

# Quick Guide 2027

**Peoples Health Complete Care LA-5** HMO-POS C-SNP | H1961-022-000

These plans are available in Ascension, East Baton Rouge, East Feliciana, Iberville, Jefferson, Livingston, Orleans, St. Charles, St. Helena and West Baton Rouge parishes.

**Peoples Health Complete Care LA-6** HMO-POS C-SNP | H1961-023-000

This plan is available in Acadia, Allen, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, DeSoto, East Carroll, Evangeline, Franklin, Grant, Iberia, Jackson, Jefferson Davis, Lafayette, LaSalle, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Rapides, Red River, Richland, Sabine, St. Landry, St. Martin, St. Tammany, Tangipahoa, Tensas, Union, Vermilion, Vernon, Washington, Webster, West Carroll and Winn parishes.

**Peoples Health Complete Care LA-7-01** HMO-POS C-SNP | H1961-033-001

This plan is available in Assumption, Lafourche, St. Mary and Terrebonne parishes.

**Peoples Health Complete Care LA-7-02** HMO-POS C-SNP | H1961-033-002

This plan is available in Plaquemines, Pointe Coupee, St. Bernard, St. James, St. John the Baptist 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 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.

### 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 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.

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—**Most Peoples Health plans offer a credit for purchasing over-the-counter (OTC) products. Your credit will be loaded onto your UnitedHealthcare UCard® for covered OTC products. Shop in-store or online for pain relievers, cold remedies, vitamins and more, and pay with your UCard. Qualifying members can also use the credit to pay for covered healthy foods.

**UnitedHealth Passport® program—**Through the Passport program, you can access plan-covered services while traveling outside your plan service area in the United States. The Passport program lets you access covered services at in-network costs from participating providers in the Passport service area.

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.

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# Chronic Condition Special Needs Plans

### If you have diabetes, chronic heart failure or a cardiovascular disorder, ask about our C-SNPs.

These plans offer a monthly allowance for health and wellness items, plus healthy food for qualifying members. The plans include lower copays than some of our other plans for specialist visits and certain prescription drugs.

### This type of plan could be a good fit if you:

- Have diabetes, chronic heart failure or a cardiovascular disorder
- Regularly see a specialist in our network to manage one of these conditions
- Could use a monthly allowance for healthy food and OTC items
- Do not have Medicaid or medical assistance from the state

**Peoples Health Complete Care LA-5** HMO-POS C-SNP

| | **Complete Care LA-5**<br>HMO-POS C-SNP |
|---|---|
| Monthly Plan Premium | **$0** |
| Part B Premium Give Back (amount paid by Peoples Health) | **N/A** |
| Maximum Out-of-Pocket Costs | **$3,900** |
| **Doctor Visits** | |
| Primary Care Provider Visit | **$0** |
| Specialist Visit* | **$20** |
| 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 | **$5** |
| X-rays | **$5** |
| Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.) | **$285** |
| **Outpatient Surgery** | |
| Surgery (ambulatory surgical center or outpatient hospital) | **$125** |
| **Inpatient Hospital Care per Admission** | |
| Inpatient Deductible | **$0** |
| Inpatient Stay per Day | **$125** days 1-10<br>**$0** days 11+ |
| **Emergency Care, Urgent Care and Emergency Transportation‡** | |
| Emergency Care | **$150** |
| Urgently Needed Care | **$65** |
| Emergency Ambulance Services (per one-way trip, ground or air) | **$150** |
| **Home Health & Skilled Nursing Facility Care** | |
| Home Health Care | **$0** |
| Skilled Nursing Facility Care per Day (semiprivate room and board) | **$0** days 1-20<br>**$221** days 21-100 |

*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. †Office visit copay may apply. ‡Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

| | |
|---|---|
| **Outpatient Services & Supplies** | |
| Occupational Therapy Visit | **$20** |
| Physical or Speech Therapy Visit | **$20** |
| Durable Medical Equipment - DME (wheelchairs, oxygen, etc.) | **20%** coinsurance |
| Diabetes Monitoring Supplies (DME provider or network retail pharmacy) | **$0** |
| **Mental Health & Substance Abuse Treatment** | |
| Inpatient Mental Health Care (per day) | **$125** days 1-10<br>**$0** days 11-90 |
| Outpatient Mental Health Visit | **$15** group<br>**$25** individual |
| Substance Abuse Treatment Visit | |
| **Additional Benefits Not Covered by Medicare** | |
| Credit for Over-the-Counter Health & Wellness Items | **$85**/month *(includes healthy food[¶])* |
| 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 2 years) | **$200** credit |
| Routine Hearing Exam (1 per year) | **$0** |
| Hearing Aids (prescription hearing aids, up to 2 per year) | **$700** allowance |
| Dental - Preventive[§] (oral exams, cleanings and X-rays) | **$0** |
| Platinum Dental Rider for Comprehensive Services | **N/A** |
| Dental - Comprehensive/Restorative[§] | **50%** coinsurance |
| Dental - Coverage Maximum | **$2,000** |
| Respite Care (12 sessions per year for members with dementia, including Alzheimer's disease) | **$0** |
| Fitness Benefit | **$0** |

**Part D Prescription Drug Coverage**

| **Deductible Stage** | **$595** deductible for tiers 3-5 | |
|---|---|---|
| **Initial Coverage Stage** | **30-Day Supply** | **100-Day Supply** |
| Tier 1 | **$0** | **$0** |
| Tier 2 | **$0** | **$0** |
| Tier 3 | **22%** coinsurance | **22%** coinsurance |
| Tier 3 *Covered Insulin Drugs* | Up to **$25** | Up to **$75** |
| Tier 4 | **34%** coinsurance | 30-day supply only |
| Tier 5 | **27%** coinsurance | 30-day supply only |

If you have a limited income, you may be eligible for Medicare's Extra Help program. It could lower your costs for prescription drugs. Ask us about eligibility.

[¶]Members must meet eligibility requirements to spend the credit on healthy food.
[§]Service periodicity limitations may apply. Member costs may be higher for out-of-network dental services.

**Peoples Health Complete Care LA-6** HMO-POS C-SNP

| | **Complete Care LA-6**<br>HMO-POS C-SNP |
|---|---|
| Monthly Plan Premium | **$0** |
| Part B Premium Give Back (amount paid by Peoples Health) | **N/A** |
| Maximum Out-of-Pocket Costs | **$6,700** |
| **Doctor Visits** | |
| Primary Care Provider Visit | **$0** |
| Specialist Visit* | **$35** |
| 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 | **$25** |
| X-rays | **$5** |
| Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.) | **$285** |
| **Outpatient Surgery** | |
| Surgery (ambulatory surgical center or outpatient hospital) | **$380** |
| **Inpatient Hospital Care per Admission** | |
| Inpatient Deductible | **$0** |
| Inpatient Stay per Day | **$380** days 1-8<br>**$0** days 9+ |
| **Emergency Care, Urgent Care and Emergency Transportation‡** | |
| Emergency Care | **$130** |
| Urgently Needed Care | **$50** |
| Emergency Ambulance Services (per one-way trip, ground or air) | **$225** |
| **Home Health & Skilled Nursing Facility Care** | |
| Home Health Care | **$0** |
| Skilled Nursing Facility Care per Day (semiprivate room and board) | **$0** days 1-20<br>**$221** days 21-100 |

*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. †Office visit copay may apply. ‡Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

| | |
|---|---|
| **Outpatient Services & Supplies** | |
| Occupational Therapy Visit | **$35** |
| Physical or Speech Therapy Visit | **$35** |
| Durable Medical Equipment - DME (wheelchairs, oxygen, etc.) | **20%** coinsurance |
| Diabetes Monitoring Supplies (DME provider or network retail pharmacy) | **$0** |
| **Mental Health & Substance Abuse Treatment** | |
| Inpatient Mental Health Care (per day) | **$380** days 1-6<br>**$0** days 7-90 |
| Outpatient Mental Health Visit | **$15** group<br>**$25** individual |
| Substance Abuse Treatment Visit | |
| **Additional Benefits Not Covered by Medicare** | |
| Credit for Over-the-Counter Health & Wellness Items | **$43**/month *(includes healthy food[¶])* |
| 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 2 years) | **$200** credit |
| Routine Hearing Exam (1 per year) | **$0** |
| Hearing Aids (prescription hearing aids, up to 2 per year) | **$700** allowance |
| Dental - Preventive[§] (oral exams, cleanings and X-rays) | **$0** |
| Platinum Dental Rider for Comprehensive Services | **$54**/month rider |
| Dental - Comprehensive/Restorative[§] | **50%** coinsurance |
| Dental - Coverage Maximum | **$1,500** |
| Respite Care (12 sessions per year for members with dementia, including Alzheimer's disease) | **$0** |
| Fitness Benefit | **$0** |

**Part D Prescription Drug Coverage**

| **Deductible Stage** | **$685** deductible for tiers 3-5 | |
|---|---|---|
| **Initial Coverage Stage** | **30-Day Supply** | **100-Day Supply** |
| Tier 1 | **$0** | **$0** |
| Tier 2 | **$4** | **$12** (**$0** preferred mail order) |
| Tier 3 | **22%** coinsurance | **22%** coinsurance |
| Tier 3 *Covered Insulin Drugs* | Up to **$25** | Up to **$75** |
| Tier 4 | **32%** coinsurance | 30-day supply only |
| Tier 5 | **26%** coinsurance | 30-day supply only |

If you have a limited income, you may be eligible for Medicare's Extra Help program. It could lower your costs for prescription drugs. Ask us about eligibility.

[¶]Members must meet eligibility requirements to spend the credit on healthy food.
[§]Service periodicity limitations may apply. Member costs may be higher for out-of-network dental services.

**Peoples Health Complete Care LA-7-01** HMO-POS C-SNP

| | **Complete Care LA-7-01**<br>HMO-POS C-SNP |
|---|---|
| Monthly Plan Premium | **$0** |
| Part B Premium Give Back (amount paid by Peoples Health) | **N/A** |
| Maximum Out-of-Pocket Costs | **$5,900** |
| **Doctor Visits** | |
| Primary Care Provider Visit | **$0** |
| Specialist Visit* | **$35** |
| 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 | **$25** |
| Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.) | **$285** |
| **Outpatient Surgery** | |
| Surgery (ambulatory surgical center or outpatient hospital) | **$250** |
| **Inpatient Hospital Care per Admission** | |
| Inpatient Deductible | **$0** |
| Inpatient Stay per Day | **$250** days 1-10<br>**$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) | **$275** |
| **Home Health & Skilled Nursing Facility Care** | |
| Home Health Care | **$0** |
| Skilled Nursing Facility Care per Day (semiprivate room and board) | **$0** days 1-20<br>**$221** days 21-100 |

*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. †Office visit copay may apply. ‡Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

| | |
|---|---|
| **Outpatient Services & Supplies** | |
| Occupational Therapy Visit | **$35** |
| Physical or Speech Therapy Visit | **$35** |
| Durable Medical Equipment - DME (wheelchairs, oxygen, etc.) | **20%** coinsurance |
| Diabetes Monitoring Supplies (DME provider or network retail pharmacy) | **$0** |
| **Mental Health & Substance Abuse Treatment** | |
| Inpatient Mental Health Care (per day) | **$250** days 1-10<br>**$0** days 11-90 |
| Outpatient Mental Health Visit | **$15** group<br>**$25** individual |
| Substance Abuse Treatment Visit | |
| **Additional Benefits Not Covered by Medicare** | |
| Credit for Over-the-Counter Health & Wellness Items | **$80**/month *(includes healthy food[¶])* |
| 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 2 years) | **$200** 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** |
| Platinum Dental Rider for Comprehensive Services | **$54**/month rider |
| Dental - Comprehensive/Restorative[§] | **50%** coinsurance |
| Dental - Coverage Maximum | **$1,500** |
| Respite Care (12 sessions per year for members with dementia, including Alzheimer's disease) | **$0** |
| Fitness Benefit | **$0** |

**Part D Prescription Drug Coverage**

| **Deductible Stage** | **$505** deductible for tiers 3-5 | |
|---|---|---|
| **Initial Coverage Stage** | **30-Day Supply** | **100-Day Supply** |
| Tier 1 | **$0** | **$0** |
| Tier 2 | **$0** | **$0** |
| Tier 3 | **22%** coinsurance | **22%** coinsurance |
| Tier 3 *Covered Insulin Drugs* | Up to **$25** | Up to **$75** |
| Tier 4 | **37%** coinsurance | 30-day supply only |
| Tier 5 | **28%** coinsurance | 30-day supply only |

If you have a limited income, you may be eligible for Medicare's Extra Help program.
It could lower your costs for prescription drugs. Ask us about eligibility.

[¶]Members must meet eligibility requirements to spend the credit on healthy food.
[§]Service periodicity limitations may apply. Member costs may be higher for out-of-network dental services.

**Peoples Health Complete Care LA-7-02** HMO-POS C-SNP

| | **Complete Care LA-7-02**<br>HMO-POS C-SNP |
|---|---|
| Monthly Plan Premium | **$0** |
| Part B Premium Give Back (amount paid by Peoples Health) | **N/A** |
| Maximum Out-of-Pocket Costs | **$6,700** |
| **Doctor Visits** | |
| Primary Care Provider Visit | **$0** |
| Specialist Visit* | **$40** |
| 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 | **$35** |
| X-rays | **$5** |
| Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.) | **$285** |
| **Outpatient Surgery** | |
| Surgery (ambulatory surgical center or outpatient hospital) | **$380** |
| **Inpatient Hospital Care per Admission** | |
| Inpatient Deductible | **$0** |
| Inpatient Stay per Day | **$380** days 1-8<br>**$0** days 9+ |
| **Emergency Care, Urgent Care and Emergency Transportation‡** | |
| Emergency Care | **$130** |
| Urgently Needed Care | **$50** |
| Emergency Ambulance Services (per one-way trip, ground or air) | **$300** |
| **Home Health & Skilled Nursing Facility Care** | |
| Home Health Care | **$0** |
| Skilled Nursing Facility Care per Day (semiprivate room and board) | **$0** days 1-20<br>**$221** days 21-100 |

*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. †Office visit copay may apply. ‡Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

| | |
|---|---|
| **Outpatient Services & Supplies** | |
| Occupational Therapy Visit | **$30** |
| Physical or Speech Therapy Visit | **$30** |
| Durable Medical Equipment - DME (wheelchairs, oxygen, etc.) | **20%** coinsurance |
| Diabetes Monitoring Supplies (DME provider or network retail pharmacy) | **$0** |
| **Mental Health & Substance Abuse Treatment** | |
| Inpatient Mental Health Care (per day) | **$380** days 1-6<br>**$0** days 7-90 |
| Outpatient Mental Health Visit | **$15** group<br>**$25** individual |
| Substance Abuse Treatment Visit | |
| **Additional Benefits Not Covered by Medicare** | |
| Credit for Over-the-Counter Health & Wellness Items | **$60**/month *(includes healthy food[¶])* |
| 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 2 years) | **$250** 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** |
| Platinum Dental Rider for Comprehensive Services | **$54**/month rider |
| Dental - Comprehensive/Restorative[§] | **50%** coinsurance |
| Dental - Coverage Maximum | **$1,500** |
| Respite Care (12 sessions per year for members with dementia, including Alzheimer's disease) | **$0** |
| Fitness Benefit | **$0** |

**Part D Prescription Drug Coverage**

| **Deductible Stage** | **$505** deductible for tiers 3-5 | |
|---|---|---|
| **Initial Coverage Stage** | **30-Day Supply** | **100-Day Supply** |
| Tier 1 | **$0** | **$0** |
| Tier 2 | **$0** | **$0** |
| Tier 3 | **22%** coinsurance | **22%** coinsurance |
| Tier 3 *Covered Insulin Drugs* | Up to **$25** | Up to **$75** |
| Tier 4 | **37%** coinsurance | 30-day supply only |
| Tier 5 | **28%** coinsurance | 30-day supply only |

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It could lower your costs for prescription drugs. Ask us about eligibility.

[¶]Members must meet eligibility requirements to spend the credit on healthy food.
[§]Service periodicity limitations may apply. Member costs may be higher for out-of-network dental services.

PEOPLES HEALTH

A UnitedHealthcare Company

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

**1-877-897-3389** (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**
**peopleshealth.com**

Connect with us.

Scan the QR code to learn more.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. 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 and food benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. The healthy food benefit is a special supplemental benefit available only to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination. This information is not intended to imply the recipient has a specific condition or disease nor requires a particular medical test or procedure. You must be a member of a plan that offers the UnitedHealth Passport® program in order to participate. Please check your Evidence of Coverage or look for UnitedHealth Passport on your member ID card to ensure your plan has Passport. All copayments or coinsurance, the annual out-of-pocket maximum and any benefit limits that apply to your coverage under your plan's Evidence of Coverage also apply to covered services received under UnitedHealth Passport®. The provider network may change at any time. 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_CCLA5_CCLA6_CCLA701_CCLA702_M 09/26

# 2027 Get Ready for Medicare



PEOPLES HEALTH

A UnitedHealthcare Company

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 so many 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 needs and questions, so you can be confident in your choices.



# Enrollment Periods

**Turning 65:** If you're turning 65 and new to Medicare, your initial enrollment period starts 3 months before your birth month and ends 3 months after your birth month. You can enroll in a Medicare Advantage plan during any of these 7 months.

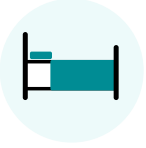
**Medicare's Annual Enrollment Period:** Medicare's annual enrollment period starts Oct. 15 and ends Dec. 7. You can change the way you get your Medicare benefits during this time. Medicare Advantage plans are allowed to share information about the coming year's benefits starting Oct. 1.

**Other Special Enrollment Periods:** There are 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 examples. Call the number on the back of this booklet to learn more.



# 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 care and other services not covered under Part A. Medicare charges a monthly premium for Part B.



**Medicare Part C** is another name for Medicare Advantage (MA) plans. For these plans, Medicare contracts with insurance companies to provide benefits. MA plans can offer more benefits than Original Medicare. If the plan includes Part D drug coverage, you may hear it called an MA-PD plan – a Medicare Advantage Prescription Drug plan.




**Medicare Part D** is prescription drug coverage. It's offered by private insurers and often included with Medicare Advantage plans. Many stand-alone 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. Original Medicare has deductibles for both Part A and Part B.

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

If you're looking at a Medicare Advantage plan, like those from Peoples Health, you may not have Medicare Part A or Part B deductibles.

# Copayments & Coinsurance

You may see the terms "copayment" or "copay" and "coinsurance" as you review benefits.

A copay is a set dollar amount you pay for a benefit or service. Coinsurance is a percentage of the cost of a benefit or service. For example, Original Medicare generally covers 80% of the cost of covered services, leaving you to pay 20% of the Medicare-allowable cost.

Medicare Advantage plans tend to simplify many costs to copays. Still, some benefits may require a coinsurance.



# 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 in a given plan year. 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. Medicare Advantage plans, on the other hand, 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 costs you may face with Original Medicare. Medigap policies charge a monthly premium on top of your Medicare Part B premium and only cover the benefits offered by Original Medicare. If you want routine dental, routine vision, fitness or Part D drug coverage, you would need to buy that coverage through a separate plan or plans.

Medicare Advantage plans, like those offered by Peoples Health, 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 coordinate their care and navigate their health care journey. Plus, Peoples Health offers Medicare plans with no plan premium beyond the Part B premium you pay Medicare.

Some Peoples Health plans even provide a “give back” that covers a portion of your Part B premium.



# Medicare Advantage Plan Types

Peoples Health offers different types of Medicare Advantage plans that cover all the benefits of Medicare plus valuable additional benefits.

- **Health Maintenance Organization (HMO-POS)** Coordinated care through a carefully selected and extensive network of providers. Part D prescription drug coverage is included with most of these plans. Peoples Health also offers coverage without Part D, which may be a good choice for some beneficiaries.
- **Dual-Eligible Special Needs Plans (HMO-POS D-SNPs)** These plans offer enhanced benefits for people who have both Medicare and Medicaid. Part D prescription drug coverage is included. Plan choice may depend on Medicaid level.

IMPORTANT NOTE: Peoples Health D-SNPs offer a monthly credit for over-the-counter (OTC)❖ health & wellness items. For people with a qualifying condition, the credit can also be used for healthy food and utilities.

- **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 a monthly OTC❖ credit and lower copays for certain Part D drugs than our non-SNPs.

IMPORTANT NOTE: The Peoples Health C-SNP OTC benefit also covers healthy food for members with a qualifying condition.

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

# More Than Medicare

In general, Medicare Advantage plans offer more benefits than Original Medicare. Coverage may vary by plan, so be sure to ask for details on additional benefits like these:

- Complimentary multi-club fitness center membership
- Routine vision coverage, including an allowance for eyeglasses or contacts
- Dental coverage
- Routine hearing coverage, with an allowance for hearing aids
- Credit for over-the-counter health & wellness items
- Meals after hospital stays
- Part D drug coverage with certain generic drugs for $0 at network pharmacies

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Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. ❖OTC benefits have expiration timeframes. Review your Evidence of Coverage (EOC) for more information. Additional OTC benefits are available to qualifying C-SNP and D-SNP members. For C-SNP members: The healthy food benefit is a special supplemental benefit available only to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive

# 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
- [ ] A “Give back” to lower your Part B premium
- [ ] Vision and eyewear coverage
- [ ] Routine hearing coverage and hearing aids
- [ ] Credit for over-the-counter items
- [ ] Nationwide emergency and urgent care coverage

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care coordination. For D-SNP members: 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.

# 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.

# 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.

| Medication Name | Dosage | Frequency |
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# 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: 711)

## LaSHIP (Louisiana Senior Health Information Program)
**1-800-259-5300** (TTY: 711)

## Peoples Health
**1-800-537-0311** (TTY: 711)



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## We hope this booklet helps you make the best decision when it comes to choosing your Medicare coverage.

Toll-free
**1-800-537-0311**
(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)

PEOPLES HEALTH
A UnitedHealthcare Company

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. Y0066_27GRFMB_M