

# Summary of Benefits 2025

**Peoples Health Choices 65 (HMO-POS) Northshore**  
H1961-014-002

Look inside to learn more about the plan and the health and drug 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** 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 Choices 65 (HMO-POS)

### Medical premium, deductible and limits

|                                                                           |                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium</b>                                               | \$0<br>You need to continue to pay your Medicare Part B premium                                                                                                                                                                                      |
| <b>Annual medical deductible</b>                                          | This plan does not have a medical deductible.                                                                                                                                                                                                        |
| <b>Maximum out-of-pocket amount</b> (does not include prescription drugs) | \$4,900<br><br>This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.<br><br>Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount. |

### Medical benefits

|                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                         |                                               |                                                      |                                                     |                                                      |                                                       |             |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|-------------|
| <b>Inpatient hospital care</b> <sup>2</sup><br>Our plan covers an unlimited number of days for an inpatient hospital stay. | \$205 copay per day: days 1-10<br>\$0 copay per day: days 11 and beyond                                                                                                                                                                                                                                                                                                 |                                               |                                                      |                                                     |                                                      |                                                       |             |
| <b>Outpatient hospital</b><br>Cost-sharing for additional plan covered services will apply.                                | <table><tr><td>Ambulatory surgical center (ASC)<sup>2</sup></td><td>\$0 copay for a colonoscopy<br/>\$205 copay otherwise</td></tr><tr><td>Outpatient hospital, including surgery<sup>2</sup></td><td>\$0 copay for a colonoscopy<br/>\$205 copay otherwise</td></tr><tr><td>Outpatient hospital observation services<sup>2</sup></td><td>\$205 copay</td></tr></table> | Ambulatory surgical center (ASC) <sup>2</sup> | \$0 copay for a colonoscopy<br>\$205 copay otherwise | Outpatient hospital, including surgery <sup>2</sup> | \$0 copay for a colonoscopy<br>\$205 copay otherwise | Outpatient hospital observation services <sup>2</sup> | \$205 copay |
| Ambulatory surgical center (ASC) <sup>2</sup>                                                                              | \$0 copay for a colonoscopy<br>\$205 copay otherwise                                                                                                                                                                                                                                                                                                                    |                                               |                                                      |                                                     |                                                      |                                                       |             |
| Outpatient hospital, including surgery <sup>2</sup>                                                                        | \$0 copay for a colonoscopy<br>\$205 copay otherwise                                                                                                                                                                                                                                                                                                                    |                                               |                                                      |                                                     |                                                      |                                                       |             |
| Outpatient hospital observation services <sup>2</sup>                                                                      | \$205 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             |

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- Hepatitis C screening
- HIV screening
- Lung cancer with low dose computed tomography (LDCT) screening
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19
- “Welcome to Medicare” preventive visit (one-time)

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  
\$240 copay otherwise

Lab services<sup>2</sup>

\$0 copay

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

\$30 copay

Therapeutic radiology<sup>2</sup>

20% coinsurance

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

\$20 copay



### Hearing services

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

\$20 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>

\$1,500 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

\$205 copay per day: days 1-10

\$0 copay per day: days 11-90

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>

\$25 copay

Occupational Therapy Visit<sup>2</sup>

\$25 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.

\$235 copay for ground

\$235 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.

## Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

| Prescription drug payment stages                     |                                                                                                                                                                                                                                                                                                                                       |                |                |                |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|
| <b>Deductible</b>                                    | <p>There is no deductible for drugs in Tier 1 and 2. Your coverage for these drugs starts in the Initial Coverage stage.</p> <p>There is a \$255 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage.</p> |                |                |                |
| <b>Initial Coverage</b>                              | <p>In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,000, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.</p>                                                        |                |                |                |
| Tier drug coverage                                   | Retail                                                                                                                                                                                                                                                                                                                                |                | Mail Order     |                |
|                                                      | Standard                                                                                                                                                                                                                                                                                                                              |                | Preferred      | Standard       |
|                                                      | 30-day supply <sup>^</sup>                                                                                                                                                                                                                                                                                                            | 100-day supply | 100-day supply | 100-day supply |
| <b>Tier 1:</b><br>Preferred Generic                  | \$0 copay                                                                                                                                                                                                                                                                                                                             | \$0 copay      | \$0 copay      | \$0 copay      |
| <b>Tier 2:</b><br>Generic <sup>3</sup>               | \$5 copay                                                                                                                                                                                                                                                                                                                             | \$15 copay     | \$0 copay      | \$15 copay     |
| <b>Tier 3:</b><br>Preferred Brand                    | \$47 copay                                                                                                                                                                                                                                                                                                                            | \$141 copay    | \$141 copay    | \$141 copay    |
| <b>Tier 3:</b><br>Covered Insulin Drugs <sup>4</sup> | \$35 copay                                                                                                                                                                                                                                                                                                                            | \$105 copay    | \$105 copay    | \$105 copay    |
| <b>Tier 4:</b><br>Non-Preferred Drug <sup>5</sup>    | \$100 copay                                                                                                                                                                                                                                                                                                                           | N/A            | N/A            | N/A            |
| <b>Tier 5:</b><br>Specialty Tier <sup>5</sup>        | 30% coinsurance                                                                                                                                                                                                                                                                                                                       | N/A            | N/A            | N/A            |
| <b>Catastrophic Coverage</b>                         | <p>Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.</p>                                                                                                                                                                                                        |                |                |                |

## Prescription drug payment stages

### Additional covered drugs

These drugs are not covered by Medicare Part D and not on the plan's Drug List.

This plan covers these additional drugs as Tier 2 medications.

- Vitamin D (50,000)
- Sildenafil (generic Viagra)
- Cyanocobalamin (Vitamin B-12)
- Folic Acid (1 mg)

<sup>^</sup>Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

<sup>3</sup> Tier includes enhanced drug coverage.

<sup>4</sup> You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

<sup>5</sup> Limited to a 30-day supply

## Additional benefits

### Chiropractic services

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

\$20 copay

### 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

## Additional benefits

|                                                             |                                              |                 |
|-------------------------------------------------------------|----------------------------------------------|-----------------|
| <b>Durable medical equipment (DME) and related supplies</b> | 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

|                                         |                                       |            |
|-----------------------------------------|---------------------------------------|------------|
| <b>Foot care</b><br>(podiatry services) | Foot exams and treatment <sup>2</sup> | \$40 copay |
|-----------------------------------------|---------------------------------------|------------|

|                                 |                                                                                                                        |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <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 |
|--------------------------------------------------|------------|

## Additional benefits



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

\$55 credit every quarter for OTC products in-store or online

- Choose from thousands of brand name and generic OTC products like vitamins, pain relievers, first aid and more
- Shop at thousands of participating stores, including Walmart, Walgreens, Dollar General and Kroger, or at neighborhood stores near you

### UnitedHealth Passport®

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.

### Renal dialysis<sup>2</sup>

20% coinsurance

### Respite care<sup>2</sup>

\$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 Choices 65 (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:** St. Tammany, Tangipahoa, Washington.

## Use network providers and pharmacies

Peoples Health Choices 65 (HMO-POS) has a network of doctors, hospitals, pharmacies and other providers. For routine dental services, you can use providers that are not in our network. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **[peopleshealth.com](https://www.peopleshealth.com)** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

## Required Information

Peoples Health Choices 65 (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 and Part D 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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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.

AARP® Staying Sharp® is the registered trademark of AARP. Staying Sharp, including all content and features, is offered for informational purposes and to educate users on brain health care and medical issues that may affect their daily lives. Staying Sharp is based on a holistic, lifestyle approach to brain health that encourages users to incorporate into their daily lives activities that are associated with general wellness. Nothing in the service should be considered, or used as a substitute for, medical advice, diagnosis, or treatment. Features including the Cognitive Assessment and Lifestyle Check-Ins, Additional Tests, exercises, and challenges assess performance at a particular moment in time on certain discrete cognitive tasks. Staying Sharp games are intended for entertainment and recreational purposes only. Various factors may affect performance, including sleep, tiredness, focus, and other social, environmental, or emotional factors. Performance is not indicative of cognitive health and not predictive of future performance or medical conditions.

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

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

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

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.