# Comparison of Benefits

## Medicare Supplement Plans

## Medicare Advantage Prescription Drug Plans

**Plan Year 2027**
**Jan. 1-Dec. 31**

OKLAHOMA
Employees Group
Insurance Division

# Monthly Premiums for Medicare Eligible Members Plan Year Jan. 1-Dec. 31, 2027

OKLAHOMA
Employees Group
Insurance Division

| MEDICARE SUPPLEMENT PLANS | |
|---|---|
| **HealthChoice SilverScript High Option Medicare Supplement** | $ 510.44 per covered person |
| **HealthChoice SilverScript Low Option Medicare Supplement** | $ 415.98 per covered person |

| MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PLANS | |
|---|---|
| **CommunityCare Senior Health Plan** | $ 217.00 per covered person |
| **Generations by GlobalHealth** | $ 220.00 per covered person |
| **Humana MAPD PPO** | $ 281.10 per covered person |

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

# TABLE OF CONTENTS

HEALTH PLAN IDENTIFICATION . . . . . 2
GENERAL INFORMATION . . . . . 3
ENROLLMENT INFORMATION . . . . . 4
PRESCRIPTION DRUG BENEFIT INFORMATION . . . . . 6
COMPARISON OF BENEFITS FOR THE MEDICARE SUPPLEMENT PLANS . . . . . 10
COMPARISON OF BENEFITS FOR THE MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS . . . . . 15
MAPD SERVICE AREAS . . . . . 25

# HEALTH PLAN IDENTIFICATION

## MEDICARE SUPPLEMENT PLANS

### HealthChoice

**Medical**
800-323-4314
TTY 711
**HealthChoiceOK.com**

**Pharmacy**
866-275-5253
TTY 711
**Caremark.com**

## MAPD PLANS

### CommunityCare Senior Health Plan

918-594-5323 or 800-642-8065
TDD/TTY 800-722-0353
**stateshp.ccok.com**

### Generations by GlobalHealth

**Prospective members**
855-620-5388
TTY 711
**GlobalHealth.com/oklahoma/osr**

**Current members**
405-280-5555 or 844-280-5555
TTY 711
**GlobalHealth.com/oklahoma/osr**

### Humana Group Medicare Customer Care

Identify yourself as a retiree with the State of Oklahoma/EGID when calling as a prospective member.
866-396-8810
TTY 711
7 a.m. to 8 p.m. CT
**your.humana.com/ok-medicare**

## ELIGIBILITY AND ENROLLMENT PROGRAM ADMINISTRATOR

### Employees Group Insurance Division

P.O. Box 11137
Oklahoma City, OK 73136-9998
405-717-8780 or toll-free 800-752-9475
TTY 711
**Oklahoma.gov/egid**

# 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 Contact Information 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 service area (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 the next annual 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.

## 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 Contact Information 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. **Note:** Provider networks apply only to MAPDs. Networks do not apply to the Medicare supplement plans offered through EGID.

## 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 2027 Medicare & You handbook. Every year in the fall, this booklet is mailed to people with Medicare. It summarizes Medicare benefits and answers the most frequently asked questions about Medicare. You can also download a copy of this booklet from Medicare's website.

# ENROLLMENT INFORMATION

- You must submit either the Application for Medicare Supplement with Prescription Drug Plan or Application for Medicare Advantage Prescription Drug (MAPD) Plan.
  - This application is available at **Oklahoma.gov/egid**. In the menu under Retirement, select Retirement Insurance Checklist.
  - You can also request an application by calling EGID Member Services at 405-717-8780 or toll-free 800-752-9475. TTY 711.
- If you are considering an MAPD HMO plan, check the service area lists beginning on **Page 25** to make sure you are eligible, and then check with the MAPD plans to make sure your provider participates in the plan's network. Refer to Contact Information 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.
- 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 so any corrections can be made as soon as possible.
- If you enroll in an MAPD plan, 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 this guide.

## Enrolling in a Medicare supplement plan

A Medicare supplement plan helps pay for some of the remaining out-of-pocket costs that Original Medicare doesn't pay, such as copayments, coinsurance and deductibles. A Medicare supplement plan is in addition to Medicare. There are no provider networks for Medicare supplement plans. If the provider accepts Medicare assignment, the services will be covered.

To participate in the HealthChoice Medicare supplement plans, you must be entitled to benefits under Medicare Part A. You are not required to be enrolled in Part B, but the plan pays 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 Original Medicare and administers your health benefits according to Medicare Part A and Part B guidelines.

To participate in the MAPD plans, 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 (Humana MA PPO & PDP)

- 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 are required.

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

- You must permanently reside in the MAPD plan's service area. This is a federally qualified area where the MAPD HMO plan provides coverage. You must have a street address. A Post Office Box number is not acceptable. Check the service area lists on **Pages 25-26** 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 will not be able to 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 or MSP plan, your pre-Medicare dependents must enroll in the corresponding HMO option of that plan. If your current MAPD or MSP plan election does not have a corresponding HMO plan for your dependents to enroll in, you must elect an MAPD or MSP plan that does. As the primary member, you must indicate that you have elected an MAPD or MSP plan and complete all the required information regarding your dependents on your Option Period Enrollment/Change Form.

# PRESCRIPTION DRUG BENEFIT INFORMATION

## Prescription drug creditable coverage notice

The Medicare supplement and MAPD plans available through EGID include Part D coverage and 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 file electronic claims; 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 drugs 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 one of the following circumstances:

- You travel outside the service area and run out of your prescription or become ill and need a Part D drug.
- You cannot fill a Part D specialty drug timely because it is not in stock.
- There is no network pharmacy with 24/7 service within reasonable driving distance.
- You receive a Part D drug while in an emergency, observation or other outpatient setting.
- You are evacuated or displaced 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 drugs covered by the plan. Medicare has reviewed and approved these lists of covered drugs. To find out how your drugs 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 both 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. Some drugs have quantity limits, which is a set maximum supply of tablets, capsules, liquids or other units of measure that can be received, as part of the covered benefit, and within a certain time limit. Specific therapeutic categories, drugs and dosage forms may have more restrictive quantity and duration of therapy limitations. Be aware that quantity limitations for some drugs may have been added or removed for 2027.

## When changes affect a drug you currently take

If you take a drug that is not listed in your plan's formulary, or if coverage for your drug has changed (e.g., your drug is a brand-name drug that has been replaced by a new generic, has moved to a higher cost-sharing tier or 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 to a Part D formulary drug, you can be authorized to purchase a one-time supply of your current drug that is nonformulary under your new plan. This total temporary supply is for up to a maximum 30-day supply of the drug and is available either 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 the temporary supply period may be extended under certain circumstances, such as if you reside in a long-term care facility.

## 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 that your Part B and Part D premiums be adjusted (income-related monthly adjustment amount). If you must pay extra, Social Security will notify you. For more information, call Social Security at toll-free 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 with Medicare prescription drug costs

People with limited incomes may get Extra Help paying for prescription drug costs. To learn more or apply, call Social Security at toll-free 800-772-1213. TTY users call toll-free 800-325-0778. More information is also available at **SSA.gov**. You can also call Medicare at toll-free 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 than listed herein. 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, this chart shows your maximum prescription drug costs for 2027:

| Rx group | Your maximum prescription drug costs for 2027 |
|---|---|
| 1 | $0 deductible |
| | $0 copay |
| 2 | $0 deductible |
| | $5.80 generic copay |
| | $14.40 brand copay |
| 3 | $0 deductible |
| | $1.65 generic copay |
| | $5.00 brand copay |
| 4 | $0 deductible |
| | $0 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 in 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 (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 through 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 stolen, 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 | HealthChoice SilverScript High and Low Options |
|---|---|
| **Hospitalization**<br>Includes semiprivate room, meals, drugs as part of your inpatient treatment, and other hospital services and supplies | |
| First 60 days | You pay $0 |
| Days 61 through 90 | You pay $0 |
| Days 91 and after while using Medicare's 60 lifetime reserve days | You pay $0 |
| The plan's additional lifetime reserve days | You pay $0 for additional lifetime reserve days limited to 365 days |
| Beyond the plan's lifetime reserve days | You pay 100% |
| **Skilled Nursing Facility Care**<br>Must meet Medicare requirements, including inpatient hospitalization for at least three 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 |
| Days 21 through 100 | You pay $0 |
| Days 101 and after | You pay 100% |
| **Hospice Care**<br>Your doctor and hospice provider must certify you are terminally ill and you elect hospice<br>Includes physical care, counseling, equipment, supplies, respite care, inpatient care and drugs for pain and symptom control | You pay up to $5 per prescription for palliative drugs or biologicals<br>You also pay 5% of Medicare amounts for inpatient respite care |
| **Blood**<br>Limited to the first three pints unless you or someone else donates blood to replace what you use | You pay $0 |

This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

# Medicare Part B (medical) services

**All benefits are based on Medicare-approved amounts**

| Part B Network Services | HealthChoice SilverScript High and Low Options |
|---|---|
| **Medical Expenses**<br>Medically necessary outpatient services and supplies<br>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 |
| **Clinical Diagnostic Laboratory Services**<br>Blood tests, urinalysis and tissue pathology | You pay $0 |
| **Home Health Care**<br>Intermittent skilled care and medical supplies | You pay $0 |
| **Durable Medical Equipment**<br>Items such as nebulizers, wheelchairs and walkers | You pay $0 after meeting the Part B deductible |
| **Diabetes Monitoring Supplies**<br>Glucose monitors, test strips and lancets for those with diabetes<br>Must be requested by your doctor | You pay $0 after meeting the Part B deductible |
| **Ostomy Supplies**<br>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 |
| **Blood**<br>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 |
| **Outpatient Prescriptions**<br>Includes infused, oral end-stage renal disease drugs and some cancer and transplant drugs | You pay $0 after meeting the Part B deductible |

This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

## Coverage for additional medical services

| Service | HealthChoice SilverScript High and Low Options |
|---|---|
| **Foreign Travel**<br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S. | You pay the first $250 each calendar year, then 20% and all amounts over the $50,000 lifetime maximum |
| **Bariatric Surgery** | You pay $0 after meeting the Part B deductible |
| **National Diabetes Prevention Program** | You pay $0 |

This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

## 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 2027 Medicare & You handbook.

# Pharmacy copay structure for Part D network benefits

| General information | HealthChoice SilverScript High Option |
|---|---|
| This plan uses a formulary<br>Some drugs require prior authorization<br>Quantity limits and step therapy apply to certain drugs<br>Only copays for covered drugs purchased at network pharmacies count toward out-of-pocket maximum<br>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003<br>You will be notified before any changes are made to your plan's formulary | Pharmacy Deductible<br>You pay the first $100 in medication costs before the copays listed below apply<br>No Coverage Gap. There is an annual out-of-pocket maximum<br>30-Day Supply<br>Generic Tier 1 Drugs<br>Up to $10 copay<br>Preferred Tier 2 Drugs<br>Up to $45 copay<br>Non-Preferred Tier 3 Drugs<br>Up to $75 copay<br>Specialty Tier 4 Drugs<br>Up to $100 copay<br>Preferred Tobacco Cessation<br>$0 copay<br>Insulin<br>No more than $35 copay<br>31- to 90-Day Supply<br>Generic Tier 1 Drugs<br>Up to $25 copay<br>Preferred Tier 2 Drugs<br>Up to a $90 copay<br>Non-Preferred Tier 3 Drugs<br>Up to $150 copay<br>Specialty Tier 4 Drugs<br>30-day copay applies to additional 30-day supply<br>Preferred Tobacco Cessation<br>$0 copay<br>Once you reach the **$2,400** out-of-pocket maximum, you pay $0 for covered prescription drugs at network pharmacies for the remainder of the calendar year<br>Non-network pharmacy will reimburse at an allowed amount |

**Bold text** indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

# Pharmacy copay structure for Part D network benefits

| General information | HealthChoice SilverScript Low Option |
|---|---|
| This plan uses a formulary<br>Some drugs require prior authorization<br>Quantity limits and step therapy apply to certain drugs<br>Only the coinsurance amount for covered drugs purchased at network pharmacies counts toward the out-of-pocket maximum<br>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003<br>You will be notified before any changes are made to your plan's formulary | Pharmacy Deductible<br>You pay the first **$700** in medication costs<br>No Coverage Gap. There is an annual out-of-pocket maximum<br>Initial Coverage<br>After the deductible, you and HealthChoice share prescription drug costs<br>You pay 25% and HealthChoice is responsible for 75%* until you reach the **$2,400** annual out-of-pocket maximum (includes the deductible)<br>***HealthChoice pays 65% and manufacturer pays 10%**<br>Catastrophic Coverage<br>Once you reach the **$2,400** out-of-pocket maximum, you pay $0 for covered prescription drugs purchased at network pharmacies for the remainder of the calendar year |

**Bold text** indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

# COMPARISON OF BENEFITS FOR THE MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS

## MAPD PPO and MA PPO & PDP plans

**All benefits are based on Medicare-covered services**

| Services | Humana MA PPO |
|---|---|
| **Hospitalization**<br>Semiprivate room (private room if medically necessary)<br>Nursing services, medications and all meals<br>Laboratory tests, X-rays and other radiology services<br>Inpatient physician and surgical services, including anesthesia<br>Necessary medical supplies and appliances Blood and its administration<br>Operating room, special care units and rehabilitation services | You pay $0 after $250 deductible and $250 copay per admission |
| **Organ Transplants**<br>Must be performed in a Medicare-approved transplant facility | You pay $0 after $250 deductible |
| **Skilled Nursing Facility (Inpatient Services)**<br>Semiprivate room, regular nursing services and all meals<br>Physical, occupational and speech therapy<br>Drugs and necessary medical equipment and supplies furnished by the facility<br>Blood and its administration<br>Inpatient radiology and pathology<br>Use of appliances such as wheelchairs | You pay $0 after $250 deductible |

**Bold text** indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

| Services | Humana MA PPO |
|---|---|
| **Outpatient Hospital Services**<br>Outpatient surgical services in an ambulatory surgical center or outpatient hospital facility | You pay $0 after $250 deductible |
| **Urgent Care Services**<br>Urgently needed services worldwide | You pay $0<br>If you have lab services, you pay $0 after $250 deductible<br>This would not apply to worldwide services |
| **Emergency Services**<br>Emergency services needed worldwide | You pay $50 copay<br>Copay applies to emergency services in U.S.<br>This would not apply to worldwide services |
| **Ambulance Services**<br>When medically necessary | You pay $0 after $250 deductible |
| **Professional Services**<br>Office visit<br>Consultation, diagnosis and treatment by a specialist<br>Medical and surgical care<br>Allergy tests and treatment (serum)<br>Diagnostic tests and treatment<br>Medical supplies including casts, dressings and splints | You pay $0 after $250 deductible |
| **Physical, Occupational and Speech Therapy Services** | You pay $0 after $250 deductible |
| **Laboratory Services** | You pay $0 after $250 deductible |
| **X-Ray/Diagnostic Radiology** | You pay $0 after $250 deductible |
| **Hearing Examinations** | You pay $0 for Medicare covered services after $250 deductible |
| **Chiropractic**<br>Limited to manual manipulation of the spine as medically necessary | You pay $0 for Medicare covered services after $250 deductible |

**Bold text** indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

| Services | Humana MA PPO |
|---|---|
| **Part-Time or Intermittent Skilled Nursing Care**<br>Home health aide in conjunction with skilled care, physical, speech and occupational therapy<br>Medical supplies and equipment (excluding medications) provided by the agency | You pay $0 after $250 deductible |
| **Durable Medical Equipment**<br>Durable medical equipment and supplies<br>Prosthetic devices<br>Therapeutic shoes/inserts for severe diabetes | You pay $0 for Medicare covered services after $250 deductible |
| **Bariatric Surgery** | You pay $0 after $250 deductible |
| **National Diabetes Prevention Program** | You pay $0 |
| **Telehealth/Telemedicine** | In-Network: PCP, Specialist, Behavioral Health & Substance Abuse, Urgently Needed Care<br>You pay $0<br>Out-of-Network: N/A |

**Bold text** indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

## 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 2027 Medicare & You handbook.

# Pharmacy copay structure for Part D network benefits

| General information | Humana Prescription Drug Plan |
|---|---|
| This plan uses a formulary<br>Some drugs require prior authorization<br>Quantity limits and step therapy apply to certain drugs<br>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003<br>You will be notified before changes are made to your plan's formulary | Pharmacy Deductible<br>$250 deductible*<br>30-Day Supply<br>$5 copay Tier 1 Generic or Preferred Generic<br>$45 copay Tier 2 Preferred Brand<br>$75 copay Tier 3 Non-Preferred Brand<br>$100 copay Tier 4 Specialty<br>$0 copay Buproban, Nicotrol, Chantix and generic statins (deductible does not apply)<br>Insulin – Lesser of 25% coinsurance or $35 copay<br>100-Day Supply<br>$10 copay Tier 1<br>$90 copay Tier 2<br>$150 copay Tier 3<br>N/A Tier 4 (30-Day Only)<br>$0 copay Buproban, Nicotrol, Chantix and generic statins (deductible does not apply)<br>Insulin – Lesser of 25% coinsurance or $105 copay<br>Catastrophic Coverage<br>Maximum out-of-pocket **$2,400**<br>Once your maximum out-of-pocket is reached, you pay $0 for covered Part D drugs for the remainder of the calendar year.<br>*The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. |

**Bold text** indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

# MAPD HMO plans

**All benefits are based on Medicare-covered services**

| Services | CommunityCare Senior Health Plan | Generations by GlobalHealth |
|---|---|---|
| **Hospitalization**<br>Semiprivate room (private room if medically necessary)<br>Nursing services and medications<br>Laboratory tests, X-rays and other radiology services<br>Inpatient physician and surgical services, including anesthesia<br>Necessary medical supplies and appliances<br>Blood and its administration<br>Operating room, special care units and rehabilitation services | $50 copay each day for **days 1-7**<br>$0 copay each day for **day 8** and beyond for a Medicare-covered stay in a network hospital<br>Prior authorization required, except in an emergency<br>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<br>Copays apply for each admission | $50/day – days 1-5<br>$0 – days 6-90 per admission<br>You are covered for unlimited days each benefit period<br>Prior authorization required, except in an emergency |
| **Organ Transplants**<br>Cornea, heart, heart-lung, kidney, liver, lung, bone marrow, intestinal and multivisceral, pancreas, and stem cell<br>Must be performed in a Medicare-approved transplant facility | **$50 copay** each day for **days 1-7**<br>$0 copay each day for **day 8** and beyond<br>Prior authorization required | $50/day – days 1-5<br>$0 – days 6-90 per admission<br>You are covered for unlimited days each benefit period<br>Prior authorization required, except in an emergency |
| **Outpatient Hospital Services**<br>Outpatient surgical services in an ambulatory surgical center or outpatient hospital facility | $50 copay for each visit<br>Prior authorization required | $0 copay per surgery in an ambulatory surgery center<br>$200 copay per surgery in an outpatient hospital |
| **Radiation therapy** | $0 copay<br>Prior authorization required | $40 copay |
| **Blood** | $0 copay | $0 copay |

**Bold text** indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

| 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**<br>During a temporary absence from service area | $10 copay for each visit worldwide | $15 copay for each visit within the U.S. |
| **Emergency Services** | **$120 copay** for each Medicare-covered visit worldwide<br>Waived if admitted inpatient to hospital within 48 hours for same condition | $75 copay for each visit nationwide; all-inclusive<br>Waived if admitted inpatient to hospital or for outpatient surgery within 24 hours for same condition |
| **Ambulance Services**<br>Medically necessary services as covered by Medicare | $50 copay<br>Waived if admitted inpatient to hospital | $50 copay<br>Waived if admitted inpatient to hospital |
| **Skilled Nursing Facility (Inpatient Services)**<br>Semiprivate room and regular nursing services<br>Physical, occupational and speech therapy<br>Drugs and necessary medical equipment and supplies furnished by facility<br>Blood and its administration<br>Inpatient radiology and pathology<br>Use of appliances such as wheelchairs | $0 copay for days 1-20<br>$100 copay for days 21-100 for each benefit period<br>No prior hospital stay required<br>Prior authorization required<br>All services listed at left are inclusively covered under the skilled nursing facility copayment | $0 copay per day for days 1-20<br>$184 copay for days 21-100<br>No prior hospital stay required<br>Prior authorization required<br>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 summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

| Services | CommunityCare Senior Health Plan | Generations by GlobalHealth |
|---|---|---|
| **Professional Services**<br>Office visit<br>Consultation, diagnosis and treatment by a specialist<br>Medical and surgical care<br>Allergy tests and treatment (serum)<br>Diagnostic tests and treatment<br>Medical supplies including casts, dressings and splints | $0 copay for each PCP visit<br>$10 copay for each specialist visit | $0 copay for each PCP visit<br>$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<br>Prior authorization may apply | $0 copay |
| **Physical, Occupational and Speech Therapy Services** | $0 copay for each visit<br>Prior authorization required | $20 copay for each visit<br>Prior authorization required |
| **Hearing Examinations** | $0 copay for routine hearing tests<br>$0 copay for diagnostic hearing exams<br>You may be reimbursed for hearing aids using your Wallet Benefit. Annual limits apply | $0 copay for each PCP diagnostic evaluation<br>$20 copay for each specialist exam to diagnose and treat hearing and balance issues<br>$500 per year allowance for hearing aids |
| **Chiropractic**<br>Limited to manual manipulation of the spine as medically necessary | $10 copay each visit | $20 copay each visit<br>No prior authorization required |

**Bold text** indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

| Services | CommunityCare Senior Health Plan | Generations by GlobalHealth |
|---|---|---|
| **Part-Time or Intermittent Skilled Nursing Care**<br>Home health aide in conjunction with skilled care<br>Physical, speech and occupational therapy<br>Medical supplies and equipment (excluding medications) provided by the agency | $0 copay for Medicare-covered home health visits<br>Prior authorization required | $0 copay for home health visits<br>Prior authorization required |
| **Durable Medical Equipment**<br>Durable medical equipment and supplies | $0 to $50 copay or 20% coinsurance for each item<br>Prior authorization required | 20% coinsurance for each item<br>Prior authorization required |
| **Prosthetic devices** | $0 copay for each device<br>Prior authorization required | $0 if surgically implanted<br>20% coinsurance per external device<br>Prior authorization required |
| **Therapeutic shoes/inserts for severe diabetes** | $0 copay for each orthotic<br>Prior authorization required | $0 for each orthotic<br>Prior authorization required |
| **Bariatric Surgery** | Inpatient: $50 copay each day for **days 1-7** and $0 copay each **day 8** and beyond<br>Outpatient: $0 copay<br>Prior authorization required | $50/day – days 1-5<br>$0 – days 6-90 inpatient copay<br>You are covered for unlimited days each benefit period<br>Prior authorization required |
| **National Diabetes Prevention Program** | 0% coinsurance/$0 copay | 0% coinsurance/$0 copay |
| **Telehealth/Telemedicine** | $0 copay for each PCP visit<br>$10 copay for each specialist visit | Covered same as office visit if provider offers Telehealth/ Telemedicine services |

**Bold text** indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

## 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 2027 Medicare & You handbook.

## Pharmacy copay structure for Part D network benefits

| General information | CommunityCare Senior Health Plan |
|---|---|
| This plan uses a formulary<br>Some drugs require prior authorization<br>Quantity limits and step therapy apply to certain drugs<br>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003<br>You will be notified before changes are made to your plan's formulary | Pharmacy Deductible<br>***$200 deductible**<br>30-Day Supply<br>$0 copay Tier 1 preferred generic drugs<br>Up to $10 copay Tier 2 generic drugs<br>Up to $30 copay Tier 3 preferred brand drugs*<br>Up to $60 copay Tier 4 non-preferred drugs (including tobacco cessation)*<br>**31% coinsurance** Tier 5 specialty drugs and certain injectables*<br>Insulin – No more than $35 copay<br><br>Maximum out-of-pocket: **$2,400**.<br>90-Day Supply<br>$0 copay Tier 1 preferred generic drugs<br>Up to $20 copay Tier 2 generic drugs<br>Up to $60 copay Tier 3 preferred brand drugs*<br>Up to $120 copay Tier 4 non-preferred drugs (including tobacco cessation)*<br>**31% coinsurance** Tier 5 specialty drugs and certain injectables*<br>Insulin – No more than $70 copay<br><br>Mail order is available for up to a 90-day supply<br>Maximum out-of-pocket **$2,400**. |

**Bold text** indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

# Pharmacy copay structure for Part D network benefits

| General information | Generations by GlobalHealth |
|---|---|
| Mandatory generic and brand formulary medications you get at a network pharmacy<br>Some drugs require prior authorization<br>Quantity limits and step therapy apply to certain drugs<br>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003<br>You will be notified before changes are made to your plan's formulary | 30-Day Supply<br>$0 copay Tier 1<br>$15 copay Tier 2<br>$42 copay Tier 3<br>$95 copay Tier 4<br>33% coinsurance Tier 5<br>Insulin – No more than $35 copay<br>30- to 90-Day Supply<br>$0 copay Tier 1<br>$0 copay Tier 2<br>$84 copay Tier 3<br>$190 copay Tier 4<br>Not covered Tier 5<br>Insulin – No more than $84 copay (Tier 3) or $105 copay (Tier 4)<br><br>Mail Order<br>30-Day Supply<br>$0 copay Tier 1<br>$15 copay Tier 2<br>$42 copay Tier 3<br>$95 copay Tier 4<br>33% coinsurance Tier 5<br>Insulin – No more than $35 copay<br><br>30- to 90-Day Supply<br>$0 copay Tier 1<br>$0 copay Tier 2<br>$84 copay Tier 3<br>$190 copay Tier 4<br>Not covered Tier 5<br>Insulin – No more than $84 copay (Tier 3) or $105 copay (Tier 4) |
| | Maximum out-of-pocket **$2,400** |

**Bold text** indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the front of this guide.

# MAPD SERVICE AREAS

## CommunityCare Senior Health Plan

| | | | | | |
|---|---|---|---|---|---|
| Adair | Canadian | Cherokee | Cleveland | Comanche | Craig |
| Creek | Delaware | Garvin | Grady | Haskell | Hughes |
| Jefferson | Kingfisher | Latimer | LeFlore | Lincoln | Logan |
| Mayes | McClain | McIntosh | Muskogee | Nowata | Okfuskee |
| Oklahoma | Okmulgee | Osage | Ottawa | Pawnee | Payne |
| Pittsburg | Pottawatomie | Pushmataha | Rogers | Seminole | Sequoyah |
| Stephens | Tulsa | Wagoner | Washington | | |

## Generations by GlobalHealth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 73001 | 73002 | 73003 | 73004 | 73005 | 73006 | 73007 | 73008 |
| 73009 | 73010 | 73011 | 73012 | 73013 | 73014 | 73015 | 73017 |
| 73018 | 73019 | 73020 | 73022 | 73023 | 73025 | 73026 | 73027 |
| 73028 | 73029 | 73031 | 73033 | 73034 | 73036 | 73038 | 73042 |
| 73044 | 73045 | 73047 | 73048 | 73049 | 73050 | 73051 | 73052 |
| 73053 | 73054 | 73056 | 73057 | 73058 | 73059 | 73063 | 73064 |
| 73065 | 73066 | 73067 | 73068 | 73069 | 73070 | 73071 | 73072 |
| 73073 | 73074 | 73075 | 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 | 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 | 73401 | 73402 | 73403 | 73433 | 73435 | 73436 |
| 73437 | 73438 | 73443 | 73444 | 73451 | 73454 | 73458 | 73463 |
| 73481 | 73487 | 73488 | 73701 | 73702 | 73703 | 73705 | 73706 |
| 73720 | 73727 | 73730 | 73733 | 73735 | 73736 | 73738 | 73743 |
| 73753 | 73754 | 73773 | 74008 | 74010 | 74011 | 74012 | 74013 |
| 74014 | 74015 | 74016 | 74017 | 74018 | 74019 | 74020 | 74021 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 74026 | 74028 | 74030 | 74031 | 74033 | 74034 | 74036 | 74037 |
| 74038 | 74039 | 74041 | 74043 | 74044 | 74045 | 74046 | 74047 |
| 74050 | 74052 | 74053 | 74055 | 74058 | 74063 | 74066 | 74067 |
| 74068 | 74071 | 74073 | 74079 | 74080 | 74081 | 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 | 74330 | 74332 |
| 74337 | 74340 | 74350 | 74352 | 74361 | 74362 | 74365 | 74366 |
| 74367 | 74401 | 74402 | 74403 | 74421 | 74422 | 74423 | 74425 |
| 74426 | 74428 | 74429 | 74430 | 74431 | 74432 | 74434 | 74436 |
| 74437 | 74438 | 74439 | 74442 | 74445 | 74446 | 74447 | 74450 |
| 74452 | 74454 | 74455 | 74456 | 74458 | 74459 | 74460 | 74461 |
| 74463 | 74467 | 74468 | 74469 | 74470 | 74477 | 74501 | 74502 |
| 74522 | 74528 | 74529 | 74531 | 74546 | 74547 | 74553 | 74554 |
| 74560 | 74561 | 74565 | 74570 | 74640 | 74650 | 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 | | |

## Humana MAPD PPO (MA PPO Plan & Prescription Drug Plan)

You are eligible for Humana MAPD PPO (MA PPO Plan & Prescription Drug Plan) 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 see you and bill Humana.

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OKLAHOMA
Employees Group
Insurance Division