

**PEOPLES HEALTH**

A UnitedHealthcare Company



## Peoples Health Group Medicare HMO-POS



# 2026

# Live your best life with Peoples Health.

At Peoples Health, we focus on one thing: helping people with Medicare. And we've been doing just that for OGB retirees since 2008.

Here are a few questions we get from OGB members considering this plan:



## What is a Medicare Advantage plan?

It's a health plan approved and regulated by Medicare to administer Medicare benefits. Peoples Health Medicare Advantage plans provide more benefits than Original Medicare.



## How do I choose Peoples Health?

Simply complete an enrollment request form and mail it to OGB's **Eligibility Department, P.O. Box 44036, Baton Rouge, LA 70804**. Or fax a completed enrollment request form to OGB at **1-225-342-9917** or **1-225-342-9919**.

## Peoples Health + UnitedHealthcare



Since joining the UnitedHealthcare family, we've been able to expand many benefits and services. Members of Peoples Health Group Medicare for OGB can enjoy:



**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.

# The Peoples Health Advantage

Get more benefits than Original Medicare with Peoples Health Group Medicare (HMO-POS) for OGB members.

Extras include:

- Routine vision coverage with an allowance for glasses or contacts
- Routine dental coverage with \$0 cleanings
- A fitness center membership at no cost to you



**Learning more is easy. Just call us.**

**1-866-877-5403** (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)

**[peopleshealth.com/ogb](https://peopleshealth.com/ogb)**



**\$0** medical deductible



**\$0** inpatient hospital deductible at network providers



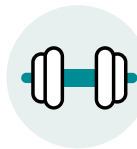
**\$0** prescription drug deductible



**\$0** tier 1 and tier 2 generic drugs



Dental coverage—up to **\$2,000**



**\$0** fitness benefit

## 2026 Plan Overview

## ■ Peoples Health Group Medicare HMO-POS

A Medicare Advantage prescription drug plan exclusively for Louisiana Office of Group Benefits retirees



### Group Medicare (HMO-POS)

|                                                                     | In-Network                     | Out-of-Network                        |
|---------------------------------------------------------------------|--------------------------------|---------------------------------------|
| Maximum Out-of-Pocket Costs                                         | \$2,500                        | N/A                                   |
| Doctor Visits & NurseLine                                           |                                |                                       |
| Primary Care Provider Visit                                         | \$0                            | 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)                             | \$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 Deductible                                                | \$0                            | Same as Medicare                      |
| Inpatient Stay per Day                                              | \$50 days 1-10<br>\$0 days 11+ | Same as Medicare                      |
| Worldwide Emergency Care, Urgent Care and Emergency Transportation* |                                |                                       |
| Emergency Care                                                      | \$50                           | \$50                                  |
| Urgently Needed Care                                                | \$5                            | \$5                                   |
| 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.

<sup>†</sup>Office visit copay may apply.

<sup>‡</sup>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<br>\$25 days 21+ | \$0 days 1-20<br>\$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)                                                       | \$25 days 1-5<br>\$0 days 6-90 | Same as Medicare               |
| Outpatient Mental Health Visit or Substance Abuse Treatment Visit                            | \$0                            | 20% coinsurance                |
| Additional Benefits Not Covered by Medicare                                                  |                                |                                |
| 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 <sup>§</sup> (oral exams, cleanings and X-rays)                          | \$0                            |                                |
| Dental - Comprehensive/Restorative <sup>§</sup>                                              | \$0                            |                                |
| Dental - Bridges or Dentures <sup>§</sup>                                                    | 50% coinsurance                |                                |
| Dental - Coverage Maximum                                                                    | \$2,000                        |                                |
| 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

| Initial Coverage Stage | 30-Day Supply   | 90-Day Supply   |
|------------------------|-----------------|-----------------|
| Tier 1                 | \$0             | \$0             |
| Tier 2                 | \$0             | \$0             |
| Tier 3                 | \$20            | \$40            |
| Tier 4                 | \$40            | \$80            |
| 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.

<sup>§</sup>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:

**1-866-877-5403** (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](http://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. 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 UnitedHealthcare UCard® 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\_26PHAEPQG\_GroupMOGB\_M 09/25