

Services or Items	CommunityCare Senior Health Plan	Generations Healthcare
Skilled Nurse Facility (Inpatient Services) Semiprivate room and regular nursing services Physical, occupational, and speech therapy Drugs furnished by the facility Necessary medical equipment and supplies Blood Inpatient radiology and pathology Use of appliances such as wheelchairs	\$0 copay for days 1-20 \$50 for days 21-100 for each benefit period No prior hospital stay is required; prior authorization is required \$20 copay for each Medicare covered visit; prior authorization is required \$0 copay for blood service \$0 copay for each Medicare- covered radiation therapy service \$0 to \$50 or 20% for each Medicare-covered DME item; prior authorization is required	\$0 copay for days 1-20 \$250 copay for days 21-100
Physical, Occupational, and Speech Therapy Services	\$20 copay for each occupational, physical, speech, and language therapy visit; prior authorization is required	\$20 copay each visit
Chiropractic Limited to manual manipulation of the spine	\$15 copay each visit Prior authorization is required	\$20 copay each visit