

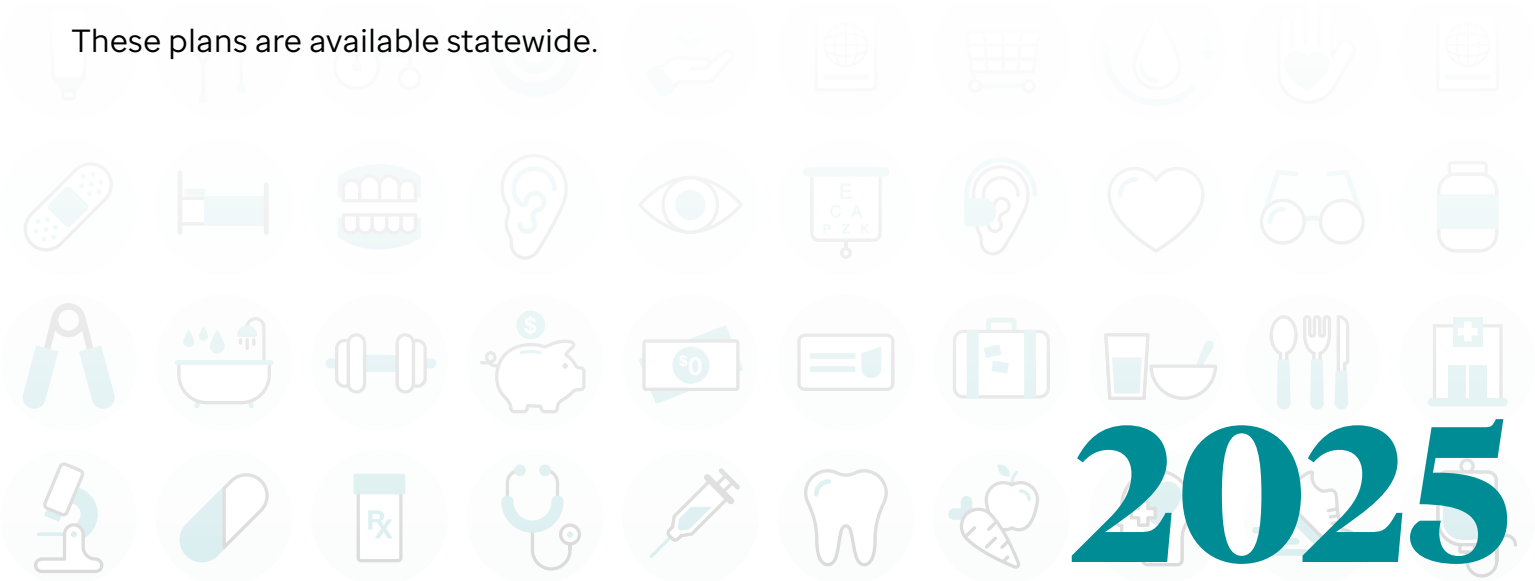


**Peoples Health Secure Complete** HMO-POS D-SNP  
H1961-019-000

**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.



# 2025

# 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.*

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

\*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 <sup>†</sup> (oral exams, cleanings and X-rays)	\$0
Dental - Comprehensive/Restorative <sup>†</sup>	\$0
Dental - Bridges or Dentures <sup>†</sup>	\$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.

<sup>†</sup> 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
<b>Doctor Visits</b>	
Primary Care Provider Visit	\$0
Specialist Visit	\$0
Telehealth Visit	\$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
<b>Worldwide Emergency Care, Urgent Care and Emergency Transportation</b>	
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 <sup>†</sup> (oral exams, cleanings and X-rays)	\$0
Dental - Comprehensive/Restorative <sup>†</sup>	\$0
Dental - Bridges or Dentures <sup>†</sup>	\$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.

<sup>†</sup> 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.*

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

\*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

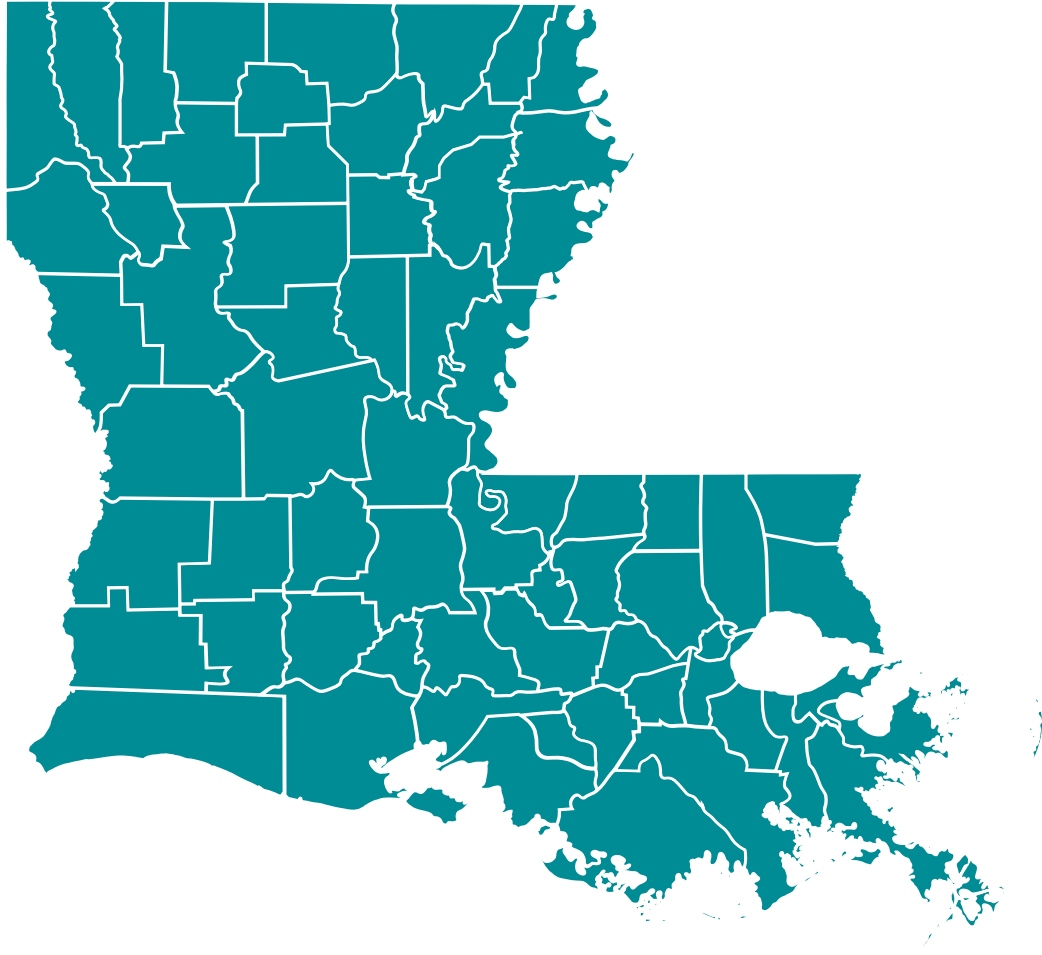
## Part D Prescription Drug Coverage

<b>Network Pharmacies</b>	<b>30-Day Supply</b>
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)**

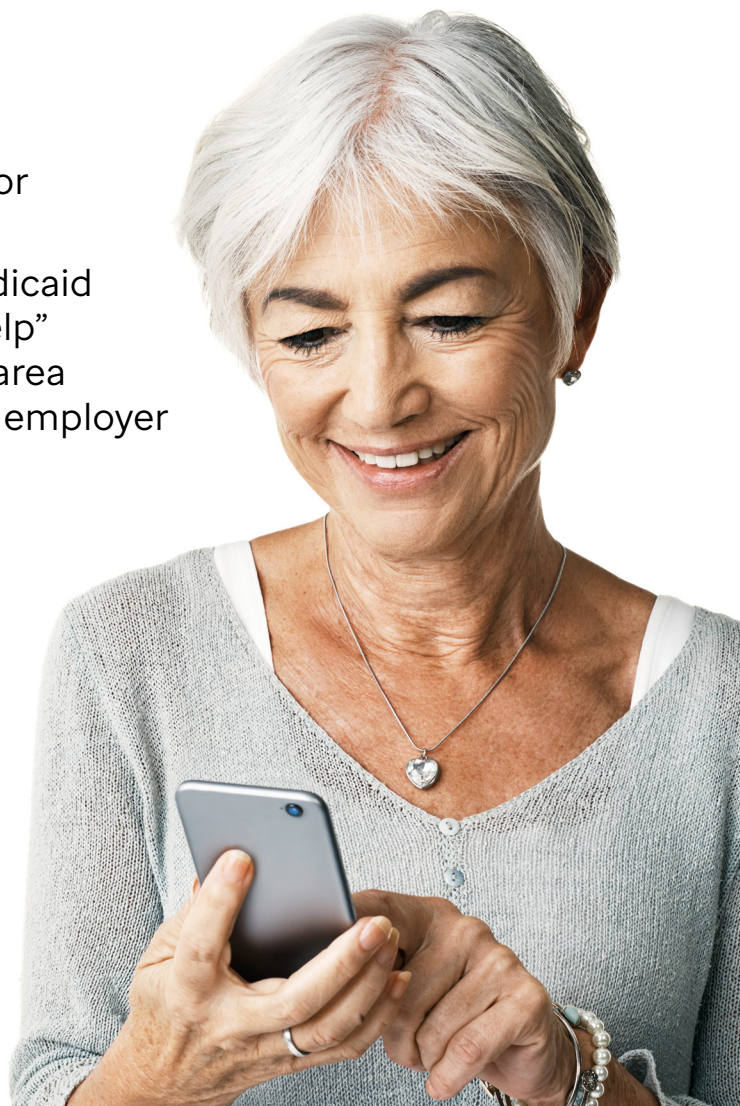


**Annual Enrollment Period (AEP)**



**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





A UnitedHealthcare Company

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