

**Peoples Health Choices 65-01** HMO-POS

H1961-014-001

**Peoples Health Medicare Advantage Giveback LA-4** HMO-POS

H1961-020-000

**Peoples Health Medicare Advantage Patriot No Rx LA** HMO-POS

H1961-026-000

**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.

**2026**

# Live your best life with Peoples Health.

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\*** (Health Maintenance Organization) plans feature coordinated care through our extensive network of providers. Most of these plans include Part D drug coverage.

**Peoples Health HMO-POS\* C-SNPs** (Chronic Condition Special Needs Plans) are designed for people with diabetes, chronic heart failure or a cardiovascular disorder, and include benefits and services tailored to support these conditions.

**Peoples Health PPO** (Preferred Provider Organization) plans are covered in a separate booklet. These plans let you choose in- or out-of-network providers. In most cases, you'll have lower out-of-pocket costs for services received in-network. We offer two PPO options, one with Part D drug coverage and one without.

**Peoples Health HMO-POS\* D-SNPs** (Health Maintenance Organization Dual-Eligible Special Needs Plans) are covered in a separate booklet. These plans are available to people who have both Medicare and Medicaid. If you have both Medicare and medical assistance from the state, ask about our D-SNP options. You may be entitled to additional benefits.

\*Point-of-service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members. Dental coverage maximums vary by plan.

# Peoples Health + UnitedHealthcare



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



**UCard**—Get simplified access to care and benefits through your member ID card. Most Peoples Health plans offer an allowance for purchasing over-the-counter items. The allowance is loaded onto your member ID card, called a UCard. You can use your UCard to purchase covered items in-store. Your UCard also lets you access your fitness benefit. No need to carry a separate fitness center membership card.



**UnitedHealth Passport® program**—Peoples Health has always offered worldwide emergency and urgent care coverage. Through the Passport program, you can also 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.

## Compare Key Benefits

Choose the plan that fits your needs.



**Part B Premium Give Back**

**Choices  
65-01  
(HMO-POS)**

**\$30/Month  
Back to You**

**Medicare  
Advantage  
Giveback  
LA-4  
(HMO-POS)**

**\$105/Month  
Back to You**

**Medicare  
Advantage  
Patriot No Rx  
LA  
(HMO-POS)**

**\$175/Month  
Back to You**

**Complete  
Care LA-5  
(HMO-POS  
C-SNP)**

**N/A**



**\$0 Primary Care Visits**

**Yes**

**Yes**

**Yes**

**Yes**



**Out-of-Network  
Coverage**

**Dental Only**

**Dental Only**

**Dental Only**

**Dental Only**



**Over-the-Counter  
Items Allowance**

**\$50/Quarter  
to Spend**

**N/A**

**\$100/Quarter  
to Spend**

**\$95/Month to  
Spend**



**Part D Prescription  
Drug Coverage**

**Yes**

**Yes**

**No**

**Yes**



**UnitedHealth Passport**

**Yes**

**Yes**

**Yes**

**Yes**

**For Peoples Health Complete Care LA-5 (HMO-POS C-SNP):** Individuals must have diabetes, chronic heart failure or a cardiovascular disorder to be eligible to enroll in this plan.



■ **Peoples Health Choices 65-01** HMO-POS

■ **Peoples Health Medicare Advantage Giveback LA-4** HMO-POS

■ **Peoples Health Medicare Advantage Patriot No Rx LA** HMO-POS

	Choices 65-01 (HMO-POS)	Medicare Advantage Giveback LA-4 (HMO-POS)	Medicare Advantage Patriot No Rx LA (HMO-POS)
Monthly Plan Premium	\$0	\$0	\$0
Part B Premium Give Back (amount paid by Peoples Health)	\$30/month (\$360/year)	\$105/month (\$1,260/year)	\$175/month (\$2,100/year)
Maximum Out-of-Pocket Costs	\$3,900	\$6,700	\$6,700
<b>Doctor Visits</b>			
Primary Care Provider Visit	\$0	\$0	\$0
Specialist Visit*	\$30	\$50	\$55
Telehealth Visit	\$0	\$0	\$0
<b>Preventive Care†</b>			
Pap Smears, Pelvic Exams, Mammograms	\$0	\$0	\$0
Prostate & Colorectal Cancer Screenings	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0	\$0	\$0
<b>Labs &amp; Tests‡</b>			
Lab Services	\$0	\$0	\$0
Diagnostic Procedures/Tests	\$50	\$45	\$50
X-rays	\$30	\$30	\$30
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0-\$260	\$0-\$260	\$0-\$260
<b>Outpatient Surgery</b>			
Surgery (outpatient hospital)	\$0-\$125	\$0-\$435	\$0-\$350
Surgery (ambulatory surgical center)	\$0-\$125	\$0-\$435	\$0-\$350
<b>Inpatient Hospital Care per Admission</b>			
Inpatient Deductible	\$0	\$0	\$0
Inpatient Stay per Day	\$95 days 1-10 \$0 days 11+	\$435 days 1-7 \$0 days 8+	\$350 days 1-8 \$0 days 9+
<b>Home Health &amp; Skilled Nursing Facility Care</b>			
Home Health Care	\$0	\$0	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$218 days 21-100	\$0 days 1-20 \$218 days 21-100	\$0 days 1-20 \$218 days 21-100
<b>Emergency Care, Urgent Care and Emergency Transportation‡</b>			
Emergency Care	\$150	\$130	\$130
Urgently Needed Care	\$65	\$55	\$50
Emergency Ambulance Services (per one-way trip, ground or air)	\$275	\$270	\$275
Emergency or Urgent Care Outside U.S.	\$0	\$0	\$0

\*Some network services—including specialist visits, physical therapy, speech therapy and occupational therapy—require a referral from your primary care provider (PCP) to be covered. The PCP you choose can impact which specialists and hospitals you'll 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	\$50	\$50
Physical or Speech Therapy Visit*	\$30	\$50	\$55
Durable Medical Equipment - DME (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies (DME provider or network retail pharmacy)	\$0	\$0	\$0
Mental Health & Substance Abuse Treatment			
Inpatient Mental Health Care (per day)	\$95 days 1-10 \$0 days 11-90	\$435 days 1-5 \$0 days 6-90	\$350 days 1-6 \$0 days 7-90
Outpatient Mental Health Visit	\$15 group	\$15 group	\$15 group
Substance Abuse Treatment Visit	\$25 individual	\$25 individual	\$25 individual
Additional Benefits Not Covered by Medicare			
Allowance for Over-the-Counter Health & Wellness Items	\$50/quarter	N/A	\$100/quarter
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0	\$0	\$0
Routine Eye Exam (one per year)	\$0	\$0	\$0
Eyeglass Lenses (every two years)	\$0-\$153	\$0-\$153	\$0-\$153
Frames or Contact Lenses (every two years)	\$300 allowance	\$200 allowance	\$250 allowance
Routine Hearing Exam (one per year)	\$0	\$0	\$0
Hearing Aids (up to two per year; includes OTC and prescription hearing aids; cost listed is per hearing aid)	Prescription: \$199-\$1,249	Prescription: \$199-\$1,249	Prescription: \$199-\$1,249
	OTC: \$199-\$829	OTC: \$199-\$829	OTC: \$199-\$829
Dental - Preventive <sup>s</sup> (oral exams, cleanings and X-rays)	\$0	\$0	\$0
Platinum Dental Rider for Comprehensive Services	N/A	\$44/month rider	N/A
Dental - Comprehensive/Restorative <sup>s</sup>	50% coinsurance	50% coinsurance	50% coinsurance
Dental - Coverage Maximum	\$4,000	\$1,500	\$5,000
Respite Care (12 sessions per year for members with dementia, including Alzheimer's disease)	\$0	\$0	\$0
Fitness Benefit	\$0	\$0	\$0

### Part D Prescription Drug Coverage

	Choices 65-01		Medicare Advantage Giveback LA-4		Part D drug coverage not offered with Peoples Health Medicare Advantage Patriot No Rx LA.
Deductible Stage	\$355 deductible for tiers 3-5		\$440 deductible for tiers 3-5		
Initial Coverage Stage	30-Day Supply	100-Day Supply	30-Day Supply	100-Day Supply	
Tier 1	\$0	\$0	\$0	\$0	
Tier 2	\$5	\$0 preferred mail order	\$10	\$0 preferred mail order	
Tier 3	21% coinsurance	21% coinsurance	15% coinsurance	15% coinsurance	
Tier 4	43% coinsurance	30-day supply only	39% coinsurance	30-day supply only	
Tier 5	29% coinsurance	30-day supply only	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.

\*Some network services—including specialist visits, physical therapy, speech therapy and occupational therapy—require a referral from your primary care provider (PCP) to be covered. The PCP you choose can impact which specialists and hospitals you'll be able to see.

<sup>s</sup>Out-of-network dental services may have higher member costs.

## ■ Peoples Health Complete Care LA-5 HMO-POS C-SNP

Individuals must have diabetes, chronic heart failure or a cardiovascular disorder to be eligible to enroll in this plan.

	Complete Care LA-5 (HMO-POS C-SNP)
Monthly Plan Premium	\$0
Maximum Out-of-Pocket Costs	\$3,900
<b>Doctor Visits</b>	
Primary Care Provider Visit	\$0
Specialist Visit*	\$20
Telehealth Visit	\$0
<b>Preventive Care<sup>†</sup></b>	
Pap Smears, Pelvic Exams, Mammograms	\$0
Prostate & Colorectal Cancer Screenings	\$0
Bone Mass Measurement	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0
<b>Labs &amp; Tests<sup>†</sup></b>	
Lab Services	\$0
Diagnostic Procedures/Tests	\$50
X-rays	\$25
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0-\$260
<b>Outpatient Surgery</b>	
Surgery (outpatient hospital or ambulatory surgical center)	\$0-\$125
<b>Inpatient Hospital Care per Admission</b>	
Inpatient Deductible	\$0
Inpatient Stay per Day	\$95 days 1-10 \$0 days 11+
<b>Home Health &amp; Skilled Nursing Facility Care</b>	
Home Health Care	\$0
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$218 days 21-100
<b>Emergency Care, Urgent Care and Emergency Transportation*</b>	
Emergency Care	\$150
Urgently Needed Care	\$65
Emergency Ambulance Services (per one-way trip, ground or air)	\$275
Emergency or Urgent Care Outside U.S.	\$0

\*Some network services—including specialist visits, physical therapy, speech therapy and occupational therapy—require a referral from your primary care provider (PCP) to be covered. The PCP you choose can impact which specialists and hospitals you'll be able to see.

<sup>†</sup>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, 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)	\$95 days 1-10 \$0 days 11-90
Outpatient Mental Health Visit	\$15 group \$25 individual
Substance Abuse Treatment Visit	
Additional Benefits Not Covered by Medicare	
Allowance for Food and Over-the-Counter Health & Wellness Items	\$95/month
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Routine Eye Exam (one per year)	\$0
Eyeglass Lenses (every two years)	\$0-\$153
Frames or Contact Lenses (every two years)	\$200 allowance
Routine Hearing Exam (one per year)	\$0
Hearing Aids (up to two per year; includes OTC and prescription hearing aids; cost listed is per hearing aid)	Prescription: \$199-\$1,249
	OTC: \$199-\$829
Dental - Preventive <sup>§</sup> (oral exams, cleanings and X-rays)	\$0
Dental - Comprehensive/Restorative <sup>§</sup>	50% coinsurance
Dental - Coverage Maximum	\$4,000
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	\$355 deductible for tiers 3-5	
Initial Coverage Stage	30-Day Supply	100-Day Supply
Tier 1	\$0	\$0
Tier 2	\$5	\$0 preferred mail order
Tier 3	23% coinsurance	23% coinsurance
Tier 4	46% coinsurance	30-day supply only
Tier 5	29% 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.

\*Some network services—including specialist visits, physical therapy, speech therapy and occupational therapy—require a referral from your primary care provider (PCP) to be covered. The PCP you choose can impact which specialists and hospitals you’ll be able to see.

<sup>§</sup>Out-of-network dental services may have higher member costs.



A UnitedHealthcare Company

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

**1-855-812-1889** (TTY: 711)

Daily: 7 a.m. to 10 p.m.

Asistencia disponible en español.

**Peoples Health Medicare Center | 3017 Veterans Memorial Blvd. | Metairie, LA 70002**  
**peopleshealth.com**

Open Monday to Friday, 8 a.m. to 4 p.m.



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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage Plans: A Medicare Advantage organization with a Medicare contract. For Dual Special Needs Plans: A Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. Out-of-network/noncontracted providers are under no obligation to treat Peoples Health members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Contact the plan for more information. 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 for more information. For Peoples Health Complete Care LA-5 (HMO-POS C-SNP): The healthy food benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, and who also meet all applicable plan coverage criteria. 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 UnitedHealthcare UCard® 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 will receive notice when necessary. Y0066\_26PHAEPQG\_C6501\_MAGLA4\_MAPNORXLA\_CCLA5\_M 09/25