GlobalHealth
Medicare Advantage Plans

2022 SUMMARY OF BENEFITS

January 1 – December 31, 2022

Oklahoma

Generations Medicare Advantage Plan Options:

H3706-001 Generations Classic (HMO)

H3706-009 Generations Value (HMO)

H3706-018 Generations Select (HMO)

H3706-021 Generations Classic Choice (HMO-POS)

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_SBCORE_2022_M

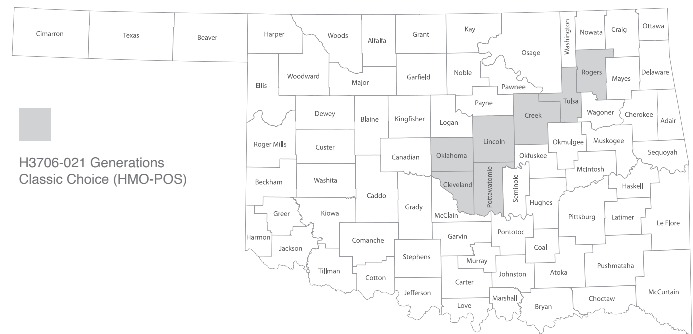
GlobalHealth is an HMO/HMO C-SNP plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

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).

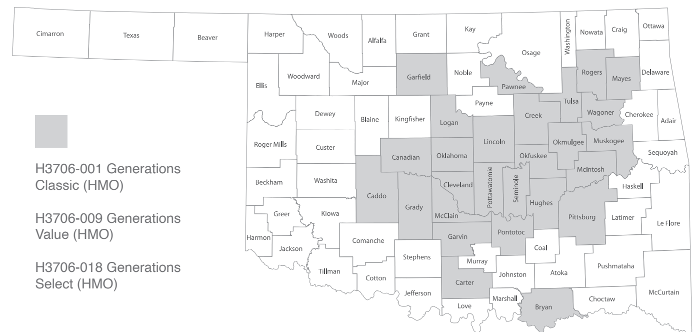
To join **GlobalHealth**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Oklahoma:

2022 ***Service Area***

Cleveland
Creek
Lincoln
Oklahoma
Pottawatomie
Rogers
Tulsa



Bryan	Hughes	Okmulgee
Caddo	Lincoln	Pawnee
Canadian	Logan	Pittsburg
Carter	Mayes	Pontotoc
Cleveland	McClain	Pottawatomie
Creek	McIntosh	Rogers
Garfield	Muskogee	Seminole
Garvin	Okfuskee	Tulsa
Grady	Oklahoma	Wagoner



Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services. For Generations Classic Choice (HMO-POS) check the Evidence of Coverage for out-of-network coverage options.

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.

	H3706-001 Generations Classic (HMO)	H3706-009 Generations Value (HMO)	H3706-018 Generations Select (HMO)	H3706-021 Generations Classic Choice In-Network (HMO-POS)	H3706-021 Generations Classic Choice Out-Of-Network (HMO-POS)
Monthly Plan Premium (You must continue to pay your Part B premium)	$0	$0	$29	$10	
Deductible	$0	$0	$0	$0	$0
Maximum Out-of-Pocket (MOOP) Annually (Does not include supplemental benefits or prescription drugs)	$3,900	$3,000	$3,900	$3,900	$10,000 (Combined in-network and out-of-network)

	H3706-001 Generations Classic (HMO)	H3706-009 Generations Value (HMO)	H3706-018 Generations Select (HMO)	H3706-021 Generations Classic Choice In-Network (HMO-POS)	H3706-021 Generations Classic Choice Out-Of-Network (HMO-POS)
INPATIENT CARE					
Inpatient Hospital Coverage[1,2]	$395 copay per day (Days 1-5); $0 copay per day (Days 6-190)	$400 copay per day (Days 1-5); $0 copay per day (Days 6-190)	$325 copay per day (Days 1-5); $0 copay per day (Days 6-190)	$395 copay per day (Days 1-5); $0 copay per day (Days 6-190)	You pay 30% of the cost per visit
Inpatient Mental Health Care[1,2]	$275 copay per day (Days 1-6); $0 copay per day (Days 7-90)	$275 copay per day (Days 1-6); $0 copay per day (Days 7-90)	$250 copay per day (Days 1-6); $0 copay per day (Days 7-90)	$275 copay per day (Days 1-6); $0 copay per day (Days 7-90)	You pay 30% of the cost per visit
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)	You pay 30% of the cost per visit
OUTPATIENT CARE					
Doctor Visits	• $0 copay per visit for PCP • $45 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 • $35 copay per visit for specialists[1,2]	• $0 copay per visit for PCP • $45 copay per visit for specialists[1,2]	• PCP visits not covered • You pay 30% of the cost per visit for specialists[1,2]
Chiropractic Services	$20 copay per visit	$20 copay per visit	$20 copay per visit	$20 copay per visit	Not covered
Podiatry Services[1,2]	$45 copay per visit	$40 copay per visit	$35 copay per visit	$45 copay per visit	You pay 30% of the cost per visit

1 = Prior Authorization Required

2 = Referral Required

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Outpatient Mental Health Visit[1,2]	$0 copay per visit	$0 copay per visit	$0 copay per visit	$0 copay per visit	Not covered
Ambulatory Surgery Center[1,2]	$250 copay per visit; waived if admitted to acute care	$250 copay per visit; waived if admitted to acute care	$250 copay per visit; waived if admitted to acute care	$250 copay per visit; waived if admitted to acute care	Not covered
Outpatient Hospital Observation Services[1,2]	$300 copay per visit; waived if admitted to acute care	$300 copay per visit; waived if admitted to acute care	$150 copay per visit; waived if admitted to acute care	$300 copay per visit; waived if admitted to acute care	You pay 30% of the cost per visit
Outpatient Hospital Surgery[1,2]	$320 copay per visit; waived if admitted to acute care	$320 copay per visit; waived if admitted to acute care	$320 copay per visit; waived if admitted to acute care	$320 copay per visit; waived if admitted to acute care	Not covered
Emergency Care	$90 copay per visit; waived if admitted to acute care	$120 copay per visit; waived if admitted to acute care	$85 copay per visit; waived if admitted to acute care	$90 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	• $120 copay per visit • Limited to $50,000 benefit combined with urgent care	• $85 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	• $90 copay per visit • Limited to $50,000 benefit combined with urgent care
Urgently Needed Services	$30 copay per visit	$15 copay per visit	$25 copay per visit	$30 copay per visit	$30 copay per visit

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Worldwide Urgent Care (Does not accumulate to MOOP)	• $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	• $85 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	• $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	• $5 copay per visit for labs • $0 - 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	Not covered
Outpatient Therapeutic Radiology[1,2]	$50 copay per visit	$50 copay per visit	$40 copay per visit	$50 copay per visit	Not covered
Outpatient Diagnostic Radiology (MRI, etc.)[1,2]	• $180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $250 outpatient hospital	• $180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $250 outpatient hospital	• $180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $250 outpatient hospital	• $180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $250 outpatient hospital	Not covered
Outpatient Rehabilitation Services[1,2] (Physical, occupational, and/or speech therapy)	$20 copay per visit	$20 copay per visit	$10 copay per visit	$20 copay per visit	Not covered

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Acupuncture[1,2]	$25 copay per visit	$25 copay per visit	$25 copay per visit	$25 copay per visit	Not covered
Ambulance (One-way trip - waived if admitted to acute care)	• $250 copay per occurrence for ground • You pay 20% of the cost per occurrence for air	• $240 copay per occurrence for ground • You pay 20% of the cost per occurrence for air	• $250 copay per occurrence for ground • You pay 20% of the cost per occurrence for air	• $250 copay per occurrence for ground • You pay 20% of the cost per occurrence for air	• $250 copay per occurrence for ground • You pay 20% of the cost per occurrence for air
Home Health Services[1,2]	$0	$0	$0	$0	Not covered
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	Not covered
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	Not covered

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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	Not covered
Standard Diabetic Testing Supplies[1]	$0	$0	$0	$0	Not covered
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	Not covered
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 $1000 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	You pay 30% of the cost for Medicare-covered services

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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	Our plan pays a total of $1,500 for preventive and comprehensive dental services per year, including dentures	Our plan pays a total of $1,000 for preventive and comprehensive dental services per year, including dentures	• 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	You pay 30% of the cost for Medicare-covered services
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 $300 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	
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 24 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	Not covered
Over-the-Counter Benefit (Includes nicotine replacement therapy)	Plan pays $50 per quarter	Plan pays $50 per quarter	Plan pays $50 per quarter	Plan pays $50 per quarter	Not covered

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Fitness	$0	$0	$0	$0	Not covered
24/7 Nurse Line	$0	$0	$0	$0	Not covered
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 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	Not covered
PART D DRUGS					
Phase 1: Deductible	$0	Not covered	$0	$0	Not covered
Phase 2: Initial Coverage Limit (ICL)	$4,430		$4,430	$4,430	
*Tier 1: Preferred Generics (Preferred Retail 30-Day Supply)	$5 copay per fill		$3 copay per fill	$5 copay per fill	
*Tier 2: Generic (Preferred Retail 30-Day Supply)	$15 copay per fill		$13 copay per fill	$15 copay per fill	

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*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. 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.

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*Tier 3: Preferred Brand (Preferred Retail 30-Day Supply)	$42 copay per fill	Not covered	$40 copay per fill	$42 copay per fill	Not covered
*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	You pay 40% of the cost 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	
*Tier 1 & Tier 2: Preferred Retail & Mail Order (100-Day Supply)	$0		$0	$0	
*Tier 3: Preferred Retail & Mail Order (100-Day Supply)	$84 copay per fill		$84 copay per fill	$84 copay per fill	
*Tier 4: Preferred Retail & Mail Order (100-Day Supply)	You pay 40% of the cost per fill		You pay 40% of the cost per fill	You pay 40% of the cost per fill	

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.

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Phase 3 Coverage Gap Stage (After your prescription costs reach $4,430)[4]	**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.	Not covered	**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.		Not covered
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.				

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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.
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.

*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. 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

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Monday - Friday (April 1 - September 30)

www.GlobalHealth.com

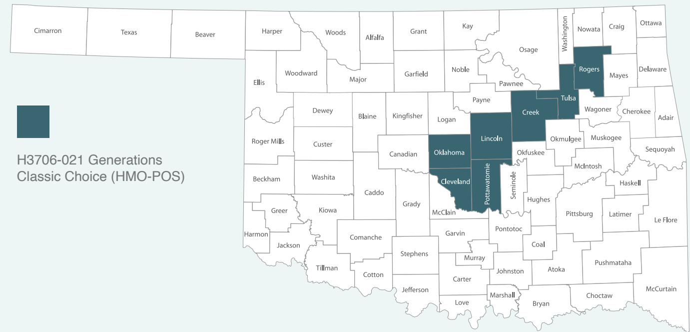
Provider Directory: www.GlobalHealth.com
Pharmacy Directory: www.GlobalHealth.com

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

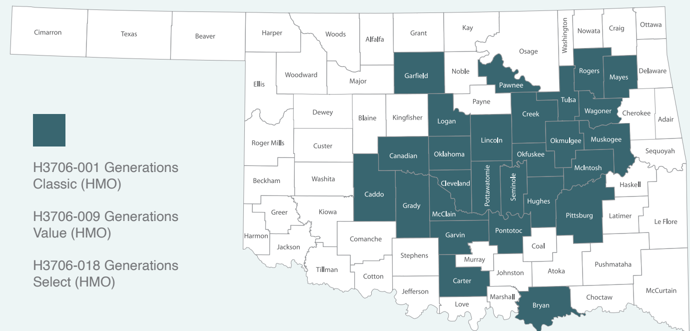
Fraud, Waste and Abuse: GlobalHealth is committed to fighting healthcare fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-280-5852.

2022 ***Service Area***

Cleveland
Creek
Lincoln
Oklahoma
Pottawatomie
Rogers
Tulsa



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



GlobalHealth
Medicare Advantage Plans

For questions or to enroll:
Customer Care: 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.

Out-of-network/non-contracted providers are under no obligation to treat Generations Classic Choice (HMO-POS) Plan members, except in emergency situations. Please call our customer care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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.