

# HMO

Oklahoma City

NOT INTENDED FOR THE INSURANCE-BUYING PUBLIC  
CONFIDENTIAL — FOR AGENT USE ONLY

# Generations Healthcare HMO

Medicare Advantage Health Plans

## 2010 Product Overview

### CONFIDENTIALITY STATEMENT

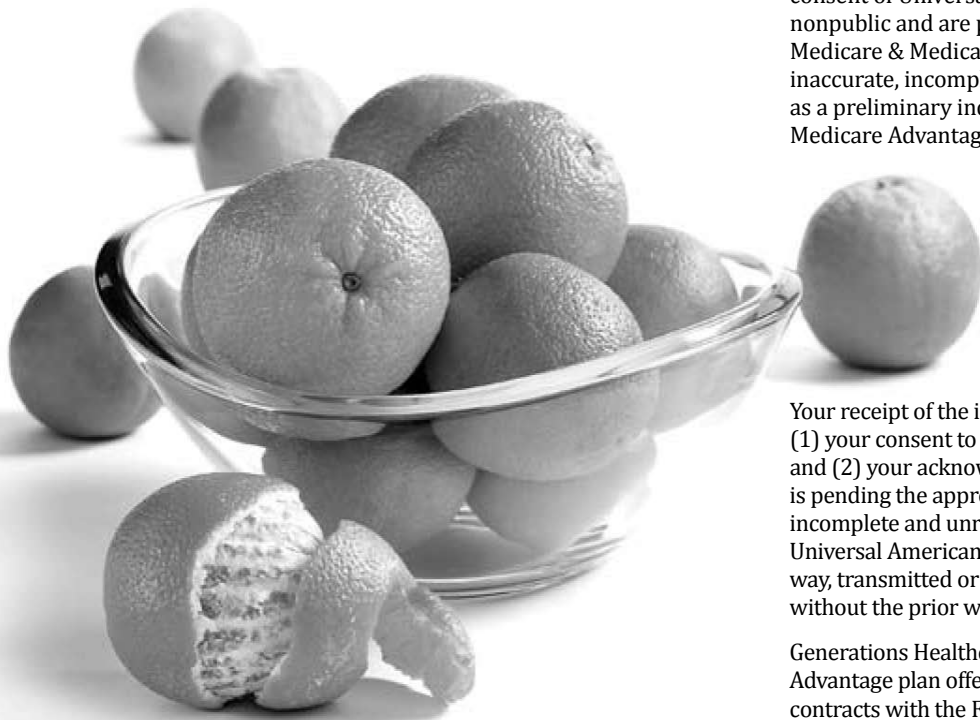
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Generations Healthcare HMO is a Medicare-approved Medicare Advantage plan offered through the following organization that contracts with the Federal government: GlobalHealth, Inc., a member of the Universal American family of companies.

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# Generations Healthcare HMO

Oklahoma City

## Medicare Advantage HMO 2010 Product Overview

	Generations Healthcare Value	Generations Healthcare Classic powered by CCRx
<b>SAMPLE BENEFITS</b>		
Monthly Plan Premium*	\$0	\$0
Out-of-Pocket Max	\$3,000	\$3,000
Primary Care Physician Office Visit	\$0 minimum copay per visit; \$25 maximum per visit.	\$0 minimum copay per visit; \$25 maximum per visit.
Specialist Office Visit	\$25 copay per visit for Medicare-covered benefits.	\$25 copay per visit for Medicare-covered benefits.
Hospital Inpatient	\$195 for days 1-5; \$0 per day for days 6-90.	\$175 for days 1-5; \$0 per day for days 6-90.
Skilled Nursing Facility	\$0 per day for days 1-20; \$105 per day for days 21-100.	\$0 per day for days 1-20; \$105 per day for days 21-100.
Emergency Care	\$50 for each Medicare-covered ER visit; 20% member coinsurance for each Medicare-covered ER visit outside the U.S.	\$50 for each Medicare-covered ER visit; 20% member coinsurance for each Medicare-covered ER visit outside the U.S.
Preventive Benefits	No copayment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening.	No copayment for Bone Mass Measurement; Colorectal Screening Exams; Pneumonia and Flu vaccines; Screening Mammograms; Pap Smear and Pelvic Exams; Prostate Screening.
<b>PRESCRIPTION DRUGS</b>		
Deductible	No Coverage	\$0
Part D copays	No Coverage	Copays: Generic - \$5 for one-month supply, \$12.50 for three-month supply. Preferred Brand - \$35 for one-month supply, \$87.50 for three-month supply. Non-Preferred Brand - \$65 for one-month supply, \$162.50 for three-month supply. Specialty - 33% coinsurance for one-month supply.
Part D Initial Coverage Limit		\$2,830
Part D - Coverage Gap	No Coverage	No coverage
<b>ADDITIONAL BENEFITS</b>		
Dental Benefits	\$0 copay for Medicare-covered dental benefits; In general, preventive dental benefits (such as cleaning) not covered.	\$0 copay for Medicare-covered dental benefits; In general, preventive dental benefits (such as cleaning) not covered.
Vision Benefits	\$25 copay for exams.	\$25 copay for exams.
Hearing Exam Benefit	\$25 copay for a routine hearing test.	\$25 copay for a routine hearing test.

Part D drug copay and coinsurance payments do not count toward the maximum out-of-pocket limit.

\*You must continue to pay your Medicare Part B premium.

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**Generations Healthcare  
Premier powered by CCRx**

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\$43.00

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\$2,500

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\$0 minimum copay per visit;  
\$15 maximum per visit.

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\$15 copay per visit for Medicare-  
covered benefits.

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\$150 copay for each Medicare-  
covered hospital stay.

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\$0 per day for days 1-20;  
\$0 per day for days 21-100.

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\$50 for each Medicare-covered ER visit;  
20% member coinsurance for each Medi-  
care-covered ER visit outside the U.S.

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No copayment for Bone Mass  
Measurement; Colorectal Screening  
Exams; Pneumonia and Flu vaccines;  
Screening Mammograms; Pap Smear and  
Pelvic Exams; Prostate Screening.

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\$0

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Copays: Generic - \$5 for one-month supply,  
\$12.50 for three-month supply.  
Preferred Brand - \$35 for one-month  
supply, \$87.50 for three-month supply.  
Non-Preferred Brand - \$65 for one-month  
supply, \$162.50 for three-month supply.  
Specialty - 33% coinsurance for  
one-month supply.

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\$2,830

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Yes - generics only, insulin, Plavix

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\$15 copay for an office visit that  
includes 2 oral exams, cleanings,  
fluoride treatments and dental x-rays ev-  
ery year. Plan offers comprehensive dental  
benefits.

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\$10 copay for up to 1 routine eye  
exam every year; \$125 limit for  
eyewear every year.

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\$15 copay for a routine hearing test.

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**ADDITIONAL SERVICES FOR MEMBERS:**

<b>24/7 Health Hotline</b>	Trained health professionals, just a phone call away! <ul style="list-style-type: none"><li>• Call at any time—day or night</li></ul>
<b>Vision Care</b>	Discounts through EyeMed Vision Care <ul style="list-style-type: none"><li>• Up to 28% savings on prescription lenses and frames</li><li>• Up to 15% savings on conventional contact lenses</li><li>• 20% savings on non-prescription glasses</li><li>• Low-cost eye exams with dilation</li><li>• No limits on usage at over 13,000 convenient locations nationwide</li></ul>
<b>Hearing Care</b>	Discounts through HearPO <ul style="list-style-type: none"><li>• 30% savings on hearing evaluations and exams</li><li>• 25% discount on hearing aids</li><li>• 1,600 locations nationwide</li></ul>
<b>Dental Services</b>	Savings through Careington <ul style="list-style-type: none"><li>• Dental services at low set fee or at 20% discount.</li></ul>
<b>Fitness</b>	Savings through Careington <ul style="list-style-type: none"><li>• 25-50% discounts at over 10,000 participating exercise and fitness centers nationwide.</li></ul>

Restrictions and limitations may apply.

The products and services described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Generations Healthcare HMO grievance process.



**A Healthy Collaboration<sup>SM</sup>**

For additional information please contact us at: 1-866-547-3060

[www.generationshealthcare.cc](http://www.generationshealthcare.cc)

*Universal American (NYSE: UAM), through our family of healthcare companies, offers benefit plans designed to promote collaboration among our members and their healthcare professionals. This Healthy Collaboration improves the health and well-being of over two million people with Medicare every day.*