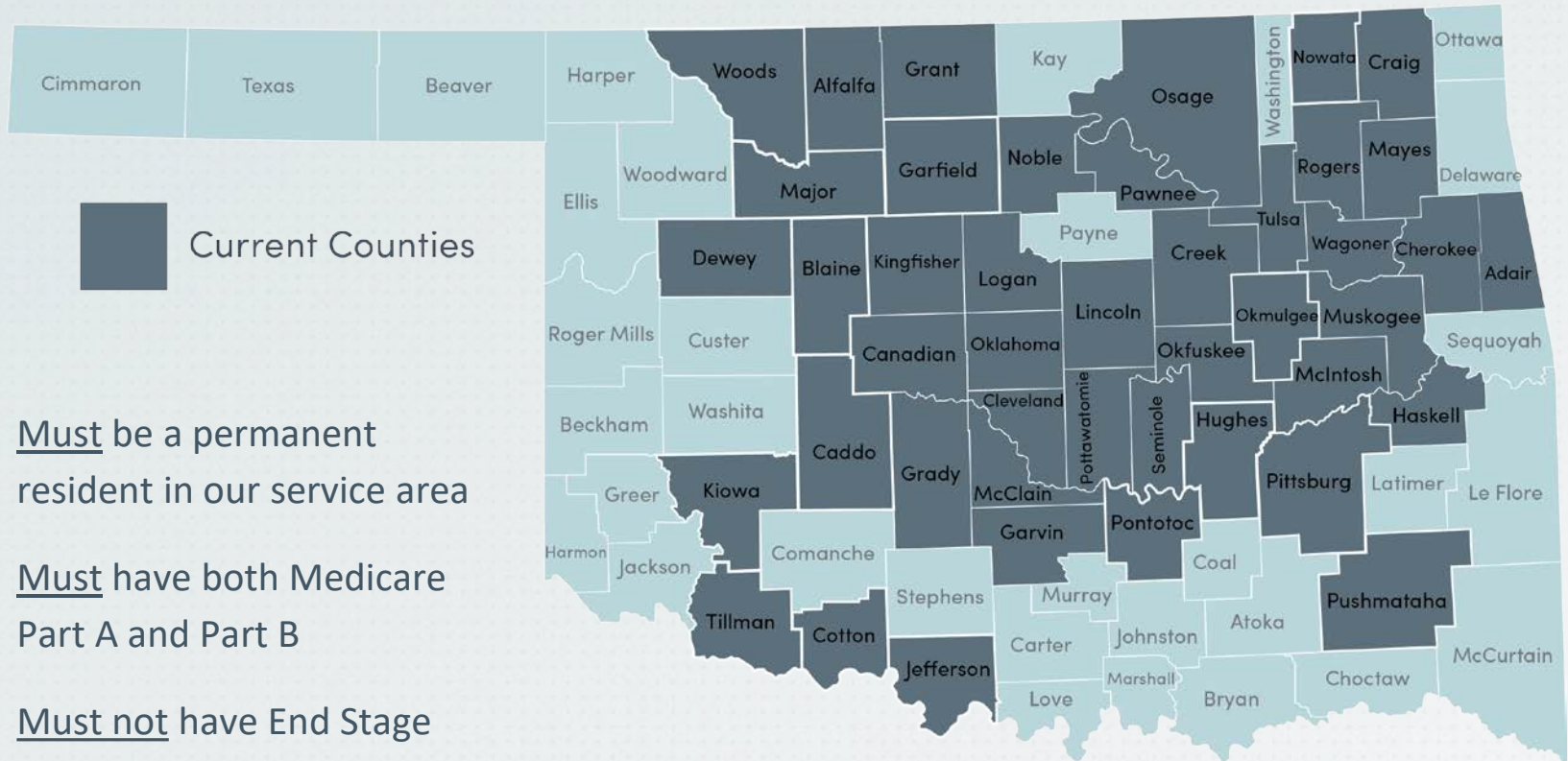


# Eligibility & Service Area Overview

# Eligibility & Service Area



- Must be a permanent resident in our service area
- Must have both Medicare Part A and Part B
- Must not have End Stage Renal Disease (ESRD)



# 2020 Plan Options



# 2020 Medicare Advantage Plans

## MA Only

- Generations Value (HMO) – \$0 monthly premium

## MA-PD

- Generations Classic (HMO) – \$0 monthly premium
- Generations Select (HMO) – \$28 monthly premium

**NOTE**

Members must continue to pay their Medicare Part B premium.

# 2020 Medicare Advantage Plans

## MA Only Plan

| BENEFIT   | GENERATIONS VALUE   |
|---|---|
| Monthly Premium   | \$0   |
| Deductible  | No deductible   |
| Maximum Out-of-Pocket ("MOOP")  | \$3,000 copay   |
| Primary Care Physician - PCP  | \$0 copay   |
| Specialist  | \$40 copay/visit - no referral or PA required for OB/GYN office visits  |
| Outpatient Surgery<br>(Waived if admitted to acute care.)   | \$250 copay – Ambulatory Surgery Center<br>\$320 copay– Hospital  |
| Inpatient Hospital Care   | \$250 copay/day– (Days 1 – 5)<br>\$0 copay– (Days 6 – 190)  |
| Outpatient Diagnostic Tests<br>(Labs, X-rays, etc.)   | \$0 copay– for labs and X-rays<br>\$100 copay– sleep studies in outpatient facility   |
| Outpatient Diagnostic Radiology Tests –<br>(Diagnostic Radiology (MRI, etc.))                               | \$180 copay/visit in PCP or specialist office, urgent care center, or preferred<br>(non-hospital based) radiology facility<br>(this amount is added to the office visit or urgent care copay)<br>\$250 copay/visit in non-preferred (hospital based) radiology facility |
| Emergency Room<br>(Waived if admitted to hospital or outpatient surgery or<br>observation within 24 hours.) | \$75 copay  |
| Urgent Care   | \$15 copay/visit  |

### NOTE

Please see the EOC for a full list of benefits covered by GlobalHealth



# Generations Value (HMO)

IMPORTANT:  
Prescription Drug Coverage is **NOT**  
included with the Generations  
Value plan.



# 2020 Medicare Advantage Plans

## MA-PD Plans

| BENEFIT  | GENERATIONS CLASSIC  | GENERATIONS SELECT   |
|--|--|--|
| Monthly Premium  | \$0  | \$28   |
| Deductible   | No deductible  | No deductible  |
| Maximum Out-of-Pocket ("MOOP")   | \$3,400  | \$3,400  |
| Primary Care Physician - PCP   | \$0 copay  | \$0 copay  |
| Specialist   | \$40 copay/visit   | \$35 copay/visit   |
| Outpatient Surgery<br>(Waived if admitted to acute care.)                                    | \$250 copay – Ambulatory Surgery Center<br>\$320 copay – Hospital  | \$250 copay – Ambulatory Surgery Center<br>\$320 copay – Hospital  |
| Inpatient Hospital Care  | \$395 copay/day – (Days 1 – 5)<br>\$0 copay – (Days 6 – 190)   | \$345 copay/day – (Days 1 – 5)<br>\$0 copay – (Days 6 – 190)   |
| Outpatient Diagnostic Tests<br>(Labs, X-rays, etc.)  | \$0 copay – for labs and X-rays<br>\$100 copay – sleep studies in outpatient facility  | \$0 copay - for labs and X-rays<br>\$100 copay – sleep studies in outpatient facility  |
| Outpatient Diagnostic Radiology Tests<br>(Diagnostic Radiology (MRI, etc.))                  | \$180 copay/visit in PCP or specialist office,<br>urgent care center, or preferred (non-hospital<br>based) radiology facility<br>\$250 copay/visit in non-preferred (hospital<br>based) radiology facility | \$180 copay/visit in PCP or specialist office,<br>urgent care center, or preferred (non-hospital<br>based) radiology facility<br>\$250 copay/visit in non-preferred (hospital<br>based) radiology facility |
| Emergency Room<br>(Waived if admitted to hospital or<br>outpatient surgery within 24 hours.) | \$120 copay  | \$85 copay   |
| Urgent Care  | \$30 copay   | \$25 copay   |

### NOTE

Please see the EOC for a full list of benefits covered by GlobalHealth

# 2020 Prescription Drug Coverage

| 30-DAY PREFERRED<br>RETAIL OR MAIL ORDER | GENERATIONS CLASSIC (HMO) | GENERATIONS SELECT (HMO) |
|--|---------------------------|--------------------------|
| Tier 1 Preferred Generics                | \$5 copay                 | \$3                      |
| Tier 2 Generics                          | \$15 copay                | \$13                     |
| Tier 3 Preferred Brand Name              | \$42 copay                | \$40                     |
| Tier 4 Non-Preferred Drugs               | 40% coinsurance           | 40% coinsurance          |
| Tier 5 Specialty Drugs                   | 33% coinsurance           | 33% coinsurance          |

| 90-DAY PREFERRED<br>RETAIL OR MAIL ORDER | GENERATIONS CLASSIC (HMO) | GENERATIONS SELECT (HMO) |
|--|---------------------------|--------------------------|
| Tier 1 Preferred Generics                | \$0 copay                 | \$0 copay                |
| Tier 2 Generics                          | \$0 copay                 | \$0 copay                |
| Tier 3 Preferred Brand Name              | \$84 copay                | \$80 copay               |
| Tier 4 Non-Preferred Drugs               | 40% coinsurance           | 40% coinsurance          |



- Cost sharing is higher at standard pharmacies. See the Pharmacy Directory to see which pharmacies offer preferred cost sharing.
- Part D member cost-shares **do not** count towards the member's Maximum-out-of-Pocket (MOOP).



# Understanding Part D Payment Stages for 2020

## Deductible Stage

Member pays the full cost of his drugs until the deductible is met.\*

\*NO deductible on our plans.

## Initial Coverage Stage

The plan pays its share of the cost and member pays his share of the cost (copayment or coinsurance) for each prescription filled until the total drug costs (what the member pays plus what GlobalHealth pays) reach \$4,020.

## Coverage Gap Stage

Member will pay no more than 25% for covered generics or 25% on brand drugs until member's out-of-pocket drug costs reach \$6,350.

## Catastrophic Coverage Stage

Member will pay the greater of 5% of the drug cost or \$3.60 for generics and \$8.95 for all other drugs.

# Prescription Drug Stages

| Stage 1<br>Yearly Deductible<br>Stage   | Stage 2<br>Initial Coverage<br>Stage  | Stage 3<br>Coverage Gap<br>Stage (“The Donut Hole”)  | Stage 4<br>Catastrophic<br>Coverage Stage   |
|---|---|--|---|
| <p>Because there is no deductible for the plan, this payment stage does not apply to you.</p> | <p>You begin in this stage when you fill your first prescription of the year.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$4,020.</p> <p>(Details are in Chapter 6, Section 5 of the Evidence of Coverage.)</p> | <p>For Tier 1 generic drugs, you pay either the same copayment as in the Initial Coverage Stage or 25% of the costs, whichever is lower. For Tier 1 brand name drugs and Tier 3 oral anti-diabetic drugs, you pay either the same copayment as in the Initial Coverage Stage or 25% of the price (plus a portion of the dispensing fee), whichever is lower.</p> <p>For other tiers, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the costs for generic drugs.</p> <p>You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$6,350. This amount and rules for counting costs toward this amount have been set by Medicare.</p> <p>(Details are in Chapter 6, Section 6 of the Evidence of Coverage.)</p> | <p>During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2020).</p> <p>(Details are in Chapter 6, Section 7 of the Evidence of Coverage.)</p> |

# Prescription Drug Tiers

## **Tier 1 (Preferred Generic Drugs)**

- Tier 1 includes preferred brand and generic drugs.

## Tier 2 (Generic Drugs)

- Tier 2 includes brand and generic drugs.

## Tier 3 (Preferred Brand-Name Drugs)

- Tier 3 includes preferred brand drugs and non-preferred generic drugs.

## Tier 4 (Non-Preferred Drugs)

- Tier 4 includes non-preferred brand drugs and non-preferred generic drugs.

## Tier 5 (Specialty Drugs)

- Tier 5 contains very high cost brand and generic drugs, which may require special handling and/or close monitoring.