

| Services or Items | CommunityCare Senior Health Plan | Generations Healthcare |
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| Well Female Exams | \$0 copay for Pap test and pelvic exam Limited to one pap test and one pelvic exam each year | \$0 copay |
| Laboratory Services | \$0 copay for each Medicare-covered diagnostic and therapeutic radiology or lab service \$0 to \$100 copay for each Medicare-covered diagnostic procedure or test Prior authorization is required | \$0 copay |
| Part-Time or Intermittent Skilled Nursing Care Aide in conjunction with skilled care | \$0 copay for home health visits; prior authorization is required | \$0 copay |
| Durable Medical Equipment | \$0 to \$50 copay or 20% for each Medicare-covered item Prior authorization may be required | 20% coinsurance |
| Ambulance Services (Medically Necessary Services) | \$50 copay for Medicare-covered ambulance services This amount is waived if you are admitted to a medical facility | \$50 copay Covered worldwide for medically necessary transports |