



SUMMARY OF BENEFITS

Generations State of Oklahoma Group Retirees (HMO)

January 1-December 31, 2023



1-844-280-5555 (TTY: 711)

8 a.m. to 8 p.m.

7 days a week (October 1-March 31) | Monday-Friday (April 1-September 30)

www.GlobalHealth.com/oklahoma/osr

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

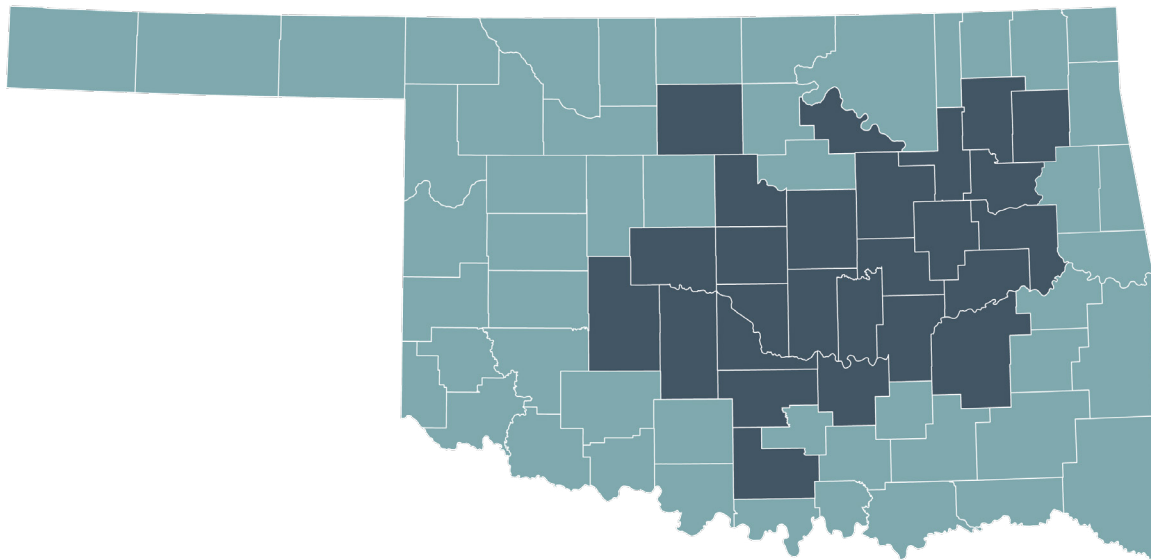
Important Information

Eligibility

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

Service Area

Our service area includes the following counties in Oklahoma:



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

Wagoner

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

Generations State of Oklahoma Group Retirees (MA-PD)

Benefit	Copay
Monthly Plan Premium, including Part C and Part D premium	\$209 per month *you must continue to pay your Medicare Part B Premium
Annual Deductible	This plan does not have a deductible.
Annual Maximum Out-of-Pocket	\$3,450
Primary Care Visits	\$0 copay per visit
Specialist Visits	\$20 copay per visit
Preventive Care Additional preventive services approved by Medicare during the contract year will be covered.	\$0 copay per visit
Emergency Care If you are admitted to observation, the hospital within 24 hours, or outpatient surgical services are needed within 24 hours, you do not have to pay your copay for emergency care.	\$75 copay per visit
Urgently Needed Services	\$15 copay per visit
Ambulatory Surgery Center^{1,2}	\$0 copay
Inpatient Hospital Coverage^{1,2}	\$50 copay per day (Days 1-5); \$0 copay per day after Day 5
Ambulance (one-way trip) If you are admitted to the hospital, you do not have to pay your share of the cost for ambulance services.	\$50 copay per occurrence
Outpatient Hospital Services^{1,2} If you are admitted to the hospital as an inpatient after outpatient surgery or outpatient observation, the outpatient cost-share is waived and the inpatient cost-share applies.	
Outpatient Surgery	\$200 copay per visit
Outpatient Observation Services	\$150 copay per visit

¹Prior Authorization Required, ²Referral Required

Benefit	Copay
Skilled Nursing Facility^{1,2} Our plan covers up to 100 days. Prior hospital stay is not required.	\$0 copay per day (Days 1-20) \$184 copay per day (Days 21-100)
Mental Health Services	
Inpatient Vist^{1,2}	\$50 copay per day (Days 1-5) \$0 copay per day (after Day 5)
Outpatient Mental Health Visit	\$0 copay per visit
Oupatient Psychiatric Visit	\$0 copay per visit
Rehabilitation Services^{1,2} If these services are provided in your home, then the home health cost-sharing applies instead.	
Occupational Therapy Visit	\$20 copay per visit
Physical Therapy/Speech and Language Therapy	\$20 copay per visit
Medical Equipment/Supplies	
Durable Medical Equipment (continuous glucose monitors, wheelchairs, oxygen, etc.) ¹	20% of the cost
Prosthetics and Related Supplies (braces, artificial limbs) ¹	\$0 copay for surgically implanted devices and supplies 20% of the cost for external devices and supplies
Standard Diabetic Testing Supplies	\$0 copay
Diagnostic Services/Labs/Imaging Prior authorization is required for some services.	
Diagnostic Radiology Service	\$0 copay per visit
MRI, CT, PET, etc.^{1,2}	\$150 copay per visit
Lab Services	\$0 copay
Diagnostic Tests and Procedures	\$100 for sleep studies in an outpatient facility \$0 copay for all services
Therapeutic Radiology^{1,2}	\$40 copay per visit
Outpatient X-Rays	\$0 copay per visit

¹Prior Authorization Required, ²Referral Required

Benefit	Copay
Medicare Part B Drugs ^{1,2,3}	You pay 20% of the cost 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 beginning April 1, 2023 . This applies to specific Part B drugs and may include chemotherapy drugs. You will pay no more than \$35 for a one-month's supply of Part B insulin beginning July 1, 2023 . This applies to insulin used in an insulin pump.

Chiropractic Services

\$20 copay per visit

Supplemental Benefits

Transportation Services

12 one-way trips per year
50 miles per one-way trip

Foot Care (Podiatry Services)

Routine foot care is limited to members with certain medical conditions affecting the lower limbs.

Foot Exams and Treatment

\$20 copay per visit

Routine Foot Care

\$20 copay per visit

Hearing Services

Routine aid evaluation for hearing aids limited to 1 per year. Plan pays up to \$500 for hearing aids per year.

PCP Diagnostic Evaluation

\$0 copay

Specialist Exam

\$20 copay per visit

Routine Exam

\$0 copay per visit

Hearing Aids

You are responsible for cost over benefit allowance.

Vision Services

Medicare-covered Eye Exam

\$0 copay

Supplemental Eye Exam
Limit 1 per year

\$0 copay

Eyeglasses or contact lenses after cataract surgery

\$0 copay

Supplemental eyeglasses or contact lenses

Choice of 1 pair of supplemental eyeglasses or contacts. Plan covers up to \$200 per year

You are responsible for cost over benefit allowance.

¹Prior Authorization Required, ²Referral Required, ³May be subject to Part B step therapy

Benefit

Copay

Outpatient Prescription Drugs

Cost-sharing may differ depending on the pharmacy's status (preferred, non-preferred, mail-order, long-term care, or home infusion) or the supply (30 or 90-day supply)

Phase 1: Deductible		No deductible	
Phase 2: Initial Coverage	Preferred Retail Rx 30-day Supply	Standard Retail Rx 30-day Supply	Preferred Retail and Mail Order 90-day Supply
Tier 1: Preferred Generic	\$0 copay per fill	\$5 copay per fill	\$0 copay per fill
Tier 2: Generic	\$15 copay per fill	\$20 copay per fill	\$0 copay per fill
Tier 3: Preferred Brand	\$42 copay per fill \$35 copay per fill for insulins	\$47 copay per fill \$35 copay per fill for insulins	\$84 copay per fill \$84 copay per fill for insulins
Tier 4: Non-Preferred Drugs	\$95 copay per fill \$35 copay per fill for insulins	\$100 copay per fill \$35 copay per fill for insulins	\$190 copay per fill \$105 copay per fill for insulins
Tier 5: Specialty Tier	33% coinsurance \$35 copay per fill for insulins	33% coinsurance \$35 copay per fill for insulins	N/A
<p>Phase 3: Coverage Gap Stage After your prescription costs reach \$4,660</p> <p>You stay in this stage until your year-to-date "out-of-pocket" (your payments) reach a total of \$7,400. This amount and rules for counting costs towards this amount have been set by Medicare.</p>		<p>Generic Drugs: GlobalHealth members continue to pay the same amount as the initial coverage stage for Tier 1 or Tier 2.</p> <p>Members pay 25% of the cost for other generic drugs.</p> <p>Brand Name Drugs: The Medicare Coverage Gap Discount Program of 70% is applied to the initial coverage stage copayment for Tier 1 or for Tier 2 brand drugs or Tier 3 oral antidiabetics, insulins, or syringes.</p> <p>Members pay 25% of the cost of the drug plus a portion of the dispensing fee for other brand name drugs.</p>	
<p>Phase 4: Catastrophic Coverage Stage After you have paid \$7,400 out-of-pocket</p>		<p>You pay the greater of 5% of the cost of the drug or \$4.15 for generics/\$10.35 for brand names.</p>	

PLEASE NOTE: Please visit our website for the most up-to-date Drug Formulary. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Costs for 90-day supply are higher at a standard pharmacy.

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

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” found online at www.GlobalHealth.com or contact Customer Care at 1-844-280-5555 (TTY: 711) to request a copy.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.GlobalHealth.com/oklahoma/osr.

You can see the Provider Directory and Pharmacy Directory at www.GlobalHealth.com.

Except in emergency situations, GlobalHealth may not pay for services performed by providers that are not in our network.

For coverage and costs of Original Medicare, look in your current “Medicare & You” 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.

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

GlobalHealth is committed to fighting healthcare fraud, waste, and abuse. If you suspect Medicare fraud, waste, or abuse, call our hotline at 1-877-280-5852.

GlobalHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. GlobalHealth tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.



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