

**2019 Benefit Comparison Chart: Peoples Health Special Needs Plans (SNPs) and Louisiana Medicaid**

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Benefit	Peoples Health SNP Coverage	Cost Sharing for Services Received From Network Providers		Louisiana Medicaid Coverage and Cost Sharing	Is Benefit Covered by Peoples Health SNPs and Medicaid?
		Peoples Health Secure Health (HMO SNP)	Peoples Health Secure Choice #011 (HMO SNP)		
<b>Ambulance Services</b>	Medicare-covered ambulance benefits are covered. Authorization rules apply.	\$0 or \$75 (each one-way trip)*	\$0 or 20% coinsurance (each one-way trip)*	\$0	Yes
<b>Cardiac and Pulmonary Rehabilitation Services</b>	Medicare-covered cardiac rehabilitation services, intensive cardiac rehabilitation services and pulmonary rehabilitation services are covered. Authorization rules may apply.	\$0	\$0 or 20% coinsurance*	No information available in the Medicaid Services Chart. Exclusion from the chart does not necessarily mean a service is not covered.	Covered by Peoples Health SNPs; contact Louisiana Medicaid for Medicaid coverage
<b>Case Management Services</b>	Case management is available to help plan members understand how to follow treatment plans and meet health care goals; an individualized care plan is developed for each member to address individual needs.	\$0	\$0	\$0	Yes
<b>Chemotherapy and Medicare Part B Covered Drugs</b>	Medicare Part B drugs and Part B chemotherapy drugs are covered. Authorization rules may apply.	\$0 or 20% coinsurance*	\$0 or 20% coinsurance*	\$0	Yes
<b>Chiropractic Services</b>	Medicare-covered visits for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) are covered. Authorization rules may apply.	\$0	\$0	\$0	Yes
<b>Dental Services</b>	<p>Authorization rules may apply.</p> <p><b>Peoples Health Secure Health:</b> Medicare-covered dental services and the following preventive dental services are covered:</p> <ul style="list-style-type: none"> <li>• One oral exam every six months</li> <li>• One cleaning every six months</li> <li>• One dental X-ray every 12 months</li> <li>• One fluoride treatment every 12 months</li> </ul> <p>Some comprehensive dental services not normally covered by Medicare are covered by Peoples Health Secure Health, including:</p> <ul style="list-style-type: none"> <li>• Diagnostic services</li> <li>• Restorative services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Extractions</li> <li>• Prosthodontics</li> </ul> <p>Periodicity varies depending on the service.</p> <p>There is a \$2,000 plan coverage limit every year for dental services other than Medicare-covered dental services.</p>	\$0	\$0 or 20% coinsurance* for Medicare-covered comprehensive services	\$0	Yes

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		Peoples Health Secure Health (HMO SNP)	Peoples Health Secure Choice #011 (HMO SNP)		
	<b>Peoples Health Secure Choice #011:</b> Medicare-covered comprehensive dental services are covered.				
<b>Diabetes Programs and Supplies</b>	<p>Medicare-covered diabetes self-management training and Medicare-covered diabetes monitoring supplies and therapeutic shoes or inserts are covered. Authorization rules may apply. Diabetes monitoring supplies must be obtained from a network durable medical equipment provider for the supplies to be covered.</p> <p>Medicare Diabetes Prevention Program (MDPP) services are covered for eligible members. MDPP is a structured health behavior change intervention that provides practical training in long-term dietary change, increased physical activity, and problem-solving strategies for overcoming challenges to sustaining weight loss and a healthy lifestyle.</p>	\$0	\$0 or 20% coinsurance* for supplies, shoes and inserts; \$0 for diabetes self-management training	No information available in the Medicaid Services Chart. Exclusion from the chart does not necessarily mean a service is not covered.	Covered by Peoples Health SNPs; contact Louisiana Medicaid for Medicaid coverage
<b>Diagnostic Tests, X rays, Lab Services, Radiology Services, Advanced Imaging and Nuclear Medicine</b>	Medicare-covered lab services, diagnostic procedures and tests, X-rays, diagnostic radiology services, therapeutic radiology services, echocardiography, advanced imaging (MRI, MRA, CT, CTA and PET scans), and nuclear medicine are covered. Authorization rules may apply.	\$0 for lab services, diagnostic procedures and tests, X-rays, echocardiography, diagnostic radiology services and therapeutic radiology services; \$0 or \$75* for advanced imaging and nuclear medicine	<p>\$0 for lab services at a network lab provider or outpatient hospital contracted to provide lab services to Peoples Health plan members; \$0 or 20% coinsurance* for lab services at other network locations</p> <p>\$0 or 20% coinsurance* for diagnostic procedures and tests, X-rays, diagnostic radiology services, echocardiography, therapeutic radiology services, advanced imaging and nuclear medicine</p>	\$0	Yes
<b>Dialysis and Dialysis Education</b>	Medicare-covered renal dialysis and Medicare-covered kidney disease education services are covered. Authorization rules may apply.	\$0	\$0 or 20% coinsurance* for renal dialysis; \$0 for kidney disease education services	\$0	Yes
<b>Doctor Office Visits</b>	Medicare-covered primary care physician visits and Medicare-covered specialist visits are covered. Authorization rules may apply.	\$0	\$0	\$0	Yes
<b>Durable Medical Equipment (DME)</b>	Medicare-covered DME is covered. Authorization rules apply.	\$0	\$0 or 20% coinsurance*	\$0	Yes
<b>Emergency Care</b>	<p>Medicare-covered emergency room visits are covered.</p> <p><b>Peoples Health Secure Health:</b> There is a \$5,000 combined plan coverage limit every year for emergency and urgently needed care obtained outside the U.S. and its territories. If admitted to the hospital within 24 hours for the same condition, the member pays \$0 for the emergency room visit.</p> <p><b>Peoples Health Secure Choice #011:</b> If admitted to the hospital within three days for the same condition, the member pays \$0 for the emergency room visit; worldwide emergency care is not covered.</p>	\$0 or \$50* for each emergency room visit in the U.S. or its territories; \$50 for each emergency room visit outside the U.S. or its territories	\$0 or 20% coinsurance (up to \$75)* for each emergency room visit in the U.S. or its territories	\$0	Yes

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		Peoples Health Secure Health (HMO SNP)	Peoples Health Secure Choice #011 (HMO SNP)		
Family Planning Services	Not covered.	N/A	N/A	\$0	No
Federally Qualified Health Center Services	See <b>Dental Services, Doctor Office Visits, Inpatient Hospital Care, Inpatient Mental Health Care (Psychiatric Hospital Care), Outpatient Mental Health Care, Outpatient Services (Surgery) and Preventive Services, Wellness/Education Programs, and Supplemental Benefit Programs</b> rows.			\$0	Yes
Hearing Services and Hearing Aids	<p><b>Peoples Health Secure Health:</b> The following services are covered:</p> <ul style="list-style-type: none"> <li>• Medicare-covered diagnostic hearing exams and balance evaluations</li> <li>• One routine hearing exam per year</li> <li>• One hearing exam for evaluation and fitting of hearing aids per year</li> <li>• Two hearing aids (one per ear)</li> </ul> <p>There is a \$1,000 plan coverage limit for hearing aids each year. Limit is for both ears combined.</p> <p><b>Peoples Health Secure Choice #011:</b> Medicare-covered diagnostic hearing exams and balance evaluations are covered.</p>	\$0 for each exam	\$0 or \$45* for each exam	\$0	Yes
Home Health Care	Medicare-covered home health services are covered. Authorization rules apply.	\$0	\$0	\$0	Yes
Home Infusion Drugs	Home infusion drugs normally covered under Medicare Part D are covered when received from a network home infusion provider. Authorization rules may apply.	\$0	\$0	No information available in the Medicaid Services Chart. Exclusion from the chart does not necessarily mean a service is not covered.	Covered by Peoples Health SNPs; contact Louisiana Medicaid for Medicaid coverage
Hospice	<p>The member must get care from a Medicare-certified hospice program. Members are eligible for the hospice benefit when their doctor and the hospice medical director have given the member a terminal prognosis certifying the member is terminally ill and has 6 months or less to live if the illness runs its normal course. The plan covers a one-time hospice consultation service for a terminally ill member who hasn't elected the hospice benefit.</p> <p>Original Medicare (rather than the Peoples Health plan) will pay for hospice service and any Part A and Part B services related to the terminal condition. If members need nonemergency, non-urgently needed services that are covered by Part A or Part B and not related to the terminal condition, the cost for these services depends on whether members use a provider in their plan's network. If members obtain the covered services from a network provider, they only pay their plan cost-sharing amount for in-network services. If they obtain the covered services from an out-of-network provider, they pay the cost-sharing under Original Medicare.</p> <p>For services covered by Peoples Health but not by Medicare Part A or Part B, the member's plan will continue to cover these services, whether or not they are related to the terminal condition. Members pay plan cost-sharing amounts for these services.</p>	<ul style="list-style-type: none"> <li>• \$0 for one-time consultation service</li> <li>• \$0 for hospice care services and Medicare-covered services that are related to the terminal condition from a Medicare-certified hospice</li> <li>• Cost-sharing varies for nonemergency or non-urgent services not related to the terminal condition</li> <li>• Cost-sharing varies for services covered by the plan but not Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for one-time consultation service</li> <li>• \$0 for hospice care services and Medicare-covered services that are related to the terminal condition from a Medicare-certified hospice</li> <li>• Cost-sharing varies for nonemergency or non-urgent services not related to the terminal condition</li> <li>• Cost-sharing varies for services covered by the plan but not Medicare</li> </ul>	\$0	Yes

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		Peoples Health Secure Health (HMO SNP)	Peoples Health Secure Choice #011 (HMO SNP)		
	Drugs are never covered by both hospice and Peoples Health at the same time.				
<b>Inpatient Hospital Care</b>	Medicare-covered inpatient hospital care services are covered. Except in an emergency, the doctor must tell the plan that the member is going to be admitted.  <b>Peoples Health Secure Health:</b> There is no limit to the number of days per stay.  <b>Peoples Health Secure Choice #011:</b> The plan covers 90 days per stay and 60 lifetime reserve days.	\$0 or \$60* each day for days 1-8 and \$0 for days 9 and beyond	\$0 for each benefit period; or \$1,364 deductible, \$0 per day for days 1-60, \$341 per day for days 61-90 and \$682 per lifetime reserve day*	\$0	Yes
<b>Inpatient Mental Health Care (Psychiatric Hospital Care)</b>	Medicare-covered inpatient mental health care services are covered. The plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health care services provided in a general hospital. The plan covers 90 days per stay and 60 lifetime reserve days. The lifetime reserve days are extra days the plan covers; if a member's hospital stay is longer than 90 days, the member can use these extra days, but once these extra days are used, inpatient hospital coverage is limited to 90 days. Except in an emergency, the doctor must tell the plan that the member is going to be admitted to the hospital and services must be arranged by a network behavioral health provider.	\$0 or \$60* each day for days 1-8 and \$0 each day for days 9-90; \$0 each day per lifetime reserve day	\$0 for each benefit period; or \$1,364 deductible, \$0 per day for days 1-60, \$341 per day for days 61-90 and \$682 per lifetime reserve day*	\$0	Yes
<b>Meals</b>	Up to three prepared meals per day for seven days (up to 21 meals total) are covered for members who are being discharged from an inpatient hospital stay, an inpatient rehabilitation stay, or a long-term acute care facility stay.	\$0	\$0	\$0	Yes (Medicaid coverage is through certain Medicaid waiver programs)
<b>Medical Nutrition Therapy</b>	This benefit is for members with diabetes, renal (kidney) disease (but not on dialysis), or after a kidney transplant when ordered by a doctor. Three hours of one-on-one counseling services are covered during the first year a recipient receives medical nutrition therapy services under Medicare (this includes Peoples Health plans) and two hours each year after that. If the condition, treatment or diagnosis changes, the member may receive more hours of treatment with a physician's order or referral. A physician must prescribe these services and renew the order or referral yearly if treatment is needed into the next calendar year. Authorization rules may apply.	\$0	\$0	No information available in the Medicaid Services Chart. Exclusion from the chart does not necessarily mean a service is not covered.	Covered by Peoples Health SNPs; contact Louisiana Medicaid for Medicaid coverage
<b>Outpatient Mental Health Care</b>	Medicare-covered individual or group therapy visits, Medicare-covered individual or group therapy visits with a psychiatrist, and Medicare-covered partial hospitalization program services are covered. Services must be arranged by a network behavioral health provider. Authorization rules apply.	\$0 or \$10* for each visit	\$0 or \$10* for each visit	\$0	Yes
<b>Outpatient Rehabilitation Services</b>	Medicare-covered occupational therapy, physical therapy and speech-and-language therapy visits are covered. Authorization rules apply.	\$0	\$0	\$0	Yes
<b>Outpatient Services (Surgery)</b>	Medicare-covered ambulatory surgical center visits and Medicare-covered outpatient hospital visits are covered. Authorization rules apply.	\$0	\$0 or 15% coinsurance*	\$0	Yes
<b>Outpatient Substance Abuse Care</b>	Medicare-covered individual or group outpatient substance abuse services are covered. Services must be arranged by a network behavioral health provider. Authorization rules apply.	\$0 or \$10* for each visit	\$0 or \$40* for each visit	\$0	Yes

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		Peoples Health Secure Health (HMO SNP)	Peoples Health Secure Choice #011 (HMO SNP)		
<b>Over the Counter Items</b>	<p><b>Peoples Health Secure Health:</b> Certain health-related items and nonprescription medications are covered if ordered through the network mail-order over-the-counter provider.</p> <p><b>Peoples Health Secure Choice #011:</b> Not covered.</p>	\$0	N/A	Medicaid covers limited over-the-counter drugs. No information available in the Medicaid Services Chart. Exclusion from the chart does not necessarily mean a service is not covered.	<b>For over-the-counter drugs:</b> Yes (for Peoples Health Secure Health); <b>for over-the-counter health-related items:</b> Covered by Peoples Health Secure Health; contact Louisiana Medicaid for Medicaid coverage
<b>Personal Care Services (PCS)</b>	Not covered.	N/A	N/A	\$0	No
<b>Podiatry Services</b>	Medicare-covered podiatry visits for medically necessary foot care are covered. Authorization rules may apply.	\$0	\$0	\$0	Yes
<b>Prenatal Care Services</b>	Covered services are office visits; prenatal and postnatal care and delivery; and lab and radiology services. Some limitations apply. See <b>Diagnostic Tests, X-rays, Lab Services, Radiology Services, Advanced Imaging and Nuclear Medicine, Doctor Office Visits, and Outpatient Services (Surgery)</b> rows.			\$0	Yes
<b>Prescription Drugs</b>	Certain drugs are covered by the Peoples Health formulary (does not include drugs not covered by Medicare). Some drugs may have prior authorization or other utilization requirements.	<p>Members with Extra Help pay a \$0 annual deductible; members without Extra Help pay a \$415 annual deductible.</p> <p><u>Initial Coverage</u> Depending on income and institutional status, the member pays: either \$0, \$1.25 or \$3.40 for generic drugs; and either \$0, \$3.80 or \$8.50 for all other drugs.</p> <p><u>Catastrophic Coverage</u> After the member's yearly out-of-pocket drug costs reach \$5,100, the member pays \$0.</p>	<p>Members with Extra Help pay a \$0 annual deductible; members without Extra Help pay a \$415 annual deductible.</p> <p><u>Initial Coverage</u> Depending on income and institutional status, the member pays: either \$0, \$1.25 or \$3.40 for generic drugs; and either \$0, \$3.80 or \$8.50 for all other drugs.</p> <p><u>Catastrophic Coverage</u> After the member's yearly out-of-pocket drug costs reach \$5,100, the member pays \$0.</p>	\$0.50 to \$3, depending on the drug	Yes

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		Peoples Health Secure Health (HMO SNP)	Peoples Health Secure Choice #011 (HMO SNP)		
<b>Preventive Services, Wellness/Education Programs, and Supplemental Benefit Programs</b>	All Medicare-covered preventive services are covered. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Medicare. <b>Peoples Health Secure Health</b> also covers the following supplemental education and wellness programs: a fitness center membership, health education and telemonitoring services. Authorization rules may apply.	\$0	\$0	See <b>Doctor Office Visits, Federally Qualified Health Center Services, Rural Health Clinic Services and Sexually Transmitted Disease Clinic Services</b> rows.	Yes
<b>Program of All Inclusive Care for the Elderly (PACE)</b>	Not covered; if a Peoples Health member enrolls in PACE, the member will be disenrolled from his or her Peoples Health plan.	N/A	N/A	\$0; PACE coordinates, through PACE providers, all needed preventive, primary health, acute and long-term care services so that older adults can continue living in the community while enhancing their quality of life.	N/A
<b>Prosthetic Devices</b>	Medicare-covered prosthetic devices and medical supplies are covered. Authorization rules may apply.	\$0	\$0 or 20% coinsurance*	No information available in the Medicaid Services Chart. Exclusion from the chart does not necessarily mean a service is not covered.	Covered by Peoples Health SNPs; contact Louisiana Medicaid for Medicaid coverage
<b>Respite Care</b>	<b>Peoples Health Secure Health:</b> Members with Alzheimer’s disease or dementia may be eligible for 12 respite care sessions (up to four hours each session) per year. <b>Peoples Health Secure Choice #011:</b> Not covered.	\$0	N/A	\$0	Yes (for Peoples Health Secure Health and certain Medicaid waiver programs)
<b>Rural Health Clinic Services</b>	See <b>Dental Services, Doctor Office Visits, Inpatient Hospital Care, Inpatient Mental Health Care (Psychiatric Hospital Care), Outpatient Mental Health Care, Outpatient Services (Surgery)</b> and <b>Preventive Services, Wellness/Education Programs, and Supplemental Benefit Programs</b> rows.			\$0	Yes
<b>Sexually Transmitted Disease Clinic Services</b>	Medicare-covered HIV testing is covered as part of the preventive services benefit. See the <b>Preventive Services, Wellness/Education Programs, and Supplemental Benefit Programs</b> row.			\$0	Yes

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<b>Skilled Nursing Facility Care</b>	Plan covers up to 100 days each benefit period. There is no limit to the number of benefit periods the member may have. Authorization rules apply. No prior hospital stay is required.	For each benefit period, \$0 per day for days 1-100; or \$0 each day for days 1-20 and \$100 each day for days 21-100*	For each benefit period, \$0 per day for days 1-100; or \$0 per day for days 1-20 and \$170.50 per day for days 21-100*	\$0	Yes
<b>Social Services</b>	Assists members in establishing a self-directed course of action that emphasizes autonomy, safety, and support from the family and the community.	\$0	\$0	See <b>Federally Qualified Health Center Services</b> and <b>Rural Health Clinic Services</b> rows.	Yes
<b>Tobacco Cessation</b>	Medicare-covered tobacco cessation services are covered. Authorization rules may apply.	\$0	\$0	No information available in the Medicaid Services Chart. Exclusion from the chart does not necessarily mean a service is not covered.	Covered by Peoples Health SNPs; contact Louisiana Medicaid for Medicaid coverage
<b>Transplants</b>	Under certain conditions, the following types of transplants are covered in an inpatient hospital setting: corneal, kidney, kidney-pancreatic, heart, liver, lung, heart-lung, bone marrow, stem cell and intestinal-multivisceral. Authorization rules may apply.	For inpatient hospital care for the transplant surgery, \$0 or \$60* each day for days 1-8 and \$0 each day for days 9 and beyond; other medical and nonmedical costs may apply*	For inpatient hospital care for the transplant surgery for each benefit period, \$0; or \$1,364 deductible, \$0 per day for days 1-60, \$341 per day for days 61-90 and \$682 per lifetime reserve day;* other medical and nonmedical costs may apply*	No information available in the Medicaid Services Chart. Exclusion from the chart does not necessarily mean a service is not covered.	Covered by Peoples Health SNPs; contact Louisiana Medicaid for Medicaid coverage
<b>Transportation (Nonemergency or Routine)</b>	<b>Peoples Health Secure Health:</b> Up to 48 one-way trips to plan-approved locations within 40 miles of the member's home are covered every year. Member is also covered for transportation between the member's home and a plan-sponsored event. Authorization rules apply.  <b>Peoples Health Secure Choice #011:</b> Not covered.	\$0 for each one-way trip	N/A	\$0	Yes (for Peoples Health Secure Health)
<b>Tuberculosis Services</b>	See <b>Diagnostic Tests, X-rays, Lab Services, Radiology Services, Advanced Imaging and Nuclear Medicine, Doctor Office Visits</b> and <b>Prescription Drugs</b> rows.			\$0	Yes
<b>Urgently Needed Care</b>	Medicare-covered urgently needed care visits are covered.  <b>Peoples Health Secure Health:</b> There is a \$5,000 combined plan coverage limit every year for emergency and urgently needed care obtained outside the U.S. and its territories.  <b>Peoples Health Secure Choice #011:</b> The member pays \$0 for the urgently needed care visit if admitted to the hospital within three days for the same condition; worldwide urgently needed care is not covered.	\$0	\$0 or 20% coinsurance (up to \$65)*	No information available in the Medicaid Services Chart. Exclusion from the chart does not necessarily mean a service is not covered.	Covered by Peoples Health SNPs; contact Louisiana Medicaid for Medicaid coverage
<b>Vision Services</b>	Authorization rules may apply.  <b>Peoples Health Secure Health:</b> Medicare-covered exams and services to diagnose and treat diseases and conditions of the eye, including one glaucoma screening per year and one diabetic retinopathy	\$0	\$0 or \$45* for exams and services to diagnose and treat diseases and conditions of the eye; \$0 or 20%	\$0	Yes

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	<p>screening per year, are covered. One supplemental routine eye exam each year is also covered. One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery is covered per year, as well as one pair of eyeglasses or contact lenses for vision correction.</p> <p><b>Peoples Health Secure Choice #011:</b> Medicare-covered exams and services to diagnose and treat diseases and conditions of the eye, including one glaucoma screening and one diabetic retinopathy screening yearly, are covered. One pair of Medicare-covered eyeglasses or contact lenses after cataract surgery is also covered yearly.</p>		coinsurance* for eyeglasses or contact lenses		
<b>Waiver Programs</b>	<p>Not covered (these are Medicaid programs; a Peoples Health care coordinator social worker can help eligible members apply for them).</p> <p>Includes the Adult Day Health Care (ADHC) Waiver Program, Children's Choice Waiver Program, Community Choices Waiver Program, Coordinated System of Care (CSoC) Waiver Program, New Opportunities Waiver Program, Residential Options Waiver Program, Supports Waiver Program and Take Charge Plus (Family Planning) Waiver Program</p>	N/A	N/A	\$0	No

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