GATEWAY HEALTH 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.