



HealthChoices
MA Adult Benefit Co-pays and Limits (as of 11/01/07)
For questions, please call the plan numbers listed below

Type of Service	UNISON 1-800-414-9025 TTY 1-888-616-0021	GATEWAY 1-800-392-1147 or 1-877-428-3929 TTY 1-800-654-5988	UPMC for YOU 1-800-286-4242 TTY 1-800-361-2629
Brand Name Prescriptions	Covered - \$3.00 co-pay	Covered - \$3.00 co-pay	Covered - \$3.00 co-pay
Generic Drug Prescriptions	Covered - \$1.00 co-pay	Covered - \$1.00 co-pay	Covered - \$1.00 co-pay
Inpatient Hospital (acute)/day	Covered - \$3.00 co-pay per day / \$21.00 max	Covered - \$3.00 co-pay per day / \$21.00 max	Covered - No co-pay
Inpatient Hospital (rehab)/day	Covered - \$3.00 co-pay per day / \$21.00 max	Covered - \$3.00 co-pay per day / \$21.00 max	Covered - No co-pay
Outpatient Hospital	Covered - No co-pay	Covered - PCP & GYN - No co-pay Other - \$2.00 co-pay per visit Radiology \$1.00 co-pay	Covered - No co-pay
Emergency Room Services	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Physician	Covered - No co-pay	Covered - PCP & GYN - No co-pay Other - \$2.00 co-pay per visit Radiology \$1.00 co-pay	Covered - No co-pay
Laboratory Tests	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Skilled Nursing Facility	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Nurse Midwife (maternity services)	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Ambulance (non-emergency use)	Covered - \$1.00 fixed co-pay	Covered - No co-pay	Covered - No co-pay
Certified Nurse Practitioner	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Disposable Medical Supply	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Federal Qualified Health Center / Regional Health Center	Covered - No co-pay	Covered - No co-pay for PCP and OB/GYN Visits \$2.00 co-pay for Specialists \$1.00 co-pay Radiology	Covered - No co-pay
Home Health Agency Services	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Family Planning	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Durable Medical Equipment	Covered - \$1.00 fixed co-pay	Covered - No co-pay	Covered - No co-pay
Dentist	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Podiatrist	Covered - No co-pay	Covered - \$3.00 co-pay per visit \$1.00 co-pay per Radiology visit	Covered - No co-pay
Short Procedure Unit	Covered - \$1.00 fixed co-pay	Covered - \$3.00 per admission	Covered - No co-pay
Chiropractor	Covered - No co-pay	Covered - \$2.00 per visit Radiology: \$1.00	Covered - No co-pay
Ambulatory Surgical Center	Covered - \$1.00 fixed co-pay	Covered - \$3.00 per visit	Covered - No co-pay
Birth Center	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Independent Medical/Surgical Center	Covered - No co-pay	Covered - No co-pay for PCP and OB/GYN Visits \$2.00 co-pay for Specialists \$1.00 co-pay Radiology	Covered - No co-pay
Optometrist	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Renal Dialysis Center	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Hospice	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Tobacco Cessation	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Portable X-Ray	Covered - \$1.00 co-pay	Covered - \$1.00 co-pay per visit	Covered - No co-pay

Limits			
Outpatient Visit Limit	18 visit limit - not applied to Optometrist for annual vision benefit	18 visit limit - applies only to Podiatrists and Chiropractor combined	No limits
Inpatient Hospital (rehab)	Limited to 1 admission per year	Limit to 1 visit per year	1 inpatient stay per year



HealthChoices
General Assistance Co-pays and Limits (as of 11/01/07)
For questions, please call the plan numbers listed below

Type of Service	UNISON 1-800-414-9025 TTY 1-888-616-0021	GATEWAY 1-800-392-1147 or 1-877-428-3929 TTY 1-800-654-5988	UPMC for YOU 1-800-286-4242 TTY 1-800-361-2629
Brand Name Prescriptions	Covered - \$3.00 co-pay	Covered - \$3.00 co-pay	Covered - \$3.00 co-pay
Generic Drug Prescriptions	Covered - \$1.00 co-pay	Covered - \$1.00 co-pay	Covered - \$1.00 co-pay
Inpatient Hospital (acute)/day	Covered - \$6.00 per day / \$42.00 max with limits	Covered - \$6.00 per day / \$42.00 max with limits	Covered - No co-pay
Inpatient Hospital (rehab)/day	Covered - \$6.00 per day / \$42.00 max with limits	Covered - \$6.00 per day / \$42.00 max with limits	Covered - No co-pay
Outpatient Hospital	Covered - No co-pay	Covered - No co-pay - PCP & OB/GYN \$4.00 co-pay per Other Clinic visit \$2.00 co-pay per Radiology visit	Covered - No co-pay
Emergency Room Services	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Physician	Covered - No co-pay	Covered - No co-pay - PCP & OB/GYN \$4.00 co-pay per Other Clinic visit \$2.00 co-pay per Radiology visit	Covered - No co-pay
Laboratory Tests	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Skilled Nursing Facility	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Nurse Midwife (maternity services)	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Ambulance (non-emergency use)	Covered - \$1.00 co-pay	Covered - No co-pay	Covered - No co-pay
Certified Nurse Practitioner	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Disposable Medical Supply	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Federal Qualified Health Center / Regional Health Center	Covered - No co-pay	Covered - No co-pay - PCP & OB/GYN \$4.00 co-pay per Other Clinic visit \$2.00 co-pay per Radiology visit	Covered - No co-pay
Home Health Agency Services	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Family Planning	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Durable Medical Equipment	Covered - \$1.00 co-pay	Covered - No co-pay	Covered - No co-pay
Dentist	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Podiatrist	Covered - No co-pay	Covered - \$4.00 per visit \$2.00 per Radiology procedure	Covered - No co-pay
Short Procedure Unit	Covered - \$1.00 co-pay	Covered - \$6.00 per admission	Covered - No co-pay
Chiropractor	Covered - No co-pay	Covered - \$4.00 per visit \$2.00 per Radiology procedure	Covered - No co-pay
Ambulatory Surgical Center	Covered - \$1.00 co-pay	Covered - co-pay \$6.00 per admission	Covered - No co-pay
Birth Center	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Independent Medical/Surgical Center	Covered - No co-pay	Covered - No co-pay - PCP & OB/GYN \$4.00 co-pay per Other Clinic visit \$2.00 co-pay per Radiology visit	Covered - No co-pay
Optometrist	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Renal Dialysis Center	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Hospice	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Tobacco Cessation	Covered - No co-pay	Covered - No co-pay	Covered - No co-pay
Portable X-Ray	Covered - \$1.00 co-pay	Covered - \$2.00 co-pay per visit	Covered - No co-pay

Limits			
Outpatient Visit Limit	18 visit limit - not applied to optometrist for annual vision benefit	18 visit limit - applies only to Podiatrists and Chiropractor combined	No limit
Inpatient Hospital (rehab)	Limited to 1 visit per year	Limited to 1 visit per year	1 inpatient stay per year
Inpatient Hospital (acute)	Limited to 1 visit per year	Limited to 1 visit per year	1 inpatient stay per year
Prescriptions	6 prescriptions per month with exceptions	6 prescriptions per month with exceptions	No limit