



## HIGHMARK WHOLECARE PLAN ® MEMBER BENEFIT PACKAGES

ADULT MEDICAL ASSISTANCE BENEFIT PACKAGES (1, 2, 4, 8, 10, 13,14)			ADULT GENERAL ASSISTANCE BENEFIT PACKAGES (3 & 5)		
BENEFIT	COPAY*	COMMENT	BENEFIT	COPAY*	COMMENT
Brand Name RX	\$3.00	Applicable to age 18 and older	Brand Name RX	\$3.00	Applicable to age 18 and older
Generic Drug RX	\$1.00	Applicable to age 18 and older	Generic Drug RX	\$1.00	Applicable to age 18 and older
Inpatient Hospital (General or Rehab)	\$3/per day, up to \$21/per admission	Applicable to age 18 and older	Inpatient Hospital (General or Rehab)	\$6/per day, up to \$42/per admission	Applicable to age 18 and older
Hospital Short Procedure Unit (SPU)	\$3/per service	Applicable to age 18 and older	Hospital Short Procedure Unit (SPU)	\$6/per service	Applicable to age 18 and older
Office Visits (Not applicable to PCPs, OBs, GYNs and OB/GYNs)	\$2/per visit	Applicable to age 18 and older and Federally Qualified Health Centers (FQHC)	Office Visits (Not applicable to PCPs, OBs, GYNs and OB/GYNs)	\$4/per visit	Applicable to age 18 and older and Federally Qualified Health Centers (FQHC)
Nuclear Medicine Services	\$1/per service	Applicable to age 18 and older and hospital component only	Nuclear Medicine Services	\$2/per service	Applicable to age 18 and older and hospital component only
Radiology Services	\$1/per service	Applicable to age 18 and older and hospital or physician office	Radiology Services	\$2/per service	Applicable to age 18 and older and hospital or physician office
BENEFIT	LIMIT**	COMMENT	BENEFIT	LIMIT**	COMMENT
Chiropractor and Podiatrist Outpatient Visits	18 combined outpatient visit limit/per year	Applicable to age 21 and older	Chiropractor and Podiatrist Outpatient Visits	18 combined outpatient visit limit/per year	Applicable to age 21 and older
Inpatient Medical Rehabilitation	1 inpatient medical rehab admission/per year	Applicable to age 21 and older	Inpatient Medical Rehabilitation	1 inpatient medical rehab admission/per year	Applicable to age 21 and older
			Inpatient Acute Hospital	1 inpatient acute admission/per year	Applicable to age 21 and older; not applicable to emergency admissions or admissions related to pregnancy
			Pharmacy	6 prescriptions or refills/per month	Applicable to age 21 and older

\*Copayments do not apply to members under 18 or any member who is pregnant (through the post-partum period beginning on the last day of the pregnancy and extending through the end of the month in which the 60-day period following termination of the pregnancy ends) or in a nursing home.

The pharmacy will inform the member of any applicable copay for a prescription. Members cannot be denied a service if they are unable to pay their copay.

\*\*The yearly limits will start again on July 1st of every year. Providers or members may request an exception to approve services above the yearly limits based on medical necessity.

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association (“Highmark Wholecare”).