



GlobalHealth

Medicare (HMO)

2016 Summary of Benefits

January 1 –
December 31, 2016



GlobalHealth
Medicare
Options 2, 3, 4, & 5
(HMO)

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth Medicare (HMO) depends on contract renewal.

1-877-280-5774 (TTY users call 711)
8 a.m. to 8 p.m., 7 days a week
www.GlobalHealth.com/Medicare

Section I

Introduction to Summary of Benefits

January 1, 2016 – December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You Have Choices About How to Get Your Medicare Benefits.

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **GlobalHealth Medicare Options 2, 3, 4, and 5 (HMO)**).

Tips for Comparing Your Medicare Choices

This Summary of Benefits booklet gives you a summary of what **GlobalHealth Medicare Options 2, 3, 4, and 5 (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.

TTY users should call 1-877-486-2048.

Sections in This Booklet

- Things to Know About **GlobalHealth Medicare Options 2, 3, 4, and 5 (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-877-280-5774. TTY users can call 711.

Things to Know About GlobalHealth Medicare Options 2, 3, 4, and 5 (HMO)

Hours of Operation:

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.

GlobalHealth Medicare Options 2, 3, 4, and 5 (HMO) Phone Numbers and Website:

- If you are a member of this plan, call toll-free 1-877-280-5774
- If you are not a member of this plan, call toll free 1-877-280-5774
- Our website:
<http://www.globalhealth.com/medicare>

Who Can Join?

To join **GlobalHealth Medicare Options 2,**

3, 4 and 5 (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Oklahoma: Adair, Alfalfa, Blaine, Caddo, Canadian, Cherokee, Cleveland, Cotton, Craig, Creek, Dewey, Garfield, Garvin, Grady, Grant, Haskell, Hughes, Jefferson, Kingfisher, Kiowa, Lincoln, Logan, Major, Mayes, McClain, McIntosh, Muskogee, Noble, Nowata, Okfuskee, Oklahoma, Okmulgee, Osage, Pawnee, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, Rogers, Seminole, Tillman, Tulsa, Wagoner, and Woods.

Which Doctors, Hospitals, and Pharmacies Can I Use?

GlobalHealth Medicare Options 2, 3, 4, and 5 (HMO) have a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider and pharmacy directory at our website (www.globalhealth-medicare.com/search.aspx).

Or, call us and will send you a copy of the provider and pharmacy directories.

What Do We Cover?

Like all Medicare health plans, we cover everything that Original Medicare covers –

and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, http://www.globalhealth.com/medicare_materials.aspx).
- Or, call us and we will send you a copy of the formulary.

How Will I Determine My Drug Costs?

Our plans group each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur*: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

***GlobalHealth Medicare Option 5 (HMO)**

Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Section II Summary of Benefits

	GlobalHealth Medicare Option 2 (HMO)	GlobalHealth Medicare Option 3 (HMO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
How much is the monthly premium?	\$58 per month. In addition, you must keep paying your Medicare Part B premium.	\$90 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,000 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$4,500 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

	GlobalHealth Medicare Option 4 (HMO)	GlobalHealth Medicare Option 5 (HMO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
How much is the monthly premium?	\$30 per month. In addition, you must keep paying your Medicare Part B premium.	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.	\$225 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$4,500 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

	GlobalHealth Medicare Option 2 (HMO)	GlobalHealth Medicare Option 3 (HMO)
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
COVERED MEDICAL AND HOSPITAL BENEFITS		
Note: <ul style="list-style-type: none"> • Services with a ¹ may require prior authorization. • Services with a ² may require a referral from your doctor. 		
OUTPATIENT CARE AND SERVICES		
Acupuncture	Not covered	Not covered
Ambulance¹	\$100 copay If you are admitted to the hospital, you do not have to pay for the ambulance services.	\$50 copay If you are admitted to the hospital, you do not have to pay for the ambulance services.
Chiropractic Care^{1,2}	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing Preventive dental services: <ul style="list-style-type: none"> • Cleaning (for up to 2 every year): You pay nothing • Dental x-ray(s) (for up to 2 every year): You pay nothing • Oral exam (for up to 2 every year): You pay nothing

	GlobalHealth Medicare Option 4 (HMO)	GlobalHealth Medicare Option 5 (HMO)
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
COVERED MEDICAL AND HOSPITAL BENEFITS		
Note: <ul style="list-style-type: none"> • Services with a ¹ may require prior authorization. • Services with a ² may require a referral from your doctor. 		
OUTPATIENT CARE AND SERVICES		
Acupuncture	Not covered	Not covered
Ambulance	\$250 copay If you are admitted to the hospital, you do not have to pay for the ambulance services.	\$250 copay
Chiropractic Care^{1,2}	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing

	GlobalHealth Medicare Option 2 (HMO)	GlobalHealth Medicare Option 3 (HMO)
Diabetes Supplies and Services ^{1,2}	<p>Diabetes monitoring supplies: You pay nothing</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: You pay nothing</p>	<p>Diabetes monitoring supplies: You pay nothing</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: You pay nothing</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays (<i>Costs for these services may be different if received in an outpatient surgery setting</i>) ^{1,2}	<p>Diagnostic radiology services (such as MRIs, CT scans): \$0 - \$200 copay, depending on the service.</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$0 - \$150 copay, depending on the service</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing</p>
Doctor's Office Visits ^{1,2}	<p>Primary care physician visit: You pay nothing</p> <p>Specialist visit: \$35 copay</p>	<p>Primary care physician visit: You pay nothing</p> <p>Specialist visit: \$30 copay</p>
Durable Medical Equipment (<i>wheelchairs, oxygen, etc.</i>) ¹	<p>20% of the cost</p> <p>If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.</p>	<p>20% of the cost</p> <p>If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.</p>
Emergency Care	<p>\$75 copay</p> <p>If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	<p>\$50 copay</p> <p>If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>

	GlobalHealth Medicare Option 4 (HMO)	GlobalHealth Medicare Option 5 (HMO)
Diabetes Supplies and Services ^{1,2}	<p>Diabetes monitoring supplies: You pay nothing</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: You pay nothing</p>	<p>Diabetes monitoring supplies: 20% of the cost</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 20% of the cost</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may be different if received in an outpatient surgery setting)</i> ^{1,2}	<p>Diagnostic radiology services (such as MRIs, CT scans): \$0 - \$200 copay, depending on the service</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: 20% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$0 - \$225 copay, depending on the service</p> <p>Diagnostic tests and procedures: 20% of the cost</p> <p>Lab services: 20% of the cost</p> <p>Outpatient x-rays: 20% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</p>
Doctor's Office Visits ^{1,2}	<p>Primary care physician visit: You pay nothing</p> <p>Specialist visit: \$45 copay</p>	<p>Primary care physician visit: You pay nothing</p> <p>Specialist visit: \$50 copay</p>
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i> ¹	<p>20% of the cost</p> <p>If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.</p>	<p>20% of the cost</p> <p>If you go to a preferred vendor, your cost may be less. Contact us for a list of preferred vendors.</p>
Emergency Care	<p>\$75 copay</p> <p>If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>	<p>\$75 copay</p> <p>If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>

	GlobalHealth Medicare Option 2 (HMO)	GlobalHealth Medicare Option 3 (HMO)
Foot Care (<i>podiatry services</i>) ^{1,2}	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$35 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$30 copay
Hearing Services ^{1,2}	Exam to diagnose and treat hearing and balance issues: \$30 copay Routine hearing exam (up to 1 every year): \$30 copay	Exam to diagnose and treat hearing and balance issues: \$20 copay Routine hearing exam (up to 1 every year): \$20 copay
Home Health Care ^{1,2}	You pay nothing	You pay nothing
Mental Health Care ^{1,2}	Inpatient visit: The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers 190 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 190 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 190 days.	Inpatient visit: The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers 190 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 190 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 190 days.

	GlobalHealth Medicare Option 4 (HMO)	GlobalHealth Medicare Option 5 (HMO)
Foot Care (<i>podiatry services</i>) ^{1,2}	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$40 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$40 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: \$45 copay	Exam to diagnose and treat hearing and balance issues: \$50 copay
Home Health Care ^{1,2}	You pay nothing	You pay nothing
Mental Health Care ^{1,2}	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p>

	GlobalHealth Medicare Option 2 (HMO)	GlobalHealth Medicare Option 3 (HMO)
Mental Health Care ^{1,2} <i>continued</i>	<ul style="list-style-type: none"> • \$220 copay per day for days 1 through 7 • You pay nothing per day for days 8 through 90 • You pay nothing per day for days 91 through 190 <p>Outpatient group therapy visit: \$35 copay</p> <p>Outpatient individual therapy visit: \$35 copay</p>	<ul style="list-style-type: none"> • \$300 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 • You pay nothing per day for days 91 through 190 <p>Outpatient group therapy visit: \$30 copay</p> <p>Outpatient individual therapy visit: \$30 copay</p>
Outpatient Rehabilitation ^{1,2}	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$35 copay</p> <p>Occupational therapy visit: \$35 copay</p> <p>Physical therapy and speech and language therapy visit: \$35 copay</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$25 copay</p> <p>Occupational therapy visit: \$25 copay</p> <p>Physical therapy and speech and language therapy visit: \$25 copay</p>
Outpatient Substance Abuse ^{1,2}	<p>Group therapy visit: \$40 copay</p> <p>Individual therapy visit: \$40 copay</p>	<p>Group therapy visit: \$30 copay</p> <p>Individual therapy visit: \$30 copay</p>
Outpatient Surgery ^{1,2}	<p>Ambulatory surgical center: \$125 copay</p> <p>Outpatient hospital: \$200 copay</p>	<p>Ambulatory surgical center: \$125 copay</p> <p>Outpatient hospital: \$200 copay</p>
Over-the-Counter Items	Not Covered	Not Covered
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>) ¹	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: 20% of the cost</p>	<p>Prosthetic devices: You pay nothing</p> <p>Related medical supplies: You pay nothing</p>

	GlobalHealth Medicare Option 4 (HMO)	GlobalHealth Medicare Option 5 (HMO)
Mental Health Care ^{1,2} <i>continued</i>	<p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$300 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 <p>Outpatient group therapy visit: \$40 copay</p> <p>Outpatient individual therapy visit: \$40 copay</p>	<p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$310 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 <p>Outpatient group therapy visit: \$40 copay</p> <p>Outpatient individual therapy visit: \$40 copay</p>
Outpatient Rehabilitation ^{1,2}	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$40 copay</p> <p>Occupational therapy visit: \$40 copay</p> <p>Physical therapy and speech and language therapy visit: \$40 copay</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$40 copay</p> <p>Occupational therapy visit: 20% of the cost</p> <p>Physical therapy and speech and language therapy visit: 20% of the cost</p>
Outpatient Substance Abuse ^{1,2}	<p>Group therapy visit: \$40 copay</p> <p>Individual therapy visit: \$40 copay</p>	<p>Group therapy visit: \$40 copay</p> <p>Individual therapy visit: \$40 copay</p>
Outpatient Surgery ^{1,2}	<p>Ambulatory surgical center: \$225 copay</p> <p>Outpatient hospital: \$300 copay</p>	<p>Ambulatory surgical center: \$275 copay</p> <p>Outpatient hospital: \$325 copay</p>
Over-the-Counter Items	Not Covered	Not Covered
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>) ¹	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: 20% of the cost</p>	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: 20% of the cost</p>

	GlobalHealth Medicare Option 2 (HMO)	GlobalHealth Medicare Option 3 (HMO)
Renal Dialysis^{1,2}	20% of the cost	20% of the cost
Transportation	Not covered	Not covered
Urgently Needed Services	\$35 copay	\$35 copay
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$45 copay</p> <p>Routine eye exam (for up to 1 every year): \$45 copay</p> <p>Eyeglasses (frames and lenses) (for up to 1 every year): \$45 copay</p> <p>Our plan pays up to \$200 every year for eyeglasses (frames and lenses).</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$45 copay</p> <p>Routine eye exam (for up to 1 every year): \$45 copay</p> <p>Eyeglasses (frames and lenses) (for up to 1 every year): You pay nothing</p> <p>Our plan pays up to \$200 every year for eyeglasses (frames and lenses).</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p>
Preventive Care^{1,2}	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings 	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings

	GlobalHealth Medicare Option 4 (HMO)	GlobalHealth Medicare Option 5 (HMO)
Renal Dialysis^{1,2}	20% of the cost	20% of the cost
Transportation	Not covered	Not covered
Urgently Needed Services	\$45 copay	\$50 copay
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$45 copay</p> <p>Routine eye exam (for up to 1 every year): \$45 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$50 copay</p> <p>Routine eye exam (for up to 1 every year): \$50 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p>
Preventive Care^{1,2}	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings 	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings

	GlobalHealth Medicare Option 2 (HMO)	GlobalHealth Medicare Option 3 (HMO)
<p>Preventive Care <i>continued</i></p>	<ul style="list-style-type: none"> • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Hospice</p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>

	GlobalHealth Medicare Option 4 (HMO)	GlobalHealth Medicare Option 5 (HMO)
<p>Preventive Care <i>continued</i></p>	<ul style="list-style-type: none"> • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Hospice</p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>

	GlobalHealth Medicare Option 2 (HMO)	GlobalHealth Medicare Option 3 (HMO)
INPATIENT CARE		
<p>Inpatient Hospital Care^{1,2}</p>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 190 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 190 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 190 days.</p> <ul style="list-style-type: none"> • \$220 copay per day for days 1 through 7 • You pay nothing per day for days 8 through 90 • You pay nothing per day for days 91 through 190 	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 190 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 190 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 190 days.</p> <ul style="list-style-type: none"> • \$300 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 • You pay nothing per day for days 91 through 190
<p>Inpatient Mental Health Care</p>	<p>For inpatient mental health care, see the "Mental Health Care" section of this booklet.</p>	<p>For inpatient mental health care, see the "Mental Health Care" section of this booklet.</p>

	GlobalHealth Medicare Option 4 (HMO)	GlobalHealth Medicare Option 5 (HMO)
INPATIENT CARE		
<p>Inpatient Hospital Care^{1,2}</p>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$300 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$350 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90
<p>Inpatient Mental Healthcare</p>	<p>For inpatient mental health care, see the "Mental Health Care" section of this booklet.</p>	<p>For inpatient mental health care, see the "Mental Health Care" section of this booklet.</p>

	GlobalHealth Medicare Option 2 (HMO)	GlobalHealth Medicare Option 3 (HMO)
INPATIENT CARE		
Skilled Nursing Facility (SNF)^{1,2}	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$100 copay per day for days 21 through 100 	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$50 copay per day for days 21 through 100
PRESCRIPTION DRUG BENEFITS		
How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p>	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p>

	GlobalHealth Medicare Option 4 (HMO)	GlobalHealth Medicare Option 5 (HMO)
INPATIENT CARE		
Skilled Nursing Facility (SNF)^{1,2}	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$150 copay per day for days 21 through 100 	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$160 copay per day for days 21 through 100
PRESCRIPTION DRUG BENEFITS		
How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p>	<p>For Part B drugs such as chemotherapy drugs¹: 20% of the cost</p> <p>Other Part B drugs¹: 20% of the cost</p>

PRESCRIPTION DRUG BENEFITS

How much do I pay? *continued*

GlobalHealth Medicare Option 2 (HMO)

Initial Coverage

You pay the following until your total yearly drug costs reach **\$3,310**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$9 copay	\$13 copay	\$15 copay
Tier 2 (Generic)	\$17 copay	\$29 copay	\$35 copay
Tier 3 (Preferred Brand)	\$45 copay	\$85 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$185 copay	\$275 copay
Tier 5 (Specialty Tier)	30% of the cost	Not Offered	Not Offered

GlobalHealth Medicare Option 3 (HMO)

Initial Coverage

You pay the following until your total yearly drug costs reach **\$3,310**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$9 copay	\$13 copay	\$15 copay
Tier 2 (Generic)	\$17 copay	\$29 copay	\$35 copay
Tier 3 (Preferred Brand)	\$45 copay	\$85 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$185 copay	\$275 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

PRESCRIPTION DRUG BENEFITS

How much do I pay? *continued*

GlobalHealth Medicare Option 4 (HMO)

Initial Coverage

You pay the following until your total yearly drug costs reach **\$3,310**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$9 copay	\$13 copay	\$15 copay
Tier 2 (Generic)	\$17 copay	\$29 copay	\$35 copay
Tier 3 (Preferred Brand)	\$45 copay	\$85 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$185 copay	\$275 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

GlobalHealth Medicare Option 5 (HMO)

Initial Coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach **\$3,310**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$10 copay	\$15 copay	\$17.50 copay
Tier 2 (Generic)	\$17 copay	\$29 copay	\$35 copay
Tier 3 (Preferred Brand)	\$47 copay	\$89 copay	\$110 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$185 copay	\$275 copay
Tier 5 (Specialty Tier)	28% of the cost	Not Offered	Not Offered

PRESCRIPTION DRUG BENEFITS

How much do I pay? *continued*

GlobalHealth Medicare Option 2 (HMO)

GlobalHealth Medicare Option 3 (HMO)

Preferred Retail Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$10 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$100 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay
Tier 5 (Specialty Tier)	30% of the cost	Not Offered	Not Offered

Preferred Retail Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$10 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$100 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Standard Mail Order Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$10 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$100 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay
Tier 5 (Specialty Tier)	30% of the cost	Not Offered	Not Offered

Standard Mail Order Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$10 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$100 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

PRESCRIPTION DRUG BENEFITS

How much do I pay? *continued*

GlobalHealth Medicare Option 4 (HMO)

GlobalHealth Medicare Option 5 (HMO)

Preferred Retail Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$10 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$100 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Preferred Retail Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$12.50 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay
Tier 3 (Preferred Brand)	\$42 copay	\$84 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay
Tier 5 (Specialty Tier)	28% of the cost	Not Offered	Not Offered

Standard Mail Order Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$10 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$100 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Standard Mail Order Cost-Sharing

Tier	One-Month Supply	Two-Month Supply	Three-Month Supply
Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$12.50 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$30 copay
Tier 3 (Preferred Brand)	\$42 copay	\$84 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$90 copay	\$180 copay	\$270 copay
Tier 5 (Specialty Tier)	28% of the cost	Not Offered	Not Offered

PRESCRIPTION DRUG BENEFITS

How much do I pay? *continued*

GlobalHealth Medicare Option 2 (HMO)

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$3,310**.

After you enter the coverage gap, you pay **45%** of the plan’s cost for covered brand name drugs and **58%** of the plan’s cost for covered generic drugs until your costs total **\$4,850**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$4,850**, you pay the greater of:

- **5% of the cost**, or
- **\$2.95 copay** for generic (including brand drugs treated as generic) and a **\$7.40 copayment** for all other drugs.

GlobalHealth Medicare Option 3 (HMO)

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$3,310**.

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PRESCRIPTION DRUG BENEFITS

How much do I pay? *continued*

GlobalHealth Medicare Option 4 (HMO)

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

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GlobalHealth Medicare Option 5 (HMO)

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$3,310**.

After you enter the coverage gap, you pay **45%** of the plan’s cost for covered brand name drugs and **58%** of the plan’s cost for covered generic drugs until your costs total **\$4,850**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$4,850**, you pay the greater of:

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- **\$2.95 copay** for generic (including brand drugs treated as generic) and a **\$7.40 copayment** for all other drugs.



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Medicare (HMO)

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