



**Peoples Health Group Medicare HMO-POS**



**2026**

## Peoples Health Group Medicare HMO-POS

	Group Medicare (HMO-POS)	
	In-Network	Out-of-Network
Maximum Out-of-Pocket Costs	\$2,500	N/A
Out-of-Network Deductible <i>Applies to most out-of-network services</i>	N/A	\$2,000
<b>Doctor Visits &amp; NurseLine</b>		
Primary Care Provider Visit	\$5	20% coinsurance
Specialist Visit*	\$25	20% coinsurance
Telehealth Visit	\$0	Available through contracted provider
24-Hour NurseLine	\$0	
<b>Preventive Care<sup>†</sup></b>		
Pap Smears, Pelvic Exams, Mammograms	\$0	20% coinsurance
Prostate & Colorectal Cancer Screenings	\$0	20% coinsurance
Bone Mass Measurement	\$0	20% coinsurance
Vaccinations (COVID-19, flu, pneumonia)	\$0	\$0
<b>Labs &amp; Tests<sup>†</sup></b>		
Lab Services	\$0	20% coinsurance
Diagnostic Procedures/Tests	\$0	20% coinsurance
X-rays	\$0	20% coinsurance
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$0	20% coinsurance
<b>Outpatient Surgery</b>		
Surgery (outpatient hospital or ambulatory surgical center)	\$0	20% coinsurance
<b>Inpatient Hospital Care per Admission</b>		
Inpatient Stay per Day	\$50 days 1-10 \$0 days 11	\$0 days 1-60 \$434 days 61-90 \$868 days 91-150
<b>Worldwide Emergency Care, Urgent Care and Emergency Transportation<sup>†</sup></b>		
Emergency Care	\$50	\$50
Urgently Needed Care	\$10	\$10
Emergency Ambulance Services (per one-way trip, ground or air)	\$50	\$50
Emergency or Urgent Care Outside U.S.	N/A	\$50

\*Some network specialist visits 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>Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition

### Home Health & Skilled Nursing Facility Care

Home Health Care	<b>\$0</b>	<b>20%</b> coinsurance
Skilled Nursing Facility Care per Day (semiprivate room and board)	<b>\$0</b> days 1-20 <b>\$25</b> days 21+	<b>\$0</b> days 1-20 <b>\$25</b> days 21+

### Outpatient Services & Supplies

Occupational, Physical or Speech Therapy Visit	<b>\$0</b>	<b>20%</b> coinsurance
Durable Medical Equipment - DME (wheelchairs, oxygen, etc.)	<b>5%</b> coinsurance	<b>20%</b> coinsurance
Diabetes Monitoring Supplies (DME provider or retail pharmacy)	<b>\$0</b>	<b>20%</b> coinsurance

### Mental Health & Substance Abuse Treatment

Inpatient Mental Health Care (per day)	<b>\$50</b> days 1-10 <b>\$0</b> days 11-90	<b>\$0</b> days 1-60 <b>\$434</b> days 61-90 <b>\$868</b> days 91-150
Outpatient Mental Health Visit or Substance Abuse Treatment Visit	<b>\$10</b>	<b>20%</b> coinsurance

### Additional Benefits Not Covered by Medicare

Allowance for Over-the-Counter Health & Wellness Items	<b>\$40</b> per quarter
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	<b>\$0</b>
Routine Eye Exam (one per year)	<b>\$0</b>
Eyeglasses (one pair per year) or Contact Lenses	<b>\$200</b> allowance
Hearing Aids (up to two per year; includes OTC and prescription hearing aids)	<b>\$750</b> allowance
Dental - Preventive <sup>§</sup> (oral exams, cleanings and X-rays)	<b>\$0</b>
Dental - Comprehensive/Restorative	<b>Not covered</b>
Dental - Coverage Maximum	<b>\$0</b> —there is no dental maximum
Respite Care (12 sessions per year for members with dementia, including Alzheimer’s disease)	<b>\$0</b>
Fitness Benefit	<b>\$0</b>
Emergency Medical Alert Device	<b>\$0</b>

### Part D Prescription Drug Coverage

Deductible Stage	<b>\$200</b> deductible for all tiers	
Initial Coverage Stage	<b>30-Day Supply</b>	<b>90-Day Supply</b>
Tier 1	<b>\$3</b>	<b>\$0</b>
Tier 2	<b>\$10</b>	<b>\$0</b>
Tier 3	<b>\$25</b>	<b>\$50</b>
Tier 4	<b>\$50</b>	<b>\$100</b>
Tier 5	<b>20%</b> coinsurance	<b>20%</b> coinsurance

<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:

**1-866-616-8308** (TTY: 711)

Daily: 8 a.m.–8 p.m. (Oct. 1–March 31)

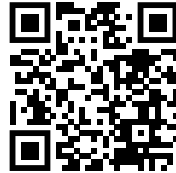
Monday–Friday: 8 a.m.–8 p.m. (April 1–Sept. 30)

Asistencia disponible en español.

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