

HMO

Central Oklahoma



For more information, call Generations Healthcare HMO at

1-866-618-4074

8 a.m. to 8 p.m. in your local time zone,
(TTY users call 1-800-777-9083)
everyday or visit us on the web at

www.Universal-American-Medicare.com

Beneficiaries that decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for the change to take effect and until the transition takes place you remain responsible for those premiums.

"You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for getting Extra Help, call

1-800-MEDICARE (1-800-633-4227). TTY or TDD users should call 1-877-486-2048, 24 hours a day/7days a week; The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY or TDD users should call, 1-800-325-0778; or Your State Medical Assistance (Medicaid) Office."

Generations Healthcare HMO is a Medicare-approved Medicare Advantage plan offered through the following organization that contracts with the Federal government: GlobalHealth, Inc., a member of the Universal American family of companies.

Generations Healthcare HMO

Medicare Advantage Health Plans

2010 Benefit Highlights

UNIVERSAL
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A Healthy CollaborationSM

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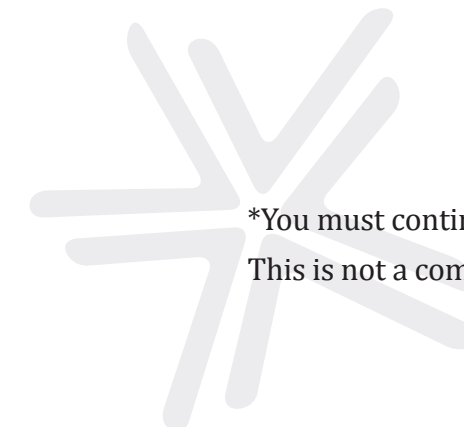
A Healthy CollaborationSM

2010 Benefit Highlights – Central Oklahoma

Effective January 1, 2010 – December 31, 2010

	Generations Healthcare Classic powered by CCRx (HMO)	Generations Healthcare Premier powered by CCRx (HMO)
Monthly Plan Premium*	\$0	\$43.00
Maximum Out-of-Pocket	\$3,000	\$2,500
Primary Care Physician Office Visit	\$0 Copay	\$0 Copay
Specialist Office Visit	\$25 Copay	\$15 Copay
Hospital Inpatient	\$175 Copay for days 1-5 \$0 Copay for days 6-90	\$150 Copay for each hospital stay \$0 Copay for additional days
Outpatient Services/Surgery	\$250 copay for each outpatient hospital facility or ambulatory surgical center visit	\$150 Copay for each ambulatory surgical center visit \$200 Copay for each outpatient hospital facility
Emergency Care Worldwide	\$50 Copay	\$50 Copay
Annual Physical/Preventive Care	\$0 Copay for routine exams. Limited 1 exam per year	\$0 Copay for routine exams. Limited 1 exam per year
Prescription Drugs		
Deductible	\$0	\$0
Prescription Coverage (Part D) (30 day/90 day)	You pay the following until total yearly drug cost reach \$2830: <ul style="list-style-type: none"> • \$5/\$12.50 Copay for generics • \$35/\$87.50 Copay for formulary preferred brand drugs • \$65/\$162.50 Copay for formulary non-preferred brand drugs • 33% Co-insurance for specialty drugs 	You pay the following until total yearly drug cost reach \$2830: <ul style="list-style-type: none"> • \$5/\$12.50 Copay for generics which continue after the initial \$2,830 limit • \$35/\$87.50 Copay for formulary preferred brand drugs • \$65/\$162.50 Copay for formulary non-preferred brand drugs • 33% Co-insurance for specialty drugs
Additional Benefits		
Dental Benefits	No Coverage	\$15 Copay per visit (up to 2 per year) which includes exam, cleaning and x-rays. Plan offers comprehensive dental benefits.
Hearing Benefit	\$25 Copay for diagnostic hearing exams	\$15 Copay for diagnostic hearing exams
Vision Benefits	20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery \$25 Copay for exams to diagnose and treat diseases and conditions of the eye	\$0 Copay for one pair of eyeglasses or contact lenses after cataract surgery \$10 Copay for exams to diagnose and treat diseases and conditions of the eye, (1) routine eye exam every year. \$20 Copay for glasses, contacts, lenses, frames. \$125 limit for eye wear every year.

	Generations Healthcare Value (HMO)
Monthly Plan Premium*	\$0
Part B Premium Reduction*	\$25
Maximum Out-of-Pocket	\$3,000
Primary Care Physician Office Visit	\$0 Copay
Specialist Office Visit	\$25 Copay
Hospital Inpatient	\$195 Copay Days 1-5 per day \$0 Copay Days 6-90 per day
Outpatient Services/Surgery	\$250 Copay for each outpatient hospital facility or ambulatory surgical center visit
Emergency Care Worldwide	\$50 Copay
Annual Physical/Preventive Care	\$0 Copay for routine exams. Limited 1 exam per year
Prescription Drugs	
Prescription Coverage (Part D)	No Coverage. If you enroll in another company's Part D plan, you will automatically be disenrolled from Generations Healthcare Value (HMO)
Additional Benefits	
Dental Benefits	No Coverage
Hearing Benefit	\$25 Copay for diagnostic hearing exams
Vision Benefits	20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery \$25 Copay for exams to diagnose and treat diseases and conditions of the eye



*You must continue to pay your Medicare Part B premium.
This is not a complete description of benefits.