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

$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

2027 Plan Overview

PEOPLES HEALTH
A UnitedHealthcare Company

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

Connect with us.

Scan the QR code to learn more.

Plans are 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. 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. 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 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. You'll pay $0 for Tier 1 and Tier 2 Part D-covered prescriptions across all payment stages when filling at a network pharmacy. Review your plan Drug List (Formulary) on UHC.com/Medicare for a list of covered prescription drugs, including those on Tier 1 and Tier 2. Y0066_27PHAEPQG_GroupOGB_M 09/26

Quick Guide 2027

Peoples Health Group Medicare Office of Group Benefits (OGB) HMO-POS

OFFICE OF GROUP BENEFITS ogb LOUISIANA

PEOPLES HEALTH
A UnitedHealthcare Company

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—Through the Passport program, you can 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.

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 **$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**
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)	**$25** days 1-5 **$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 (1 per year)	**$0**	
Eyeglasses (1 pair per year) or Contact Lenses	**$200** allowance	
Hearing Aids (up to 2 per year; includes prescription hearing aids)	**$750** allowance	
Dental - Preventive§ (oral exams, cleanings and X-rays)	**$0**	
Dental - Comprehensive/Restorative§	**$0**	
Dental - Bridges or Dentures§	**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**	

*Some network services, like visits to specialists, require a referral from the member's primary care provider (PCP) to be covered. PCP choice can impact the specialists and hospitals the member will be able to see. †Office visit copay may apply. ‡Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.

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

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