GlobalHealth
Generations by GlobalHealth

Generations by GlobalHealth's premium
decreased for 2022!

Only $205 per month per covered person!

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

FREE Fitness Benefit, Including a NO COST Fitbit® or Garmin®

$0[1] copay on Tier 1 & Tier 2 Prescription Drugs

No Medical or Drug Deductibles

$50 Quarterly Over-the-Counter Benefit

$200 Eyewear Benefit

Routine Hearing Aid Evaluation and $500 Toward Hearing Aids

Choose the plan that fills in the gaps!

855-620-5388 (TTY: 711)

www.GlobalHealth.com/osr

[1]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. lobalHealth cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidaG d 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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Benefits designed with *you in mind.*

Benefit	You pay
Premium	$205
Deductible	$0
Maximum Out-of-Pocket (MOOP)†	$3,450
Primary Care (PCP)	$0
Specialist	$20 - Some services may require prior authorization
Outpatient Surgery	$200 copay
Inpatient Hospital Care	$50 copay per day (Days 1-5); $0 copay per day after day 5
Outpatient Diagnostic Tests (Labs, X-rays)	$0 copay
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
Urgent Care	$15

†Does not include prescription drugs

Preferred Retail and Mail Order

Benefit - 30 Day Preferred Retail and Mail Order	You Pay
Tier 1 Preferred Generics	$0
Tier 2 Generics	$15
Tier 3 Preferred Brand Name	$42
Tier 4 Non-Preferred Drugs	$95
Tier 5 Specialty Drugs	33%

Benefit - 90 Day Preferred Retail and Mail Order	You Pay
Tier 1 Preferred Generics	$0
Tier 2 Generics	$0
Tier 3 Preferred Brand Name	$84
Tier 4 Non-Preferred Drugs	$190
Tier 5 Specialty Drugs	N/A

2022 Gap Coverage for; All Tier 1 Drugs, All Tier 2 Drugs, Tier 3 Insulins, Insulin Syringes and Tier 3 Oral Antidiabetics

Please visit out website at www.GlobalHealth.com for our most up-to-date formulary. The formulary and/or pharmacy network may change at any time.

Celebrate retirement by saving BIG on your health insurance!

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