



GlobalHealth

Oklahoma

SUMMARY OF BENEFITS

January 1-December 31, 2024

Generations Medicare Advantage Plan Option:

Generations State of Oklahoma Group Retirees (HMO)

1-844-280-5555 (toll-free)

8 am to 8 pm, 7 days a week, (October 1 – March 31), and 8 am to 8 pm, Monday – Friday, (April 1 – September 30)

www.GlobalHealth.com

Generations Medicare Advantage Plans

Summary of Benefits

January 1, 2024 – December 31, 2024

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

To join GlobalHealth, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Plans may offer supplemental benefits in addition to Part C benefits.

	Generations State of Oklahoma Group Retirees (HMO)
Monthly Plan Premium (You must continue to pay your Part B premium)	\$199
Medicare Part B Premium Buydown	\$0 per month
Deductible	\$0
Maximum Out-of-Pocket (MOOP) Responsibility (Does not include supplemental benefits or prescription drugs)	\$3,450
PART C BENEFITS	
Inpatient Hospital Coverage ^{1,2}	<ul style="list-style-type: none">• \$50 copay per day (Days 1-5); then• \$0 copay per day (unlimited days)
Outpatient Hospital Surgery ^{1,2}	\$200 copay per visit
Ambulatory Surgery Center ^{1,2}	\$0 copay per visit
Doctor Visits	<ul style="list-style-type: none">• \$0 copay per visit for PCP• \$20 copay per visit for specialists^{1,2}
Preventive Services	\$0 for Medicare-covered preventive services
Emergency Care	\$75 copay per visit; waived if admitted to acute care
Urgently Needed Services	\$15 copay per visit
Outpatient Labs, X-Rays, Etc.	\$0 copay for labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics
Outpatient Diagnostic Radiology (MRI, etc.) ^{1,2}	\$150 copay per visit

1 = Prior Authorization Required

2 = Referral Required

	Generations State of Oklahoma Group Retirees (HMO)
Hearing Services	<ul style="list-style-type: none"> • \$0 copay per visit for Medicare-covered services in a PCP office • \$20 copay for Medicare-covered services in a specialist office • \$0 copay for routine hearing exam limited to one per year • \$0 copay for routine hearing aid evaluation limited to one per year • Our plan pays up to a total of \$500 for hearing aids per year
Dental Services	\$20 copay per visit for Medicare-covered services ^{1,2}
Vision Services	<ul style="list-style-type: none"> • \$0 copay per visit for Medicare-covered services • \$0 copay for routine eye exam limited to 1 per year • Our plan pays up to a total of \$200 for all supplemental eyewear per year
Inpatient Mental Health Care ^{1,2}	<ul style="list-style-type: none"> • \$50 copay per day (Days 1-5); then • \$0 copay per day (unlimited days)
Outpatient Mental Health Visit ^{1,2}	\$0 copay per visit

PART D DRUGS

Cost-sharing may differ depending on the pharmacy type or status (e.g., preferred, standard, mail-order, Long Term Care (LTC), or home infusion) or the supply (e.g., 30- or 90-day supply). For more information on specific cost-sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online. PLEASE NOTE: Please visit our website for the most up-to-date "Drug List". The "Drug List" and/or pharmacy network may change at any time. You will receive notice when necessary.

Important Message About What You Pay for Vaccines and Insulin: Our plan covers most Part D vaccines at no cost to you. You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. Call Customer Care for more information.

Phase 1: Deductible	\$0
Phase 2: Initial Coverage Limit (ICL)	\$5,030
Tier 1: Preferred Generics (Preferred Retail 30-Day Supply)	\$0 copay per fill
Tier 2: Generic (Preferred Retail 30-Day Supply)	\$15 copay per fill

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	Generations State of Oklahoma Group Retirees (HMO)
Tier 3: Preferred Brand (Preferred Retail 30-Day Supply)	<ul style="list-style-type: none"> • \$42 copay per fill • \$35 copay per fill for insulins
Tier 4: Non-Preferred Drug (Preferred Retail 30-Day Supply)	<ul style="list-style-type: none"> • \$95 copay per fill • \$35 copay per fill for insulins
Tier 5: Specialty Tier (Preferred Retail 30-Day Supply)	<ul style="list-style-type: none"> • 33% of the cost per fill • \$35 copay per fill for insulins
Tier 1: (Preferred Retail & Mail Order 90-Day Supply)	\$0 copay per fill
Tier 2: (Preferred Retail & Mail Order 90-Day Supply)	\$0 copay per fill
Tier 3: (Preferred Retail & Mail Order 90-Day Supply)	<ul style="list-style-type: none"> • \$84 copay per fill • \$84 copay per fill for insulins
Tier 4: Non-Preferred Drug (Preferred Retail and Mail Order 90-Day-Supply)	<ul style="list-style-type: none"> • \$190 copay per fill • \$105 copay per fill for insulins
Phase 3 Coverage Gap Stage ⁴ (After your prescription costs reach \$5,030)	<p>Generic Drugs:</p> <ul style="list-style-type: none"> • GlobalHealth members continue to pay the same amount as in the initial coverage stage for Tier 1 and Tier 2 generic drugs. • Members pay 25% of the cost for other generic drugs. <p>Brand Name Drugs:</p> <ul style="list-style-type: none"> • GlobalHealth members continue to pay the same amount as in the initial coverage stage for Tier 1, Tier 2, and Tier 3 oral antidiabetics and insulin syringes. • Members pay 25% of the cost of the drug plus a portion of the dispensing fee for other brand name drugs. <p>Insulins:</p> <ul style="list-style-type: none"> • Members pay no more than \$35 for a 30-day supply of insulin.
4: Catastrophic Coverage Stage (After you have paid \$8,000 out-of-pocket)	\$0 copay per fill

4 = You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$8,000. This amount and rules for counting costs toward this amount have been set by Medicare.

Generations State of Oklahoma Group Retirees (HMO)

OTHER PART C BENEFITS

Outpatient Hospital Observation Services ^{1,2}	\$150 copay per visit
Skilled Nursing Facility (SNF) ^{1,2}	<ul style="list-style-type: none"> • \$0 copay per day (Days 1-20); • \$184 copay per day (Days 21-100)
<p>Ambulance (One-way trip - waived if admitted to acute care)</p> <p>Non-emergency transport^{1,2}</p>	\$50 copay per occurrence
Outpatient Rehabilitation Services ^{1,2} (Physical, occupational, and/or speech therapy)	\$20 copay per visit
Medicare Part B Drugs (Includes chemotherapy and Part B insulin) ^{1,2,3}	<p>You pay up to 20% of the cost</p> <p>You will pay no more than the dollar amount of the adjusted coinsurance percentage that applies to the specific Part B rebatable drug (typically a single source drug, e.g., brand drug) based on the date of service. This applies to specific Part B drugs and may include chemotherapy drugs.</p> <p>You will pay no more than \$35 for a one-month's supply of Part B insulin. This applies to insulin used in an insulin pump.</p>
Chiropractic Services (Medicare-covered)	\$20 copay per visit
Podiatry Services (Medicare-covered) ^{1,2}	\$20 copay per visit
Acupuncture ^{1,2}	\$20 copay per visit
Home Health Services ^{1,2}	\$0 copay per visit
Durable Medical Equipment ¹ (e.g., wheelchairs, oxygen)	20% coinsurance
Diabetic Testing Supplies ¹	\$0 copay
Prosthetics and Related Supplies ¹ (e.g., Braces, artificial limbs)	<ul style="list-style-type: none"> • \$0 copay for surgically implanted devices and medical supplies • 20% coinsurance for external devices and medical supplies
Outpatient Therapeutic Radiology ^{1,2}	\$40 copay per visit

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3 = May be subject to Part B step therapy

SUPPLEMENTAL BENEFITS

Smart Wallet (OTC Benefit includes nicotine replacement therapy)	<ul style="list-style-type: none"> • \$50 per quarter for Over-the-Counter
Transportation (To and from plan-approved locations)	<p>\$0 copay per one-way trip</p> <ul style="list-style-type: none"> • Limited to 12 one-way trips per year • Limited to 50 miles per one-way trip
Fitness	\$0 copay per visit
24/7 Nurse Line	\$0 copay per visit
Meal Delivery ¹	<p>\$0 copay per meal</p> <ul style="list-style-type: none"> • Limited to 10 meals following inpatient hospital or skilled nursing facility discharge • Limited to 4 times per year

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the *Evidence of Coverage*. The *Evidence of Coverage* can be found online at www.GlobalHealth.com, or you can request a copy from Customer Care at 1-844-280-5555 (toll-free) (TTY: 711).

For coverage and costs of Original Medicare, look in your current “**Medicare & You 2024**” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

You can see the complete plan *Drug Formulary* (list of Part D prescription drugs) and any restrictions as well as the *Provider Directory* and the *Pharmacy Directory* on our website.

For more information, please call us at 1-844-280-5555 (toll-free) (TTY: 711) or visit us at www.GlobalHealth.com

1 = Prior Authorization Required

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-280-5555 (toll-free) (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-280-5555 (toll-free) (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-280-5555 (toll-free) (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-280-5555 (toll-free) (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-280-5555 (toll-free) (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-280-5555 (toll-free) (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-280-5555 (toll-free) (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-280-5555 (toll-free) (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-280-5555 (toll-free) (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-280-5555 (toll-free) (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إتنا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-280-5555 (TTY: 711) (toll-free). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-280-5555 (toll-free) (TTY: 711) फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-280-5555 (toll-free) (TTY: 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

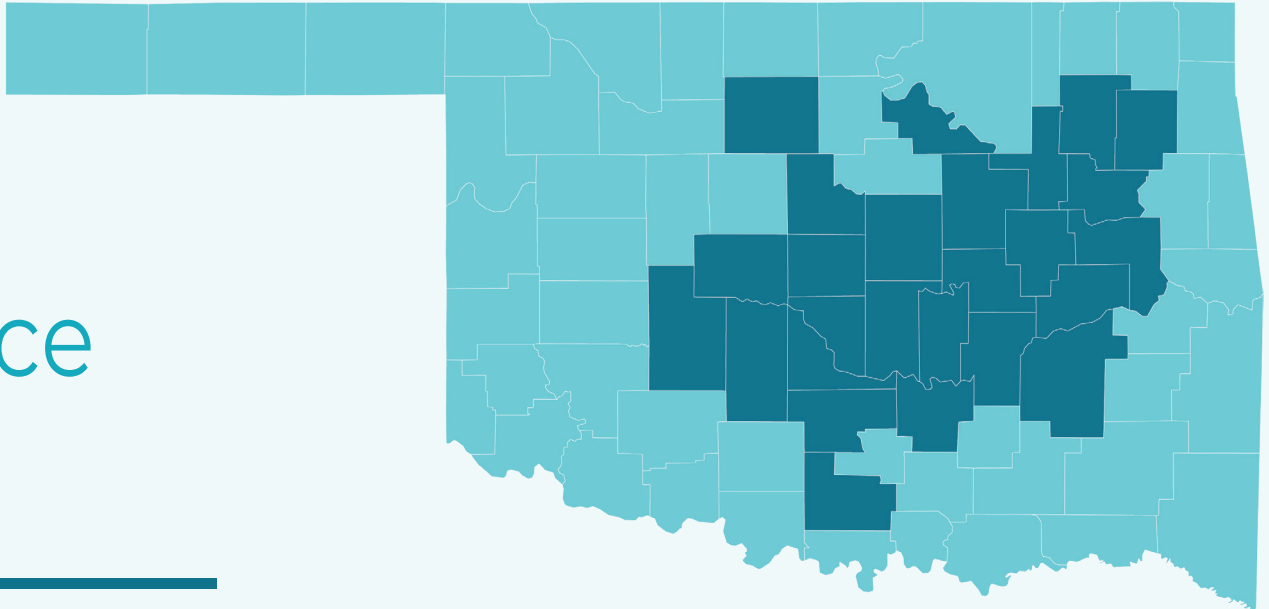
Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-280-5555 (toll-free) (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-280-5555 (toll-free) (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-280-5555 (toll-free) (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-280-5555 (toll-free) (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

2024 Service Area



Caddo
Canadian
Carter
Cleveland
Creek
Garfield
Garvin
Grady
Hughes

Lincoln
Logan
Mayes
McClain
McIntosh
Muskogee
Okfuskee
Oklahoma
Okmulgee

Pawnee
Pittsburg
Pontotoc
Pottawatomie
Rogers
Seminole
Tulsa
and Wagoner



GlobalHealth
MEDICARE ADVANTAGE PLANS

1-844-280-5555 (toll-free) (711)

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www.GlobalHealth.com

By calling the listed number you may be speaking with a licensed sales representative. Fraud, Waste and Abuse: GlobalHealth is committed to fighting healthcare fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-627-0004. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.