

Services or Items	CommunityCare Senior Health Plan	Generations Healthcare
Physical Examinations	\$0 copay for one routine physical exam Limited to one each year	\$0 copay
X-Ray Services Including annual mammography screening, if medically indicated	\$0 copay each visit \$0 copay each screening mammogram	\$0 copay Standard film x-rays
Professional Services Office visit consultation, diagnosis, and treatment; medical and surgical care; allergy tests and treatment (serum); diagnostic tests and treatment; medical supplies including casts, dressings, and splints	\$10 copay for each PCP visit \$20 copay for each specialist visit Prior authorization is required for specialty care	\$0 copay for PCP visit
		\$20 copay for specialist visit
		\$20 copay each visit for allergy testing and treatment, no copay for serum
		\$0 copay for other professional services
Hearing Examinations	\$10 copay for routine hearing tests \$20 copay for Medicare-covered diagnostic exams You pay 100% for hearing aids	\$20 copay each visit
Immunizations Includes flu shots and all Medicare approved immunizations	\$0 copay for annual flu vaccine \$0 copay for pneumonia vaccine \$0 copay for Hepatitis B vaccine No referral is necessary	\$0 copay for Medicare Part B covered immunizations