



Group

Peoples Health Group Medicare HMO-POS

This HMO-POS plan is available statewide.

2024

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Out-of-Network Coverage

- Emergency and urgent care coverage available worldwide
- Out-of-area network available through the UnitedHealth Passport program
- Out-of-network dental services covered but may have higher costs

	In-Network	Out-of-Network
Maximum Out of Pocket Costs	\$2,500	N/A
Doctor Visits & NurseLine		
Primary Care Physician Visit	\$5	20% coinsurance
Specialist Visit	\$10	20% coinsurance
Telehealth Visit	\$0	Available through contracted provider
24-Hour NurseLine	\$0	
Preventive Care*		
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, hepatitis B)	\$0	\$0
Labs & Tests*		
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
Outpatient Surgery		
Surgery (outpatient hospital or ambulatory surgical center [ASC])	\$0	20% coinsurance
Inpatient Hospital Care per Admission		
Inpatient Deductible	\$0	Same as Medicare
Inpatient Stay per Day	\$50 days 1-10 \$0 days 11+	Same as Medicare
Home Health & Skilled Nursing Facility Care		
Home Health Care	\$0	20% coinsurance
Semiprivate Room and Board (per day)	\$0 days 1-20 \$25 per each additional day of the benefit period	\$0 days 1-20 \$25 per each additional day of the benefit period

*Office visit copay may apply.

Worldwide Emergency Care, Urgent Care and Emergency Transportation†

Emergency Care	\$50	\$50
Urgently Needed Care (inside the U.S.)	\$10	\$10
Urgently Needed Care (outside the U.S.)	N/A	\$50
Emergency Ambulance Services (per one-way trip, ground or air)	\$50	\$50

Outpatient Services & Supplies

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

Mental Health & Substance Abuse Treatment

Inpatient Mental Health Care (per day)	\$50 days 1-10 \$0 days 11-90	Same as Medicare
Outpatient Mental Health Visit or Substance Abuse Treatment Visit	\$10	20% coinsurance
Mental Health Telehealth Visit	\$0	Available through contracted provider

Additional Benefits Not Covered by Original Medicare

Allowance for Over-the-Counter Health & Wellness Items	\$40 per quarter
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0
Routine Eye Exam (one per year)	\$0
Eyeglasses (one pair per year) or Contact Lenses	\$200 allowance
Hearing Aids (choose from a range of styles and features)	\$750 allowance
Dental – Preventive‡ (oral exams, cleanings and X-rays)	\$0
Dental – Comprehensive‡	\$0
Dental – Bridges and Dentures‡	50% coinsurance
Dental – Coverage Maximum	\$2,500
Respite Care (12 respite care sessions per year, up to 8 hours per session, for members with dementia, including Alzheimer’s disease)	\$0
Fitness Benefit	\$0
Emergency Medical Alert Device	\$0

Part D Prescription Drug Coverage

Initial Coverage Stage	30-Day Supply	90-Day Supply
Tier 1 (with coverage through the gap)	\$3	\$0
Tier 2 (with coverage through the gap)	\$10	\$0
Tier 3 (with coverage through the gap)	\$25	\$50
Tier 4 (with coverage through the gap)	\$50	\$100
Tier 5 (with coverage through the gap)	20% coinsurance	30-day supply only

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

‡ 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:

1-866-556-8167 (TTY: 711)

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

Asistencia disponible en español.

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Connect with us.

**Only Peoples Health earned Medicare's
highest rating in Louisiana for 2024.**



5 out of 5 stars for 2022, 2023 and 2024

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. 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. Every year, Medicare evaluates plans based on a 5-star rating system. Peoples Health HMO-POS plans under Medicare contract H1961 are rated 5 out of 5 stars for 2024. Y0066_24PHAEPMemQGSTARSPHGM_M