2022 Summary of Benefits

January 1 – December 31, 2022

Generations State of Oklahoma Group Retirees (HMO)

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

H3706_OSRSB_2022_M

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." 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 users should call 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:

Bryan
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

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 formats such as Spanish and large print.

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

2022
Medicare Advantage Prescription Drug (MA-PD) Plans

January 1, 2022 – December 31, 2022

Generations State of Oklahoma Group Retirees (MA-PD)

Summary of Benefits

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

PREMIUMS AND BENEFITS	GENERATIONS STATE OF OKLAHOMA GROUP RETIREES	WHAT YOU SHOULD KNOW
Monthly Plan Premium, including Part C and Part D premium	You pay $205	You must continue to pay your Medicare Part B premium.
Deductible	You pay nothing	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$3,450 annually	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage[1,2]	You pay a $50 copay per (Days 1-5); $0 copay per day after day 5	
Outpatient Hospital Services[1,2] • **Observation services** • **Surgery**	• You pay $150 copay per visit • You pay $200 copay per visit	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.
Doctor Visits • **Primary** • **Specialists**	• You pay nothing • You pay $20 copay per visit	
Preventive Care	You pay nothing for Medicare-covered preventive services.	Any additional preventive services approved by Medicare during the contract year will be covered.

1 = Prior Authorization Required
2 = Referral Required

PREMIUMS AND BENEFITS	GENERATIONS STATE OF OKLAHOMA GROUP RETIREES	WHAT YOU SHOULD KNOW
Emergency Care	You pay $75 copay per visit	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.
Urgently Needed Services	You pay $15 copay per visit	
Ambulatory Surgery Center[1, 2]	You pay nothing	
Diagnostic Services/Labs/Imaging • **Diagnostic radiology service (e.g., MRI)[1,2]** • **Lab services** • **Diagnostic tests and procedures** • **Therapeutic Radiology[1,2]** • **Outpatient x-rays**	• You pay $150 copay per visit • You pay nothing • You pay $100 for sleep studies in an outpatient facility; all other diagnostic tests and procedures, you pay nothing • You pay $40 copay per visit • You pay nothing	Prior authorization is required for some services. Please contact the plan for more information.
Hearing Services • **PCP diagnostic evaluation** • **Specialist exam** • **Routine exam** • **Hearing aids**	• You pay nothing • You pay $20 copay per visit • You pay nothing • No cost-share. You are responsible for the cost over your benefit allowance.	Routine aid evaluation for hearing aids limited to 1 per year. Our plan pays up to a total of $500 for hearing aids per year.
Dental Services • **Medicare-covered services[1,2]**	You pay based on setting (doctor's office, emergency room, etc.)	

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PREMIUMS AND BENEFITS	GENERATIONS STATE OF OKLAHOMA GROUP RETIREES	WHAT YOU SHOULD KNOW
Vision Services • **Medicare-covered eye exam** • **Supplemental eye exam** • **Eyeglasses or contact lenses after cataract surgery** • **Supplemental eyeglasses or contact lenses**	• You pay nothing • You pay nothing • You pay nothing • No cost-share. You are responsible for the cost over your benefit allowance.	Supplemental eye exam limited to 1 per year. Choice of 1 pair of supplemental eyeglasses or contacts. Our plan pays up to $200 for supplemental eye wear per year.
Mental Health Services • **Inpatient visit[1,2]** • **Outpatient mental health visit** • **Outpatient psychiatric visit**	• You pay $50 copay per day (Days 1-5); $0 copay per day after day 5 • You pay nothing • You pay nothing	
Skilled Nursing Facility[1,2]	You pay nothing per day for days 1 through 20; You pay $184 copay per day for days 21 through 100	Our plan covers up to 100 days in a SNF. Prior hospital stay is not required.
Rehabilitation Services[1,2] • **Occupational therapy visit** • **Physical therapy and speech and language therapy visit**	• You pay $20 copay per visit • You pay $20 copay per visit	If these services are provided in your home, then the home health cost-sharing applies instead.
Ambulance	You pay $50 copay per occurrence	One-way trip. If you are admitted to the hospital, you do not have to pay your share of the cost for ambulance services.
Transportation	You pay nothing	Limited to 12 one-way trips per year Limited to 50 miles per one-way trip

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PREMIUMS AND BENEFITS	GENERATIONS STATE OF OKLAHOMA GROUP RETIREES	WHAT YOU SHOULD KNOW
Medicare Part B Drugs[1,2,3]	You pay 20% of the cost	
Home Health Services[1,2]	You pay nothing	You pay regular cost-sharing for services or equipment not provided through a home health agency.
Medical Equipment/Supplies • **Durable Medical Equipment (e.g., wheelchairs, oxygen)[1]** • **Prosthetics and related supplies (e.g., braces, artificial limbs)[1]** • **Standard diabetic testing supplies**	• You pay 20% of the cost • You pay nothing for surgically implanted devices and medical supplies; you pay 20% of the cost for external devices and medical supplies • You pay nothing	Continuous Glucose Monitors (CGM) are considered Durable Medical Equipment. Please see Durable Medical Equipment for CGM cost-share information.
Chiropractic Services	You pay $20 copay per visit	
Foot Care (podiatry services) • **Foot exams and treatment** • **Routine foot care**	• You pay $20 copay per visit • You pay $20 copay per visit	Routine foot care is limited to members with certain medical conditions affecting the lower limbs.

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3 = May be subject to Part B step therapy.

<table>
<tr><th>PREMIUMS AND BENEFITS</th><th colspan="3">GENERATIONS STATE OF OKLAHOMA GROUP RETIREES</th><th>WHAT YOU SHOULD KNOW</th></tr>
<tr><th colspan="5">OUTPATIENT PRESCRIPTION DRUGS</th></tr>
<tr><td>Phase 2: Initial Coverage (You don’t have a deductible)</td><td>Preferred Retail Rx 30-day supply</td><td>Standard Retail Rx 30-day supply</td><td>Preferred Retail and Mail Order 90-day supply*</td><td></td></tr>
<tr><td>Tier 1: Preferred Generic</td><td>You pay $0 copay per fill</td><td>You pay $5 copay per fill</td><td>You pay nothing</td><td rowspan="5">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 90-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.</td></tr>
<tr><td>Tier 2: Generic</td><td>You pay $15 copay per fill</td><td>You pay $20 copay per fill</td><td>You pay nothing</td></tr>
<tr><td>Tier 3: Preferred Brand</td><td>You pay $42 copay per fill</td><td>You pay $47 copay per fill</td><td>You pay $84 copay per fill</td></tr>
<tr><td>Tier 4: Non-Preferred Drug</td><td>You pay $95 copay per fill</td><td>You pay $100 copay per fill</td><td>You pay $195 copay per fill</td></tr>
<tr><td>Tier 5: Specialty Tier</td><td>You pay 33% of the cost per fill</td><td>You pay 33% of the cost per fill</td><td>N/A</td></tr>
<tr><td colspan="2">Phase 3: Coverage Gap Stage
After your prescription costs reach $4,430</td><td colspan="2">Generic Drugs:
• GlobalHealth members continue to pay the same amount as in the initial coverage stage for Tier 1 generic drugs or Tier 1, Tier 2 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 1, Tier 2 or 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.</td><td>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.</td></tr>
<tr><td colspan="2">Phase 4: Catastrophic Coverage Stage
After you have paid $7,050 out-of-pocket</td><td colspan="2">You pay the greater of 5% of the cost of the drug or $3.95 for generics/$9.85 for brand names.</td><td></td></tr>
</table>

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.

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Provider Directory and 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.GlobalHealth.com/oklahoma/osr.

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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 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.