



Generations State of Oklahoma Group Retirees (HMO) 2023



Choose a plan that fits your lifestyle!



No Medical or
Drug Deductibles



\$0¹ copay on Tier 1 &
Tier 2 Prescription Drugs



\$200 Eyewear
Benefit Allowance



\$50 Quarterly Over-
the-Counter Benefit



Routine Hearing Aid
Evaluation & \$500
Hearing Aid Allowance



FREE Fitness Benefit,
including a NO COST
Fitbit® or Garmin®

855-620-5388 (TTY: 711)
www.GlobalHealth.com/Oklahoma/OSR

¹Applicable to 90-day supply at preferred retail and mail order pharmacies. Not applicable to all Tiers.

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Benefits designed with *you in mind!*

Benefit	Copay
Monthly Plan Premium	\$209 per month
Annual Deductible	\$0
Annual Maximum Out-of-Pocket (MOOP)	\$3,450
Primary Care Visits	\$0 copay per visit
Specialist Visits Some services may require prior authorization	\$20 copay per visit
Inpatient Hospital Care	\$50 copay per day (Days 1-5) \$0 copay per day after Day 5
Outpatient Diagnostic Tests (Labs, X-rays)	\$0 copay per visit
Outpatient Diagnostic Tests (Diagnostic Radiology, MRI, etc.)	\$150 copay per visit
Emergency Room waived if admitted to acute inpatient care or outpatient observation/surgery within 24 hours	\$75 copay
Urgent Care	\$15 copay per visit

Preferred Retail and Mail Order Prescription Drugs

Benefit - 30 Day Preferred Retail and Mail Order	Copay	Benefit - 90 Day Preferred Retail and Mail Order	Copay
Tier 1 Preferred Generics	\$0	Tier 1 Preferred Generics	\$0
Tier 2 Generics	\$15	Tier 2 Generics	\$0
Tier 3 Preferred Brand Name	\$42	Tier 3 Preferred Brand Name	\$84
Tier 4 Non-Preferred Drugs	\$95	Tier 4 Non-Preferred Drugs	\$190
Tier 5 Specialty Drugs	33%	Tier 5 Specialty Drugs	N/A

2023 Gap Coverage for all Tier 1 Drugs, all Tier 2 Drugs, Tier 3 Insulins, Insulin Syringes and Tier 3 Oral Antidiabetics

Please visit our website at www.GlobalHealth.com for our most up-to-date formulary. The formulary and/or pharmacy network may change at any time.

Celebrate retirement by saving **BIG** on your health insurance!

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