



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![†]



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

[†] 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
Doctor Visits & NurseLine	
Primary Care Physician Visit	\$0
Specialist Visit	\$0
Telehealth Visit	\$0
24-Hour NurseLine	\$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

*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
Doctor Visits & NurseLine	
Primary Care Physician Visit	\$0
Specialist Visit	\$0
Telehealth Visit	\$0
24-Hour NurseLine	\$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 or \$225
Outpatient Surgery	
Surgery (outpatient hospital)	\$0 or \$50
Surgery (ambulatory surgical center)	\$0
Inpatient Hospital Care per Admission	
Inpatient Deductible	\$0
Inpatient Stay per Day	\$0 or \$75 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

*Paid for by Medicare's Extra Help Program

Worldwide Emergency Care, Urgent Care and Emergency Transportation†

Emergency Care	\$0 or \$135
Urgently Needed Care	\$0
Emergency Ambulance Services (per one-way trip, ground or air)	\$0 or 275
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 or \$75 days 1-10 \$0 days 11-90
Outpatient Mental Health Visit	\$0 or \$10
Substance Abuse Treatment Visit	\$0 or \$10
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	\$112/month (\$1,344/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 (\$300/year allowance)
Routine Hearing Exam (one per year)	\$0
Hearing Aids (choose from a range of styles and features)	\$0 (\$1,100/year allowance)
Dental – Preventive‡ (oral exams, cleanings and X-rays)	\$0
Dental – Comprehensive/Restorative‡	\$0
Dental – Bridges or Dentures‡	\$0 or 50% coinsurance
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 75 miles of your home)	\$0 (up to 36 one-way 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.



A UnitedHealthcare Company

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

1-855-286-9746 (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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PEOPLES HEALTH

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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.

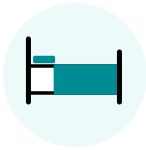
Peoples Health has been helping people with Medicare since 1994. Over those years, we've found that everybody's needs are different, but one thing remains the same: You need the coverage that works best for you.

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 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 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 is 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. Many Part D plans have deductibles, as well.

When choosing your coverage option, ask about the deductibles you may have to pay.

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, routine 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 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 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



Credit 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

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

Medicare 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 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 to get services from a provider in our network, usually at greater savings, or get services out of network. 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.

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, 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
- 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



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)

SHIP (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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