

**Peoples Health Choices 65-02** HMO-POS

H1961-014-002

This plan is available in St. Tammany, Tangipahoa and Washington 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 Choices** PPO

H4544-001

**Peoples Health Patriot** PPO MA-Only

H4544-002

These plans are available statewide.

**2025**

# Live your best life with Peoples Health.

Peoples Health is the choice of more than 110,000 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.

Today, Peoples Health is part of the UnitedHealthcare® family of plans. 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, cardiovascular disease or chronic heart failure, 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 this allowance to purchase covered items. 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 with participating providers in the Passport service area at in-network costs.

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**



**\$0 Primary Care Visits**



**Out-of-Network Coverage**



**Over-the-Counter Items Allowance**



**Part D Prescription Drug Coverage**



**UnitedHealth Passport**

**Choices  
65-02  
(HMO-POS)**

**Complete  
Care LA-6  
(HMO-POS  
C-SNP)**

**Choices  
(PPO)**

**Patriot  
(PPO  
MA-Only)**

**N/A**

**N/A**

**N/A**

**\$110/Month  
Back to You**

**Yes**

**Yes**

**Yes  
(from network  
providers)**

**Yes  
(from network  
providers)**

**Dental Only**

**Dental Only**

**Yes**

**Yes**

**\$55/Quarter  
to Spend**

**\$58/Month  
to Spend**

**\$40/Quarter  
to Spend**

**\$50/Quarter  
to Spend**

**Yes**

**Yes**

**Yes**

**No**

**Yes**

**Yes**

**Yes**

**Yes**

**For Peoples Health Complete Care LA-6 (HMO-POS C-SNP):** Individuals must have diabetes, cardiovascular disease or chronic heart failure to be eligible to enroll in this plan.

■ **Peoples Health Choices 65-02** HMO-POS

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

**For Peoples Health Complete Care LA-6 (HMO-POS C-SNP):** Individuals must have diabetes, cardiovascular disease or chronic heart failure to be eligible to enroll in this plan.

	Choices 65-02 (HMO-POS)	Complete Care LA-6 (HMO-POS C-SNP)
Monthly Plan Premium	\$0	\$0
Maximum Out-of-Pocket Costs	\$4,900	\$6,700
<b>Doctor Visits</b>		
Primary Care Provider Visit	\$0	\$0
Specialist Visit	\$40	\$25
Telehealth Visit	\$0	\$0
<b>Preventive Care*</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*</b>		
Lab Services	\$0	\$0
Diagnostic Procedures/Tests	\$30	\$35
X-rays	\$20	\$35
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$240	\$250
<b>Outpatient Surgery</b>		
Surgery (outpatient hospital)	\$205	\$245
Surgery (ambulatory surgical center)	\$205	\$245
<b>Inpatient Hospital Care per Admission</b>		
Inpatient Deductible	\$0	\$0
Inpatient Stay per Day	\$205 days 1-10 \$0 days 11+	\$245 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 \$203 days 21-100	\$0 days 1-20 \$203 days 21-100
<b>Worldwide Emergency Care, Urgent Care and Emergency Transportation<sup>†</sup></b>		
Emergency Care	\$125	\$125
Urgently Needed Care	\$55	\$55
Emergency Ambulance Services (per one-way trip, ground or air)	\$235	\$200
Emergency or Urgent Care Outside U.S.	\$0	\$0

\*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	\$25	\$20
Durable Medical Equipment - DME (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies (DME provider or network retail pharmacy)	\$0	\$0
Mental Health & Substance Abuse Treatment		
Inpatient Mental Health Care (per day)	\$205 days 1-10 \$0 days 11-90	\$245 days 1-10 \$0 days 11-90
Outpatient Mental Health Visit	\$15 group \$25 individual	\$15 group \$25 individual
Substance Abuse Treatment Visit		
Additional Benefits Not Covered by Medicare		
Allowance for Over-the-Counter Health & Wellness Items	\$55/quarter	N/A
Allowance for Food and Over-the-Counter Health & Wellness Items	N/A	\$58/month
Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)	\$0	\$0
Routine Eye Exam (one per year)	\$0	\$0
Eyeglass Lenses (every two years)	\$0-\$153	\$0-\$153
Frames or Contact Lenses (every two years)	\$250 allowance	\$300 allowance
Routine Hearing Exam (one per year)	\$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
	OTC: \$99-\$829	OTC: \$99-\$829
Dental - Preventive* (oral exams, cleanings and X-rays)	\$0	\$0
Platinum Dental Rider for Comprehensive Services	N/A	\$54/month
Dental - Comprehensive/Restorative*	\$0	\$0
Dental - Bridges or Dentures*	50% coinsurance	50% coinsurance
Dental - Coverage Maximum	\$1,500	\$1,500
Respite Care (12 sessions per year for members with dementia, including Alzheimer’s disease)	\$0	\$0
Fitness Benefit	\$0	\$0

### Part D Prescription Drug Coverage

Choices 65-02			Complete Care LA-6	
Deductible Stage	\$255 deductible for tiers 3-5		\$255 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	\$47	\$141	\$47	\$141
Tier 4	\$100	30-day supply only	\$100	30-day supply only
Tier 5	30% coinsurance	30-day supply only	30% 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.

\*Out-of-network dental services may have higher member costs.



- **Peoples Health Choices** PPO
- **Peoples Health Patriot** PPO MA-Only

	Choices (PPO)	Patriot (PPO MA-Only)	Choices (PPO) & Patriot (PPO)
	In-Network		Out-of-Network
Monthly Plan Premium	\$0	\$0	N/A
Part B Premium Give Back (amount paid by Peoples Health)	N/A	\$110/month (\$1,320/year)	N/A
Maximum Out-of-Pocket Costs	\$6,700 in-network; \$10,100 combined in- and out-of-network		
Doctor Visits			
Primary Care Provider Visit	\$0	\$0	\$20
Specialist Visit	\$35	\$55	\$60 Choices \$70 Patriot
Medicare-Covered Chiropractic Visit	\$20	\$20	
Telehealth Visit	\$0	\$0	Costs vary*
Preventive Care*			
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
Labs & Tests*			
Lab Services	\$0	\$0	\$0
Diagnostic Procedures/Tests	\$50	\$50	30% coinsurance
X-rays	\$35	\$25	\$40 Choices \$30 Patriot
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	\$240	\$250	30% coinsurance
Outpatient Surgery			
Surgery (outpatient hospital or ambulatory surgical center)	\$225	\$295	30% coinsurance
Inpatient Hospital Care per Admission			
Inpatient Deductible	\$0	\$0	\$0
Inpatient Stay per Day	\$225 days 1-7 \$0 days 8+	\$295 days 1-6 \$0 days 7+	30% coinsurance per admission
Home Health & Skilled Nursing Facility Care			
Home Health Care	\$0	\$0	50% coinsurance
Skilled Nursing Facility Care per Day (semiprivate room and board)	\$0 days 1-20 \$203 days 21-100	\$0 days 1-20 \$203 days 21-100	\$225 days 1-100
Worldwide Emergency Care, Urgent Care and Emergency Transportation*			
Emergency Care	\$125	\$125	\$125; \$0 worldwide
Urgently Needed Care	\$55	\$55	\$55; \$0 worldwide
Emergency Ambulance Services (per one-way trip, ground or air)	\$290	\$275	\$290 Choices \$275 Patriot

\* For primary care provider and specialist telehealth visits, in-office visit costs apply.

\* 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	\$45	\$60 Choices \$70 Patriot
Physical or Speech Therapy Visit	\$30	\$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)	\$225 days 1-4 \$0 days 5-90	\$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	\$40/quarter	\$50/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)	\$300 allowance	\$250 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	Prescription: \$199-\$1,249
	OTC: \$99-\$829	OTC: \$99-\$829
Dental - Preventive <sup>§</sup> (oral exams, cleanings and X-rays)	\$0	\$0
Platinum Dental Rider for Comprehensive Services	\$54/month	N/A
Dental - Comprehensive/Restorative <sup>§</sup>	\$0	\$0
Dental - Bridges or Dentures <sup>§</sup>	50% coinsurance	50% coinsurance
Dental - Coverage Maximum	\$1,500	\$2,000
Fitness Benefit	\$0	\$0

### Part D Prescription Drug Coverage

		Choices	Part D drug coverage not offered with Peoples Health Patriot.
Deductible Stage	\$420 deductible for tiers 3-5		
Initial Coverage Stage	30-Day Supply	100-Day Supply	
Tier 1	\$0	\$0	
Tier 2	\$10	\$0 preferred mail order	
Tier 3	\$47	\$141	
Tier 4	\$100	30-day supply only	
Tier 5	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.

<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:

**1-855-812-1890** (TTY: 711)

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

Asistencia disponible en español.

**Three Lakeway Center | 3838 N. Causeway Blvd., Suite 2500 | Metairie, LA 70002**  
**peopleshealth.com**



Connect with us.



Scan the QR code to learn more.

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. For Peoples Health Complete Care LA-6 (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. Contact us for details. Y0066\_25PHAEPMemQG\_C6502\_CCLA6\_PPO\_M 09/24



**PEOPLES HEALTH**

A UnitedHealthcare Company

# Get Ready for Medicare



Peoples Health is a Louisiana-based Medicare Advantage organization. Founded by physicians and medical providers, we choose to focus on one thing:

**Helping people with  
Medicare.**

# Let's Get Started

Choosing the right Medicare plan can be confusing. There are a lot of options to consider. Peoples Health is here to help make Medicare easy.

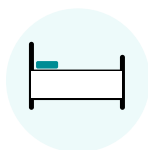
Peoples Health has been helping people with Medicare since 1994. Over those years, we've found that everybody's needs are different, but one thing remains the same: You need the coverage that works best for you.

We hope the information in this guide helps you understand your options. And we're always happy to talk through your questions, so you can be confident in your choices.



# The ABCs (and D) of Medicare

Medicare Part A and Part B are commonly known as Original Medicare.



**Medicare Part A** is hospital insurance. It covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care. For most people, there's no monthly premium for Part A. (It's been paid for through payroll deductions and employer contributions over your or your spouse's working life.)



**Medicare Part B** is medical insurance for doctor visits, outpatient care, preventive services, etc. Medicare charges a monthly premium for Part B.



**Medicare Part C** is another name for Medicare Advantage plans. For these plans, Medicare contracts with insurance companies to provide benefits. These plans can offer more benefits than Original Medicare, and many also offer Part D drug coverage.



**Medicare Part D** is prescription drug coverage. It's offered by private insurers and often included with Medicare Advantage plans. Many Part D plans have a monthly premium.

# Deductibles

Just like commercial health plans, some Medicare options require you to pay a deductible before your coverage begins. For instance, Medicare has deductibles for both Part A and Part B.

When reviewing your coverage options, ask about the deductibles you may have to pay.

Peoples Health Medicare plans do not have deductibles for Medicare Part A or Part B.

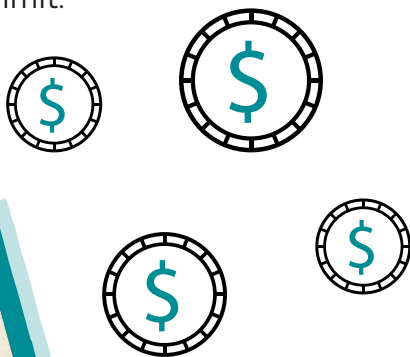


# Maximum Out-of-Pocket Amount

Annual maximum out-of-pocket costs, also known as MOOP, refer to the maximum amount you'll have to pay for certain services. After you reach that limit, the plan pays 100% of your costs for those services, and you pay \$0.

With Original Medicare, there's no MOOP or limit to the costs you might be responsible for. On the other hand, Medicare Advantage plans are required to limit your out-of-pocket costs for Medicare-covered services.

Keep in mind the phrase "Medicare-covered services." If it's an additional benefit not normally covered by Medicare—like Part D drug coverage, routine dental or routine hearing exams—the cost of the service may not apply to your MOOP limit.





# Medicare Supplements vs. Medicare Advantage

Medicare supplements, sometimes called Medigap policies, are offered by private companies to help cover some of the costs you may face with Original Medicare. They charge a monthly premium on top of your Medicare Part B premium. Supplemental insurance policies only cover the benefits offered by Original Medicare. If you want routine dental, routine vision or fitness coverage, or Part D drug coverage, you would need to buy that coverage through a separate plan or plans.

Medicare Advantage plans are contracted with and paid by the federal government to administer your Medicare benefits. Each plan may have a different approach to how it offers coverage.

Peoples Health helps its members by coordinating care and helping members navigate the health care environment. Plus, with Peoples Health, you can get more benefits than Original Medicare with no plan premium\* beyond the Part B premium you pay Medicare.

\*Some Peoples Health plans offer optional coverage for additional benefits for a premium.



# Medicare Plan Types

Peoples Health offers several types of Medicare Advantage plans. Each includes all the benefits of Medicare, plus valuable additional benefits.

- **Health Maintenance Organization (HMO-POS)\***

Coordinated care through a carefully selected network of providers. Part D prescription drug coverage is included with most of these plans.

- **Dual-Eligible Special Needs Plans (HMO-POS D-SNPs)\***

Coordinated care with enhanced benefits. These plans are available to people who have both Medicare and Medicaid, and these plans also include Part D prescription drug coverage.

- **Chronic Condition Special Needs Plans (HMO-POS C-SNPs)\***

Designed for people with diabetes, chronic heart failure or a cardiovascular disorder. Our C-SNPs feature lower specialist copays and Part D drug coverage with lower copays for certain drugs than our non-SNPs. They also include a monthly allowance for health & wellness items and healthy food.^

- **Preferred Provider Organization (PPO)**

Choose to get services from a provider in our network, usually at greater savings, or out-of-network from providers who accept Medicare. We offer two PPO plans statewide. One has Part D drug coverage, and one does not.

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\*Point-of-Service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members. ^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. Contact us for details.

# More Than Medicare

Medicare Advantage plans can offer more benefits than Original Medicare. Most Peoples Health plans offer additional benefits without a monthly premium.\* You still pay your Medicare Part B premium, but you could enjoy additional benefits like:



Complimentary health club membership and access to online and community fitness resources



Routine vision coverage, including an allowance for eyeglasses or contacts



Dental coverage



Allowance for over-the-counter health & wellness items



Allowance for healthy groceries and utility bills\*



Meals after hospital stays



Part D drug coverage with certain generic drugs for \$0\*

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\*Some plans may have a premium for optional additional benefits that you can choose to sign up for. \*Allowance for utility bills only available with our D-SNPs; allowance for healthy groceries available with our C-SNPs and D-SNPs. \*For plans with Part D coverage, \$0 long-term supply of tier 2 generic drugs available from preferred mail-order pharmacy.

# Enrollment Periods

**Turning 65:** If you're turning 65, your initial enrollment period starts 3 months before your birth month and ends 3 months after your birth month. The option to enroll in a Medicare Advantage plan is available to you during any of these 7 months.

**Medicare's Annual Enrollment Period:** Medicare's annual enrollment period starts October 15 and ends December 7. You can change the way you get your Medicare benefits during this time. Medicare Advantage plans are allowed to share information about the coming year's benefits starting October 1 of every year.

**Other Special Enrollment Periods:** There are a number of exceptions to the standard Medicare enrollment periods. Moving into a new area, being eligible for a chronic condition special needs plan, having Medicaid and Medicare, or qualifying for Medicare's Part D "Extra Help" program are a few of those exceptions. Call the number on the back of this booklet to learn more.

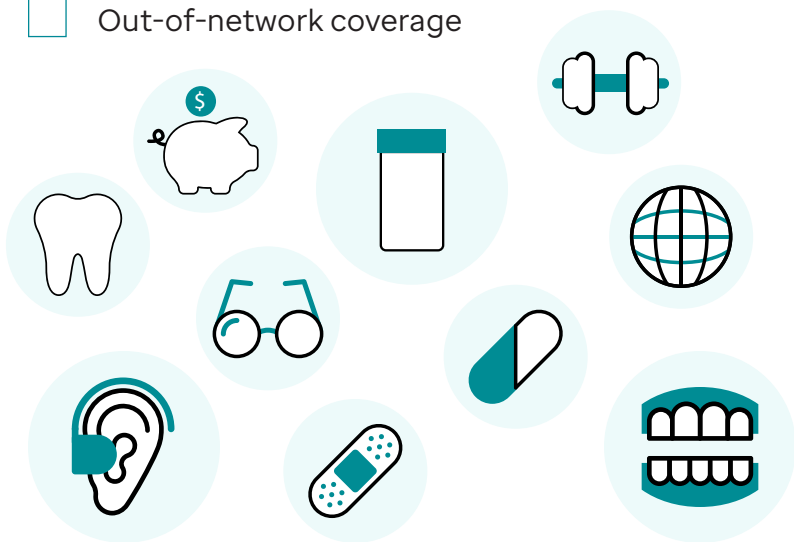


# Things to Consider: What Do You Want in a Medicare Plan?

## What benefits do you want?

Check all that are important to you.

- ☐ Part D prescription drug coverage
- ☐ Benefits tailored to chronic conditions
- ☐ Fitness center membership
- ☐ Dental coverage
- ☐ Lower Part B premium
- ☐ Vision and eyewear coverage
- ☐ Routine hearing coverage and hearing aids
- ☐ Allowance for over-the-counter items
- ☐ Out-of-network coverage



## Things to Consider: What Do You Want in a Medicare Plan?

## Who do you want to receive care from? What doctors are important to you?

List the doctors you see and the hospitals you might visit.

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## Things to Consider: What Do You Want in a Medicare Plan?

## What prescription drugs do you need?

Make a list of the medications you take, including dosage and how often you take them.

[illegible]

# Important Numbers

## Medicare

**1-800-MEDICARE** (1-800-633-4227)

(TTY: 1-877-486-2048)

24 hours a day, 7 days a week,  
except some federal holidays

## Social Security Administration

**1-800-772-1213** (TTY: 1-800-325-0778)

## Louisiana Medicaid

**1-888-342-6207** (TTY: 1-800-220-5404)

## SHIIP (Louisiana's Senior Health Insurance Information Program)

**1-800-259-5300** (TTY: 711)

## Peoples Health

**1-800-537-0311** (TTY: 711)

7 a.m. to 10 p.m., 7 days a week



**We hope this booklet helps you  
make the best decision when it  
comes to choosing your  
Medicare coverage.**

**1-800-537-0311**

(TTY: 711)

Toll-free, 7 a.m. to 10 p.m.,  
7 days a week



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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 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. Y0066\_25GRFMB\_M