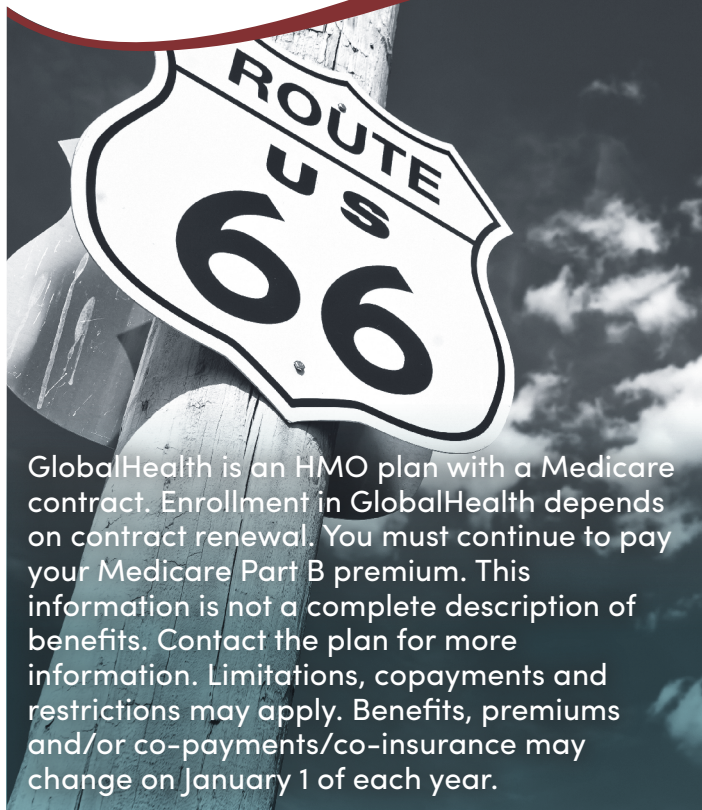
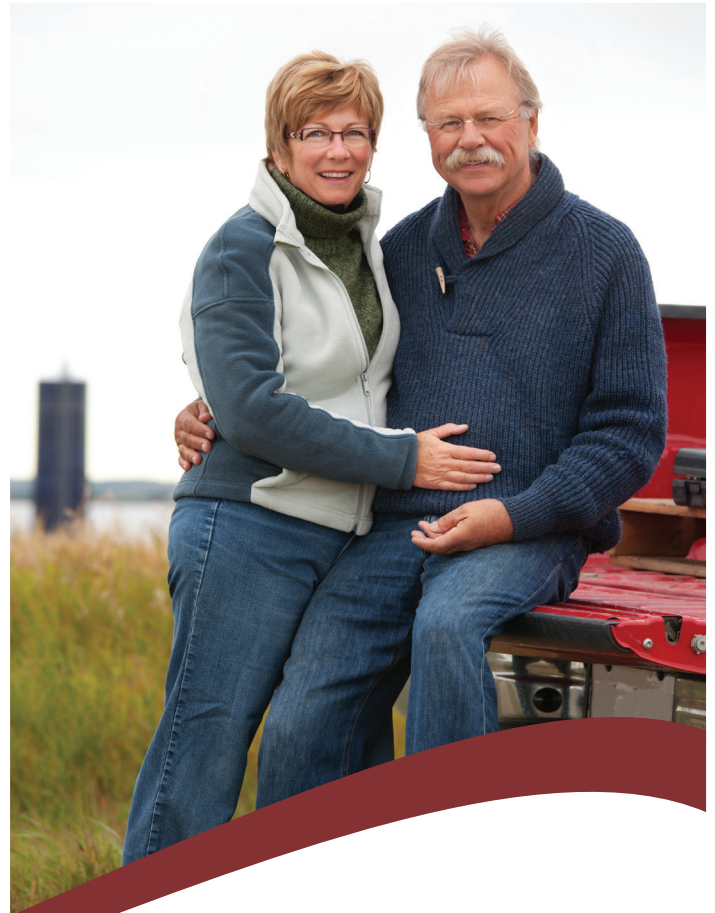




2017 Benefits at a Glance

Plans starting as low
as \$0 a month



GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal. You must continue to pay your Medicare Part B premium. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

- Generations Value (HMO)
- Generations Classic (HMO)
- Generations Select (HMO)
- Generations Premier (HMO)

H3706_BAG_PY2017 Accepted

What Makes Us Different?

Being a Member Has Its Perks

Generations Medicare Advantage plans allow you to enjoy the benefits you currently receive from Original Medicare plus, vision and dental services, peace of mind emergency coverage and many more money-saving benefits! In fact, most of our plans include Part D prescription drug coverage.

We make it simple for you to get more out of Medicare.



\$0*
MONTHLY PREMIUM

**Not applicable to all plans.*



\$0
PRIMARY CARE PHYSICIAN COPAY



NO COPAYS FOR PREVENTIVE SERVICES

such as colonoscopies, mammograms, diabetes screenings and more.



NO MEDICAL OR DRUG DEDUCTIBLES



\$0 TIER 1 FOR PREFERRED GENERICS

on 90-day preferred mail order

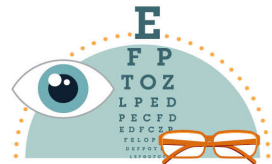


3 MONTH SUPPLY OF PRESCRIPTION DRUGS*

**Not available on all tiers.*



STRONG NETWORK



VISION BENEFITS



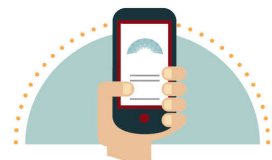
RIGHT HERE IN OKLAHOMA



WE PICK UP THE PHONE



GLOBALHEALTH CAFÉ



NEW MOBILE APP
helps you find benefit information.

2017 Benefits at a Glance

Additional Benefits Not Covered Under Original Medicare

Effective January 1, 2017 - December 31, 2017

GENERATIONS VALUE	
Podiatry Services – Foot Care	\$25 copay (covered under Original Medicare)
Routine Vision Exam	You pay nothing for up to 1 visit per year
Routine Eyewear Benefit	You pay nothing; plan pays up to a \$200 calendar year maximum
Dental/Dentures	You pay nothing for preventive services.
GENERATIONS CLASSIC	
Podiatry Services – Foot Care	\$40 copay (covered under Original Medicare)
Routine Vision Exam	\$20 copay for up to 1 visit per year
Routine Eyewear Benefit	20% coinsurance; plan pays up to a \$205 calendar year maximum
Dental/Dentures	You pay nothing for cleaning and x-rays. \$5 copay for oral exams
GENERATIONS SELECT	
Podiatry Services – Foot Care	\$40 copay (covered under Original Medicare)
Routine Vision Exam	\$45 copay for up to 1 visit per year
Routine Eyewear Benefit	\$45 copay for frames and lenses; Plan pays up to a \$200 calendar year maximum
Dental/Dentures	You pay nothing for cleaning and x-rays. \$5 copay for oral exams
GENERATIONS PREMIER	
Podiatry Services – Foot Care	\$30 copay (covered under Original Medicare)
Routine Vision Exam	\$45 copay for up to 1 visit per year
Routine Eyewear Benefit	You pay nothing; plan pays up to a \$200 calendar year maximum
Dental/Dentures	You pay nothing for preventive services; 50% coinsurance for dentures; Plan pays up to a \$500 calendar year maximum

For more information call 1-844-280-5555, 8:00 a.m. to 8:00 p.m. (TTY users call 711) 7 days a week, or visit us on the web at www.GlobalHealth.com/medicare.

2017 Benefits at a Glance

Generations Medicare Advantage Plans, Offered by GlobalHealth

Effective January 1, 2017 - December 31, 2017

	MA-ONLY	MAPD		
	GENERATIONS VALUE (HMO)	GENERATIONS CLASSIC (HMO)	GENERATIONS SELECT (HMO)	GENERATIONS PREMIER (HMO)
BENEFIT	YOU PAY			
Premium	\$0	\$0	\$30	\$111.30
Deductible	\$0	\$0	\$0	\$0
MOOP	\$3,000	\$3,300	\$3,400	\$4,500
Primary Care Physician	\$0	\$0	\$0	\$0
Specialist	\$25 copay	\$40 copay	\$45 copay	\$30 copay
Preventive Care	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Inpatient Hospital Care	\$250 copay per day (Days 1–6) You pay nothing per day (Days 7–190)	\$365 copay per day (Days 1–5) You pay nothing per day (Days 6–190)	\$300 copay per day (Days 1–8) You pay nothing per day (Days 9–90)	\$275 copay per day (Days 1–3) You pay nothing per day (Days 4–190)
Outpatient Surgery and Hospital Services	\$250 copay	\$250 copay – Ambulatory or Preferred Facility \$320 copay – Non-Preferred Facility	\$250 copay – Ambulatory or Preferred Facility \$350 copay – Non-Preferred Facility	\$125 copay – Ambulatory or Preferred Facility \$250 copay – Non-Preferred Facility
Diagnostic Tests, X-rays, Lab Services and Radiology	20% coinsurance	\$10 copay for labs and x-rays; \$40 copay for therapeutic radiology	You pay nothing for labs and x-rays; 20% coinsurance for therapeutic radiology	You pay nothing for labs and x-rays; \$30 copay for therapeutic radiology
MRI, PET, CT Scans	20% coinsurance	\$150 copay	\$150 copay	\$0–\$200 copay
Ambulance Services	\$100 copay	\$100 copay	\$250 copay	\$50 copay
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$50 copay
Urgent Care	\$25 copay	\$30 copay	\$45 copay	\$35 copay

2017 Benefits at a Glance

Prescription Drug Coverage

Effective January 1, 2017 - December 31, 2017

Generations Classic, Generations Select, Generations Premier

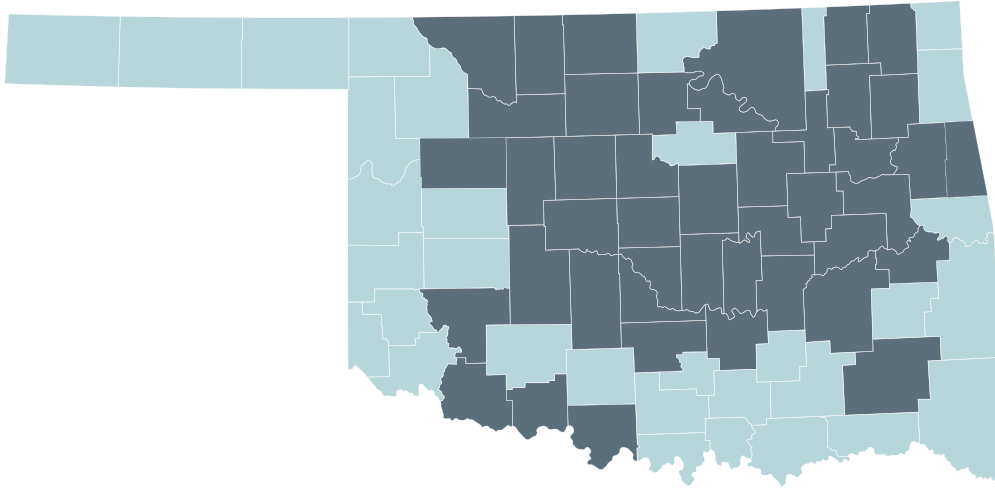
Deductible: \$0

Note: Generations Value does not include Prescription Drug Coverage

	GENERATIONS CLASSIC, SELECT & PREMIER		
Drug Type	30-Day Supply at Preferred Retail Pharmacy	90-Day Supply from Mail Order Pharmacy*	30-Day Supply from Standard Retail Pharmacy
Tier 1 - Preferred Generics	\$5	\$0	\$10
Tier 2 - Generics	\$15	\$15	\$20
Tier 3 - Preferred Brand Name	\$42	\$84	\$47
Tier 4 - Non-Preferred	40%	30%	50%
Tier 5 - Specialty	33%	N/A	33%
Coverage Gap Stage After your prescription costs reach \$3,700	Your costs will be no more than 51% of the cost for generic drugs. You pay 40% of the cost of brand name drugs		
Catastrophic Coverage Stage After you have paid \$4,950 out-of-pocket	You pay the greater of 5% of the cost of the drug or \$3.30 for generics/ \$8.25 for brand names.		

*Costs for 90-day supply are higher at Standard Retail Pharmacy

2017 Service Area



Adair	Garfield	Major	Pawnee
Alfalfa	Garvin	Mayes	Pittsburg
Blaine	Grady	McClain	Pontotoc
Caddo	Grant	McIntosh	Pottawatomie
Canadian	Haskell	Muskogee	Pushmataha
Cherokee	Hughes	Noble	Rogers
Cleveland	Jefferson	Nowata	Seminole
Cotton	Kingfisher	Okfuskee	Tillman
Craig	Kiowa	Oklahoma	Tulsa
Creek	Lincoln	Okmulgee	Wagoner
Dewey	Logan	Osage	Woods



GlobalHealth

1-844-280-5555 (TTY users call 711)
8 a.m. to 8 p.m., 7 days a week
www.GlobalHealth.com/medicare

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 — 1-877-280-5852.

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal. Your call may be answered by a licensed agent. You must continue to pay your Medicare Part B premium.