



**Peoples Health Choices 65-03** HMO-POS

H1961-014-003

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

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

H1961-025-000

This plan is available in Assumption, Lafourche, Plaquemines, Pointe Coupee, St. Bernard, St. James, St. John the Baptist, St. Mary, Terrebonne and West Feliciana parishes.

**Peoples Health Choices** PPO

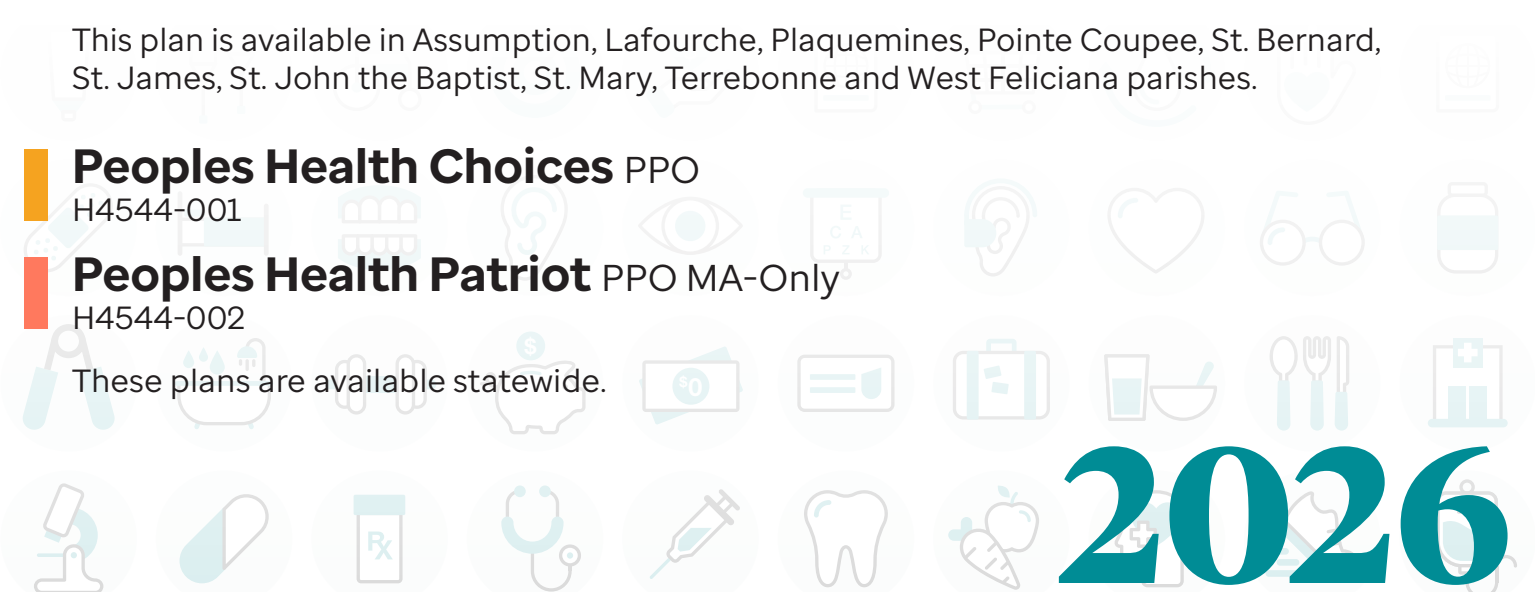
H4544-001

**Peoples Health Patriot** PPO MA-Only

H4544-002

These plans are available statewide.

**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 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.



	<b>Choices 65-03 (HMO-POS)</b>	<b>Complete Care LA-7 (HMO-POS C-SNP)</b>	<b>Choices (PPO)</b>	<b>Patriot (PPO MA-Only)</b>
<b>Part B Premium Give Back</b>	N/A	N/A	N/A	<b>\$185/Month Back to You</b>
<b>\$0 Primary Care Visits</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b> (with network providers)	<b>Yes</b> (with network providers)
<b>Out-of-Network Coverage</b>	<b>Dental Only</b>	<b>Dental Only</b>	<b>Yes</b>	<b>Yes</b>
<b>Over-the-Counter Items Allowance</b>	<b>\$40/Quarter to Spend</b>	<b>\$100/Month to Spend</b>	<b>\$25/Quarter to Spend</b>	<b>\$200/Quarter to Spend</b>
<b>Part D Prescription Drug Coverage</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>No</b>
<b>UnitedHealth Passport</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

**For Peoples Health Complete Care LA-7 (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 65-03** HMO-POS

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

**For Peoples Health Complete Care LA-7 (HMO-POS C-SNP):** Individuals must have diabetes, chronic heart failure or a cardiovascular disorder to be eligible to enroll in this plan.

	<b>Choices 65-03</b> (HMO-POS)	<b>Complete Care LA-7</b> (HMO-POS C-SNP)
Monthly Plan Premium	\$0	\$0
Maximum Out-of-Pocket Costs	\$5,900	\$5,900
<b>Doctor Visits</b>		
Primary Care Provider Visit	\$0	\$0
Specialist Visit	\$35	\$30
Telehealth Visit	\$0	\$0
<b>Preventive Care<sup>†</sup></b>		
Pap Smears, Pelvic Exams, Mammograms	\$0	\$0
Prostate & Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement	\$0	\$0
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0	\$0
<b>Labs &amp; Tests<sup>†</sup></b>		
Lab Services	\$0	\$0
Diagnostic Procedures/Tests	\$50	\$50
X-rays	\$20	\$20
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0-\$250	\$0-\$260
<b>Outpatient Surgery</b>		
Surgery (outpatient hospital)	\$0-\$195	\$0-\$195
Surgery (ambulatory surgical center)	\$0-\$195	\$0-\$195
<b>Inpatient Hospital Care per Admission</b>		
Inpatient Deductible	\$0	\$0
Inpatient Stay per Day	\$195 days 1-10 \$0 days 11+	\$195 days 1-10 \$0 days 11+
<b>Home Health &amp; Skilled Nursing Facility Care</b>		
Home Health Care	\$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
<b>Emergency Care, Urgent Care and Emergency Transportation<sup>†</sup></b>		
Emergency Care	\$130	\$130
Urgently Needed Care	\$50	\$50
Emergency Ambulance Services (per one-way trip, ground or air)	\$280	\$275
Emergency or Urgent Care Outside U.S.	\$0	\$0

<sup>†</sup>Office visit copay may apply.

<sup>†</sup>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	<b>\$35</b>	<b>\$30</b>
Durable Medical Equipment - DME (wheelchairs, oxygen, etc.)	<b>20% coinsurance</b>	<b>20% coinsurance</b>
Diabetes Monitoring Supplies (DME provider or network retail pharmacy)	<b>\$0</b>	<b>\$0</b>

## Mental Health & Substance Abuse Treatment

Inpatient Mental Health Care (per day)	<b>\$195</b> days 1-10 <b>\$0</b> days 11-90	<b>\$195</b> days 1-10 <b>\$0</b> days 11-90
Outpatient Mental Health Visit	<b>\$15</b> group <b>\$25</b> individual	<b>\$15</b> group <b>\$25</b> individual
Substance Abuse Treatment Visit		

## Additional Benefits Not Covered by Medicare

Allowance for Over-the-Counter Health & Wellness Items	<b>\$40/quarter</b>	<b>N/A</b>
Allowance for Food and Over-the-Counter Health & Wellness Items	<b>N/A</b>	<b>\$100/month</b>
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	<b>\$0</b>	<b>\$0</b>
Routine Eye Exam (one per year)	<b>\$0</b>	<b>\$0</b>
Eyeglass Lenses (every two years)	<b>\$0-\$153</b>	<b>\$0-\$153</b>
Frames or Contact Lenses (every two years)	<b>\$300</b> allowance	<b>\$200</b> allowance
Routine Hearing Exam (one per year)	<b>\$0</b>	<b>\$0</b>
Hearing Aids (up to two per year; includes OTC and prescription hearing aids; cost listed is per hearing aid)	Prescription: <b>\$199-\$1,249</b>	Prescription: <b>\$199-\$1,249</b>
	OTC: <b>\$199-\$829</b>	OTC: <b>\$199-\$829</b>
Dental - Preventive <sup>§</sup> (oral exams, cleanings and X-rays)	<b>\$0</b>	<b>\$0</b>
Platinum Dental Rider for Comprehensive Services	<b>N/A</b>	<b>\$44/month</b>
Dental - Comprehensive/Restorative <sup>§</sup>	<b>50% coinsurance</b>	<b>50% coinsurance</b>
Dental - Coverage Maximum	<b>\$3,000</b>	<b>\$1,500</b>
Respite Care (12 sessions per year for members with dementia, including Alzheimer's disease)	<b>\$0</b>	<b>\$0</b>
Fitness Benefit	<b>\$0</b>	<b>\$0</b>

## Part D Prescription Drug Coverage

Deductible Stage	Choices 65-03		Complete Care LA-7	
	30-Day Supply	100-Day Supply	30-Day Supply	100-Day Supply
Initial Coverage Stage	\$355 deductible for tiers 3-5		\$270 deductible for tiers 3-5	
Tier 1	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Tier 2	<b>\$5</b>	<b>\$0</b> preferred mail order	<b>\$5</b>	<b>\$0</b> preferred mail order
Tier 3	<b>21% coinsurance</b>	<b>21% coinsurance</b>	<b>24% coinsurance</b>	<b>24% coinsurance</b>
Tier 4	<b>43% coinsurance</b>	30-day supply only	<b>44% coinsurance</b>	30-day supply only
Tier 5	<b>29% coinsurance</b>	30-day supply only	<b>30% coinsurance</b>	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.

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

**Peoples Health Choices** PPO

**Peoples Health Patriot** PPO MA-Only

	<b>Choices</b> (PPO)	<b>Patriot</b> (PPO MA-Only)	<b>Choices (PPO) &amp; Patriot (PPO)</b>
	<b>In-Network</b>		<b>Out-of-Network</b>
Monthly Plan Premium	\$0	\$0	N/A
Part B Premium Give Back (amount paid by Peoples Health)	N/A	\$185/month (\$2,220/year)	N/A
Maximum Out-of-Pocket Costs	\$6,700 in-network; \$10,100 combined in- and out-of-network		
<b>Doctor Visits</b>			
Primary Care Provider Visit	\$0	\$0	\$20
Specialist Visit	\$55	\$55	\$80 Choices
Medicare-Covered Chiropractic Visit	\$15	\$15	\$70 Patriot
Telehealth Visit	\$0	\$0	<b>Primary care and specialist care telehealth (virtual) visits not covered</b>
<b>Preventive Care<sup>†</sup></b>			
Pap Smears, Pelvic Exams, Mammograms	\$0	\$0	30% coinsurance
Prostate & Colorectal Cancer Screenings	\$0	\$0	30% coinsurance
Bone Mass Measurement	\$0	\$0	30% coinsurance
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	\$0	\$0	\$0
<b>Labs &amp; Tests<sup>†</sup></b>			
Lab Services	\$0	\$0	\$0
Diagnostic Procedures/Tests	\$5	\$50	30% coinsurance
X-rays	\$5	\$30	\$50
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0-\$260	\$0-\$260	30% coinsurance
<b>Outpatient Surgery</b>			
Surgery (outpatient hospital or ambulatory surgical center)	\$0-\$295	\$0-\$295	30% coinsurance
<b>Inpatient Hospital Care per Admission</b>			
Inpatient Deductible	\$0	\$0	\$0
Inpatient Stay per Day	\$295 days 1-7 \$0 days 8+	\$295 days 1-6 \$0 days 7+	30% coinsurance per admission
<b>Home Health &amp; Skilled Nursing Facility Care</b>			
Home Health Care	\$0	\$0	50% coinsurance
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	\$250 days 1-100
<b>Emergency Care, Urgent Care and Emergency Transportation<sup>†</sup></b>			
Emergency Care	\$130	\$130	\$130; \$0 worldwide
Urgently Needed Care	\$50	\$50	\$50; \$0 worldwide
Emergency Ambulance Services (per one-way trip, ground or air)	\$120	\$275	\$120 Choices \$275 Patriot

<sup>†</sup>Office visit copay may apply.

<sup>†</sup>Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

## Outpatient Services & Supplies

Occupational Therapy Visit	\$20	\$45	\$80 Choices \$70 Patriot
Physical or Speech Therapy Visit	\$20	\$50	
Durable Medical Equipment - DME (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	50% coinsurance
Diabetes Monitoring Supplies (DME provider or retail pharmacy)	\$0	\$0	50% coinsurance

## Mental Health & Substance Abuse Treatment

Inpatient Mental Health Care (per day)	\$295 days 1-7 \$0 days 8-90	\$295 days 1-6 \$0 days 7-90	30% coinsurance per admission
Outpatient Mental Health Visit and Substance Abuse Treatment Visit	\$15 group \$25 individual	\$15 group \$25 individual	\$30 group \$40 individual

## Additional Benefits Not Covered by Medicare

	Choices (PPO)	Patriot (PPO MA-Only)
Allowance for Over-the-Counter Health & Wellness Items	\$25/quarter	\$200/quarter
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0	\$0
Routine Eye Exam (one per year) <sup>§</sup>	\$0	\$0
Eyeglass Lenses (every two years)	\$0-\$153	\$0-\$153
Frames or Contact Lenses (every two years)	\$150 allowance	\$300 allowance
Routine Hearing Exam (one per year) <sup>§</sup>	\$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 OTC: \$199-\$829	Prescription: \$199-\$1,249 OTC: \$199-\$829
Dental - Preventive <sup>§</sup> (oral exams, cleanings and X-rays)	\$0	\$0
Platinum Dental Rider for Comprehensive Services	\$44/month	N/A
Dental - Comprehensive/Restorative <sup>§</sup>	50% coinsurance	50% coinsurance
Dental - Coverage Maximum	\$1,500	\$5,000
Fitness Benefit	\$0	\$0

## Part D Prescription Drug Coverage

	Choices		Part D drug coverage not offered with Peoples Health Patriot.
<b>Deductible Stage</b>	\$600 deductible for tiers 3-5		
<b>Initial Coverage Stage</b>	<b>30-Day Supply</b>	<b>100-Day Supply</b>	
Tier 1	\$0	\$0	
Tier 2	\$10	\$0 preferred mail order	
Tier 3	16% coinsurance	16% coinsurance	
Tier 4	41% 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.

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



A UnitedHealthcare Company

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

**1-855-812-1891** (TTY: 711)

Daily: 7 a.m. to 10 p.m.  
Asistencia disponible en español.

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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-7 (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\_C6503\_CCLA7\_PPO\_V3\_M 04/26