Annual Notice of Change 2026

Peoples Health Choices 65 (HMO-POS) Greater New Orleans and Baton Rouge Area

MyPeoplesHealthPlan.com

Toll-free **1-877-369-1907,** TTY **711**
7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept

Do we have the right address for you?
If not, please let us know so we can keep you informed about your plan.

PEOPLES HEALTH
A UnitedHealthcare Company

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Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **MyPeoplesHealthPlan.com** to review the details online. All of the below materials will be available online after **October 15, 2025.**

Provider Directory

Review the 2026 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

Pharmacy Directory

Review the 2026 Pharmacy Directory online to see which pharmacies are in our network next year.

Drug List (Formulary)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

Evidence of Coverage (EOC)

Review your 2026 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. It also has information about the quality program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

Reduce the clutter and get plan materials faster.

Visit **MyPeoplesHealthPlan.com** to sign up for paperless delivery.

Would you rather get paper copies?

If you want a paper copy of what is listed above, contact our Customer Service at 1-877-369-1907 (TTY users should call 711). Hours are 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept.

Peoples Health Choices 65 (HMO-POS) offered by UnitedHealthcare

Annual Notice of Change for 2026

You're enrolled as a member of Peoples Health Choices 65 (HMO-POS).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Peoples Health Choices 65 (HMO-POS).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your Medicare & You 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage. Get a copy at MyPeoplesHealthPlan.com or call Customer Service at 1-877-369-1907 (TTY users call 711) to get a copy by mail.

More Resources

- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as materials in other languages, braille, large print, audio, or you can ask for an interpreter. Call us toll-free at the number on your UnitedHealthcare UCard® or the front of your plan booklet.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, materiales en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Llámenos al número gratuito que se encuentra en su UCard® de UnitedHealthcare o en la portada de la guía de su plan.

About Peoples Health Choices 65 (HMO-POS)

- 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.

- When this material says “we,” “us,” or “our,” it means UnitedHealthcare Insurance Company or one of its affiliates. When it says “plan” or “our plan,” it means Peoples Health Choices 65 (HMO-POS).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Peoples Health Choices 65 (HMO-POS)**. Starting January 1, 2026, you’ll get your medical and drug coverage through Peoples Health Choices 65 (HMO-POS). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of important costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* *Your premium can be higher than this amount. (Go to Section 1.1 for details.)	$0	$0
Maximum out-of-pocket amounts This is the **most** you'll pay out-of-pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: $3,900	From network providers: $3,900
Primary care office visits	You pay a $0 copayment per visit.	You pay a $0 copayment per visit.
Specialist office visits	You pay a $20 copayment per visit.	You pay a $30 copayment per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	You pay a $95 copayment each day for days 1 to 10. $0 copayment for additional Medicare covered days.	You pay a $95 copayment each day for days 1 to 10. $0 copayment for additional Medicare covered days.

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1.7 for details.)	$0 Tier 1 and Tier 2 $255 Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines.	$0 Tier 1 and Tier 2 $355 Tier 3, Tier 4 and Tier 5, except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage: • Drug Tier 1: Standard retail cost-sharing (in-network) $0 copayment • Drug Tier 2: Standard retail cost-sharing (in-network) $5 copayment • Drug Tier 3: Standard retail cost-sharing (in-network) $47 copayment You pay $35 per month supply of each covered insulin product on this tier[1] • Drug Tier 4: Standard retail cost-sharing (in-network) $100 copayment • Drug Tier 5: Standard retail cost-sharing (in-	Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage stage: • Drug Tier 1: Standard retail cost-sharing (in-network) $0 copayment • Drug Tier 2: Standard retail cost-sharing (in-network) $5 copayment • Drug Tier 3: Standard retail cost-sharing (in-network) 21% of the total cost You pay 21%, up to $35 per month supply of each covered insulin product on this tier[1] • Drug Tier 4: Standard retail cost-sharing (in-network) 43% of the total cost • Drug Tier 5: Standard retail cost-sharing (in-

	2025 (this year)	2026 (next year)
	network) 30% of the total cost Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs. • You can have cost sharing for drugs that are covered under our enhanced benefit.	network) 29% of the total cost Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs. • You can have cost sharing for drugs that are covered under our enhanced benefit.

[1] In 2025, you pay no more than $35 for each 1-month supply of Part D covered insulin drugs. In 2026, you'll pay no more than a $35 copay or 21% of the total drug cost—whichever is less—until you reach the Catastrophic Coverage stage where your cost drops to $0. You pay these amounts even if you haven't paid your deductible.

Section 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	**$0**	**$0**
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B. If your Part B premium is lower than the reduction amount, you won't get the difference as a cash payment. The reduction only applies to what you owe for Part B.	**Up to $41** Reductions will be applied to your Social Security check or your Medicare Part B premium bill.	**Up to $30** Reductions will be applied to your Social Security check or your Medicare Part B premium bill.

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be more if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	$3,900 Once you've paid $3,900 out-of-pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.	$3,900 Once you've paid $3,900 out-of-pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 Provider Directory (MyPeoplesHealthPlan.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- Visit our website at MyPeoplesHealthPlan.com.
- Call Customer Service at 1-877-369-1907 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-877-369-1907 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your Evidence of Coverage.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 Pharmacy Directory (MyPeoplesHealthPlan.com) to see which pharmacies are in our network. Here's how to get an updated Pharmacy Directory:

- Visit our website at MyPeoplesHealthPlan.com.
- Call Customer Service at 1-877-369-1907 (TTY users call 711) to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-877-369-1907 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Acupuncture for chronic low back pain (Medicare-covered)	You pay a $0 copayment for services provided by a primary care physician. You pay a $20 copayment for services provided by a specialist. Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.	You pay a $0 copayment for services provided by a primary care physician. You pay a $30 copayment for services provided by a specialist. Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.
Ambulance services	You pay a $260 copayment for each one-way Medicare-covered ground trip. You pay a $260 copayment for each one-way Medicare-covered air trip.	You pay a $275 copayment for each one-way Medicare-covered ground trip. You pay a $275 copayment for each one-way Medicare-covered air trip.

	2025 (this year)	2026 (next year)
Chronic care management services, including chronic pain management and treatment plan services	This section did not exist in your 2025 Evidence of Coverage. If you have serious chronic conditions and receive chronic care management services, your provider develops a monthly comprehensive care plan that lists your health problems and goals, providers, medications, community services you have and need, and other information about your health. Your provider also helps coordinate your care when you go from one health care setting to another.	What you pay depends on who provides your chronic care management services. You will pay the cost-sharing that applies for services provided by your primary care provider, specialist, nurse practitioner, physician's assistant, or other non-physician health care professional. View the Evidence of Coverage for your specific cost-share amounts.
Dental services Comprehensive and preventive dental	You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for dentures and bridges. You pay a $0 copayment for all other covered comprehensive services. You are covered for up to $3,000 per year. Benefit is combined in and out-of-network. You may receive dental services from an out-of-network dentist. If an out-of-network dentist	You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for all covered comprehensive dental services. You are covered for up to $4,000 per year. Benefit is combined in and out-of-network. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be

	2025 (this year)	2026 (next year)
	charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.	billed for the difference, even for services listed as $0 copayment.
Diabetes self-management training, diabetic services and supplies	You pay a $0 copayment at a retail pharmacy. We only cover Accu-Chek® and OneTouch® brands at a retail pharmacy. Covered glucose monitors include: OneTouch Verio Flex®, OneTouch®Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView. Other brands are not covered by your plan at a retail pharmacy. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.	You pay a $0 copayment at a pharmacy. We only cover Contour® and Accu-Chek® brands at a pharmacy. Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide. Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus. Other brands are not covered by your plan at a pharmacy. If you use a brand of supplies that is not covered by your plan, you should speak with your provider to get a new prescription for a covered brand.
Emergency care	You pay a $125 copayment.	You pay a $150 copayment.

	2025 (this year)	2026 (next year)
Hearing services Hearing aids	You pay a $99 - $829 copayment for each OTC hearing aid. You pay a $199 - $1,249 copayment for each prescription hearing aid. You can purchase up to 2 hearing aids every year. Home-delivered hearing aids are available nationwide through network providers (select products only). You must use network providers to access this benefit.	You pay a $199 - $829 copayment for each OTC hearing aid. You pay a $199 - $1,249 copayment for each prescription hearing aid. You can purchase up to 2 hearing aids every year. Home-delivered hearing aids are available nationwide through network providers (select products only). You must use network providers to access this benefit.
Outpatient diagnostic tests and therapeutic services and supplies - X-rays	You pay a $25 copayment.	You pay a $30 copayment.
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - non-radiological diagnostic services	You pay a $40 copayment.	You pay a $50 copayment.
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - radiological diagnostic service, not including X-rays	You pay a $0 copayment for each diagnostic mammogram. You pay a $250 copayment otherwise.	You pay a $0 copayment for each diagnostic mammogram. You pay a $260 copayment otherwise.
Outpatient rehabilitation services - occupational therapy	You pay a $10 copayment.	You pay a $30 copayment.
Outpatient rehabilitation services - physical therapy and speech therapy	You pay a $10 copayment.	You pay a $30 copayment.

	2025 (this year)	2026 (next year)
OTC and home and bath safety devices credit	$75 credit a quarter loaded to your UnitedHealthcare UCard® for covered OTC products and home and bath safety devices. Use your UCard online or in-store to access your benefits. Your credit amount expires at the end of each quarter.	$50 credit a quarter loaded to your UnitedHealthcare UCard® for covered OTC products and home and bath safety devices. Use your UCard online or in-store to access your benefits. Your credit amount expires at the end of each quarter. View your Evidence of Coverage for more information.
Passport	Covered.	The following are changes in service area for the 2026 UnitedHealth Passport® benefit: Removal of Counties: **California:** Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Ventura **Colorado:** Alamosa, Arapahoe, Archuleta, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Denver, Douglas, El Paso, Elbert, Fremont, Huerfano, Kiowa, Kit Carson, Las Animas, Lincoln, Otero, Park, Pueblo, Teller **Iowa:** Adair, Adams, Allamakee, Appanoose,

	2025 (this year)	2026 (next year)
		Audubon, Bremer, Buchanan, Cherokee, Chickasaw, Clarke, Davis, Decatur, Greene, Guthrie, Howard, Ida, Jefferson, Lucas, Lyon, Mahaska, Marion, Mitchell, Monona, Monroe, O'Brien, Osceola, Plymouth, Ringgold, Sioux, Taylor, Union, Van Buren, Wapello, Wayne, Winneshiek, Woodbury, Worth **Maryland:** Anne Arundel, Calvert, Charles, Frederick, Garrett, Howard, Montgomery, Prince George's, St. Mary's, Washington **Michigan:** Alcona, Dickinson, Gogebic, Iron, Mecosta, Ontonagon **Minnesota:** Aitkin, Blue Earth, Brown, Carlton, Clearwater, Crow Wing, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Houston, Kanabec, Le Sueur, Lincoln, Mahnomen, Martin, McLeod, Meeker, Mille Lacs, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Red Lake, Rice, Rock, Sherburne, Sibley, Steele,

	2025 (this year)	2026 (next year)
		Todd, Wasbasha, Wadena, Waseca, Watonwan, Wilkin, Winona **Montana:** Beaverhead, Broadwater, Carbon, Carter, Dawson, Deer Lodge, Granite, Jefferson, Judith Basin, Lake, Lincoln, Meagher, Mineral, Musselshell, Powell, Richland, Sanders, Sheridan, Stillwater, Sweet Grass, Treasure, Wheatland, Wibaux **New Hampshire:** Belknap, Carroll, Cheshire, Coos, Grafton, Sullivan **New York:** Broome, Chenango, Clinton, Delaware, Essex, Franklin, Hamilton, Herkimer, Livingston, Monroe, Montgomery, Ontario, Otesego, Schoharie, Seneca, St. Lawrence, Suffolk, Tompkins, Wayne, Yates **Virginia:** Rockingham **Wyoming:** Albany, Big Horn, Campbell, Carbon, Converse, Crook, Fremont, Goshen, Hot Springs, Johnson, Lincoln, Niobrara, Park, Platte, Sublette, Sweetwater, Teton, Uinta, Washakie, Weston

	2025 (this year)	2026 (next year)
		Addition of Counties: **Idaho:** Clark, Power **Kansas:** Comanche, Sheridan, Sherman **Michigan:** Gladwin, Ingham, Lapeer, Montmorency, Muskegon, Van Buren **North Carolina:** Carteret **Washington:** Chelan, Grant, Okanogan
Physician/practitioner services, including doctor's office visits - specialists	You pay a $20 copayment.	You pay a $30 copayment.
Podiatry services (Medicare-covered)	You pay a $20 copayment.	You pay a $30 copayment.
Pulmonary rehabilitation	You pay a $0 copayment.	You pay a $15 copayment.

	2025 (this year)	2026 (next year)
Referral	A referral is not required in order for services to be covered.	Some network services—like visits to specialists, physical therapy, speech therapy, and occupational therapy—will require a referral from your primary care provider (PCP) in order to be covered. The PCP you choose can impact which specialists and hospitals you'll be able to see. Referrals are not required when you activate and use your UnitedHealth Passport® benefit. For more information, view Chapter 3 Section 2.2 of the Evidence of Coverage.
Skilled nursing facility (SNF) care	You pay a $0 copayment each day for days 1 to 20. You pay a $203 copayment each day for days 21 to 100.	You pay a $0 copayment each day for days 1 to 20. You pay a $218 copayment each day for days 21 to 100.
Supervised exercise therapy (SET)	You pay a $0 copayment.	You pay a $15 copayment.
Urgently needed services	You pay a $40 copayment for each visit.	You pay a $65 copayment for each visit.

	2025 (this year)	2026 (next year)
Vision care Additional routine eyewear	You pay a $0 copayment for standard lenses or a copayment ranging from $40 to $153 for other covered lenses and receive up to $250 toward your purchase of frames or contact lenses through a network provider every 2 years. Limited to 1 pair of lenses and frames every 2 years. or Contact lenses instead of lenses and frames every 2 years. Home-delivered eyewear is available nationwide through network providers (select products only). You are responsible for all costs for eyewear not purchased from a network provider.	You pay a $0 copayment for standard lenses or a copayment ranging from $40 to $153 for other covered lenses and receive up to $300 toward your purchase of frames or contact lenses through a network provider every 2 years. Limited to 1 pair of lenses and frames every 2 years. or Contact lenses instead of lenses and frames every 2 years. Home-delivered eyewear is available nationwide through network providers (select products only). You are responsible for all costs for eyewear not purchased from a network provider.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. **You can get the complete Drug List** by calling Customer Service at 1-877-369-1907 (TTY users call 711) or visiting our website (**MyPeoplesHealthPlan.com**). This material will be available online after **October 15, 2025**.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs.

If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your Evidence of Coverage and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. Call Customer Service at 1-877-369-1907 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells you about your drug costs. If you get Extra Help, you will receive a LIS Rider. If you don't get this material, call Customer Service at 1-877-369-1907 (TTY users call 711) and ask for the LIS Rider to be sent to you.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4 and Tier 5 drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach $2,100.

- **Stage 3: Catastrophic Coverage**

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	$255 During this stage, you pay $0 for drugs on Tier 1 (in-network standard retail 30-day supply), $5 for drugs on Tier 2 (in-network standard retail 30-day supply), and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.	$355 During this stage, you pay $0 for drugs on Tier 1 (in-network standard retail 30-day supply), $5 for drugs on Tier 2 (in-network standard retail 30-day supply), and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3 and Tier 4, your cost-sharing in the initial coverage stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

Coinsurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is $100, you would pay $25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your **Evidence of Coverage**.

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 - Preferred Generic	You pay $0 per prescription.	You pay $0 per prescription.
Tier 2 - Generic	You pay $5 per prescription.	You pay $5 per prescription.

	2025 (this year)	2026 (next year)
Tier 3 - Preferred Brand	You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier[1].	You pay 21% of the total cost. You pay 21%, up to $35 per month supply of each covered insulin product on this tier[1].
Tier 4 - Non-Preferred Drug	You pay $100 per prescription. Your cost for a one-month mail-order prescription is $100.	You pay 43% of the total cost. Your cost for a one-month mail-order prescription is 43%.
Tier 5 - Specialty Tier	You pay 30% of the total cost. Your cost for a one-month mail-order prescription is 30%.	You pay 29% of the total cost. Your cost for a one-month mail-order prescription is 29%.

[1] In 2025, you pay no more than $35 for each 1-month supply of Part D covered insulin drugs. In 2026, you'll pay no more than a $35 copay or 21% of the total drug cost—whichever is less—until you reach the Catastrophic Coverage stage where your cost drops to $0. You pay these amounts even if you haven't paid your deductible.

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your **Evidence of Coverage**.

Section 2 Administrative Changes

	2025 (this year)	2026 (next year)
Emergency care - Worldwide reimbursement	Foreign emergencies and urgently needed services are covered while you are travelling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable.	Foreign emergencies and urgently needed services are covered while you are travelling. Payment requests from intermediaries, claims management companies or third-party billers for services received outside of the United States are not reimbursable. The EOC now includes some additional instructions on how to get foreign services directly reimbursed to you or the provider. Please see Chapter 7 Section 1 of the EOC for complete information.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-877-369-1907 (TTY users call 711) or visit Medicare.gov.
Transplant services - Travel & lodging	If you receive an in-network transplant at a location outside your local community pattern of care, some travel and lodging expenses related to your transplant may be covered.	The EOC has been updated to include more details explaining allowable transplant-related travel and lodging expenses. Please see Chapter 4, Section 3 of the EOC for more details.

Section 3 How to Change Plans

To stay in our plan, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Peoples Health Choices 65 (HMO-POS).

If you want to change plans for 2026 follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Peoples Health Choices 65 (HMO-POS).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Peoples Health Choices 65 (HMO-POS).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online (MyPeoplesHealthPlan.com). Call Customer Service at 1-877-369-1907 (TTY users call 711) for more information on how to do this. Or call Medicare at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the **Medicare & You 2026 handbook,** call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE. As a reminder, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans AND/OR Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other

Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

Section 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Louisiana has a program called Louisiana Department of Health that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP in your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or if you're currently enrolled, how to continue getting help, call the ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Evidence of Coverage.** Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To

learn more about this payment option, call us at 1-877-369-1907 (TTY users call 711) or visit Medicare.gov.

Section 5 Questions?

Get Help from Peoples Health Choices 65 (HMO-POS)

- **Call Customer Service at 1-877-369-1907. (TTY users call 711).**

  We're available for phone calls 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

  This **Annual Notice of Change** gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 **Evidence of Coverage** for Peoples Health Choices 65 (HMO-POS). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the **Evidence of Coverage** on our website at **MyPeoplesHealthPlan.com** or call Customer Service at 1-877-369-1907 (TTY users call 711) to ask us to mail you a copy.

- **Visit MyPeoplesHealthPlan.com**

  Our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (formulary/drug list). The Provider Directory and Formulary will be available after **October 15, 2025**.

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Louisiana, the SHIP is called Louisiana Senior Health Insurance Information Program (SHIIP).

Call Louisiana Senior Health Insurance Information Program (SHIIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Louisiana Senior Health Insurance Information Program (SHIIP) at 1-800-259-5300**.**

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2026**

  The Medicare & You 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of availability
of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ملاحظة: إذا كنت تتحدث **اللغة العربية** (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

請注意：如果您說**中文** (Chinese)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

توجه: اگر به زبان **فارسی** (Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

ATANSYON: Si w pale **Kreyol Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lot foma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ध्यान दें: यदि आप **हिंदी** (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

알림 사항: **한국어**(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicaçoes gratuitas em outros formatos, como caracteres grandes. Ligue para o numero gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **espanol (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposicion. Llame al numero gratuito que figura en su tarjeta de identificacion de miembro.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ หากคุณ**พูดภาษาไทย** (Thai) ได้ คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

د توجہ دیں: اگر آپ **اردو (Urdu)** زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول ل فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị noi **Tiếng Việt** (Vietnamese), quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngon ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí co trên thẻ định danh thành viên của quý vị.

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344

Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Phone: **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: **http://www.hhs.gov/ocr/office/file/index.html**.

This notice is available at: **https://www.uhc.com/nondiscrimination-med**
https://www.optum.com/en/language-assistance-nondiscrimination.html

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For more information, please call customer service at:

Peoples Health Choices 65 (HMO-POS) Customer Service:

Call **1-877-369-1907**

Calls to this number are free. 7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept. Customer Service also has free language interpreter services available for non-English speakers.

TTY **711**

Calls to this number are free.
7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept.

Write: **P.O. Box 30770**
Salt Lake City, UT 84130-0770

MyPeoplesHealthPlan.com