

Generations State of Oklahoma Group Retirees (HMO)  
Medicare Advantage Plan



Generations by GlobalHealth offers the  
**Lowest premium of all plans**  
for State of Oklahoma Retirees!

*Only \$206 per month  
per covered person!*

Our members enjoy more **money-saving benefits**, such as:



No Referrals Required  
for In Network  
Specialist Visits



\$0<sup>1</sup> copay on  
Tier 1 & Tier 2  
Prescription Drugs



No Medical or  
Drug Deductibles



\$50 Quarterly  
Over-the-Counter  
Benefit



\$200  
Supplemental  
Eyewear Benefit



Routine Hearing  
Evaluation and \$500  
Toward Hearing Aids

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

**855-620-5388 (TTY: 711)**

[www.GlobalHealth.com/osr](http://www.GlobalHealth.com/osr)

<sup>1</sup>Applicable to 90-day supply at preferred retail and mail order pharmacies. Not applicable to all Tiers. Only applicable to plans with prescription drug coverage. GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal. By calling the listed number you may be speaking with a licensed sales representative.

GlobalHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-280-5555 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-280-5555 (TTY: 711).



## Benefits designed with *you in mind.*

Benefit	You pay
Premium	\$206
Deductible	\$0
Maximum Out-of-Pocket (MOOP) <sup>†</sup>	\$3,450
Primary Care Physician (PCP)	\$0
Specialist	\$20 - No referrals required for in network specialist visits
Outpatient Surgery	\$200 copay - Hospital \$0 copay - Ambulatory Surgery Center
Inpatient Hospital Care	\$250 copay
Outpatient Diagnostic Tests (Labs, X-rays)	\$0
Outpatient Diagnostic Tests (Diagnostic Radiology (MRI, etc.))	\$150 per visit
Emergency Room (waived if admitted to acute inpatient care or outpatient observation/surgery within 24 hours)	\$75 per visit

<sup>†</sup>Does not include prescription drugs

### Preferred Retail and Mail Order

Benefit - 30 Day Preferred Retail and Mail Order	You Pay	Benefit - 90 Day Preferred Retail and Mail Order	You Pay
Tier 1 Preferred Generics	\$5	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	40%	Tier 4 Non-Preferred Drugs	40%
Tier 5 Specialty Drugs	33%	Tier 5 Specialty Drugs	N/A

**2021 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](http://www.GlobalHealth.com) for our most updated formulary. The formulary and/or pharmacy network may change at any time.

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