

Peoples Health Dual Complete LA-S5-01 HMO-POS D-SNP

H1961-030-001

Peoples Health Secure Complete-01 HMO-POS D-SNP

H1961-031-001

Peoples Health Secure Health-01 HMO-POS D-SNP

H1961-032-001

These plans are available in East Baton Rouge, East Feliciana, Iberville, Jefferson, Livingston, Orleans, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. John the Baptist, St. Landry, West Baton Rouge and West Feliciana parishes.

2027

PEOPLES HEALTH

A UnitedHealthcare Company



Peoples Health

Founded in
1994
by medical providers and
physicians in Louisiana

Focused on the needs of
people with
Medicare

Peoples Health enrolled its
first members in
1997
and has consistently earned
high ratings from Medicare.

We offer these Medicare plan types:

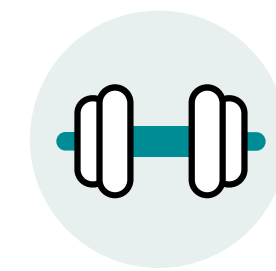
Health Maintenance Organization (HMO-POS)
Dual-Eligible Special Needs Plan (HMO-POS D-SNP)
Chronic Condition Special Needs Plan (HMO-POS C-SNP)

Point-of-service (POS) option allows out-of-network dental
services only. Those services may have higher costs.

2027 Plan Highlights: Dual Complete LA-S5-01, Secure Complete-01 and Secure Health-01



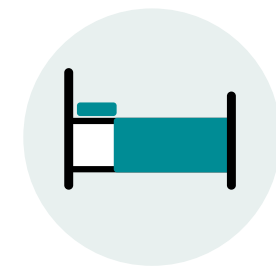
\$0 Primary Care Provider & Telehealth Visits



\$0 Fitness Benefit



Credit for Health & Wellness Items



\$0 Home Health Care



\$0 Preventive Dental



\$0 Part B Vaccinations, Including for COVID-19*



Allowance for Routine Eyewear



\$0 Preventive Care Screenings



\$0 Meals After Hospital Stay



Hearing Aid Coverage

*Most adult Part D vaccines are covered at no cost to you.

2027 Plans Compared

Compare Key Benefits		Dual Complete LA-S5-01 (HMO-POS D-SNP)	Secure Complete-01 (HMO-POS D-SNP)	Secure Health-01 (HMO-POS D-SNP)
	Credit for Utilities, Food, and Over-the- Counter Health & Wellness Items*	\$296/Month to Spend	\$186/Month to Spend	\$182/Month to Spend
	\$0 Primary Care Visits	Yes	Yes	Yes
	Routine Transportation (trips to and from a doctor's office)	Up to 104 One-Way Trips	Up to 36 One-Way Trips	Up to 24 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
	Part D Prescription Drug Coverage	Yes	Yes	Yes

*Members must meet eligibility requirements to spend the credit on healthy food and utilities.

Even more ways to use your credit!



You can use your credit on wellness support like select fitness items.* Or, get assistance through The Helper Bees for in-home services, weight management counseling, caregiver relief and more.

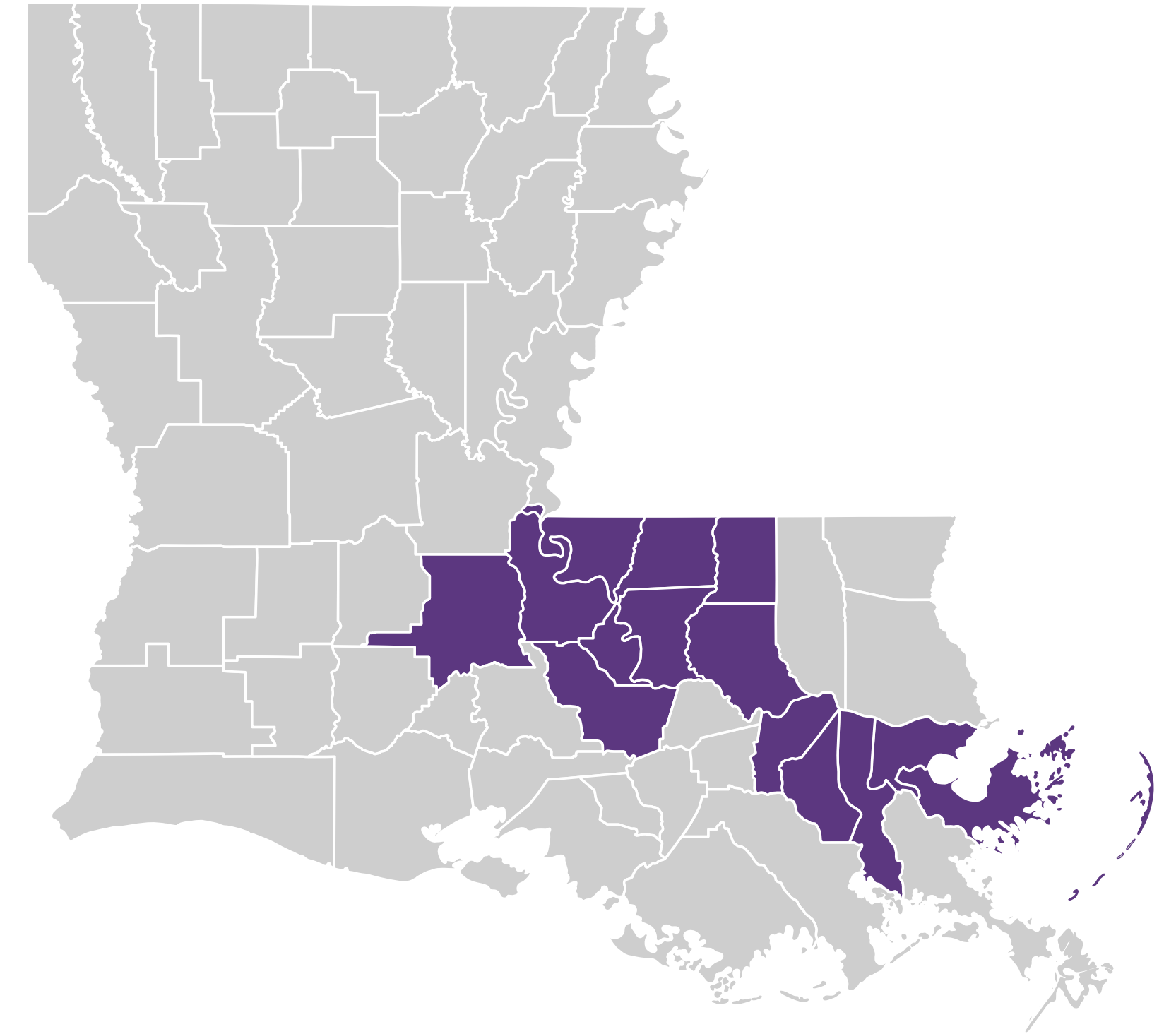
Certain wellness support services are provided by third parties not affiliated with UnitedHealthcare and participation may be subject to your acceptance of the third parties' respective terms and policies. UnitedHealthcare is not responsible for the services provided by third parties. *Select fitness items are only available through the member site or by phone.

Peoples Health Dual Complete LA-S5-01 (HMO-POS D-SNP) H1961-030-001

This plan is available in East Baton Rouge, East Feliciana, Iberville, Jefferson, Livingston, Orleans, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. John the Baptist, St. Landry, West Baton Rouge and West Feliciana parishes.

- A Medicare health plan for people with Medicare and full Medicaid benefits (FBDE, QMB+ or SLMB+)
- **\$296 per month** credit for utilities, healthy food, and over-the-counter health & wellness items*
- Coordinated care through our extensive network of providers

*Members must meet eligibility requirements to spend the credit on healthy food and utilities.



	Dual Complete LA-S5-01 (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

*Paid for by Medicare’s Extra Help program

[†]Some network services, like visits to specialists, require a referral from the member’s primary care provider (PCP) to be covered. PCP choice can impact the specialists and hospitals the member will be able to see.

Dual Complete LA-S5-01 (HMO-POS D-SNP)	
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
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

Dual Complete LA-S5-01
(HMO-POS D-SNP)

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

Outpatient Mental Health Visit

\$0

Substance Abuse Treatment Visit

\$0

Dual Complete LA-S5-01 (HMO-POS D-SNP)	
Additional Benefits Not Covered by Medicare	
Credit for Utility Bill Payments, Food, and Over-the-Counter Health & Wellness Items [‡]	\$296 per month
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Routine Eye Exam (1 per year)	\$0
Eyewear - Frames/Lenses or Contact Lenses (1 pair per year)	\$350 credit
Routine Hearing Exam (1 per year)	\$0
Hearing Aids (prescription hearing aids, up to 2 per year)	\$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 (104 one-way trips)
Fitness Benefit	\$0

[‡]Members must meet eligibility requirements to spend the credit on healthy food and utilities.

[§]Service periodicity limitations may apply. Member costs may be higher for out-of-network dental services.

Part D Prescription Drug Coverage

Members who qualify for Extra Help pay the following costs, depending on their level of Extra Help.

Network Pharmacies	30- or 100-Day Supply
Generic	\$0, \$1.65 or \$5.80
Brand	\$0, \$5 or \$14.40

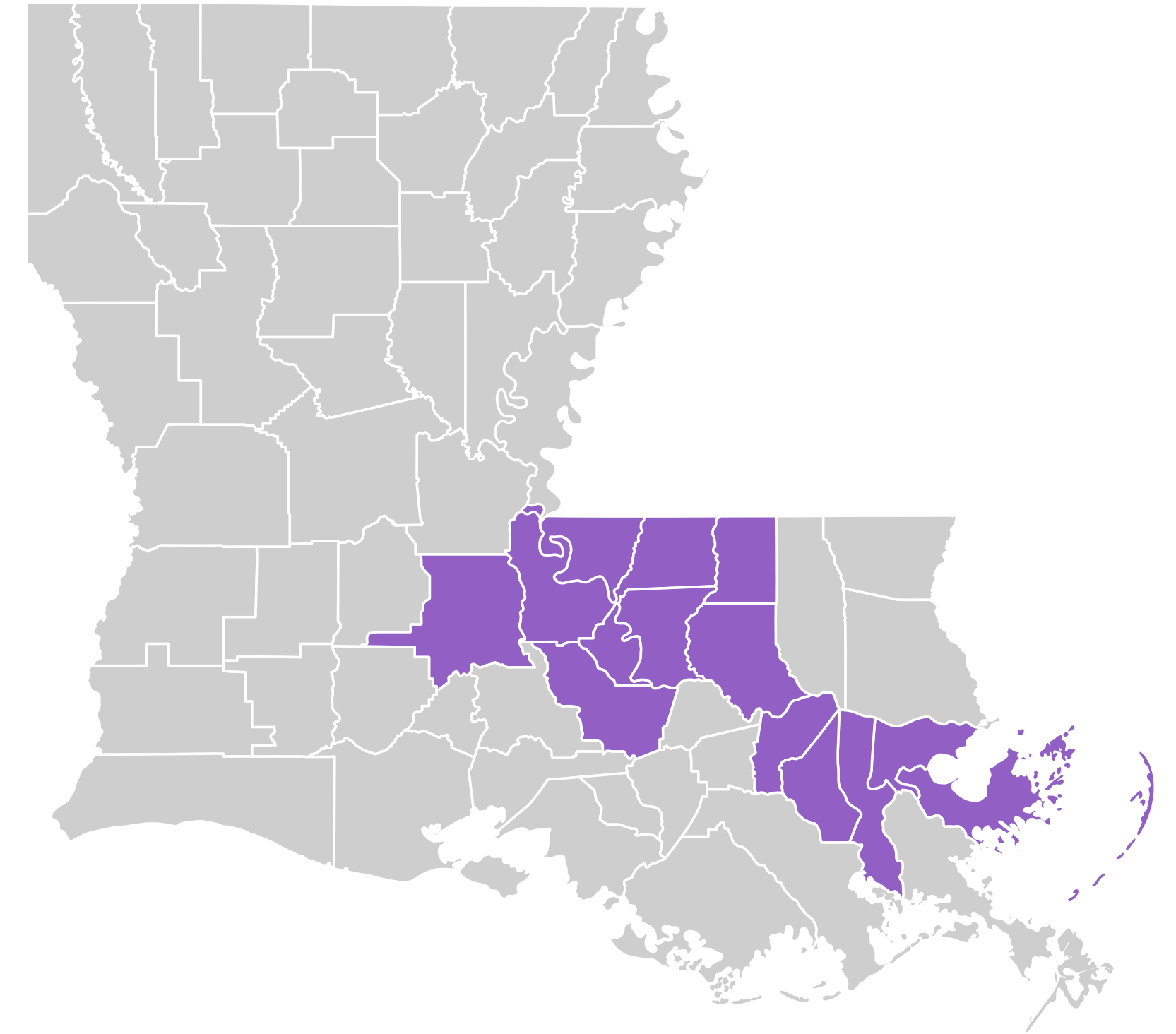
Drugs in tier 1 are always \$0. Members who don't qualify for Extra Help pay the Medicare Part D cost-share outlined in the plan's Evidence of Coverage. 100-day supplies of maintenance drugs available at retail pharmacies and by mail order. Specialty drugs limited to a 30-day supply.

Peoples Health Secure Complete-01 (HMO-POS D-SNP) H1961-031-001

This plan is available in East Baton Rouge, East Feliciana, Iberville, Jefferson, Livingston, Orleans, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. John the Baptist, St. Landry, West Baton Rouge and West Feliciana parishes.

- A Medicare health plan for people with Medicare and Medicare cost-sharing assistance under Medicaid (QMB)
- **\$186 per month** credit for utilities, healthy food, and over-the-counter health & wellness items*
- Coordinated care through our extensive network of providers

*Members must meet eligibility requirements to spend the credit on healthy food and utilities.



	Secure Complete-01 (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

*Paid for by Medicare’s Extra Help program

[†]Some network services, like visits to specialists, require a referral from the member’s primary care provider (PCP) to be covered. PCP choice can impact the specialists and hospitals the member will be able to see.

Secure Complete-01 (HMO-POS D-SNP)	
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
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

Secure Complete-01 (HMO-POS D-SNP)	
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
Outpatient Mental Health Visit	\$0
Substance Abuse Treatment Visit	\$0

Secure Complete-01 (HMO-POS D-SNP)	
Additional Benefits Not Covered by Medicare	
Credit for Utility Bill Payments, Food, and Over-the-Counter Health & Wellness Items [‡]	\$186 per month
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Routine Eye Exam (1 per year)	\$0
Eyewear - Frames/Lenses or Contact Lenses (1 pair per year)	\$350 credit
Routine Hearing Exam (1 per year)	\$0
Hearing Aids (prescription hearing aids, up to 2 every 2 years)	\$1,500 allowance
Dental – Preventive [§] (oral exams, cleanings and X-rays)	\$0
Dental – Comprehensive/Restorative [§]	\$0
Dental – Bridges or Dentures [§]	\$0
Dental – Coverage Maximum	\$2,000
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 (36 one-way trips)
Fitness Benefit	\$0

[‡]Members must meet eligibility requirements to spend the credit on healthy food and utilities.

[§]Service periodicity limitations may apply. Member costs may be higher for out-of-network dental services.

Part D Prescription Drug Coverage

Members who qualify for Extra Help pay the following costs, depending on their level of Extra Help.

Network Pharmacies	30- or 100-Day Supply
Generic	\$0, \$1.65 or \$5.80
Brand	\$0, \$5 or \$14.40

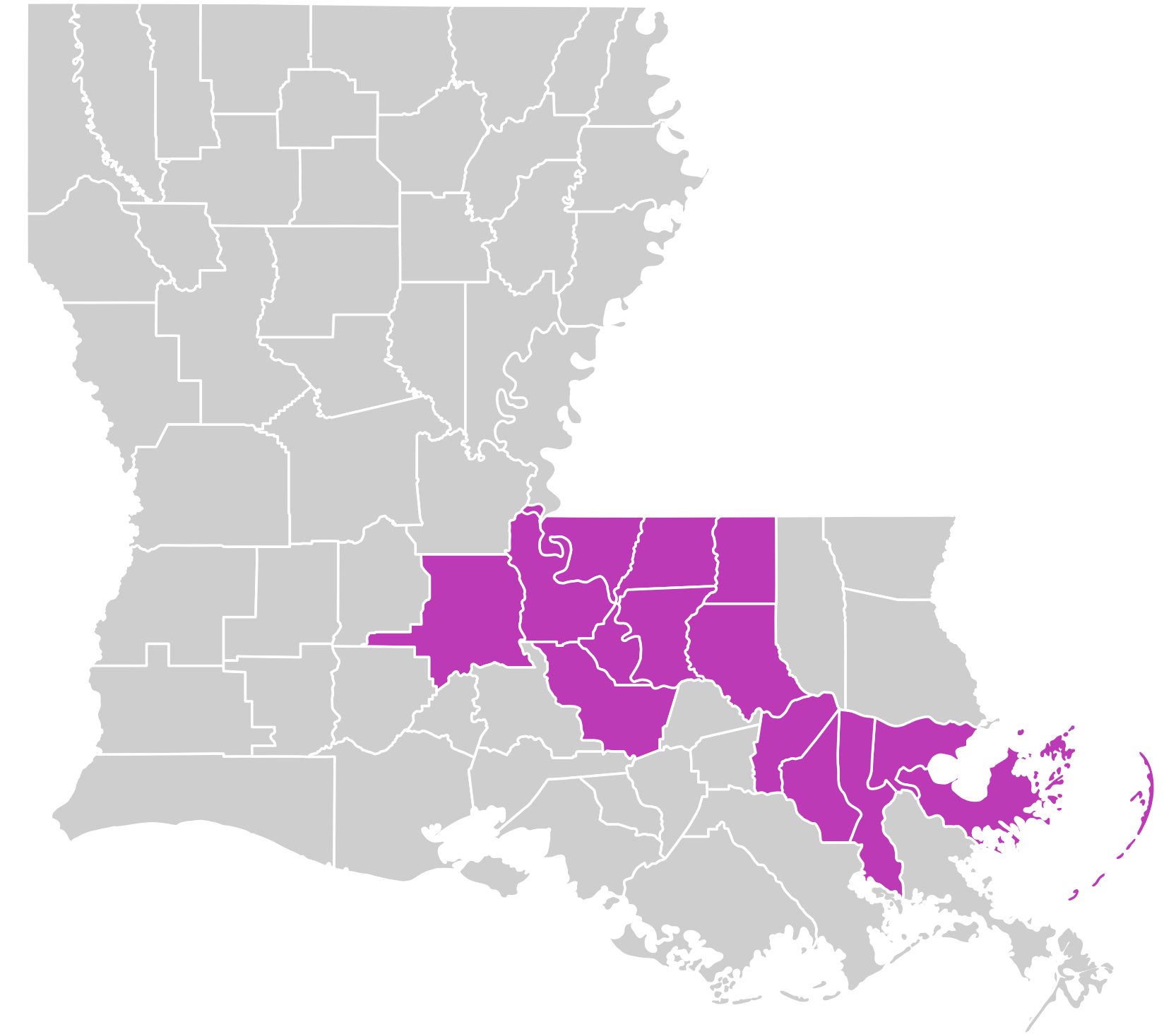
Drugs in tier 1 are always \$0. Members who don't qualify for Extra Help pay the Medicare Part D cost-share outlined in the plan's Evidence of Coverage. 100-day supplies of maintenance drugs available at retail pharmacies and by mail order. Specialty drugs limited to a 30-day supply.

Peoples Health Secure Health-01 (HMO-POS D-SNP) H1961-032-001

This plan is available in East Baton Rouge, East Feliciana, Iberville, Jefferson, Livingston, Orleans, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. John the Baptist, St. Landry, West Baton Rouge and West Feliciana parishes.

- A Medicare health plan for people with Medicare and Medicaid (QMB, SLMB or QI)
- **\$182 per month** credit for utilities, healthy food, and over-the-counter health & wellness items*
- Coordinated care through our extensive network of providers

*Members must meet eligibility requirements to spend the credit on healthy food and utilities.



	Secure Health-01 (HMO-POS D-SNP)
Monthly Plan Premium	\$0*
Maximum Out-of-Pocket Costs	\$4,900
Doctor Visits	
Primary Care Provider Visit	\$0
Specialist Visit [†]	\$10
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	\$50
X-rays	\$30
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$320

*Paid for by Medicare’s Extra Help program

[†]Some network services, like visits to specialists, require a referral from the member’s primary care provider (PCP) to be covered. PCP choice can impact the specialists and hospitals the member will be able to see.

Secure Health-01 (HMO-POS D-SNP)	
Outpatient Surgery	
Surgery (outpatient hospital or ambulatory surgical center)	\$195
Inpatient Hospital Care per Admission	
Inpatient Deductible	\$0
Inpatient Stay per Day	\$195 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 \$100 days 21-100
Emergency Care, Urgent Care and Emergency Transportation*	
Emergency Care	\$130
Urgently Needed Care	\$50
Emergency Ambulance Services (per one-way trip, ground or air)	\$350

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

		Secure Health-01 (HMO-POS D-SNP)
Outpatient Services & Supplies		
Occupational, Physical or Speech Therapy Visit		\$10
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)		\$195 days 1-10 \$0 days 11-90
Outpatient Mental Health Visit		\$15 group \$25 individual
Substance Abuse Treatment Visit		\$15 group \$25 individual

	Secure Health-01 (HMO-POS D-SNP)
Additional Benefits Not Covered by Medicare	
Credit for Utility Bill Payments, Food, and Over-the-Counter Health & Wellness Items [¶]	\$182 per month
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Routine Eye Exam (1 per year)	\$0
Eyewear - Frames/Lenses or Contact Lenses (1 pair every 2 years)	\$300 credit
Routine Hearing Exam (1 per year)	\$0
Hearing Aids (prescription hearing aids, up to 2 per year)	\$1,000 allowance
Dental – Preventive [§] (oral exams, cleanings and X-rays)	\$0
Dental – Comprehensive/Restorative [§]	50% coinsurance
Dental – Bridges or Dentures [§]	50% coinsurance
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 (24 one-way trips)
Fitness Benefit	\$0

[¶]Members must meet eligibility requirements to spend the credit on healthy food and utilities.

[§]Service periodicity limitations may apply. Member costs may be higher for out-of-network dental services.

Part D Prescription Drug Coverage

Members who qualify for Extra Help pay the following costs, depending on their level of Extra Help.

Network Pharmacies	30- or 100-Day Supply
Generic	\$0, \$1.65 or \$5.80
Brand	\$0, \$5 or \$14.40

Drugs in tier 1 are always \$0. Members who don't qualify for Extra Help pay the Medicare Part D cost-share outlined in the plan's Evidence of Coverage. 100-day supplies of maintenance drugs available at retail pharmacies and by mail order. Specialty drugs limited to a 30-day supply.

3 Stages of Part D Drug Coverage

Jan. 1

Deductible

- During this stage, you pay the full cost of your tiers 3, 4 and 5 drugs until you reach the yearly deductible.

Initial Coverage

- You pay a copay or coinsurance. The plan pays the rest.
- You stay in this stage until your total out-of-pocket drug costs reach \$2,400.

Catastrophic Coverage

- The plan pays the full cost for your covered Part D drugs.
- You may pay costs for drugs covered under our enhanced benefit.
- You stay in this stage for the rest of the plan year.

Dec. 31

Online Search Tools

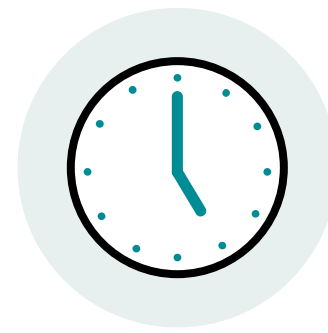


Check for covered drugs, tier levels and requirements, such as quantity limits or step therapy for certain drugs.



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:

- Receive Extra Help or Medicaid and recently experienced a change in coverage eligibility
- Just moved into the service area
- Lost other coverage, such as employer group coverage
- Have certain chronic conditions
- Enter an institution or nursing home



Thank you!

Live your best life with Peoples Health.

We look forward to serving you.

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 with Medicare. This information is not a complete description of benefits. Call us for more information. The healthy food and utilities benefit is a special supplemental benefit available only to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination. There may be other qualifying chronic conditions not listed. If you use this benefit for certain utilities, it may be considered income for housing assistance. Check with your housing authority for details. The fitness benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The Giveback benefit is a reduction on your Medicare Part B premium. You'll pay \$0 for Tier 1 and Tier 2 Part D-covered prescriptions across all payment stages when filling at a network pharmacy. Review your plan Drug List (Formulary) on UHC.com/Medicare for a list of covered prescription drugs, including those on Tier 1 and Tier 2. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Routine transportation not for use in emergencies. A trip is one-way and roundtrip is two trips. Review your Evidence of Coverage (EOC) for more information.

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