

Benefit Grid Comparison (illustrative purposes only)		Medicaid GA Package	Empower3
Doctors or Medical Personnel			
	Primary Care Physician required		
	Referral required for non-emergency, non-urgent, non-PCP services		
	Primary Care visits	\$0 Co-Pay	\$0 Co-Pay
	Specialist visits	\$0 Co-Pay	\$0 Co-Pay
	Maternity OB visits	\$0 Co-Pay	\$0 Co-Pay
	Birthing Center Services	\$0 Co-Pay	\$0 Co-Pay
	Nurse Midwife Services	\$0 Co-Pay	\$0 Co-Pay
	Allergy Treatment	\$0 Co-Pay	\$0 Co-Pay
	Allergy Testing	\$0 Co-Pay	\$0 Co-Pay
	Chiropractor	\$0 Co-Pay	\$0 Co-Pay
Inpatient Services - Hospital Care - Subject to deductible			\$0 Co-Pay
	Inpatient coverage	\$6 Co-Pay/day	\$0 Co-Pay
	Drug & Alcohol Inpatient (30 days per yr)	\$6 Co-Pay/day	\$0 Co-Pay
	Skilled Nursing Facility (120 days per yr)	\$6 Co-Pay/day	\$0 Co-Pay
	Inpatient Mental Illness (30 days per yr)	\$6 Co-Pay/day	\$0 Co-Pay
	Inpatient Hospital - Rehabilitation (1 admission per yr)	\$6 Co-Pay/day	\$0 Co-Pay
Outpatient Services - Hospital Care - Subject to deductible			\$0 Co-Pay
	Outpatient Surgery	\$0 Co-Pay	\$0 Co-Pay
	Drug & Alcohol Outpatient	\$0 Co-Pay	\$0 Co-Pay
	Outpatient Psychiatric Clinic (5 hrs per 30 days)	\$0 Co-Pay	\$0 Co-Pay
	Psychiatric Partial Hospitalization Facility (540 hrs per yr)	\$0 Co-Pay	\$0 Co-Pay
	Physical and Occupational Therapy	\$0 Co-Pay	\$0 Co-Pay
	Speech Therapy	\$0 Co-Pay	\$0 Co-Pay
	Amulatory Surgical Center	\$0 Co-Pay	\$0 Co-Pay
	Outpatient Hospital - Rehabilitation	\$0 Co-Pay	\$0 Co-Pay
	Outpatient Clinic Services	\$0 Co-Pay	\$0 Co-Pay
	Outpatient Hospital Services	\$0 Co-Pay	\$0 Co-Pay
Other Services - Subject to deductible			\$0 Co-Pay
	Emergency Ambulance	\$0 Co-Pay	\$0 Co-Pay
	Home Health Care (30 visits per yr)	\$0 Co-Pay	\$0 Co-Pay
	Infusion Therapy (home of physician's office)	\$0 Co-Pay	\$0 Co-Pay
	Hospice Inpatient	\$0 Co-Pay	\$0 Co-Pay
	Hospice Outpatient	\$0 Co-Pay	\$0 Co-Pay
	Durable Medical Equipment (only per Home Health Agency)	\$0 Co-Pay	\$0 Co-Pay
	Prescription Drugs (up to 30 day supply - 6 scripts per month)	\$1/\$3	\$5-10 Generic. \$20 brand
Preventative Care			\$0 Co-Pay
	Routine Adult Physical Exams (1 per year)	\$0 Co-Pay	\$0 Co-Pay
	Well Child Exams/Immunizations	\$0 Co-Pay	\$0 Co-Pay
	Routine Gynecological Exams (1 per year)	\$0 Co-Pay	\$0 Co-Pay
	Routine Mammograms	\$0 Co-Pay	\$0 Co-Pay
	Routine Digital Rectal Exams/Prostate Specific Antigen Test	\$0 Co-Pay	\$0 Co-Pay
	Colorectal Cancer Screening	\$0 Co-Pay	\$0 Co-Pay
	Pre-Natal Services	\$0 Co-Pay	\$0 Co-Pay
Diagnostic Procedures - Subject to deductible			\$0 Co-Pay
	Diagnostic Laboratory	\$2 Co-Pay	\$0 Co-Pay
	Diagnostic X-ray	\$2 Co-Pay	\$0 Co-Pay
	Diagnostic Complex Imaging (MRA/MRS, MRI, PET & CAT Scans)	\$2 Co-Pay	\$0 Co-Pay
Emergency Medical Care - Subject to deductible			\$0 Co-Pay
	Urgent Care Provider	\$6 Co-Pay	\$0 Co-Pay
	Non-urgent use of Urgent Care Provider	\$12 Co-Pay	\$0 Co-Pay
	Emergency Room	\$6 Co-Pay	\$0 Co-Pay
	Non-emergency care in an Emergency Room	\$12 Co-Pay	\$0 Co-Pay

Benefits Comparison is for illustrative purposes only. Actual plan benefits subject to final approval by insurance carrier and DPW of PA