QI, QMB, QMB+, SLMB or SLMB+). If you are a Qualified Medicare Beneficiary (QMB) or have full Medicaid benefits, you pay a \$0 copayment for your Medicare cost-sharing.

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

	Secure Health (HMO-POS D-SNP)
Monthly Plan Premium	\$0*
Maximum Out-of-Pocket Costs	\$4,100
Doctor Visits	
Primary Care Provider Visit	\$0
Specialist Visit	\$0
Telehealth Visit	\$0
Preventive Care	
Pap Smears, Pelvic Exams, Mammograms	\$0
Prostate & Colorectal Cancer Screenings	\$0
Bone Mass Measurement	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0
Labs & Tests	
Lab Services	\$0
Diagnostic Procedures/Tests	\$0 or \$25
X-rays	\$0 or \$15
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0 or \$250
Outpatient Surgery	
Surgery (outpatient hospital)	\$0 or \$110
Surgery (ambulatory surgical center)	\$0 or \$110
Inpatient Hospital Care per Admission	
Inpatient Deductible	\$0
Inpatient Stay per Day	\$0 or \$110 days 1-10 \$0 days 11+
Home Health & Skilled Nursing Facility Care	
Home Health Care	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$0 or \$100 days 21-100
Worldwide Emergency Care, Urgent Care and Emergency Transportation*	
Emergency Care	\$0 or \$140
Urgently Needed Care	\$0 or \$65
Emergency Ambulance Services (per one-way trip, ground or air)	\$0 or \$275
Emergency or Urgent Care Outside U.S.	\$0

*Paid for by Medicare's Extra Help Program

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

Outpatient Services & Supplies	
Occupational, Physical or Speech Therapy Visit	\$0 or \$5
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 or \$110 days 1-10 \$0 days 11-90
Outpatient Mental Health Visit	\$0 or \$15 group
Substance Abuse Treatment Visit	\$0 or \$25 individual
Additional Benefits Not Covered by Medicare	
Allowance for Utility Bill Payments, Food, and Over-the-Counter Health & Wellness Items	\$120/month (\$1,440/year)
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Routine Eye Exam (one per year)	\$0
Eyeglass Lenses (every two years)	\$0-\$153
Frames or Contact Lenses (every two years)	\$250 allowance
Routine Hearing Exam (one per year)	\$0
Hearing Aids (up to two per year; includes OTC and prescription hearing aids; cost listed is per hearing aid)	Prescription: \$0 or \$199-\$1,249
	OTC: \$0 or \$99-\$829
Dental - Preventive* (oral exams, cleanings and X-rays)	\$0
Dental - Comprehensive/Restorative*	\$0
Dental - Bridges or Dentures*	\$0 or 50% coinsurance
Dental - Coverage Maximum	\$1,750
Respite Care (12 sessions per year 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 (up to 36 one-way trips)
Fitness Benefit	\$0

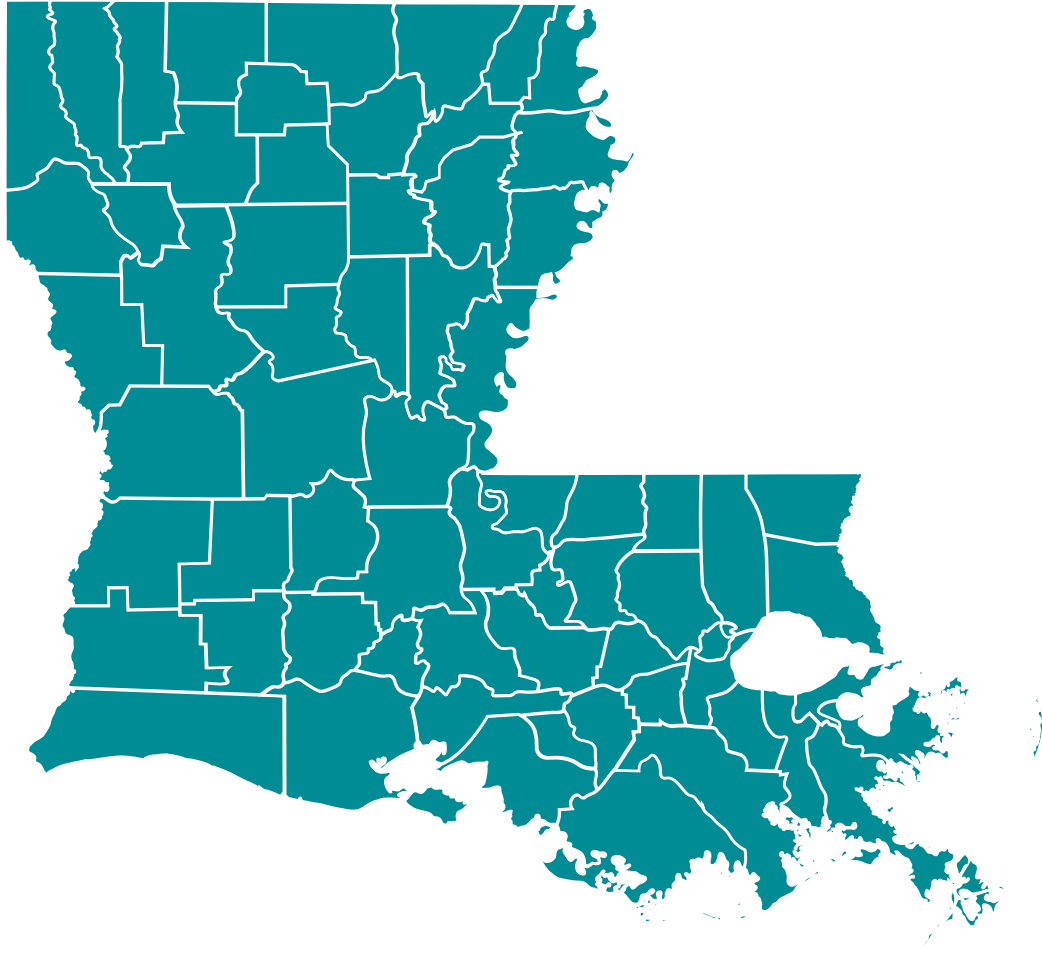
Part D Prescription Drug Coverage

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.

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

Availability of HMO D-SNP Plans



Peoples Health Secure Complete (HMO-POS D-SNP)
Peoples Health Dual Complete LA-S5 (HMO-POS D-SNP)
Peoples Health Secure Health (HMO-POS D-SNP)

These plans are available statewide.

Online Search Tools



Check for covered drugs, tier levels and requirements, such as quantity limits or step therapy for certain drugs.



Find hospitals, pharmacies, physicians and other health care providers.

When Can I Enroll?



Initial Enrollment Period (IEP)

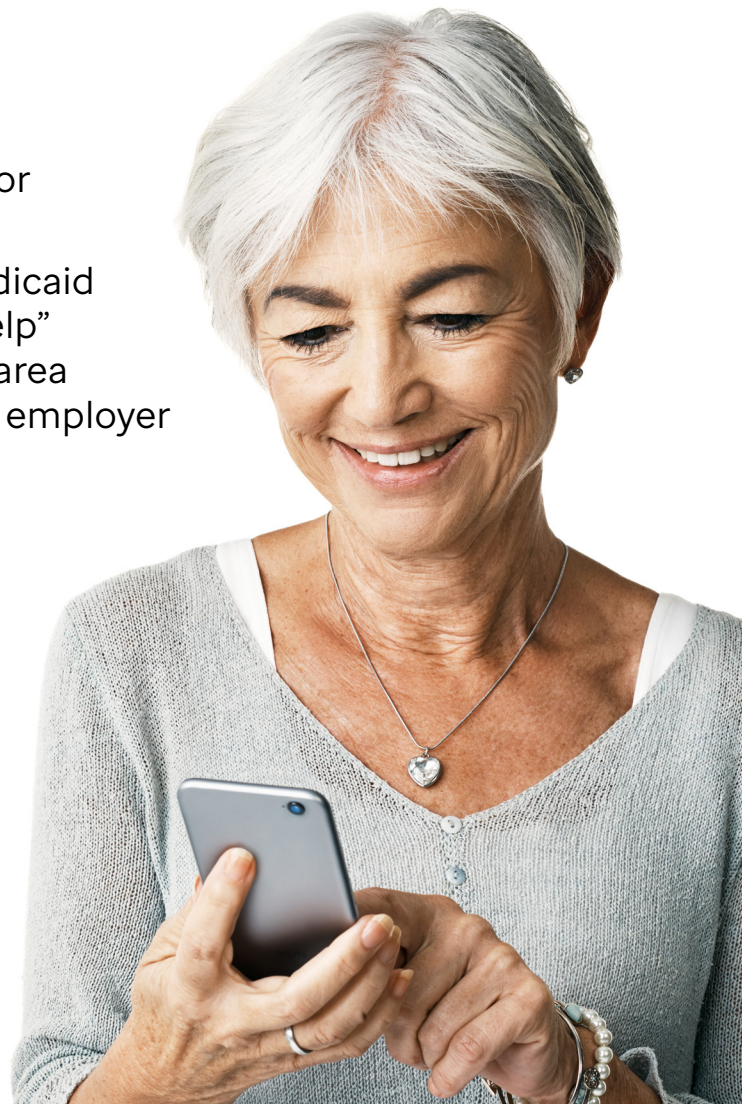


Annual Enrollment Period (AEP)



Special Enrollment Period (SEP) for people who:

- Have both Medicare and Medicaid
- Receive Medicare's "Extra Help"
- Just moved into the service area
- Lost other coverage, such as employer group coverage





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

1-855-812-8234 (TTY: 711)

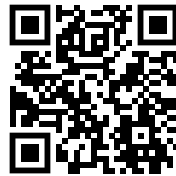
Daily: 7 a.m. to 10 p.m.
Asistencia disponible en español.

Peoples Health Medicare Center | 3017 Veterans Memorial Blvd. | Metairie, LA 70002
peopleshealth.com

Open Monday to Friday, 8 a.m. to 5 p.m.



Connect with us.



Scan the QR code to learn more.

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 with Medicare. 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. Y0066_25PHAEPMemQG2_DSNP_M 09/24

PEOPLES HEALTH

A UnitedHealthcare Company

Get Ready for Medicare



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.

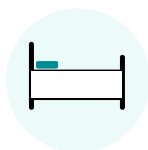
Peoples Health has been helping people with Medicare since 1994. Over those years, we've found that everybody's needs are different, but one thing remains the same: You need the coverage that works best for you.

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 Part A and Part 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's 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 benefits. These plans can offer more benefits than Original Medicare, and many also offer Part D drug coverage.



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

Deductibles

Just like commercial 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.

When reviewing your coverage options, ask about the deductibles you may have to pay.

Peoples Health Medicare plans do not have deductibles for Medicare Part A or Part B.

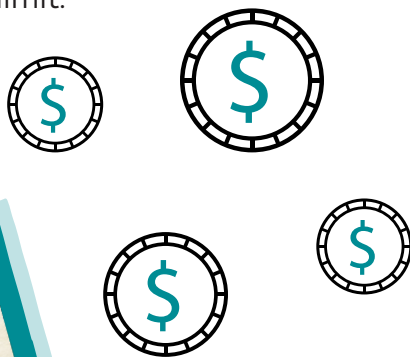


Maximum Out-of-Pocket Amount

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

With Original Medicare, there's 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, routine dental or routine hearing exams—the cost of the service may not apply to your MOOP limit.



Medicare Supplements vs. Medicare Advantage

Medicare supplements, sometimes called Medigap policies, are offered by private companies to help cover some of the costs you may face with 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 or fitness coverage, or Part D drug coverage, you would need to buy that coverage through a separate plan or plans.

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.

*Some Peoples Health plans offer optional coverage for additional benefits for a premium.



Medicare Plan Types

Peoples Health offers several types of Medicare Advantage plans. Each includes all the benefits of Medicare, plus valuable additional benefits.

- **Health Maintenance Organization (HMO-POS)***

Coordinated care through a carefully selected network of providers. Part D prescription drug coverage is included with most of these plans.

- **Dual-Eligible Special Needs Plans (HMO-POS D-SNPs)***

Coordinated care with enhanced benefits. These plans are available to people who have both Medicare and Medicaid, and these plans also include Part D prescription drug coverage.

- **Chronic Condition Special Needs Plans (HMO-POS C-SNPs)***

Designed for people with diabetes, chronic heart failure or a cardiovascular disorder. Our C-SNPs feature lower specialist copays and Part D drug coverage with lower copays for certain drugs than our non-SNPs. They also include a monthly allowance for health & wellness items and healthy food.^

- **Preferred Provider Organization (PPO)**

Choose to get services from a provider in our network, usually at greater savings, or out-of-network from providers who accept Medicare. We offer two PPO plans statewide. One has Part D drug coverage, and one does not.

*Point-of-Service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members. ^The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. Contact us for details.

More Than Medicare

Medicare Advantage plans can offer more benefits than Original Medicare. Most 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



Dental coverage



Allowance for over-the-counter health & wellness items



Allowance for healthy groceries and utility bills*



Meals after hospital stays



Part D drug coverage with certain generic drugs for \$0*

*Some plans may have a premium for optional additional benefits that you can choose to sign up for. *Allowance for utility bills only available with our D-SNPs; allowance for healthy groceries available with our C-SNPs and D-SNPs. *For plans with Part D coverage, \$0 long-term supply of tier 2 generic drugs available from preferred mail-order pharmacy.

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 October 15 and ends December 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 October 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, being eligible for a chronic condition special needs plan, 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.

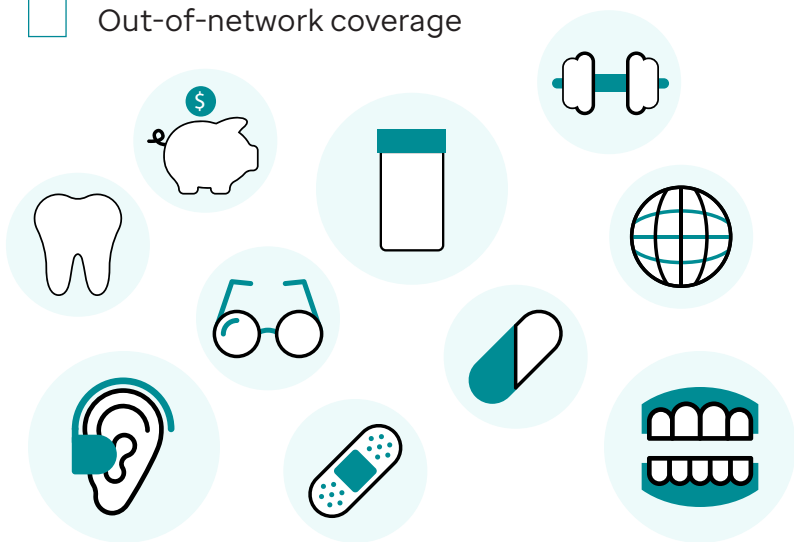


Things to Consider: What Do You Want in a Medicare Plan?

What benefits do you want?

Check all that are important to you.

- ☐ Part D prescription drug coverage
- ☐ Benefits tailored to chronic conditions
- ☐ 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 to you?

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

[illegible]

Things to Consider: What Do You Want in a Medicare Plan?

What prescription drugs do you need?

Make a list of the medications you take, including dosage and how often you take them.

[illegible]

Important Numbers

Medicare

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

(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



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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 and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. 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. Y0066_25GRFMB_M