Quick Guide 2027

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.

PEOPLES HEALTH
A UnitedHealthcare Company

We have a plan for you!

Peoples Health is the choice of more than 150,000 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.

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 (Health Maintenance Organization Chronic Condition Special Needs Plans) are designed for people with diabetes, chronic heart failure or a cardiovascular disorder. Some benefits and services are tailored to support these conditions.

Point-of-service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members.

Peoples Health + UnitedHealthcare

Since joining the UnitedHealthcare family, we've been able to expand many benefits and services. Members of the Peoples Health plans in this booklet can enjoy:

UCard—Get help with your everyday needs. A credit will be loaded onto your UnitedHealthcare UCard® every month to help pay for over-the-counter products, plus healthy food and utilities if you qualify. Shop in-store or online to buy covered pain relievers, cold remedies and more. Qualifying members could also use the credit to pay for covered groceries and home utilities like electricity, natural gas and water. You can also pay online or at your local Walmart MoneyCenter.

Even more ways to use your credit! You can also 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.

Still, the best part is this: As a Peoples Health plan member, you enjoy the quality that comes from people who really care. Peoples Health is a company born and raised in Louisiana, and our members have been our neighbors, our friends and our family. It's simple. We want you to enjoy the best health possible.

Compare Key Benefits Choose the plan that fits your needs.	**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**

*Select fitness items are only available through the member site or by phone. 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. †Members must meet eligibility requirements to spend the credit on healthy food and utilities.

Dual Complete LA-S5-01 HMO-POS D-SNP
A Medicare health plan for people with Medicare and full Medicaid benefits (FBDE, QMB+ or SLMB+)

	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**
Outpatient Surgery	
Surgery (ambulatory surgical center or outpatient hospital)	**$0**
Inpatient Hospital Care per Admission	
Inpatient Deductible	**$0**
Inpatient Stay per Day	**$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**
Home Health & Skilled Nursing Facility Care	
Home Health Care	**$0**
Skilled Nursing Facility Care per Day (semiprivate room and board)	**$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.

Outpatient Services & Supplies	
Occupational Therapy Visit	**$0**
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**
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**

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**
Generics	**$0, $1.65** or **$5.80**
Brands	**$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-sharing listed 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.

[¶]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.

Secure Complete-01 HMO-POS D-SNP

A Medicare health plan for people with Medicare and Medicare cost-sharing assistance under Medicaid (QMB)

	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**
Outpatient Surgery	
Surgery (ambulatory surgical center or outpatient hospital)	**$0**
Inpatient Hospital Care per Admission	
Inpatient Deductible	**$0**
Inpatient Stay per Day	**$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**
Home Health & Skilled Nursing Facility Care	
Home Health Care	**$0**
Skilled Nursing Facility Care per Day (semiprivate room and board)	**$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.

Outpatient Services & Supplies	
Occupational Therapy Visit	**$0**
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**
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**

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**
Generics	**$0, $1.65** or **$5.80**
Brands	**$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-sharing listed 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.

[¶]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.

Secure Health-01 HMO-POS D-SNP
A Medicare health plan for people with Medicare and Medicaid (QMB, SLMB or QI)

	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**
Outpatient Surgery	
Surgery (ambulatory surgical center or outpatient hospital)	**$195**
Inpatient Hospital Care per Admission	
Inpatient Deductible	**$0**
Inpatient Stay per Day	**$195** days 1-10 **$0** days 11+
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**
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

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

Outpatient Services & Supplies	
Occupational Therapy Visit	**$10**
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
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**

Part D Prescription Drug Coverage

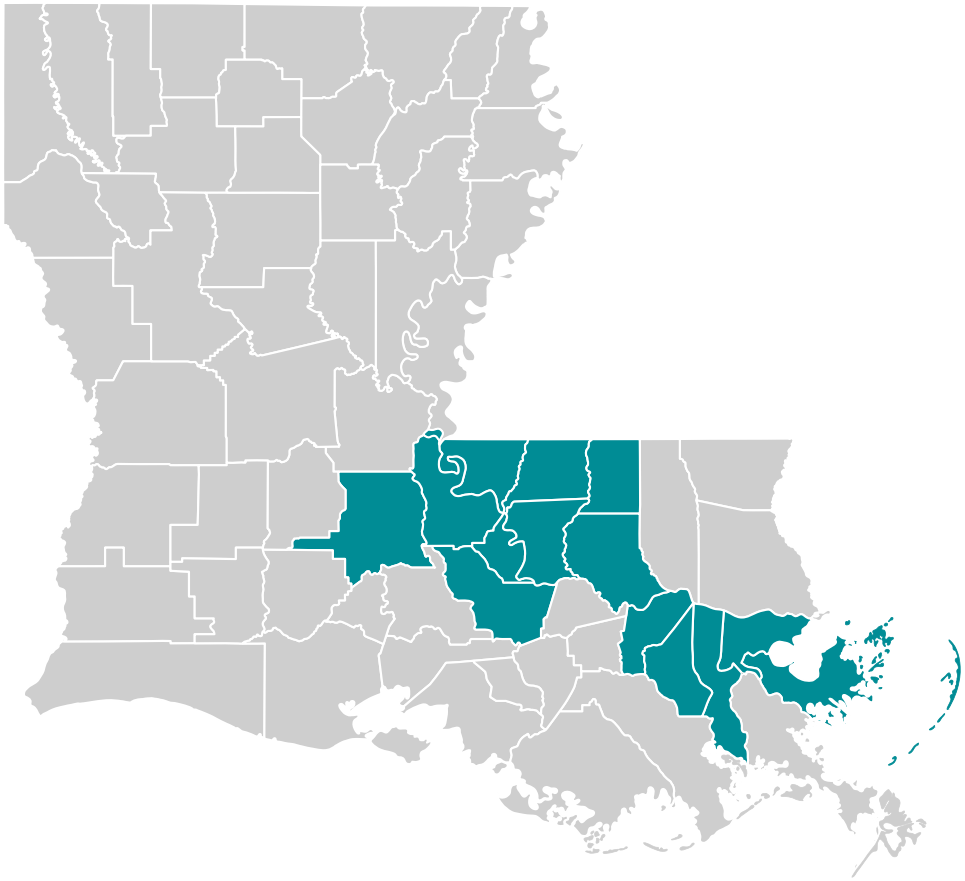
Members who qualify for Extra Help pay the following costs, depending on their level of Extra Help.

Network Pharmacies	30- or 100-Day Supply
Generics	**$0, $1.65** or **$5.80**
Brands	**$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-sharing listed 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.

[¶]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.

Availability of HMO-POS D-SNPs



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

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.

Online Search Tools

Check for covered drugs 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

PEOPLES HEALTH

A UnitedHealthcare Company

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

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

Daily: 8 a.m.–8 p.m. (Oct. 1–March 31)
Monday–Friday: 8 a.m.–8 p.m. (April 1–Sept. 30)
Asistencia disponible en español.

Three Lakeway Center | 3838 N. Causeway Blvd., Suite 2500 | Metairie, LA 70002
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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. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. OTC, food and utility benefits have expiration timeframes. Review your Evidence of Coverage (EOC) 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. If you use this benefit for certain utilities, it may be considered income for housing assistance. Check with your housing authority for details. This information is not intended to imply the recipient has a specific condition or disease nor requires a particular medical test or procedure. 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. 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. Y0066_27PHAEPQG_DSNP01_M 09/26