GlobalHealth
Medicare Advantage Plans

2022 SUMMARY OF BENEFITS

January 1 – December 31, 2022

Oklahoma

Generations Medicare Advantage Plan Options:

H3706-022 Generations Classic Plus (HMO)

H3706-023 Generations Classic Plus (HMO)

H3706-024 Generations Special Care (HMO C-SNP)

H3706-025 Generations Special Care Savings (HMO C-SNP)

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

H3706_SBPLUSCSNP_2022_M

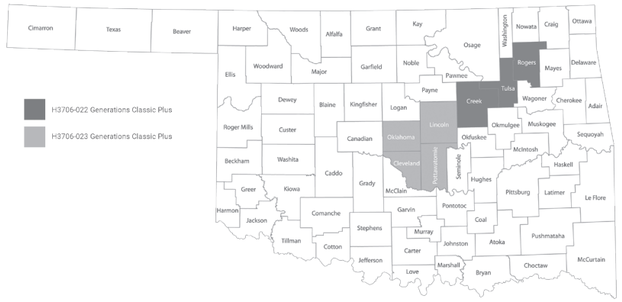
GlobalHealth is an HMO/HMO C-SNP plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal

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." 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 (TTY: 711).

To join **GlobalHealth**, 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:

2022 *Service Area*

Cleveland
Creek
Lincoln
Oklahoma
Pottawatomie
Rogers
Tulsa



Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

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.

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

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

GlobalHealth Generations Medicare Advantage Plans Summary of Benefits

Generations Medicare Advantage Plans Summary of Benefits

January 1, 2022 – December 31, 2022

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

	H3706-022 Generations Classic Plus (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Special Care (HMO C-SNP)	H3706-025 Generations Special Care Savings (HMO C-SNP)
Monthly Plan Premium (You must continue to pay your Part B premium)	$0	$0	$0	$0
Deductible	$0	$0	$0	$0
Medicare Part B Premium Buydown	$0 per month	$0 per month	$0 per month	$25 per month
Maximum Out-of-Pocket (MOOP) Annually (Does not include supplemental benefits or prescription drugs)	$3,900	$3,900	$3,450	$3,900
Healthy Benefits Grocery Card redeemable at Walmart®	Not covered	Not covered	Plan pays $25 per month	Plan pays $25 per month
INPATIENT CARE				
Inpatient Hospital Coverage[1,2]	$275 copay per day (Days 1-7); $0 copay per day (Days 8-190)	$275 copay per day (Days 1-7); $0 copay per day (Days 8-190)	$225 copay per day (Days 1-7); $0 copay per day (Days 8-190)	$275 copay per day (Days 1-7); $0 copay per day (Days 8-190)

1 = Prior Authorization Required
2 = Referral Required

	H3706-022 Generations Classic Plus (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Special Care (HMO C-SNP)	H3706-025 Generations Special Care Savings (HMO C-SNP)
Inpatient Mental Health Care[1,2]	$265 copay per day (Days 1-7); $0 copay per day (Days 8-90)	$265 copay per day (Days 1-7); $0 copay per day (Days 8-90)	$225 copay per day (Days 1-7); $0 copay per day (Days 8-90)	$265 copay per day (Days 1-7); $0 copay per day (Days 8-90)
Skilled Nursing Facility (SNF)[1,2]	$0 copay per day (Days 1-20); $184 copay per day (Days 21-100)	$0 copay per day (Days 1-20); $184 copay per day (Days 21-100)	$0 copay per day (Days 1-20); $184 copay per day (Days 21-100)	$0 copay per day (Days 1-20); $184 copay per day (Days 21-100)
OUTPATIENT CARE				
Doctor Visits	• $0 copay per visit for PCP • $35 copay per visit for specialists[1,2]	• $0 copay per visit for PCP • $40 copay per visit for specialists[1,2]	• $0 copay per visit for PCP • $20 copay per visit for specialists[1,2]	• $0 copay per visit for PCP • $35 copay per visit for specialists[1,2]
Chiropractic Services	$20 copay per visit	$20 copay per visit	$20 copay per visit	$20 copay per visit
Podiatry Services[1,2]	$35 copay per visit	$40 copay per visit	$20 copay per visit	$35 copay per visit
Outpatient Mental Health Visit[1,2]	$35 copay per visit	$40 copay per visit	$20 copay per visit	$35 copay per visit
Ambulatory Surgery Center[1,2]	$225 copay per visit; waived if admitted to acute care	$225 copay per visit; waived if admitted to acute care	$175 copay per visit; waived if admitted to acute care	$225 copay per visit; waived if admitted to acute care
Outpatient Hospital Observation Services[1,2]	$275 copay per visit; waived if admitted to acute care	$275 copay per visit; waived if admitted to acute care	$225 copay per visit; waived if admitted to acute care	$275 copay per visit; waived if admitted to acute care
Outpatient Hospital Surgery[1,2]	$275 copay per visit; waived if admitted to acute care	$275 copay per visit; waived if admitted to acute care	$225 copay per visit; waived if admitted to acute care	$275 copay per visit; waived if admitted to acute care

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Emergency Care	$90 copay per visit; waived if admitted to acute care	$90 copay per visit; waived if admitted to acute care	$120 copay per visit; waived if admitted to acute care	$90 copay per visit; waived if admitted to acute care
Worldwide Emergency Care (Does not accumulate to MOOP)	• $90 copay per visit • Limited to $50,000 benefit combined with urgent care	• $90 copay per visit • Limited to $50,000 benefit combined with urgent care	• $120 copay per visit • Limited to $50,000 benefit combined with urgent care	• $90 copay per visit • Limited to $50,000 benefit combined with urgent care
Urgently Needed Services	$30 copay per visit	$30 copay per visit	$20 copay per visit	$40 copay per visit
Worldwide Urgent Care (Does not accumulate to MOOP)	• $90 copay per visit • Limited to $50,000 benefit combined with emergency care	• $90 copay per visit • Limited to $50,000 benefit combined with emergency care	• $120 copay per visit • Limited to $50,000 benefit combined with emergency care	• $90 copay per visit • Limited to $50,000 benefit combined with emergency care
Outpatient Labs, X-Rays, Etc.	$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics	$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics	$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics	$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics
Outpatient Therapeutic Radiology[1,2]	$50 copay per visit	$50 copay per visit	$50 copay per visit	$50 copay per visit
Outpatient Diagnostic Radiology (MRI, etc.)[1,2]	• $180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $275 outpatient hospital	• $180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $275 outpatient hospital	• $175 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $225 outpatient hospital	• $180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $275 outpatient hospital
Outpatient Rehabilitation Services[1,2] (Physical, occupational, and/or speech therapy)	$35 copay per visit	$40 copay per visit	$20 copay per visit	$35 copay per visit

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Acupuncture[1,2]	$35 copay per visit	$40 copay per visit	$20 copay per visit	$35 copay per visit
Ambulance (One-way trip - waived if admitted to acute care)	• $250 per occurrence for ground • You pay 20% of the cost per occurrence for air	• $250 per occurrence for ground • You pay 20% of the cost per occurrence for air	• $240 per occurrence for ground • You pay 20% of the cost per occurrence for air	• $240 per occurrence for ground • You pay 20% of the cost per occurrence for air
Home Health Services[1,2]	$0	$0	$0	$0
PREVENTIVE CARE				
Preventive Services	$0 for Medicare-covered preventive services	$0 for Medicare-covered preventive services	$0 for Medicare-covered preventive services	$0 for Medicare-covered preventive services
PART B DRUGS				
Medicare Part B Drugs (Includes chemotherapy)[1,2,3]	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost
OUTPATIENT MEDICAL SUPPLIES				
Durable Medical Equipment[1] (e.g., Continuous glucose monitors (CGM), wheelchairs, oxygen)	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost
Standard Diabetic Testing Supplies[1]	$0	$0	$0	$0
Prosthetics and Related Supplies[1] (e.g., Braces, artificial limbs)	• $0 for surgically implanted devices and medical supplies • You pay 20% of the cost for external devices and medical supplies	• $0 for surgically implanted devices and medical supplies • You pay 20% of the cost for external devices and medical supplies	• $0 for surgically implanted devices and medical supplies • You pay 20% of the cost for external devices and medical supplies	• $0 for surgically implanted devices and medical supplies • You pay 20% of the cost for external devices and medical supplies

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3 = May be subject to Part B step therapy

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SUPPLEMENTAL BENEFITS				
Hearing Services	• $0 routine hearing exam limited to one per year • $0 routine hearing aid evaluation limited to one per year • Our plan pays up to a total of $500 for hearing aids per year	• $0 routine hearing exam limited to one per year • $0 routine hearing aid evaluation limited to one per year • Our plan pays up to a total of $500 for hearing aids per year	• $0 routine hearing exam limited to one per year • $0 routine hearing aid evaluation limited to one per year • Our plan pays up to a total of $500 for hearing aids per year	• $0 routine hearing exam limited to one per year • $0 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	• Our plan pays a total of $1,000 for preventive and comprehensive dental services per year, including dentures • You pay 30% of the cost for some comprehensive services (Does not accumulate to MOOP)	• Our plan pays a total of $1,000 for preventive and comprehensive dental services per year, including dentures • You pay 30% of the cost for some comprehensive services (Does not accumulate to MOOP)	• Our plan pays a total of $1,000 for preventive and comprehensive dental services per year, including dentures • You pay 30% of the cost for some comprehensive services (Does not accumulate to MOOP)	• Our plan pays a total of $1,000 for preventive and comprehensive dental services per year, including dentures • You pay 30% of the cost for some comprehensive services (Does not accumulate to MOOP)
Vision Services	• $0 routine eye exam limited to 1 per year • Our plan pays up to a total of $200 for all supplemental eyewear per year	• $0 routine eye exam limited to 1 per year • Our plan pays up to a total of $200 for all supplemental eyewear per year	• $0 routine eye exam limited to 1 per year • Our plan pays up to a total of $200 for all supplemental eyewear per year	• $0 routine eye exam limited to 1 per year • Our plan pays up to a total of $200 for all supplemental eyewear per year

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Transportation[1] (To and from plan-approved locations)	• $0 per trip • Limited to 12 one-way trips per year • Limited to 50 miles per one-way trip	• $0 per trip • Limited to 12 one-way trips per year • Limited to 50 miles per one-way trip	• $0 per trip • Limited to 12 one-way trips per year • Limited to 50 miles per one-way trip	• $0 per trip • Limited to 12 one-way trips per year • Limited to 50 miles per one-way trip
Routine Foot Care[1,2]	Not covered	Not covered	• $20 copay per visit • Limited to 6 visits per year	• $35 copay per visit • Limited to 6 visits per year
Over-the-Counter Benefit (Includes nicotine replacement therapy)	Plan pays $50 per quarter	Plan pays $50 per quarter	Plan pays $25 per month	Plan pays $25 per month
Fitness	$0	$0	$0	$0
24/7 Nurse Line	$0	$0	$0	$0
Post-Discharge Meal Delivery[1]	• $0 per meal • Limited to 10 meals following discharge • Limited to 4 times per year	• $0 per meal • Limited to 10 meals following discharge • Limited to 4 times per year	• $0 per meal • Limited to 14 meals following discharge • Limited to 4 times per year	• $0 per meal • Limited to 14 meals following discharge • Limited to 4 times per year
PART D DRUGS				
Phase 1: Deductible	$0	$0	$0	$0

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Phase 2: Initial Coverage Limit (ICL)	$4,430	$4,430	$4,430	$4,430
*Tier 1: Preferred Generics (Preferred Retail 30-Day Supply)	$5 copay per fill	$5 copay per fill	$0 copay per fill	$0 copay per fill
*Tier 2: Generic (Preferred Retail 30-Day Supply)	$15 copay per fill	$15 copay per fill	$5 copay per fill	$5 copay per fill
*Tier 3: Preferred Brand (Preferred Retail 30-Day Supply)	$42 copay per fill	$42 copay per fill	• $42 copay per fill • $35 copay per fill for select insulins	• $42 copay per fill • $35 copay per fill for select insulins
*Tier 4: Non-Preferred Drug (Preferred Retail 30-Day Supply)	You pay 40% of the cost per fill	You pay 40% of the cost per fill	$90 copay per fill	$90 copay per fill
*Tier 5: Specialty Tier (Preferred Retail 30-Day Supply)	You pay 33% of the cost per fill	You pay 33% of the cost per fill	You pay 33% of the cost per fill	You pay 33% of the cost per fill
*Tier 1 & Tier 2: (Preferred Retail & Mail Order 100-Day Supply)	$0	$0	$0	$0
*Tier 3: (Preferred Retail & Mail Order 100-Day Supply)	$84 copay per fill	$84 copay per fill	• $84 copay per fill • $84 copay per fill for select insulins	• $84 copay per fill • $84 copay per fill for select insulins
*Tier 4: Non-Preferred Drug (Preferred Retail and Mail Order 100-Day-Supply)	You pay 40% of the cost per fill	You pay 40% of the cost per fill	$270 copay per fill	$270 copay per fill

*Cost-sharing may differ depending on the pharmacy's status (e.g., preferred, non-preferred, mail-order, Long Term Care (LTC), or home infusion) or the supply (e.g., 30 or 100 days supply). For more information on the additional pharmacies specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

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Phase 3 Coverage Gap Stage[4] (After your prescription costs reach $4,430)	**Generic Drugs**: • GlobalHealth members continue to pay the same amount as in the initial coverage stage for Tier 1 generic drugs or Tier 3 oral antidiabetics. • Members pay 25% of the cost for other generic drugs. **Brand Name Drugs**: • The Medicare Coverage Gap Discount Program of 70% is applied to the initial coverage stage copayment for Tier 1 brand drugs or for Tier 3 oral antidiabetics. • Members pay 25% of the cost of the drug plus a portion of the dispensing fee for other brand name drugs.		**Generic Drugs:** • GlobalHealth members continue to pay the same amount as in the initial coverage stage for Tier 1 generic drugs or Tier 3 oral antidiabetics. • Members pay 25% of the cost for other generic drugs. **Brand Name Drugs:** • The Medicare Coverage Gap Discount Program of 70% is applied to the initial coverage stage copayment for Tier 1 brand drugs or for Tier 3 oral antidiabetics. • Members pay 25% of the cost of the drug plus a portion of the dispensing fee for other brand name drugs. **Insulin:** • Members pay no more than $35 for a 30-day supply of select insulins.	
Phase 4: Catastrophic Coverage Stage (After you have paid $7,050 out-of-pocket)	You pay the greater of 5% of the cost of the drug or $3.95 for generics/$9.85 for brand names.			

4 = You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of $7,050. This amount and rules for counting costs toward this amount have been set by Medicare.

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.

Notes

Notes

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Monday - Friday (April 1 - September 30)

www.GlobalHealth.com

Provider Directory: www.GlobalHealth.com
Pharmacy Directory: www.GlobalHealth.com

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

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.

2022 *Service Area*

Cleveland

Creek

Lincoln

Oklahoma

Pottawatomie

Rogers

Tulsa

GlobalHealth
Medicare Advantage Plans

For questions or to enroll:
1-844-280-5555 (TTY: 711)
www.GlobalHealth.com

You must continue to pay your Medicare Part B premium. By calling the listed number you may be speaking with a licensed sales representative.

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GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) in 2022. This approval is based on a review of GlobalHealth's Model of Care.

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.

Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.