PEOPLES HEALTH
A UnitedHealthcare Company

Peoples Health Group Medicare HMO-POS

2026

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	Group Medicare (HMO-POS)	
	In-Network	**Out-of-Network**
Maximum Out-of-Pocket Costs	**$2,500**	**N/A**
Out-of-Network Deductible *Applies to most out-of-network services*	**N/A**	**$2,000**
Doctor Visits & NurseLine		
Primary Care Provider Visit	**$5**	**20%** coinsurance
Specialist Visit*	**$25**	**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)	**$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)	**$0**	**20%** coinsurance
Inpatient Hospital Care per Admission		
Inpatient Stay per Day	**$50** days 1-10 **$0** days 11	**$0** days 1-60 **$419** days 61-90 **$838** days 91-150†
Worldwide Emergency Care, Urgent Care and Emergency Transportation‡		
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 services—including specialist visits, physical therapy, speech therapy and occupational therapy—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.
†These are 2025 Medicare cost-sharing amounts and may change for 2026; 2026 values are not yet released.
‡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	**$0**	**20%** coinsurance
Skilled Nursing Facility Care per Day (semiprivate room and board)	**$0** days 1-20 **$25** days 21+	**$0** days 1-20 **$25** days 21+
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 retail pharmacy)	**$0**	**20%** coinsurance
Mental Health & Substance Abuse Treatment		
Inpatient Mental Health Care (per day)	**$50** days 1-10 **$0** days 11-90	**$0** days 1-60 **$419** days 61-90 **$838** days 91-150†
Outpatient Mental Health Visit or Substance Abuse Treatment Visit	**$10**	**20%** coinsurance
Additional Benefits Not Covered by 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 (up to two per year; includes OTC and prescription hearing aids)	**$750** allowance	
Dental - Preventive§ (oral exams, cleanings and X-rays)	**$0**	
Dental - Comprehensive/Restorative	**Not covered**	
Dental - Coverage Maximum	**$0**—there is no dental maximum	
Respite Care (12 sessions per year for members with dementia, including Alzheimer's disease)	**$0**	
Fitness Benefit	**$0**	
Emergency Medical Alert Device	**$0**	

Part D Prescription Drug Coverage

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

*Some network services—including specialist visits, physical therapy, speech therapy and occupational therapy—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. §Out-of-network dental services may have higher member costs.

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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.

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

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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. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. 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. Y0066_26PHAEPMemQG_GroupM_M 10/25