

Quick Guide 2027

Peoples Health Essentials HMO-POS
H1961-017-000

Peoples Health Extras HMO-POS
H1961-028-000

These plans are available in Acadia, Bossier, Caddo, Calcasieu, Cameron, Evangeline, Iberia, Lafayette, Ouachita, Rapides, St. Landry, St. Martin and Vermilion parishes.

Peoples Health Complete Care LA-6 HMO-POS C-SNP
H1961-023-000

This plan is available in Acadia, Allen, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, DeSoto, East Carroll, Evangeline, Franklin, Grant, Iberia, Jackson, Jefferson Davis, Lafayette, LaSalle, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Rapides, Red River, Richland, Sabine, St. Landry, St. Martin, St. Tammany, Tangipahoa, Tensas, Union, Vermilion, Vernon, Washington, Webster, West Carroll and Winn parishes.

Peoples Health Medicare Advantage Patriot No Rx LA HMO-POS
H1961-026-000

This plan is available statewide.

PEOPLES HEALTH
A UnitedHealthcare Company



We have a plan for you!

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 (Health Maintenance Organization Chronic Condition Special Needs Plans) are designed for people with diabetes, chronic heart failure or a cardiovascular disorder. Some benefits and services are tailored to support these conditions.

The following plan types are covered in separate booklets:

Peoples Health HMO-POS D-SNPs (Health Maintenance Organization Dual-Eligible Special Needs Plans) are available to people who have both Medicare and Medicaid. If you have both Medicare and medical assistance from the state, you may be eligible for one of these plans.

Point-of-service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members.

Peoples Health + UnitedHealthcare

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

UCard—Most Peoples Health plans offer a credit for purchasing over-the-counter (OTC) products. If your plan offers this credit, it will be loaded onto your UnitedHealthcare UCard® for covered OTC. Shop in-store or online for pain relievers, cold remedies, vitamins and more, and pay with your UCard. Qualifying members in a chronic Chronic Condition Special Needs Plan (C-SNP) can also use the credit to pay for covered healthy foods.

UnitedHealth Passport® program—Through the Passport program, you can 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.

	Essentials (HMO-POS)	Extras (HMO-POS)	Complete Care LA-6 (HMO-POS C-SNP)	Medicare Advantage Patriot No Rx LA (HMO-POS)
Part B Premium Give Back	**N/A**	**N/A**	**N/A**	**$200**/Month Back to You
$0 Primary Care Visits	**Yes**	**Yes**	**Yes**	**Yes**
Out-of-Network Coverage	**Dental Only**	**Dental Only**	**Dental Only**	**Dental Only**
Over-the-Counter Items Credit	**N/A**	**$40**/Quarter to Spend	**$43**/Month to Spend	**$255**/Quarter to Spend
Part D Prescription Drug Coverage	**Yes**	**Yes**	**Yes**	**No**
UnitedHealth Passport	**Yes**	**Yes**	**Yes**	**Yes**

For Peoples Health Complete Care LA-6: You must have diabetes, chronic heart failure or a cardiovascular disease to enroll in this plan.

Peoples Health Essentials HMO-POS
Peoples Health Extras HMO-POS
Peoples Health Medicare Advantage Patriot No Rx LA HMO-POS

	Essentials HMO-POS	**Extras** 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)	**N/A**	**N/A**	**$200**/month (**$2,400**/year)
Maximum Out-of-Pocket Costs	**$6,700**	**$7,150**	**$6,700**
Doctor Visits			
Primary Care Provider Visit	**$0**	**$0**	**$0**
Specialist Visit*	**$35**	**$55**	**$40**
Telehealth Visit	**$0**	**$0**	**$0**
Preventive Care†			
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**
Labs & Tests†			
Lab Services	**$0**	**$0**	**$0**
Diagnostic Procedures/Tests	**$60**	**$60**	**$25**
X-rays	**$30**	**$30**	**$10**
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	**$320**	**$320**	**$95**
Outpatient Surgery			
Surgery (ambulatory surgical center or outpatient hospital)	**$305**	**$550**	**$350**
Inpatient Hospital Care per Admission			
Inpatient Deductible	**$0**	**$0**	**$0**
Inpatient Stay per Day	**$305** days 1-10 **$0** days 11+	**$550** days 1-5 **$0** days 6+	**$350** days 1-8 **$0** days 9+
Emergency Care, Urgent Care and Emergency Transportation‡			
Emergency Care	**$130**	**$130**	**$130**
Urgently Needed Care	**$50**	**$50**	**$50**
Emergency Ambulance Services (per one-way trip, ground or air)	**$350**	**$350**	**$275**
Home Health & Skilled Nursing Facility Care			
Home Health Care	**$0**	**$0**	**$0**
Skilled Nursing Facility Care per Day (semiprivate room and board)	**$0** days 1-20 **$221** days 21-100	**$0** days 1-20 **$221** days 21-100	**$0** days 1-20 **$221** days 21-100

*Some network services, like visits to specialists, require a referral from the member's primary care provider (PCP) to be covered. PCP choice can impact the specialists and hospitals the member will 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**	**$40**
Physical or Speech Therapy Visit	**$30**	**$50**	**$40**
Durable Medical Equipment - DME (wheelchairs, oxygen, etc.)	**20%** coinsurance	**30%** 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)	**$305** days 1-7 **$0** days 8-90	**$550** days 1-4 **$0** days 5-90	**$350** days 1-6 **$0** days 7-90
Outpatient Mental Health Visit	**$15** group **$25** individual	**$15** group **$25** individual	**$15** group **$25** individual
Substance Abuse Treatment Visit			
Additional Benefits Not Covered by Medicare			
Credit for Over-the-Counter Health & Wellness Items	**N/A**	**$40**/quarter	**$255**/quarter
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	**$0**	**$0**	**$0**
Routine Eye Exam (1 per year)	**$0**	**$0**	**$0**
Eyewear - Frames/Lenses or Contact Lenses (1 pair per 2 years)	**$250** credit	**$200** credit	**$450** credit
Routine Hearing Exam (1 per year)	**$0**	**$0**	**$0**
Hearing Aids (prescription hearing aids, up to 2 per year)	**$1,000** allowance	**$1,000** allowance	**$1,000** allowance
Dental - Preventive[§] (oral exams, cleanings and X-rays)	**$0**	**$0**	**$0**
Platinum Dental Rider for Comprehensive Services	**N/A**	**N/A**	**N/A**
Dental - Comprehensive/Restorative[§]	**50%** coinsurance	**50%** coinsurance	**50%** coinsurance
Dental - Coverage Maximum	**$1,250**	**$4,000**	**$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

	Essentials		**Extras**	
Deductible Stage	**$685** deductible for tiers 3-5		**$685** 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**	**$15** (**$0** preferred mail order)	**$5**	**$15** (**$0** preferred mail order)
Tier 3	**22%** coinsurance	**22%** coinsurance	**22%** coinsurance	**22%** coinsurance
Tier 3 *Covered Insulin Drugs*	Up to **$35**	Up to **$105**	Up to **$35**	Up to **$105**
Tier 4	**27%** coinsurance	30-day supply only	**27%** coinsurance	30-day supply only
Tier 5	**26%** coinsurance	30-day supply only	**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.

Part D drug coverage not offered with **Peoples Health Medicare Advantage Patriot No Rx LA.**

[§]Service periodicity limitations may apply. Member costs may be higher for out-of-network dental services.

Peoples Health Complete Care LA-6 HMO-POS C-SNP

	Complete Care LA-6 HMO-POS C-SNP
Monthly Plan Premium	**$0**
Part B Premium Give Back (amount paid by Peoples Health)	**N/A**
Maximum Out-of-Pocket Costs	**$6,700**
Doctor Visits	
Primary Care Provider Visit	**$0**
Specialist Visit*	**$35**
Telehealth Visit	**$0**
Preventive Care†	
Pap Smears, Pelvic Exams, Mammograms	**$0**
Prostate & Colorectal Cancer Screenings	**$0**
Bone Mass Measurement	**$0**
Vaccinations (COVID-19, flu, pneumonia, hepatitis B)	**$0**
Labs & Tests†	
Lab Services	**$0**
Diagnostic Procedures/Tests	**$25**
X-rays	**$5**
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	**$285**
Outpatient Surgery	
Surgery (ambulatory surgical center or outpatient hospital)	**$380**
Inpatient Hospital Care per Admission	
Inpatient Deductible	**$0**
Inpatient Stay per Day	**$380** days 1-8 **$0** days 9+
Emergency Care, Urgent Care and Emergency Transportation‡	
Emergency Care	**$130**
Urgently Needed Care	**$50**
Emergency Ambulance Services (per one-way trip, ground or air)	**$225**
Home Health & Skilled Nursing Facility Care	
Home Health Care	**$0**
Skilled Nursing Facility Care per Day (semiprivate room and board)	**$0** days 1-20 **$221** days 21-100

*Some network services, like visits to specialists, require a referral from the member's primary care provider (PCP) to be covered. PCP choice can impact the specialists and hospitals the member will 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	**$35**
Physical or Speech Therapy Visit	**$35**
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)	**$380** days 1-6 **$0** days 7-90
Outpatient Mental Health Visit	**$15** group **$25** individual
Substance Abuse Treatment Visit	
Additional Benefits Not Covered by Medicare	
Credit for Over-the-Counter Health & Wellness Items	**$43**/month *(includes healthy food[¶])*
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	**$0**
Routine Eye Exam (1 per year)	**$0**
Eyewear - Frames/Lenses or Contact Lenses (1 pair per 2 years)	**$200** credit
Routine Hearing Exam (1 per year)	**$0**
Hearing Aids (prescription hearing aids, up to 2 per year)	**$700** allowance
Dental - Preventive[§] (oral exams, cleanings and X-rays)	**$0**
Platinum Dental Rider for Comprehensive Services	**$54**/month rider
Dental - Comprehensive/Restorative[§]	**50%** coinsurance
Dental - Coverage Maximum	**$1,500**
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	**$685** deductible for tiers 3-5	
Initial Coverage Stage	**30-Day Supply**	**100-Day Supply**
Tier 1	**$0**	**$0**
Tier 2	**$4**	**$12** (**$0** preferred mail order)
Tier 3	**22%** coinsurance	**22%** coinsurance
Tier 3 *Covered Insulin Drugs*	Up to **$25**	Up to **$75**
Tier 4	**32%** 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.

[¶]Members must meet eligibility requirements to spend the credit on healthy food.
[§]Service periodicity limitations may apply. Member costs may be higher for out-of-network dental services.

PEOPLES HEALTH

A UnitedHealthcare Company

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

1-855-812-8099 (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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Scan the QR code to learn more.

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. 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 (EOC) for more information. For Peoples Health Complete Care LA-6 (HMO-POS C-SNP): The healthy food benefit is a special supplemental benefit available only to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination. 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 member ID card 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. You'll pay $0 for Tier 1 and Tier 2 Part D-covered prescriptions across all payment stages when filling at a network pharmacy. Review your plan Drug List (Formulary) on UHC.com/Medicare for a list of covered prescription drugs, including those on Tier 1 and Tier 2. Y0066_27PHAEPQG_PHESS_PHEX_CCLA6_MAPNORXLA_M 09/26