# 2026 Plan Highlights

**Peoples Health Secure Complete (HMO-POS D-SNP)**

H1961-019-000

**Service area:** Louisiana - Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn parishes

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A UnitedHealthcare Company

Dental Only POS
FBDE, QMB, QMB+, SLMB+

# Take advantage of a specially designed plan

This plan is for people with Medicare and Medicaid coverage and has many extra benefits that can help you live a healthier life. It has a network of quality doctors, hospitals, pharmacies and other providers, designed to help you get the care you need. And you have access to a large dental provider network. You can also get care from out-of-network dental providers but your costs may be higher, even for services with a $0 copay.

## Here's how this HMO-POS D-SNP plan works

**Get care from providers in the network** or visit out-of-network providers for covered dental services.

**Select a primary care provider to oversee and help manage your care.** It's required by the plan, but it's also very beneficial for your long term health and well-being.

**$0 covered services when received in-network.** Look at the Summary of Benefits to find out what services are covered.

**Some services require a referral from your doctor.** Check your Summary of Benefits for details.

**Emergency and urgently needed services are covered anywhere in the world.**

**This plan includes prescription drug coverage.** Always use network pharmacies. You may pay more or the full cost for drugs received from pharmacies not in the network.

**This plan includes Special Supplemental Benefits for the Chronically Ill (SSBCI),** allowing eligible members—whose condition is verified by their provider—to use plan credits for healthy food and utilities, along with OTC and other wellness support products.

Go to **peopleshealth.com** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions. See your Evidence of Coverage for a list of all covered services.

**Scan this code to view the drug list**

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# Benefit Highlights

## Peoples Health Secure Complete (HMO-POS D-SNP)

This is a short description of your 2026 plan benefits. The values shown in-network are for those with Medicare Parts A and B cost sharing that may be covered by the state. Cost share may vary depending on your individual Medicaid eligibility. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

| Plan costs | |
|---|---|
| **If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay $0 for your Medicare-covered services.** You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or "Extra Help" changes, your cost sharing and premium may change. | |
| **Monthly plan premium** | $0 |

| Plan benefits | |
|---|---|
| **Doctor's office visit** | |
| Primary care provider (PCP) | $0 copay |
| Specialist | $0 copay (referral needed) |
| Virtual visits | $0 copay to talk with a network telehealth provider online through live audio and video |
| **Preventive services** | $0 copay |
| **Inpatient hospital care** | $0 copay per stay for unlimited days |
| **Skilled nursing facility** (SNF)(Stay must meet Medicare coverage criteria) | $0 copay per day: days 1-100 |
| **Outpatient hospital, including surgery** | $0 copay |
| **Outpatient mental health** | |
| Group therapy | $0 copay |
| Individual therapy | $0 copay |
| Virtual visits | $0 copay to talk with a network telehealth provider online through live audio and video |

| Plan benefits | |
|---|---|
| **Durable medical equipment (DME) and related supplies** | |
| DME (e.g., wheelchairs, oxygen) | $0 copay |
| Prosthetics (e.g., braces, artificial limbs) | $0 copay |
| **Diabetes monitoring supplies** | $0 copay for covered brands |
| **Diagnostic radiology services** (such as MRIs, CT scans) | $0 copay |
| **Diagnostic tests and procedures** (non-radiological) | $0 copay |
| **Lab services** | $0 copay |
| **Outpatient x-rays** | $0 copay |
| **Ambulance** | $0 copay for ground or air |
| **Emergency care** | $0 copay (worldwide) |
| **Urgently needed services** | $0 copay (worldwide) |

| Additional plan benefits | | |
|---|---|---|
| **Routine physical** | | $0 copay, 1 per year |
| **Hearing services** | Routine hearing exam | $0 copay for a routine hearing exam to help support hearing health |
| | Hearing aids | $1,500 allowance for 2 hearing aids every 2 years<br>☐ A broad selection of over-the-counter (OTC), high-value and brand-name prescription hearing aids<br>☐ Access to one of the largest national networks of hearing professionals with more than 6,500 locations<br>☐ 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period<br>☐ Hearing aids purchased outside of UnitedHealthcare Hearing are not covered |

| Additional plan benefits | | |
|---|---|---|
| **Routine dental benefits**<br><br>Covered in and out-of-network. | Preventive and comprehensive services | $2,000 allowance for all covered dental services*<br><br>$0 copay for covered preventive and comprehensive services like cleanings, fillings, crowns, bridges and dentures<br>☐ No annual deductible<br>☐ Access to one of the largest national dental networks<br>☐ Freedom to see any dentist |
| **Vision services** | Routine eye exam | $0 copay for a routine eye exam each year to help protect your eyesight and health |
| | Routine eyewear | $250 allowance every year for 1 pair of frames or contacts<br>☐Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives — all with scratch-resistant coating<br>☐Access to one of Medicare Advantage's largest national networks of vision providers and retail providers<br>☐Eyewear available from many online providers, including Warby Parker and GlassesUSA<br>☐You are responsible for all eyewear costs from providers outside of the UnitedHealthcare Vision network |
| **Fitness program** | | $0 copay<br>Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no cost and includes:<br><br>☐ Free gym membership at core and premium locations<br>☐ Access to a large national network of gyms and fitness locations<br>☐ On-demand workout videos and live streaming fitness classes<br>☐ Online memory fitness activities |
| **Routine transportation** | | $0 copay for 36 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies |
| **Foot care - routine** | | $0 copay, 6 visits per year |

| Additional plan benefits | |
|---|---|
| **OTC, healthy food, utilities + wellness support** | $200 credit every month for over-the-counter (OTC) products and wellness support, plus healthy food and utilities for qualifying members<br>☐Choose from thousands of OTC products, like first aid supplies, pain relievers and more<br>☐Buy healthy foods like fruits, vegetables, meat, seafood, dairy products and water<br>☐Shop at thousands of participating stores, including Walmart, Walgreens and Dollar General, or at neighborhood stores near you<br>☐Pay home utilities like electricity, heat, water and internet<br>☐Get wellness support including in-home services, weight management coaching, respite care, select fitness items and more |
| **Meal benefit** | $0 copay for home-delivered meals from the network meal provider after an eligible hospital stay. Restrictions apply. |
| **Respite care** | $0 copay for each session with a network respite care provider, up to 12 sessions every year. This benefit is for members diagnosed with dementia. Restrictions apply. |

*Benefits are combined in and out-of-network

| Prescription drugs | |
|---|---|
| If you don't qualify for Low-Income Subsidy (LIS), you pay the Medicare Part D cost share outlined in the Evidence of Coverage. If you do qualify for Low-Income Subsidy (LIS) you pay: | |
| **Deductible** | Your deductible amount is $0 |
| **Initial Coverage** | In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of $2,100 you move to the Catastrophic Coverage stage. |
| **Drug coverage** | **30-day or 100-day supply from retail network pharmacy** |
| **Generic (including brand drugs treated as generic)** | $0, $1.60, or $5.10 copay<br>Drugs that are in Tier 1 are always $0 copay.<br>(Some covered drugs are limited to a 30-day supply) |

| Prescription drugs | |
|---|---|
| **All other drugs**[1] | $0, $4.90, or $12.65 copay<br>Drugs that are in Tier 1 are always $0 copay.<br>(Some covered drugs are limited to a 30-day supply) |
| **Catastrophic Coverage** | Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year. |

[1] You pay no more than 25% of the total drug cost or a $35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay $0.

**Scan this code to view your Summary of Benefits**

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The healthy food and utilities benefit is a special supplemental benefit only available 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, and who also meet all applicable plan coverage criteria. There may be other qualified chronic conditions not listed.

Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.This information is not a complete description of benefits. Contact the plan for more information.

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# What to expect after you enroll

Once you're a member, you can rely on us to support you every step of the way. You can easily manage and find answers about your plan on the UnitedHealthcare app or your member site. And our UnitedHealthcare UCard® makes it easier than ever to open doors to all your Medicare Advantage plan has to offer.

**You are here**
Enrollment submitted

Download the app or create your account online

UCard arrives in the mail – be sure to activate it

Coverage begins! Start using your plan

## Manage your plan online

If you haven't done so already, use your Medicare ID or member ID number and email address to create an account on the app or at **MyPeoplesHealthPlan.com**. Online you can:

- Check the status of your enrollment
- Find network providers and pharmacies and view plan documents, like your Drug List (Formulary) and Evidence of Coverage
- Complete your health assessment

## Reach for your UCard when

- Visiting a provider or filling a prescription
- Paying for OTC products and more – including healthy food and utilities if you qualify. (We'll verify your qualifying condition with your doctor and send you a letter with next steps)
- Checking in at the gym

## Once your coverage begins

- Schedule your annual physical and wellness visit
- Review UCard balances

## Thank you for choosing us

If you have questions, call the number on your UCard.

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## Required Information

Peoples Health Secure Complete (HMO-POS D-SNP) is 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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-877-367-1803 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-877-367-1803, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

**Hearing aids**

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

**Routine dental benefits**

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

**Routine eyewear**

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and $100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

**Fitness program**

The fitness benefit and gym network varies by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Not all plans offer access to premium locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine.

**OTC, healthy food, utilities + wellness support**

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 only available 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, and who also meet all applicable plan coverage criteria. There may be other qualified conditions not listed. 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.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Additional authorizations may be required to access discount programs. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.

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# Notes and doodles

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# Ready to use your extra benefits?

## Peoples Health Secure Complete (HMO-POS D-SNP)

Take advantage of your additional plan benefits by using the providers below.

Call **1-877-367-1803**, TTY **711**, 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept or visit **MyPeoplesHealthPlan.com** for:

- ☐ Routine vision services: UnitedHealthcare Vision®
- ☐ Routine dental benefits: UnitedHealthcare Dental
- ☐ Fitness program: Renew Active®

**Hearing aids**
UnitedHealthcare Hearing
1-877-704-3384
UHCHearing.com/Medicare

**Prescription drug home delivery**
Optum® Home Delivery Pharmacy
1-877-889-6358
MyPeoplesHealthPlan.com

**Routine transportation**
SafeRide
1-888-462-6046
MyPeoplesHealthPlan.com

**OTC, healthy food, utilities + wellness support**
Solutran
1-877-909-1382
MyPeoplesHealthPlan.com

You can count on us to be there for you every step of the way.

## Click. Call. Connect.

Download the UnitedHealthcare app

**peopleshealth.com**

Call toll-free **1-855-269-0778**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

**Scan this code to download the UnitedHealthcare app**

Important plan information

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