

D-SNP benefit comparison chart – H1889-010 and H1889-031

UnitedHealthcare Community Plan of Louisiana



Important information

Note: Contingent upon CMS approval and execution of the Medicare Advantage agreement

	Benefit	Medicaid	Plan benefit
1	Premium and other important information	Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.	Medicare Advantage health plan doesn't provide premium assistance
2	Doctor and hospital choice (See Emergency care, row 15, and Urgently needed care, row 16.)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services. (Members should follow Original Medicare guidelines related to hospital and doctor choice.)	See rows 15 and 16
3	Inpatient hospital care (includes substance abuse and rehabilitation services)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	No coverage beyond Original Medicare covered services

Benefit		Medicaid	Plan benefit
4	Inpatient mental health care	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services	No coverage beyond Original Medicare covered services
5	Skilled nursing facility (SNF) (in a Medicare-certified skilled nursing facility)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	No coverage beyond Original Medicare covered services
6	Home health care (includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
7	Hospice	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
8	Doctor office visits	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
9	Chiropractic services	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Not covered
10	Podiatry services	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered

Benefit		Medicaid	Plan benefit
11	Outpatient mental health care	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
12	Outpatient substance abuse care	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
13	Outpatient services/surgery	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
14	Ambulance services (medically necessary ambulance services)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
15	Emergency care (You may go to any emergency room if you reasonably believe you need emergency care.)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
16	Urgently needed care (This is not emergency care, and in most cases, is out of the service area.)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
17	Outpatient rehabilitation services (occupational therapy, physical therapy, speech and language therapy, respiratory therapy, social/psychological services and more)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered

Benefit		Medicaid	Plan benefit
18	Durable medical equipment (includes wheelchairs, oxygen, etc.)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
19	Prosthetic devices (includes braces, artificial limbs and eyes, etc.)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
20	Diabetes programs and supplies	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
21	Diagnostic tests, X-rays, lab services, and radiology services	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
22	Cardiac and pulmonary rehabilitation services	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
23	Preventive services and education/ wellness programs	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered
24	Kidney disease and conditions	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Covered

Benefit		Medicaid	Plan benefit
25	Prescription drugs	Louisiana Medicaid provides coverage for Medicare-excluded drugs, restricted drug classes and approved medical uses for all Medicaid recipients, including full benefit dual-eligible beneficiaries under the Medicare Prescription Drug Benefit (Part D). Medicaid usual limits and copays for this service are: • [\$50-\$3] copayment for Medicaid-covered prescription drugs not covered by a Medicare prescription drug plan • Limit of 4 prescriptions per month unless recipient is in long-term care, is under age 21 or is pregnant • Prior authorization is required for some drug categories if the medication is not on the preferred drug list	Covered
26	Dental services	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	H1889-010: Preventive and diagnostic: • Exam/cleaning every 6 months • X-rays • \$2,700 combined max benefit per year H1889-031: Preventive and diagnostic: • Exam/cleaning every 6 months • X-rays • \$3,000 combined max benefit per year

Benefit		Medicaid	Plan benefit
27	Hearing services	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	H1889-010: • One exam every 2 years • \$2,200 credit every year for hearing aids H1889-031: • One exam every 2 years • \$1,500 credit every year for hearing aids
28	Vision services	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services. Medicaid usual limits and copays for examinations and treatment of eye conditions, such as infections, cataracts, etc.	H1889-010: • One eye exam yearly • \$300 credit for lenses frames and contacts every one year H1889-031: • One eye exam yearly • \$350 credit for lenses frames and contacts every one year
29	Over-the-counter (OTC) items	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services. When Medicare – Part D reimburses, Medicaid will not pay.	H1889-010: • \$110 per month OTC • Food and utilities allowance combined credit, amount expires monthly H1889-031: • \$165 per month OTC • Food and utilities allowance combined credit, amount expires monthly

Benefit		Medicaid	Plan benefit
30	Health/wellness education	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Not covered
31	Transportation (routine)	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	H1889-010: • 104 one-way trips/plan approved locations (medically necessary services + filed supplemental benefits) H1889-031: • 104 one-way trips/plan approved locations (medically necessary services + filed supplemental benefits)
32	Acupuncture	For duals protected by the state Medicaid program from cost sharing, Medicaid pays coinsurance, copayments and deductibles for Original Medicare covered services.	Not covered

Additional Medicaid-covered services

Dual-eligible members who meet financial criteria for full Medicaid coverage may also be eligible to receive all Medicaid services not covered by Medicare.

Products and devices		
Dentures	• [\$0] copayment • Medicaid recipients age 21 years or older • Examinations and X-rays are covered if in conjunction with the construction of a Medicaid-authorized denture • Covers dentures, denture relines and denture repairs • All services other than repair require prior authorization • Limited to 1 complete or partial denture per arch in an 8-year period	Covered
Eyeglasses	• Not covered	See row 27
Hearing aids	• Not covered	See row 28
Inpatient long-term care services		