

**Comparison of Benefits for
Medicare Advantage Prescription (MA-PD) Drug Plans
All Benefits are Based on Medicare Approved Amounts**

Services or Items	CommunityCare Senior Health Plan	Generations Healthcare
Hospitalization Semiprivate room or private room if medically necessary Laboratory tests, X-rays, and other radiology services Inpatient physician and surgical services, including anesthesia Necessary medical supplies and appliances Blood and its administration	\$50 each day for days 1-5 \$0 each day for days 6-90 for a Medicare-covered stay in a network hospital Prior authorization is required, except in the case of an emergency	\$250 copay each admission
Organ Transplants At a Medicare approved transplant facility	The following types of transplants are covered – cornea, heart, kidney, liver, lung, heart-lung, bone marrow, intestinal and multi-visceral, pancreas and stem cell	\$250 copay each admission
Outpatient Surgical Services	\$0 copay Prior authorization is required	\$150 copay
In-Area Urgent Care Services	\$10 to \$50 for each Medicare-covered visit	\$0 copay for PCP visits \$20 copay each visit for all other providers