Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Louisiana Department of Health covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Louisiana Department of Health, 1-225-342-9500.

| Benefits | | |
|---|-------------|---|
| | Medicaid | Peoples Health Secure Complete (HMO-POS D- SNP) |
| Inpatient Hospital Care | Covered | Covered |
| Doctor Office Visits | Covered | Covered |
| Preventive Care | Covered | Covered |
| Emergency Care | Covered | Covered |
| Urgently Needed Services | Covered | Covered |
| Diagnostic Tests Lab and Radiology Services and X-Rays | Covered | Covered |
| Hearing Services | Covered | Covered |
| Dental Services | Not covered | Covered |
| Vision Services | Not covered | Covered |
| Inpatient Mental Health Care | Covered | Covered |
| Mental Health Care | Covered | Covered |
| Skilled Nursing Facility (SNF) | Not covered | Covered |
| Ambulance | Covered | Covered |
| Transportation (Routine) | Covered | Covered |
| Prescription Drug Benefits | Covered | Covered |
| Chiropractic Care | Not covered | Covered |
| Diabetes Supplies and Services | Covered | Covered |
| Durable Medical Equipment | Covered | Covered |
| Foot Care | Covered | Covered |
| Home Health Care | Covered | Covered |

| Benefits | | |
|---|-------------|---|
| | Medicaid | Peoples Health Secure Complete (HMO-POS D- SNP) |
| Hospice | Covered | Covered |
| Outpatient Hospital Services | Covered | Covered |
| Renal Dialysis | Covered | Covered |
| Prosthetic Devices | Covered | Covered |
| Personal Care Services | Covered | Not covered |
| Telehealth | Covered | Covered |
| Discharge Meal Benefit | Not covered | Covered |
| Chemotherapy Services | Covered | Covered |
| Neuropsychological Testing | Covered | Covered |
| Residential Substance Use Sevices in Accordance With the American Society of Addiction Medicine (ASAM) Level of Care | Covered | Covered |
| Outpatient Substance Abuse Care | Covered | Covered |