

Comparison of Benefits

Medicare Supplement Plans

Medicare Advantage

Prescription Drug Plans

**Plan Year 2020
Jan. 1 - Dec. 31**



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HEALTH PLAN IDENTIFICATION

Plan Administrator

Office of Management and Enterprise Services
Employees Group Insurance Division
3545 N.W. 58th St., Ste. 600
Oklahoma City, OK 73112
405-717-8780 or toll-free 800-752-9475 TTY 711
omes.ok.gov

Medicare Supplement Plans

Blue Cross Blue Shield of Oklahoma Member Services

855-609-5684
TTY 711

www.bcbsok.com/state

HealthChoice

Medical

800-323-4314
TTY 711

Pharmacy

866-275-5253
TTY 711

www.healthchoiceconnect.com

MAPD Plans

Blue Cross Blue Shield of Oklahoma Member Services

855-609-5684
TTY 711

www.bcbsok.com/state

CommunityCare Senior Health Plan

800-642-8065
TDD/TTY 800-722-0353

www.ccok.com

Generations by GlobalHealth

Prospective Members

844-322-8422
TTY 711

Current Members

405-280-5555 or 844-280-5555
TTY 711

www.globalhealth.com/medicare

Humana

866-396-8810
TTY 711
9 a.m. to 10 p.m. (CT)
www.humana.com

Monthly Premiums for Medicare Eligible Members Plan Year Jan. 1 - Dec. 31, 2020

MEDICARE SUPPLEMENT PLANS

BCBSOK – BlueSecureSM	\$364.02 per covered person
HealthChoice SilverScript High Option Medicare Supplement	\$395.30 per covered person
HealthChoice SilverScript Low Option Medicare Supplement	\$320.44 per covered person

MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PLANS

BCBSOK – MAPD	\$282.62 per covered person
CommunityCare Senior Health Plan	\$228.70 per covered person
Generations by GlobalHealth	\$216.00 per covered person
Humana National MAPD	\$224.72 per covered person

These rates do not reflect any contribution from your retirement system.

The information contained in this guide is only a brief summary of the listed options.

GENERAL INFORMATION

This Comparison of Benefits Guide

The information provided in this guide is only a summary of each plan's benefits. If you need additional information to help you make a coverage decision, contact the individual plan. Refer to the Health Plan Identification Section at the front of this guide.

Making Plan Changes

There are three times where you can make changes in health insurance carriers and plans.

1. During Option Period.
2. Special enrollment due to qualifying events.
3. If you become Medicare eligible, you can switch health insurance carriers provided that:
 - You are a former employee or are retiring with insurance retention rights.
 - You meet all other requirements for eligibility.
 - The change must be made within 30 days of qualifying for Medicare eligibility.
 - The entire family must remain covered by the same carrier and the receiving plan must be able to accommodate all family members.
 - The member must reside in an eligible ZIP code (if that is a requirement of the receiving carrier's plan).

Other restrictions may apply. For more information, contact EGID at 405-717-8780 or toll-free at 800-752-9475. TTY users call 711.

You can only make changes to other types of coverage (dental, life and vision) during Option Period or due to a qualifying event.

Health Benefits

The health benefits provided by the Medicare supplement and Medicare Advantage Prescription Drug plans described in this guide are designed to provide Medicare-covered benefits according to Part A and Part B guidelines.

Getting Help from Medicare

To get information directly from Medicare, call toll-free 800-MEDICARE (800-633-4227) or TTY 877-486-2048. You can also visit Medicare's website at **Medicare.gov**.

You can read the 2020 *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits and answers the most frequently asked questions about Medicare. You can also download a copy of this booklet from Medicare's website.

Health Provider Network

To find a health, dental or vision provider or to check the network status of a provider, visit the plan's website or call the plan for assistance. Refer to the Health Plan Identification section at the front of this guide. Choose your health care provider carefully. If you do not select a provider who accepts Medicare assignment, your out-of-pocket costs may be higher, or your claim may be denied entirely.

ENROLLMENT INFORMATION

- You must submit either the Application for Medicare Supplement with Prescription Drug Plan or Application for Medicare Advantage Prescription Drug (MAPD) plan.
 - The applications are available at **omes.ok.gov**. In the menu under Services, select Employees Group Insurance Division. Under Resources, select Forms and Applications.
 - You can also request an application by calling EGID Member Services at 405-717-8780 or toll-free 800-752-9475. TTY users call 711.
- If you are considering an MAPD HMO plan, check the ZIP code service area beginning on Page 28 to make sure you are eligible, then check with the MAPD plans to make sure your provider participates in the plan's network. Refer to the Health Plan Identification section at the front of this guide.
- Enroll in only one plan that provides Part D prescription drug benefits. Enrolling in another plan that provides Part D benefits will end your current Part D coverage.
- A separate Part D application is required for each Medicare eligible dependent.
- Return your form(s) to EGID by your required deadline.
- Plan changes are reflected on the confirmation statement you receive from EGID.
 - Review your confirmation statement to make sure your coverage is correct. Contact EGID right away if it is incorrect so corrections can be made as soon as possible.
- If you enroll in an MAPD, you will also receive a letter from your plan confirming your enrollment and effective date. Just before your effective date, you will receive your plan ID card and handbook.
- If you need additional benefit information, contact the plan directly and indicate you are with the State of Oklahoma. Refer to the Health Plan Identification section at the front of the guide.

Enrolling in a Medicare Supplement Plan

To participate in the Medicare Supplement Plans described in this guide, you must be entitled to benefits under Medicare Part A.

The Medicare Supplement Plans offered through EGID do not require you to be enrolled in Part B, but pay benefits as if you are. To maximize your benefits, you need to be enrolled in Medicare Part B.

Enrolling in an MAPD Plan

An MAPD plan replaces Medicare and administers your health benefits according to Medicare Part A and Part B guidelines.

You may not be eligible to enroll in an MAPD plan if you have been diagnosed with end-stage renal disease. If you are currently enrolled in an MAPD plan and develop ESRD or undergo a successful transplant, you can remain with your plan.

To participate in the MAPD plans described in this guide, you must be enrolled in both Medicare Part A (Hospital) and Part B (Medical) and continue to pay your monthly Part B premium.

For MAPD PPOs (BCBSOK – MAPD and Humana National MAPD)

- You can receive services anywhere in the United States as long as the provider is a Medicare eligible provider and accepts your plan's payment terms and conditions.
- You do not have to designate a primary care physician to direct your care.
- No referrals required.

For MAPD HMOs (CommunityCare Senior Health Plan and Generations by GlobalHealth)

- You must permanently reside in the MAPD plan's ZIP code service area. This is a federally qualified area where the MAPD HMO plan provides coverage. You must have a home address; a post office box number is not acceptable. Check the ZIP code lists on Pages 28-31 to see if you live within an MAPD HMO plan's service area.
- If you permanently move out of your plan's service area or are absent from the service area for more than six consecutive months, you must disenroll from your MAPD HMO plan and select another plan that provides coverage in your new area.
- You must select and designate a PCP to coordinate all your medical and hospital services. There are exceptions in cases of out-of-network emergency or urgent care.
- If you do not use your PCP for routine care, you will be financially responsible for any charges related to those services.
- You can change doctors for any reason as long as the physician you select participates in your MAPD plan's network. To change your PCP, please contact the MAPD plan.
- If your provider leaves your plan, you must select another provider within your plan's network. You cannot change plans until the next annual Option Period.

When a Dependent is Not Yet Eligible for Medicare

All covered dependents must enroll in the same plan. For example, if you are enrolled in an MAPD plan, your pre-Medicare dependents must enroll in the HMO option of that plan. As the primary member, you must indicate that you have elected an MAPD plan option and complete all the required information regarding your dependents on your application. NOTE: In order to enroll dependents in the Humana National MAPD, all covered dependents must be Medicare eligible.

PRESCRIPTION DRUG BENEFIT INFORMATION

Prescription Drug Creditable Coverage Notice

The Medicare supplement and MAPD plans available through EGID provide creditable coverage. If you drop your health coverage with EGID and do not get other Part D coverage or coverage as good as Medicare's (creditable coverage) in the future, you may have to pay Medicare's late enrollment penalty in addition to your premium for Part D prescription drug coverage.

Network Pharmacy Access

Network pharmacies provide electronic claims processing, so there are no paper claims to file. Sometimes a pharmacy leaves the network. When this occurs, you will have to get your prescriptions filled at another network pharmacy.

Non-Network Pharmacy Access

In most cases, your prescriptions are covered only if they are filled at a network pharmacy. In certain Part D emergency or urgent situations, your prescriptions can be covered as if you filled them at a network pharmacy. Non-network pharmacies cannot file claims electronically, so you must pay the full cost for your medications up front and then file a paper claim for your plan to reimburse you for its share of the cost.

An exception can be made if you cannot access a network pharmacy due to the following circumstances:

- You travel outside the service area and lose or run out of medication or become ill and need a Part D medication.
- You cannot fill a Part D specialty drug timely because it is not in stock.
- There is no network pharmacy within reasonable driving distance with 24/7 service.
- You receive a Part D drug while in an emergency, observation or other outpatient setting.
- Evacuation or displacement from your residence due to a federal disaster or other public health emergency declaration.

Plan Formularies (Lists of Covered Drugs)

The Medicare supplement and MAPD plans each have a formulary, or a list of medications covered by the plan. Medicare has reviewed and approved these lists of covered drugs. To find out how your medications are covered, contact the plan or visit their website.

Be aware of restrictions on certain drugs as noted in the plan's formulary, such as:

- Prior Authorization.
- Step Therapy.
- Quantity Limits.

All plans cover brand-name and generic drugs which are sorted into five tiers.

Drugs not listed in the plan's formulary are not covered.

Drugs that Require Pharmacy Prior Authorization

Drugs that require prior authorization are covered by your plan if the prescribed use meets approved guidelines. Prior authorization requests must be submitted by your physician. The plans may have added or removed certain medications from their lists of drugs that require prior authorization.

Quantity Limits

Pharmacy benefits generally cover up to a 30 or 90-day supply. For safety and cost reasons, plans may limit the amount of covered prescription drugs over a certain period of time. Specific therapeutic categories, drugs and dosage forms may have more restrictive quantity and duration of therapy limitations. Some drugs have a maximum quantity limitation and the drug is not dispensed in a tablet or capsule form. Be aware that quantity limitations for some drugs may have been added or removed for 2020.

When Changes Affect a Drug You Currently Take

If you take a drug that is not listed in your plan's formulary or coverage for your drug has changed, e.g., your brand-name drug has been replaced by a new generic or has moved to a higher cost-sharing tier, or it has new restrictions, you have a few options:

- In some situations, your plan covers a one-time, temporary supply of your drug when your current supply runs out. This temporary supply is for up to 30 days. Refer to Transition Supply of Drug below.
- You and your doctor can find a covered drug that treats your medical condition.
- Your doctor can ask for an exception/prior authorization for your current drug.

If coverage for a drug you are taking changes, you will be notified 60 days before the change so you can review your options. If a drug is immediately removed from your plan's formulary because it was recalled by the FDA for being found unsafe or for other reasons, you will be notified at that time. Your pharmacy provider will also be aware of this change and can work with you to find another formulary drug for your condition.

Transition Supply of Drug

During the first 90 days of your transition to a new Medicare Supplement Plan with Part D coverage or transition to a Part D formulary drug, you can be authorized to purchase a

one-time supply of your current drug that is non-formulary under your new plan. This total temporary supply is for up to a maximum 30-day supply of drug and is available prior to initiating or completing the plan review process for a drug requiring prior authorization or if your provider is requesting a medically necessary exception on a drug. Please note that under certain circumstances, such as if you reside in a long-term care facility, the supply is extended.

Income Related Monthly Adjustment Amount

If you are a member of one of the Medicare supplement or MAPD plans offered through EGID, your premium for Part D prescription drug coverage is included in your regular monthly premium. Part B premiums are paid through Social Security. However, if your income is above a certain level, the law requires your Part B and Part D premiums be adjusted, which is called an income related monthly adjustment amount. If you have to pay extra, Social Security will notify you. For more information, call Social Security toll-free at 800-772-1213. TTY users call toll-free 800-325-0778.

Note: If you fail to pay any Part D IRMAA as a HealthChoice SilverScript member, HealthChoice must move you to a plan without Part D.

Extra Help Paying for Part D (Medicare Low Income Subsidy)

People with limited incomes may get Extra Help paying for prescription drug costs. To learn more or apply, call Social Security toll-free at 800-772-1213. TTY users call toll-free 800-325-0778. More information is also available at **SocialSecurity.gov**. You can also call Medicare toll-free at 800-MEDICARE (800-633-4227). TTY users call toll-free 877-486-2048.

If you already get help paying for your prescription drugs, the premium and drug cost information in this guide is not correct for you. The amounts of your monthly premiums and pharmacy costs will be less. EGID may request a copy of your letter from Social Security confirming you are qualified. Once you enroll in a Part D plan with Part D benefits, Medicare or your plan will tell us the amount of assistance you will receive. We will then send you information about the amount you will pay.

If you qualify for Extra Help, the following chart shows your maximum prescription drug costs for 2020:

Rx Group	Your maximum prescription drug costs for 2020
1	\$0 deductible
	\$0 copay
2	\$0 deductible
	\$1.30 generic and preferred brand copay
	\$3.90 non-preferred brand and other drug copays
3	\$0 deductible
	\$3.60 generic and preferred brand copay
	\$8.95 non-preferred brand and other drug copays
4-7	\$89 deductible
	15% copay

If You Enroll in Another Plan With Part D Benefits

Your Medicare Part D benefits through your Medicare Supplement Plan or MAPD plan provide Part D prescription drug coverage. If you enroll in another plan with Part D benefits, Medicare must disenroll you from your current plan. EGID will change your coverage to a plan without Part D benefits. Your coverage will be similar and include prescription drug coverage, but not Part D benefits. You must continue on the plan without Part D benefits and pay the higher premium for that plan until the next Option Period. Since you have other Part D (or prescription) coverage, you can drop your health and prescription coverage through EGID, or drop your other Part D coverage, whichever you decide. If you drop your health plan through EGID, you cannot regain coverage through EGID in the future, and you will lose any premium contribution made by your retirement system. Exceptions may apply to members who qualify for Extra Help from Social Security.

If You Currently Have Health Coverage Through Your Employer or Union

If you or your spouse have health coverage through an employer or union, joining one of the plans offered by EGID may change your current coverage. Please read the information sent to you by your employer or union. If you have questions, contact your benefits administrator.

Replacing Medications Lost or Damaged in a Declared Disaster or Public Health Emergency

You can also replace medications that were lost or damaged due to a federally declared disaster or other public health emergency. Your pharmacy must contact your plan's pharmacy helpline to provide early refills or override the maximum supply per fill. You must still pay the applicable copay per fill.

COMPARISON OF BENEFITS FOR THE MEDICARE SUPPLEMENT PLANS

Medicare Part A (Hospitalization) Services

All Benefits are Based on Medicare-Approved Amounts

Part A Network Services	BCBSOK – BlueSecure	HealthChoice SilverScript High and Low Options
Hospitalization Includes semiprivate room, meals, drugs as part of your inpatient treatment, and other hospital services and supplies		
First 60 days	You pay \$0	You pay \$0
Days 61 through 90	You pay \$0	You pay \$0
Days 91 and after while using Medicare's 60 lifetime reserve days	You pay \$0	You pay \$0
The plan's additional lifetime reserve days	You pay \$0 for additional lifetime reserve days Limited to 365 days	You pay \$0 for additional lifetime reserve days Limited to 365 days
Beyond the plan's lifetime reserve days	You pay 100%	You pay 100%
Skilled Nursing Facility Care Must meet Medicare requirements, including inpatient hospitalization for at least 3 days and entering a Medicare-approved facility within 30 days of leaving the hospital; limited to 100 days per calendar year		
First 20 days	You pay \$0	You pay \$0
Days 21 through 100	You pay \$0	You pay \$0
Days 101 and after	You pay 100%	You pay 100%
Hospice Care Your doctor and hospice provider must certify you are terminally ill and you elect hospice Includes physical care, counseling, equipment, supplies, respite care, inpatient care and drugs for pain and symptom control	You pay \$0	You pay up to \$5 per prescription for palliative drugs or biologicals You also pay 5% of Medicare amounts for inpatient respite care
Blood Limited to the first 3 pints unless you or someone else donates blood to replace what you use	You pay \$0	You pay \$0

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Medicare Part B (Medical) Services

All Benefits are Based on Medicare-Approved Amounts

Part B Network Services	BCBSOK – BlueSecure	HealthChoice SilverScript High and Low Options
Medical Expenses Medically necessary outpatient services and supplies Includes doctor’s visits, outpatient hospital treatment, surgical services, physical and speech therapy and diagnostic tests	You pay \$0 after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible
Clinical Diagnostic Laboratory Services Blood tests, urinalysis and tissue pathology	You pay \$0	You pay \$0
Home Health Care Intermittent skilled care and medical supplies	You pay \$0	You pay \$0
Durable Medical Equipment Items such as nebulizers, wheelchairs and walkers	You pay \$0 after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible
Diabetes Monitoring Supplies Glucose monitors, test strips and lancets for those with diabetes Must be requested by your doctor	You pay \$0 after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible
Ostomy Supplies Includes ostomy bags, wafers and other ostomy supplies for those with a need based on their condition	You pay \$0 after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible
Blood Includes amounts in addition to the coverage under Part A unless you or someone else donates blood to replace what you use	You pay \$0 after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible
Outpatient Prescriptions Includes infused, oral end-stage renal disease drugs and some cancer and transplant drugs	You pay \$0 after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Coverage for Additional Medical Services

Service	BCBSOK – BlueSecure	HealthChoice SilverScript High and Low Options
Foreign Travel Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States.	You pay the first \$250 each calendar year, then 20% and all amounts over the \$50,000 lifetime maximum	You pay the first \$250 each calendar year, then 20% and all amounts over the \$50,000 lifetime maximum
Bariatric Surgery	You pay 20% coinsurance after meeting the Part B deductible	You pay \$0 after meeting the Part B deductible
National Diabetes Prevention Program	You pay \$0 after meeting the Part B deductible	You pay \$0

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Medicare Preventive Services

Medicare Part B covers many preventive services, such as your annual flu vaccination, wellness visit and screening mammogram, at 100% when you use a doctor or other health care provider who accepts Medicare assignment. However, certain preventive services may still require the Part B deductible or coinsurance. Coinsurance can apply depending on where you receive certain services.

For Medicare to cover preventive services, you must follow their guidelines for each service. Guidelines can include criteria for age, frequency and disease risk.

For a list of preventive services and details on Medicare coverage, go to **CMS.gov** or **Medicare.gov**. You can also refer to the *2020 Medicare & You* handbook.

Pharmacy Copay Structure for Part D Network Benefits

General Information	BCBSOK – Blue Cross Group MedicareRx							
<p>This plan uses a formulary</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Only copays for covered drugs purchased at network pharmacies count toward out-of-pocket maximums</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the <i>Medicare Modernization Act of 2003</i></p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p>No deductible; no coverage gap</p> <p>There is an annual out-of-pocket maximum</p> <table border="1" data-bbox="537 405 1560 1654"> <thead> <tr> <th data-bbox="537 405 1045 468">Preferred Retail*</th> <th data-bbox="1045 405 1560 468">Standard Retail</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 468 1045 951"> <p>30-day Supply</p> <p>Preferred Generic (Tier 1) \$0 copay</p> <p>Non-Preferred Generic (Tier 2) \$2 copay</p> <p>Preferred Brand (Tier 3) \$25 copay</p> <p>Non-Preferred Brand (Tier 4) \$75 copay</p> <p>Specialty (Tier 5) 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350</p> </td> <td data-bbox="1045 468 1560 951"> <p>30-day Supply</p> <p>Preferred Generic (Tier 1) \$5 copay</p> <p>Non-Preferred Generic (Tier 2) \$7 copay</p> <p>Preferred Brand (Tier 3) \$40 copay</p> <p>Non-Preferred Brand (Tier 4) \$95 copay</p> <p>Specialty (Tier 5) 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350</p> </td> </tr> <tr> <td data-bbox="537 951 1045 1654"> <p>60- or 90-day Supply Preferred</p> <p>Generic (Tier 1) \$0 copay (60 or 90)</p> <p>Non-Preferred Generic (Tier 2) \$4 copay (60) \$6 copay (90)</p> <p>Preferred Brand (Tier 3) \$50 copay (60) \$75 copay (90)</p> <p>Non-Preferred Brand (Tier 4) \$150 copay (60) \$225 copay (90)</p> <p>Specialty (Tier 5) 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350 TrOOP MOOP set at \$6,350 for all tiers</p> <p>*Preferred pharmacies: include but are not limited to Walgreens, PPOK, Access Health Independent Pharmacies</p> </td> <td data-bbox="1045 951 1560 1654"> <p>60- or 90-day Supply Preferred</p> <p>Generic (Tier 1) \$10 copay (60) \$15 copay (90)</p> <p>Non-Preferred Generic (Tier 2) \$14 copay (60) \$21 copay (90)</p> <p>Preferred Brand (Tier 3) \$80 copay (60) \$120 copay (90)</p> <p>Non-Preferred Brand (Tier 4) \$190 copay (60) \$285 copay (90)</p> <p>Specialty (Tier 5) 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350 TrOOP MOOP set at \$6,350 for all tiers</p> </td> </tr> </tbody> </table> <p>Mail order: Same retail cost sharing applies for all tiers for applicable day supply</p> <p>Once you reach the \$6,350 out-of-pocket maximum, you pay 0% for covered prescription drugs at network pharmacies for the remainder of the calendar year</p>		Preferred Retail*	Standard Retail	<p>30-day Supply</p> <p>Preferred Generic (Tier 1) \$0 copay</p> <p>Non-Preferred Generic (Tier 2) \$2 copay</p> <p>Preferred Brand (Tier 3) \$25 copay</p> <p>Non-Preferred Brand (Tier 4) \$75 copay</p> <p>Specialty (Tier 5) 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350</p>	<p>30-day Supply</p> <p>Preferred Generic (Tier 1) \$5 copay</p> <p>Non-Preferred Generic (Tier 2) \$7 copay</p> <p>Preferred Brand (Tier 3) \$40 copay</p> <p>Non-Preferred Brand (Tier 4) \$95 copay</p> <p>Specialty (Tier 5) 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350</p>	<p>60- or 90-day Supply Preferred</p> <p>Generic (Tier 1) \$0 copay (60 or 90)</p> <p>Non-Preferred Generic (Tier 2) \$4 copay (60) \$6 copay (90)</p> <p>Preferred Brand (Tier 3) \$50 copay (60) \$75 copay (90)</p> <p>Non-Preferred Brand (Tier 4) \$150 copay (60) \$225 copay (90)</p> <p>Specialty (Tier 5) 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350 TrOOP MOOP set at \$6,350 for all tiers</p> <p>*Preferred pharmacies: include but are not limited to Walgreens, PPOK, Access Health Independent Pharmacies</p>	<p>60- or 90-day Supply Preferred</p> <p>Generic (Tier 1) \$10 copay (60) \$15 copay (90)</p> <p>Non-Preferred Generic (Tier 2) \$14 copay (60) \$21 copay (90)</p> <p>Preferred Brand (Tier 3) \$80 copay (60) \$120 copay (90)</p> <p>Non-Preferred Brand (Tier 4) \$190 copay (60) \$285 copay (90)</p> <p>Specialty (Tier 5) 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350 TrOOP MOOP set at \$6,350 for all tiers</p>
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Pharmacy Copay Structure for Part D Network Benefits

General Information	HealthChoice SilverScript High Option
<p>This plan uses a formulary</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Only copays for covered drugs purchased at network pharmacies count toward out-of-pocket maximums</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the <i>Medicare Modernization Act of 2003</i></p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p>Pharmacy Deductible</p> <p>You pay the first \$100 in medication costs before the copays listed below apply</p> <p>No coverage gap; there is an annual out-of-pocket maximum</p> <p>30-day Supply</p> <p>Generic (Tier 1) Drugs Up to \$10 copay</p> <p>Preferred (Tier 2) Drugs Up to \$45 copay</p> <p>Non-Preferred (Tier 3) Drugs Up to \$75 copay</p> <p>Specialty/High Cost (Tier 4) Drugs Up to \$100 copay</p> <p>Preferred Tobacco Cessation (Tier 5) Drugs \$0 copay</p> <p>31- to 90-day Supply</p> <p>Generic (Tier 1) Drugs Up to \$25 copay</p> <p>Preferred (Tier 2) Drugs Up to a \$90 copay</p> <p>Non-Preferred (Tier 3) Drugs Up to \$150 copay</p> <p>Specialty/High Cost (Tier 4) Drugs Specialty drugs are available in only a 30-day supply</p> <p>Preferred Tobacco Cessation (Tier 5) Drugs \$0 copay</p> <p>Once you reach the \$6,350 out-of-pocket maximum, you pay 0% for covered prescription drugs at network pharmacies for the remainder of the calendar year</p>

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Pharmacy Copay Structure for Part D Network Benefits

General Information	HealthChoice SilverScript Low Option
<p>This plan uses a formulary</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Only copays for covered drugs purchased at network pharmacies count toward the out-of-pocket maximums</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the <i>Medicare Modernization Act of 2003</i></p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p>Pharmacy Deductible You pay the first \$435 in medication costs</p> <p>Initial Coverage Limit After the deductible, you and HealthChoice share prescription drug costs You pay 25% (\$896.25) and HealthChoice pays 75% (\$2,688.75) until total drug spending reaches \$4,020</p> <p>Coverage Gap You pay 100% of your prescription drug costs at discounted rates – 25% of the cost of generic drugs and 25% of the cost of brand-name drugs What you pay for brand-name drugs plus the 70% manufacturer discount applies to your out-of-pocket to get out of the coverage gap For generic drugs, only what you pay applies</p> <p>Catastrophic Coverage Once you reach the \$6,350 out-of-pocket maximum, you pay \$0 for covered prescription drugs purchased at network pharmacies for the remainder of the calendar year</p>

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

COMPARISON OF BENEFITS FOR THE MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS

MAPD PPO Plans

All Benefits are Based on Medicare-Covered Services

Services	BCBSOK – MAPD	Humana National MAPD
Hospitalization Semiprivate room (private room if medically necessary) Nursing services, medications and all meals Laboratory tests, X-rays and other radiology services Inpatient physician and surgical services, including anesthesia Necessary medical supplies and appliances Blood and its administration Operating room, special care units and rehabilitation services	You pay \$0 per stay after \$175 plan deductible	You pay \$0 for Part A services
Organ Transplants Must be performed in a Medicare-approved transplant facility	You pay \$0 per stay after \$175 plan deductible	You pay \$0
Skilled Nursing Facility (Inpatient Services) Semi-private room, regular nursing services and all meals Physical, occupational and speech therapy Drugs and necessary medical equipment and supplies furnished by the facility Blood and its administration Inpatient radiology and pathology Use of appliances such as wheelchairs	You pay \$0 per stay after \$175 plan deductible	You pay \$0 for Part A services

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Services	BCBSOK – MAPD	Humana National MAPD
Outpatient Hospital Services Outpatient surgical services in an ambulatory surgical center or outpatient hospital facility	You pay \$0 after \$175 plan deductible	You pay \$0 after \$185 deductible for Part B services
Urgent Care Services Urgently needed services worldwide	You pay \$0 after \$175 plan deductible	You pay \$0 If you have lab services, you pay \$0 after \$185 deductible This would not apply to worldwide services.
Emergency Services Emergency services needed worldwide	You pay \$0 after \$175 plan deductible	You pay \$0
Ambulance Services When medically necessary	You pay \$0 after \$175 plan deductible	You pay \$0 after \$185 deductible for Part B services
Professional Services Office visit Consultation, diagnosis and treatment by a specialist Medical and surgical care Allergy tests and treatment (serum) Diagnostic tests and treatment Medical supplies including casts, dressings and splints	You pay \$0 after \$175 plan deductible	You pay \$0 after \$185 deductible for Part B services
Physical, Occupational and Speech Therapy Services	You pay \$0 after \$175 plan deductible	You pay \$0 after \$185 deductible for Part B services
Laboratory Services	You pay \$0 after \$175 plan deductible	You pay \$0 after \$185 deductible for Part B services
X-Ray/Diagnostic Radiology	You pay \$0 after \$175 plan deductible	You pay \$0 after \$185 deductible for Part B services
Hearing Examinations	You pay \$0 after \$175 plan deductible	You pay \$0 for Medicare covered services after \$185 deductible for Part B services
Chiropractic Limited to manual manipulation of the spine as medically necessary	You pay \$0 after \$175 plan deductible	You pay \$0 for Medicare covered services after \$185 deductible for Part B services

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Services	BCBSOK - MAPD	Humana National MAPD
Part-Time or Intermittent Skilled Nursing Care Home health aide in conjunction with skilled care Physical, speech and occupational therapy Medical supplies and equipment (excluding medications) provided by the agency	You pay \$0 after \$175 plan deductible	You pay \$0 for Part A services and \$0 after \$185 deductible for Part B services
Durable Medical Equipment DME and supplies Prosthetic devices Therapeutic shoes/inserts for severe diabetes	You pay \$0 after \$175 plan deductible	You pay \$0 after \$185 deductible for Part B services
Bariatric Surgery	You pay \$0 after \$175 plan deductible	You pay \$0
National Diabetes Prevention Program	You pay \$0 after \$175 plan deductible	You pay \$0

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Medicare Preventive Services

The MAPD PPO plans cover many Part B preventive services, such as your annual flu vaccination, wellness visit and screening mammogram, at 100% when you use a doctor or other health care provider who is a Medicare eligible provider.

For your plan to cover preventive services, you must follow the guidelines for each service. Guidelines can include criteria for age, frequency and disease risk.

For a list of preventive services as governed by Medicare, go to **CMS.gov** or **Medicare.gov**. You can also refer to the 2020 *Medicare & You* handbook.

Pharmacy Copay Structure for Part D Network Benefits

General Information	BCBSOK – MAPD	
<p>This plan uses a formulary Some drugs require prior authorization Quantity limits apply to certain drugs Pharmacy benefits must meet the minimum requirements for benefits as outlined in the <i>Medicare Modernization Act of 2003</i> You will be notified before changes are made to your plan's formulary</p>	<p>Preferred Pharmacy</p> <p>30-day Supply</p> <p>\$0 copay Tier 1 \$2 copay Tier 2 \$25 copay Tier 3 \$75 copay Tier 4 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350 Tier 5</p> <p>31- to 90-day Supply</p> <p>\$0 copay Tier 1 (60-, 90-day) \$4 copay Tier 2 (60-day) \$6 copay Tier 2 (90-day) \$50 copay Tier 3 (60-day) \$75 copay Tier 3 (90-day) \$150 copay Tier 4 (60-day) \$225 copay Tier 4 (90-day) 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350 TrOOP Tier 5 Coinsurance applies at both preferred and standard pharmacy Pharmacy MOOP \$6,350</p>	<p>Standard Pharmacy</p> <p>30-day Supply</p> <p>\$5 copay Tier 1 \$7 copay Tier 2 \$40 copay Tier 3 \$95 copay Tier 4 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350 Tier 5</p> <p>31- to 90-day Supply</p> <p>\$10 copay Tier 1 (60-day) \$15 copay Tier 1 (90-day) \$14 copay Tier 2 (60-day) \$21 copay Tier 2 (90-day) \$80 copay Tier 3 (60-day) \$120 copay Tier 3 (90-day) \$190 copay Tier 4 (60-day) \$285 copay Tier 4 (90-day) 33% coinsurance to \$4,020, then 15% coinsurance to \$6,350 TrOOP Tier 5</p>

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Pharmacy Copay Structure for Part D Network Benefits

General Information	Humana National MAPD
<p>This plan uses a formulary Some drugs require prior authorization Quantity limits apply to certain drugs Pharmacy benefits must meet the minimum requirements for benefits as outlined in the <i>Medicare Modernization Act of 2003</i> You will be notified before changes are made to your plan's formulary</p>	<p>Pharmacy Deductible You pay the first \$100 in medication costs before the member benefit copays listed below begin to apply</p>
	<p>30-day Supply \$10 copay Tier 1 generic or preferred generic \$45 copay Tier 2 preferred brand \$75 copay Tier 3 non-preferred brand \$100 copay Tier 4 specialty N/A Tier 5</p>
	<p>31- to 90-day Supply \$25 copay Tier 1 \$90 copay Tier 2 \$150 copay Tier 3 N/A Tier 4 no specialty drugs for 90-day supply N/A Tier 5</p>
	<p>Catastrophic Coverage Once you reach the \$6,350 out-of-pocket maximum, you pay the greater of \$3.60 for generic/preferred multi-source drugs and \$8.95 for all other drugs OR 5% coinsurance ((\$100 maximum out-of-pocket per prescription for 30-day supply and \$150 maximum out-of-pocket per prescription for 90-day supply) Maximum out-of-pocket \$6,350</p>

This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

MAPD HMO Plans

All Benefits are Based on Medicare-Covered Services

Services	CommunityCare Senior Health Plan	Generations by GlobalHealth
<p>Hospitalization Semiprivate room (private room if medically necessary) Nursing services and medications Laboratory tests, X-rays and other radiology services Inpatient physician and surgical services, including anesthesia Necessary medical supplies and appliances Blood and its administration Operating room, special care units and rehabilitation services</p>	<p>\$50 copay each day for days 1-5 \$0 copay each day for days 6 and beyond for a Medicare-covered stay in a network hospital Prior authorization required, except in an emergency You are covered for unlimited days each benefit period A benefit period begins the day you go to a hospital or skilled nursing facility and ends when you have not received hospital or skilled nursing care for 60 days in a row Copays apply for each admission</p>	<p>\$250 copay per admission You are covered for unlimited days each benefit period Prior authorization required, except in an emergency</p>
<p>Organ Transplants Cornea, heart, heart-lung, kidney, liver, lung, bone marrow, intestinal and multivisceral, pancreas and stem cell Must be performed in a Medicare-approved transplant facility</p>	<p>\$50 copay each day for days 1-5 \$0 copay each day for days 6 and beyond</p>	<p>\$250 copay per admission You are covered for unlimited days each benefit period Prior authorization required except in the case of an emergency</p>
<p>Outpatient Hospital Services Outpatient surgical services in an ambulatory surgical center or outpatient hospital facility.</p>	<p>\$0 copay for each visit Prior authorization required</p>	<p>\$0 copay per surgery in an ambulatory surgery center \$200 copay per surgery in an outpatient hospital</p>
<p>Radiation therapy</p>	<p>\$0 copay</p>	<p>\$40 copay</p>
<p>Blood</p>	<p>\$0 copay</p>	<p>\$0 copay</p>

Bold text indicates significant plan changes. This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Services	CommunityCare Senior Health Plan	Generations by GlobalHealth
In-Area Urgent Care Services	\$10 copay for each visit	\$15 copay for each visit
Out-of-Area Urgent Care Services During a temporary absence from service area	\$10 copay for each visit worldwide	\$15 copay for each visit within the U.S.
Emergency Services	\$90 copay for each Medicare-covered visit worldwide Waived if admitted inpatient to hospital within 48 hours for same condition	\$75 copay for each visit nationwide; all-inclusive Waived if admitted inpatient to hospital or for outpatient surgery within 24 hours for same condition
Ambulance Services Medically necessary services as covered by Medicare	\$50 copay Waived if admitted inpatient to hospital	\$50 copay Waived if admitted inpatient to hospital
Skilled Nursing Facility (Inpatient Services) Semi-private room and regular nursing services Physical, occupational and speech therapy Drugs and necessary medical equipment and supplies furnished by facility Blood and its administration Inpatient radiology and pathology Use of appliances such as wheelchairs	\$0 copay for days 1-20 \$100 copay for days 21-100 for each benefit period No prior hospital stay required Prior authorization required All services listed at left are inclusively covered under the skilled nursing facility copayment	\$0 copay per day for days 1-20 \$178 copay per day for days 21-100 No prior hospital stay required Prior authorization required All services listed at left are inclusively covered under the skilled nursing facility copayment

Bold text indicates significant plan changes. This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Services	CommunityCare Senior Health Plan	Generations by GlobalHealth
Professional Services Office visit Consultation, diagnosis and treatment by a specialist Medical and surgical care Allergy tests and treatment (serum) Diagnostic tests and treatment Medical supplies including casts, dressings and splints	\$0 copay for each PCP visit \$10 copay for each specialist visit	\$0 copay for each PCP visit \$20 copay for each specialist visit
X-Ray/Diagnostic Radiology Services	\$0 copay	\$0 copay
Laboratory Services	\$0 copay for each diagnostic procedure and test Prior authorization may apply	\$0 copay
Physical, Occupational and Speech Therapy Services	\$0 copay for each visit Prior authorization required	\$20 copay for each visit Prior authorization required
Hearing Examinations	\$0 copay for routine hearing tests \$0 copay for diagnostic hearing exams You pay 100% for hearing aids	\$0 copay for each PCP diagnostic evaluation \$20 copay for each specialist exam to diagnose and treat hearing and balance issues
Chiropractic Limited to manual manipulation of the spine as medically necessary	\$10 copay each visit Prior authorization required	\$20 copay each visit No prior authorization required

Bold text indicates significant plan changes. This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Services	CommunityCare Senior Health Plan	Generations by GlobalHealth
Part-Time or Intermittent Skilled Nursing Care Home health aide in conjunction with skilled care Physical, speech and occupational therapy Medical supplies and equipment (excluding medications) provided by the agency	\$0 copay for Medicare-covered home health visits Prior authorization required	\$0 copay for home health visits Prior authorization required
Durable Medical Equipment Durable medical equipment and supplies	\$0 to \$50 copay or 20% coinsurance for each item Prior authorization required	20% coinsurance for each item Prior authorization required
Prosthetic devices	\$0 copay for each device Prior authorization required	\$0 if surgically implanted 20% coinsurance per external device Prior authorization required
Therapeutic shoes/inserts for severe diabetes	\$0 copay for each orthotic Prior authorization required	\$0 for each orthotic Prior authorization required
Bariatric Surgery	Inpatient: \$50 copay each day for days 1-5 and \$0 copay each day 6 and beyond Outpatient: \$0 copay Prior authorization required	\$250 inpatient copay You are covered for unlimited days each benefit period Prior authorization required
National Diabetes Prevention Program	0% coinsurance/\$0 copay	0% coinsurance/\$0 copay

Bold text indicates significant plan changes. This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Medicare Preventive Services

The MAPD HMO plans cover many Part B preventive services, such as your annual flu vaccination, wellness visit and screening mammogram, at 100% when you use a network provider.

For your plan to cover preventive services, you must follow the guidelines for each service. Guidelines can include criteria for age, frequency and disease risk.

For a list of these preventive services as governed by Medicare, go to **CMS.gov** or **Medicare.gov**. You can also refer to the *2020 Medicare & You handbook*.

Pharmacy Copay Structure for Part D Network Benefits

General Information	CommunityCare Senior Health Plan
<p>This plan uses a formulary</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the <i>Medicare Modernization Act of 2003</i></p> <p>You will be notified before changes are made to your plan's formulary</p>	<p>30-day supply</p> <p>\$0 copay – Tier 1 preferred generic drugs</p> <p>Up to \$10 copay – Tier 2 generic drugs</p> <p>Up to \$30 copay – Tier 3 preferred brand drugs</p> <p>Up to \$60 copay – Tier 4 non-preferred drugs (including tobacco cessation)</p> <p>33% coinsurance – Tier 5 specialty drugs and certain injectables</p> <hr/> <p>90-day supply</p> <p>\$0 copay – Tier 1 preferred generic drugs</p> <p>Up to \$20 copay – Tier 2 generic drugs</p> <p>Up to \$60 copay – Tier 3 preferred brand drugs</p> <p>Up to \$120 copay – Tier 4 non-preferred drugs (including tobacco cessation)</p> <p>33% coinsurance – Tier 5 specialty drugs and certain injectables</p> <p>Mail order is available for up to a 90-day supply</p> <p>Once you reach the \$6,350 out-of-pocket maximum, you pay the greater of 5% of the cost or \$3.60 for generic drugs and preferred multi-source brand drugs or \$8.95 for all other drugs for the remainder of the calendar year.</p>

Bold text indicates significant plan changes. This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

Pharmacy Copay Structure for Part D Network Benefits

General Information	Generations by GlobalHealth	
<p>Mandatory generic and brand formulary medications you get at a network pharmacy</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the <i>Medicare Modernization Act of 2003</i></p> <p>You will be notified before changes are made to your plan's formulary</p>	<p>Preferred Retail</p> <p>30-day Supply</p> <p>\$5 copay – Tier 1</p> <p>\$15 copay – Tier 2</p> <p>\$42 copay – Tier 3</p> <p>40% coinsurance – Tier 4</p> <p>33% coinsurance – Tier 5</p> <p>Not covered – Tier 6</p> <p>31- to 90-day Supply</p> <p>\$0 copay – Tier 1</p> <p>\$0 copay – Tier 2</p> <p>\$84 copay – Tier 3</p> <p>40% coinsurance – Tier 4</p> <p>Not covered – Tier 5</p> <p>Not covered – Tier 6</p>	<p>Standard Retail</p> <p>30-day Supply</p> <p>\$10 copay – Tier 1</p> <p>\$20 copay – Tier 2</p> <p>\$47 copay – Tier 3</p> <p>50% coinsurance – Tier 4</p> <p>33% coinsurance – Tier 5</p> <p>Not covered – Tier 6</p> <p>31- to 90-day Supply</p> <p>\$30 copay – Tier 1</p> <p>\$60 copay – Tier 2</p> <p>\$141 copay – Tier 3</p> <p>50% coinsurance – Tier 4</p> <p>Not covered – Tier 5</p> <p>Not covered – Tier 6</p>
	<p>Preferred Mail Order</p> <p>30-day Supply</p> <p>\$5 copay – Tier 1</p> <p>\$15 copay – Tier 2</p> <p>\$42 copay – Tier 3</p> <p>40% coinsurance – Tier 4</p> <p>33% coinsurance – Tier 5</p> <p>Not covered – Tier 6</p> <p>31- to 90-day Supply</p> <p>\$0 copay – Tier 1</p> <p>\$0 copay – Tier 2</p> <p>\$84 copay – Tier 3</p> <p>40% coinsurance – Tier 4</p> <p>Not covered – Tier 5</p> <p>Not covered – Tier 6</p>	<p>Standard Mail Order</p> <p>30-day Supply</p> <p>\$10 copay – Tier 1</p> <p>\$20 copay – Tier 2</p> <p>\$47 copay – Tier 3</p> <p>50% coinsurance – Tier 4</p> <p>33% coinsurance – Tier 5</p> <p>Not covered – Tier 6</p> <p>31- to 90-day Supply</p> <p>\$30 copay – Tier 1</p> <p>\$60 copay – Tier 2</p> <p>\$141 copay – Tier 3</p> <p>50% coinsurance – Tier 4</p> <p>Not covered – Tier 5</p> <p>Not covered – Tier 6</p>
	<p>Once you reach the \$6,350 out-of-pocket maximum, you pay Medicare-defined amounts for covered generic and brand prescription drugs purchased at network pharmacies for the remainder of the year</p>	

Bold text indicates significant plan changes. This is only a sample of the services covered by each plan. For services not listed in this comparison chart, contact each plan.

ZIP CODE SERVICE AREAS FOR MAPD PLANS

BCBSOK – MAPD

You can receive services anywhere within the United States as long as the provider is a Medicare-eligible provider, accepts Medicare assignment and is willing to accept BCBSOK's Blue Cross Group Medicare Advantage (PPO) | MAPD Plan.

CommunityCare Senior Health Plan

Craig

74016	74072	74301	74330	74331	74332	74333	74349
74354	74369						

Creek

74010	74028	74030	74033	74037	74038	74039	74041
74044	74046	74047	74052	74063	74066	74067	74068
74071	74079	74131	74132				

McIntosh

74426	74428	74432	74437	74438	74450	74455	74459
74461	74469	74839	74845				

Muskogee

74401	74402	74403	74422	74423	74426	74428	74434
74435	74436	74439	74450	74455	74463	74468	74469
74470							

Nowata

74006	74016	74027	74042	74048	74072	74083	74301
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Osage

74001	74002	74003	74004	74009	74022	74035	74054
74056	74060	74063	74070	74073	74084	74106	74126
74127	74604	74633	74637	74650	74652		

Tulsa

74008	74011	74012	74013	74014	74015	74021	74033
74037	74043	74047	74050	74055	74063	74066	74070
74073	74100	74101	74102	74103	74104	74105	74106
74107	74108	74110	74112	74114	74115	74116	74117
74119	74120	74121	74126	74127	74128	74129	74130
74131	74132	74133	74134	74135	74136	74137	74141
74145	74146	74147	74148	74149	74150	74152	74153
74155	74156	74157	74158	74159	74169	74170	74171
74172	74182	74183	74184	74186	74187	74189	74192
74193	74194						

Wagoner

74008	74014	74015	74036	74108	74337	74352	74403
74429	74434	74436	74446	74454	74458	74466	74467
74477							

Washington

74003	74004	74005	74006	74021	74022	74029	74048
74051	74061	74070	74080	74082	74083		

Generations by GlobalHealth ZIP Code List

73001	73002	73003	73004	73005	73006	73007	73008
73009	73010	73011	73012	73013	73014	73015	73016
73017	73018	73019	73020	73021	73022	73023	73025
73026	73027	73028	73029	73030	73031	73033	73034
73036	73038	73040	73041	73042	73043	73044	73045
73047	73048	73049	73050	73051	73052	73053	73054
73055	73056	73057	73058	73059	73061	73062	73063
73064	73065	73066	73067	73068	73069	73070	73071
73072	73073	73074	73075	73077	73078	73079	73080
73082	73083	73084	73085	73089	73090	73092	73093
73094	73095	73097	73098	73099	73101	73102	73103
73104	73105	73106	73107	73108	73109	73110	73111
73112	73113	73114	73115	73116	73117	73118	73119

ZIP codes are subject to change by plan.

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Generations by GlobalHealth ZIP Code List

73120	73121	73122	73123	73124	73125	73126	73127
73128	73129	73130	73131	73132	73134	73135	73136
73137	73139	73140	73141	73142	73143	73144	73145
73146	73147	73148	73149	73150	73151	73152	73153
73154	73155	73156	73157	73159	73160	73162	73163
73164	73165	73167	73169	73170	73172	73173	73178
73179	73184	73185	73189	73190	73193	73194	73195
73196	73197	73198	73199	73433	73434	73442	73456
73481	73520	73528	73529	73530	73531	73533	73540
73542	73543	73546	73548	73551	73553	73555	73559
73561	73562	73564	73565	73566	73568	73569	73570
73572	73573	73644	73646	73651	73654	73655	73658
73659	73663	73667	73701	73702	73703	73705	73706
73716	73717	73718	73719	73720	73722	73724	73726
73727	73728	73729	73730	73731	73733	73734	73735
73736	73737	73738	73739	73741	73742	73743	73744
73746	73747	73749	73750	73753	73754	73755	73756
73757	73758	73759	73760	73761	73762	73763	73764
73766	73768	73770	73771	73772	73773	73835	73838
73842	73859	73860	74001	74002	74003	74008	74010
74011	74012	74014	74015	74016	74017	74018	74019
74020	74021	74022	74023	74026	74027	74028	74030
74031	74032	74033	74034	74035	74036	74037	74038
74039	74041	74042	74043	74044	74045	74046	74047
74048	74050	74051	74052	74053	74054	74055	74056
74058	74059	74060	74063	74066	74067	74068	74070
74071	74072	74073	74075	74079	74080	74081	74083
74084	74085	74101	74102	74103	74104	74105	74106
74107	74108	74110	74112	74114	74115	74116	74117
74119	74120	74121	74126	74127	74128	74129	74130
74131	74132	74133	74134	74135	74136	74137	74141
74145	74146	74147	74148	74149	74150	74152	74153
74155	74156	74157	74158	74159	74169	74170	74171
74172	74182	74183	74184	74186	74187	74189	74192
74193	74194	74301	74330	74331	74332	74333	74337
74340	74347	74349	74350	74352	74354	74361	74362
74364	74365	74366	74367	74369	74401	74402	74403
74421	74422	74423	74425	74426	74427	74428	74429

ZIP codes are subject to change by plan.

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Generations by GlobalHealth ZIP Code List

74430	74431	74432	74434	74435	74436	74437	74438
74439	74440	74441	74442	74444	74445	74446	74447
74450	74451	74452	74454	74455	74456	74457	74458
74459	74460	74461	74462	74463	74464	74465	74467
74468	74469	74470	74471	74472	74477	74501	74502
74521	74522	74523	74528	74529	74531	74536	74540
74543	74546	74547	74549	74552	74553	74554	74557
74558	74560	74561	74562	74565	74567	74570	74571
74572	74574	74576	74601	74604	74630	74633	74636
74637	74640	74643	74644	74646	74650	74651	74652
74653	74735	74760	74801	74802	74804	74818	74820
74821	74824	74825	74826	74827	74829	74830	74831
74832	74833	74834	74837	74839	74840	74842	74843
74844	74845	74848	74849	74850	74851	74852	74854
74855	74857	74859	74860	74864	74865	74866	74867
74868	74869	74871	74872	74873	74875	74878	74880
74881	74883	74884	74931	74941	74943	74944	74960
74964	74965						

Humana National MAPD PPO ZIP Code List

You are eligible for Humana National MAPD PPO if you live in the United States.

You can receive services anywhere within the United States as long as the provider is a Medicare-eligible provider and is willing to accept the Humana National MAPD and agrees to Humana payment terms and conditions. The Humana National MAPD PPO plan has an extended service area network beyond the network within their ZIP code service area.

NOTES

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