

# Summary of Benefits 2025

**Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS)**

H1961-026-000

Look inside to learn more about the plan and the health services it covers.  
Contact us for more information about the plan.



**peopleshealth.com**



**Toll-free 1-844-849-2591, TTY 711**

8 a.m.-8 p.m. local time, 7 days a week



A UnitedHealthcare Company

# Summary of Benefits

**January 1, 2025 - December 31, 2025**

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at [MyPeoplesHealthPlan.com](https://www.mypeopleshealthplan.com) or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

## Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS)

### Medical premium, deductible and limits

<b>Monthly plan premium</b>	\$0 You need to continue to pay your Medicare Part B premium
<b>Part B premium reduction</b>	\$173 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.
<b>Annual medical deductible</b>	This plan does not have a medical deductible.
<b>Maximum out-of-pocket amount</b>	\$6,700  This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.

### Medical benefits

<b>Inpatient hospital care<sup>2</sup></b>		\$350 copay per day: days 1-8 \$0 copay per day: days 9 and beyond
Our plan covers an unlimited number of days for an inpatient hospital stay.		
<b>Outpatient hospital</b>	Ambulatory surgical center (ASC) <sup>2</sup>	\$0 copay for a colonoscopy \$350 copay otherwise
Cost-sharing for additional plan covered services will apply.	Outpatient hospital, including surgery <sup>2</sup>	\$0 copay for a colonoscopy \$350 copay otherwise
	Outpatient hospital observation services <sup>2</sup>	\$350 copay

## Medical benefits

### Doctor visits

Primary care provider \$0 copay

Specialists<sup>2</sup> \$40 copay

Virtual medical visits \$0 copay to talk with a network telehealth provider online through live audio and video

### Preventive services

Routine physical \$0 copay, 1 per year

Medicare-covered \$0 copay

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Abdominal aortic aneurysm screening</li> <li><input type="checkbox"/> Alcohol misuse counseling</li> <li><input type="checkbox"/> Annual wellness visit</li> <li><input type="checkbox"/> Bone mass measurement</li> <li><input type="checkbox"/> Breast cancer screening (mammogram)</li> <li><input type="checkbox"/> Cardiovascular disease (behavioral therapy)</li> <li><input type="checkbox"/> Cardiovascular screening</li> <li><input type="checkbox"/> Cervical and vaginal cancer screening</li> <li><input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li><input type="checkbox"/> Depression screening</li> <li><input type="checkbox"/> Diabetes screenings and monitoring</li> <li><input type="checkbox"/> Hepatitis C screening</li> <li><input type="checkbox"/> HIV screening</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Lung cancer with low dose computed tomography (LDCT) screening</li> <li><input type="checkbox"/> Medical nutrition therapy services</li> <li><input type="checkbox"/> Medicare Diabetes Prevention Program (MDPP)</li> <li><input type="checkbox"/> Obesity screenings and counseling</li> <li><input type="checkbox"/> Prostate cancer screenings (PSA)</li> <li><input type="checkbox"/> Sexually transmitted infections screenings and counseling</li> <li><input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li><input type="checkbox"/> Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</li> <li><input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time)</li> </ul> |
|---|---|

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

## Medical benefits

### Emergency care

\$125 copay (\$0 copay for emergency care outside the United States) per visit. If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

### Urgently needed services

\$55 copay (\$0 copay for urgently needed services outside the United States) per visit

### Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)<sup>2</sup>

\$0 copay for each diagnostic mammogram  
\$250 copay otherwise

Lab services<sup>2</sup>

\$0 copay

Diagnostic tests and procedures<sup>2</sup>

\$50 copay

Therapeutic radiology<sup>2</sup>

20% coinsurance

Outpatient X-rays<sup>2</sup>

\$25 copay



### Hearing services

Exam to diagnose and treat hearing and balance issues<sup>2</sup>

\$0 copay

Routine hearing exam

\$0 copay, 1 per year

Hearing aids<sup>2</sup>

\$99 - \$829 copay for each OTC hearing aid. \$199 - \$1,249 copay for each prescription hearing aid. You can purchase up to 2 hearing aids every year.

- A broad selection of over-the-counter (OTC) and brand-name prescription hearing aids
- Access to one of the largest national networks of hearing professionals with more than 7,000 locations
- 3-year manufacturer warranty on all prescription hearing aids covers a trial period and damage or repair during warranty period

## Medical benefits



### Routine dental benefits

Covered in-network and out-of-network.

Preventive and comprehensive<sup>2</sup>

\$5,000 allowance for all covered dental services\*

\$0 copay for covered preventive and comprehensive services like cleanings, fillings and crowns

50% coinsurance for bridges and dentures

- No annual deductible
- Access to one of the largest national dental networks
- Freedom to see any dentist



### Vision services

Exam to diagnose and treat diseases and conditions of the eye<sup>2</sup>

\$0 copay

Eyewear after cataract surgery

\$0 copay

Routine eye exam

\$0 copay, 1 per year

Routine eyewear

\$250 allowance for 1 pair of frames or contacts

- Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives
- Other covered lenses available with copays from \$40 – \$153
- Access to one of Medicare Advantage's largest national networks of vision providers and retail providers
- Eyewear available from many online providers, including Warby Parker and GlassesUSA

### Mental health

Inpatient visit<sup>2</sup>  
Our plan covers 90 days for an inpatient hospital stay

\$350 copay per day: days 1-6

\$0 copay per day: days 7-90

Outpatient group therapy visit<sup>2</sup>

\$15 copay

Outpatient individual therapy visit<sup>2</sup>

\$25 copay

Virtual mental health visits

\$0 copay to talk with a network telehealth provider online through live audio and video

## Medical benefits

### Skilled nursing facility (SNF)<sup>2</sup>

Our plan covers up to 100 days in a SNF.

\$0 copay per day: days 1-20

\$203 copay per day: days 21-100

### Outpatient rehabilitation services

Physical therapy and speech and language therapy visit<sup>2</sup>

\$40 copay

Occupational Therapy Visit<sup>2</sup>

\$40 copay

Virtual medical visits

\$0 copay to talk with a network telehealth provider online through live audio and video

### Ambulance<sup>2</sup>

Your provider must obtain prior authorization for non-emergency transportation.

\$275 copay for ground

\$275 copay for air

### Routine transportation

Not covered

### Medicare Part B prescription drugs

Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.

Chemotherapy drugs<sup>2</sup>

20% coinsurance

Part B covered insulin<sup>2</sup>

20% coinsurance, up to \$35

Other Part B drugs<sup>2</sup>

\$0 copay for allergy antigens  
20% coinsurance for all others

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

## Additional benefits

### Chiropractic services

Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)<sup>2</sup>

\$20 copay

## Additional benefits

### Diabetes management

Diabetes monitoring supplies<sup>2</sup>

\$0 copay

At a retail pharmacy, we only cover Accu-Chek® and OneTouch® brands.

Covered glucose monitors include: OneTouch Verio Flex®, OneTouch® Ultra 2, Accu-Chek® Guide Me and Accu-Chek® Guide.

Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus and Accu-Chek® SmartView.

You can get glucose monitors and test strips from a DME provider.

Diabetes self-management training

\$0 copay

Therapeutic shoes or inserts<sup>2</sup>

\$0 copay

### Durable medical equipment (DME) and related supplies

DME (e.g., wheelchairs, oxygen)<sup>2</sup>

20% coinsurance

Prosthetics (e.g., braces, artificial limbs)<sup>2</sup>

20% coinsurance



### Fitness program

\$0 copay


Your fitness program helps you stay active and connected at the gym, from home or in your community. It's available to you at no additional cost and includes:

- Free gym membership
- Access to a large national network of gyms and fitness locations
- On-demand workout videos and live streaming fitness classes
- Online memory fitness activities

### Foot care (podiatry services)

Foot exams and treatment<sup>2</sup>

\$40 copay

Additional benefits		
<b>Meal benefit<sup>2</sup></b>		\$0 copay for home-delivered meals from the network meal provider after an eligible hospital stay. Restrictions apply.
<b>Home health care<sup>2</sup></b>		\$0 copay
<b>Hospice</b>		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
<b>Opioid treatment program services<sup>2</sup></b>		\$0 copay
<b>Outpatient substance use disorder services</b>	Outpatient group therapy visit <sup>2</sup>	\$15 copay
	Outpatient individual therapy visit <sup>2</sup>	\$25 copay
 <b>Over-the-counter (OTC) credit</b>		<p>\$100 credit every quarter for OTC products in-store or online</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more</li> <li><input type="checkbox"/> Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you</li> </ul>
<b>UnitedHealth Passport®</b>		Allows you to access all the benefits you enjoy at home while you travel within the covered service area for up to nine consecutive months. You pay your in-network copay or coinsurance when you visit a participating provider for non-emergency care, including preventive care, specialist care and hospitalizations.
<b>Renal dialysis<sup>2</sup></b>		20% coinsurance
<b>Respite care<sup>2</sup></b>		\$0 copay for each session with a network respite care provider, up to 12 sessions every year. This benefit is for members diagnosed with dementia. Restrictions apply.

<sup>2</sup> May require your provider to get prior authorization from the plan for in-network benefits.

\*Benefits are combined in and out-of-network



## Member discounts



As a Peoples Health Medicare Advantage plan member, you'll have access to an exclusive collection of discounts on hundreds of products and services. Once you're a member, you can sign in to your member site for a list of discounts available to you.

## About this plan

Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS) is a Medicare Advantage HMOPOS plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes these parishes in:

**Louisiana:** Ascension, East Baton Rouge, East Feliciana, Iberville, Jefferson, Livingston, Orleans, St. Charles, St. Helena, West Baton Rouge.

## Use network providers

Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS) has a network of doctors, hospitals, and other providers. For routine dental services, you can use providers that are not in our network.

You can go to [peopleshealth.com](https://www.peopleshealth.com) to search for a network provider using the online directory.

## Required Information

Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS) is 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.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-877-369-1907 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, documentos en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-877-369-1907, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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

### Hearing aids

Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market. OTC hearing aid warranties, if available, will vary by device and are handled through the manufacturer. One-time professional fee may apply for prescription hearing aids.

### Routine dental benefits

If your plan offers out-of-network dental coverage and you see an out-of-network dentist, you might be billed more. Provider network may vary in local market. Dental network size based on Zelis Network360, May 2023.

### Routine eyewear

Additional charges may apply for out-of-network items and services. Provider and retail network may vary in local market. Vision network size based on Zelis Network360, March 2023. Annual routine eye exam and \$100-450 allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Savings based on comparison to retail. Other vision providers are available in our network.

### Fitness program

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Gym network may vary in local market and plan.

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**Over-the-counter (OTC) credit**

OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

The provider network may change at any time. You will receive notice when necessary.

Additional authorizations may be required to access discount programs. The discounts described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process. Discount offerings may vary by plan and are not available on all plans. The discount offers are made available to members through a third party. Participation in these third-party services are subject to your acceptance of their respective terms and policies. UnitedHealthcare and its respective subsidiaries are not responsible for the services or information provided by third parties.