

HMO

Tulsa 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

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A Healthy CollaborationSM

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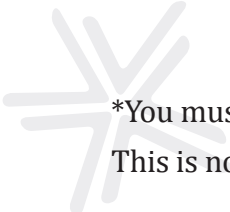
A Healthy CollaborationSM

2010 Benefit Highlights – Central Oklahoma - Tulsa Area

Effective January 1, 2010 – December 31, 2010

	Generations Healthcare Classic powered by CCRx (HMO)
Monthly Plan Premium*	\$69.00
Maximum Out-of-Pocket	\$3,000
Primary Care Physician Office Visit	\$15 Copay
Specialist Office Visit	\$25 Copay
Hospital Inpatient	\$250 Copay for days 1-5 \$0 copay for days 6-90
Outpatient Services/Surgery	\$200 copay for each outpatient hospital facility or ambulatory surgical center visit
Emergency Care Worldwide	\$50 Copay
Annual Physical/ Preventive Care	\$15 Copay for routine exams. Limited to 1 exam every year.
Prescription Drugs	
Deductible	\$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
Additional Benefits	
Dental Benefits	\$15 Copay per visit (up to 2 per year) which includes exam, cleaning, and x-rays. Plan offers comprehensive dental benefits. Separate Office Visit cost sharing copay may apply
Hearing Benefit	\$25 Copay for diagnostic hearing exams
Vision Benefit	\$0 Copay 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, (1) routine eye exam, \$25 Copay for glasses, contacts, lenses, frames. \$100 limit for eye wear every 2 year.

	Generations Healthcare Value (HMO)
	\$24.40
	\$3,000
	\$15 Copay
	\$25 Copay
	\$250 Copay Days 1-5 per day \$0 Copay Days 6-90 per day
	\$200 copay for each outpatient hospital facility or ambulatory surgical center visit
	\$50 Copay
	\$15 Copay for routine exams. Limited to 1 exam every year.
Prescription Drugs	
	No Coverage
	No Coverage.
	If you enroll in another company’s Part D plan, you will automatically be disenrolled from Generations Healthcare Value (HMO)
Additional Benefits	
	\$15 Copay per visit (up to 2 per year) which includes exam, cleaning, and x-rays. Plan offers comprehensive dental benefits. Separate Office Visit cost sharing may apply.
	\$25 Copay for diagnostic hearing exams
	\$0 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 \$25 Copay for 1 eye exam every year. \$100 limit for eye wear every (2) years.



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