

Comparison of Benefits

Medicare Supplement Plans

Medicare Advantage

Prescription Drug Plans

Plan Year 2018

Jan. 1 – Dec. 31, 2018



Health Plan Identification

Plan Administrator

Office of Management and Enterprise Services (OMES)
Employees Group Insurance Division (EGID)
3545 N.W. 58th St., Ste. 600, Oklahoma City, OK 73112
405-717-8780 or toll-free 800-752-9475
TDD 405-949-2281 or 866-447-0436

HealthChoice Medicare Supplement Plans

Member Services, Monday through Friday, 7:30 a.m. to 4:30 p.m. Central Time
405-717-8780 or toll-free 800-752-9475; Fax 405-717-8942
TDD 405-949-2281 or toll-free 866-447-0436
www.healthchoiceok.com

Aetna MA-PD

Member Services, Monday through Friday, 8 a.m. to 6 p.m.
P.O. Box 981106, El Paso, TX 79998-1106
Toll-free 888-267-2637 or TTY 711
Prospective Members, Monday through Friday, 8 a.m. to 9 p.m. Eastern Time
Toll-free 800-307-4830 or TTY 711
www.aetnamedicare.com/en/for-members/group-plans.html

CommunityCare Senior Health Plan

Member Services, Monday through Sunday, 8 a.m. to 8 p.m. Central Time
P.O. Box 3327, Tulsa, OK 74101
Toll-free 800-642-8065
Relay Service for the Hearing Impaired toll-free 800-722-0353
www.ccok.com

Generations State of Oklahoma Retiree Plan by GlobalHealth

Customer Care, Monday through Sunday, 8 a.m. to 8 p.m. Central Time
P.O. Box 1747
Oklahoma City, OK 73101-1747
Current Members: 405-280-5555 or toll-free 844-280-5555 or TTY 711
Prospective Members: toll-free 844-322-8422 or TTY 711
www.globalhealth.com/medicare

Monthly Premiums for Medicare Eligible Members

Plan Year Jan. 1 – Dec. 31, 2018

MEDICARE SUPPLEMENT PLANS	
HealthChoice SilverScript High Option Medicare Supplement	\$375.58 per covered person
HealthChoice SilverScript Low Option Medicare Supplement	\$300.60 per covered person
MEDICARE ADVANTAGE PRESCRIPTION DRUG (MA-PD) PLANS	
Aetna Medicare	\$323.22 per covered person
CommunityCare Senior Health Plan	\$282.00 per covered person
Generations by GlobalHealth	\$192.00 per covered person

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

The information contained in this guide is only
a brief summary of the listed options.

Benefits for the High and Low Option 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
<p>Hospitalization Includes semiprivate room, meals, drugs as part of your inpatient treatment, and other hospital services and supplies</p> <p>First 60 days</p> <p>Days 61 through 90</p> <p>Days 91 and after while using Medicare's 60 lifetime reserve days</p> <p>The plan's additional lifetime reserve days</p> <p>Beyond the plan's lifetime reserve days</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0 for additional lifetime reserve days. Limited to 365 days</p> <p>You pay 100%</p>
<p>Skilled Nursing Facility Care Must meet Medicare requirements, including inpatient hospitalization for at least 3 days and entering a Medicare-approved facility within 30 days of leaving the hospital; limited to 100 days per calendar year</p> <p>First 20 days</p> <p>Days 21 through 100</p> <p>Days 101 and after</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay 100%</p>
<p>Hospice Care Your doctor and hospice provider must certify you are terminally ill and you elect hospice Includes physical care, counseling, equipment, supplies, respite care, inpatient care and drugs for pain and symptom control</p>	<p>You pay up to \$5 per prescription for palliative drugs or biologicals You also pay 5% of Medicare amounts for inpatient respite care</p>
<p>Blood Limited to the first 3 pints unless you or someone else donates blood to replace what you use</p>	<p>You pay \$0</p>

Medicare Part B (Medical) Services

All Benefits are Based on Medicare-Approved Amounts

Part B Network Services	HealthChoice SilverScript High and Low Options
<p>Medical Expenses Medically necessary outpatient services and supplies Includes doctor's visits, outpatient hospital treatment, surgical services, physical and speech therapy and diagnostic tests</p>	You pay the Part B deductible
<p>Clinical Diagnostic Laboratory Services Blood tests, urinalysis and tissue pathology</p>	You pay \$0
<p>Home Health Care Intermittent skilled care and medical supplies</p>	You pay \$0
<p>Durable Medical Equipment Items such as nebulizers, wheelchairs and walkers</p>	You pay the Part B deductible
<p>Diabetes Monitoring Supplies Glucose monitors, test strips and lancets for those with diabetes Must be requested by your doctor</p>	You pay the Part B deductible
<p>Ostomy Supplies Includes ostomy bags, wafers and other ostomy supplies for those who have a need based on their condition</p>	You pay the Part B deductible
<p>Blood Includes amounts in addition to the coverage under Part A unless you or someone else donates blood to replace what you use</p>	You pay the Part B deductible
<p>Outpatient Prescriptions Includes infused, oral end-stage renal disease drugs and some cancer and transplant drugs</p>	You pay the Part B deductible

Providers who do not accept Medicare assignment cannot charge a Medicare beneficiary more than 115% of the Medicare-approved amount.

Coverage for Additional Medical Services

Service	HealthChoice SilverScript High and Low Options
Foreign Travel Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A.	You pay the first \$250 each calendar year, then 20% and all amounts over the \$50,000 lifetime maximum.

Medicare Preventive Services

Medicare Part B covers many preventive services, such as your annual flu vaccination, wellness visit or screening mammogram, at 100 percent 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 www.cms.gov or www.medicare.gov. You can also refer to the 2018 *Medicare & You* handbook.

Pharmacy Copay Structure for Part D Network Benefits

General Information	HealthChoice SilverScript High Option
<p>This plan uses a formulary</p> <p>Mandatory generic and brand medications you get at a network pharmacy</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Only copays for covered drugs purchased at network pharmacies count toward out-of-pocket maximums</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003</p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p>Pharmacy Deductible You pay the first \$100 in medication costs before the copays listed below apply.</p> <p>No Coverage Gap. There is an annual out-of-pocket maximum.</p> <p>30-Day Supply Generic (Tier 1) Drugs Up to \$10 copay Preferred (Tier 2) Drugs Up to \$45 copay Non-Preferred (Tier 3) Drugs Up to \$75 copay Specialty (Tier 4) Drugs Up to \$100 copay Preferred Tobacco Cessation (Tier 5) Drugs \$0 copay</p> <p>31- to 90-Day Supply Generic (Tier 1) Drugs Up to \$25 copay Preferred (Tier 2) Drugs Up to a \$90 copay Non-Preferred (Tier 3) Drugs Up to \$150 copay Specialty (Tier 4) Drugs Specialty drugs are available in only a 30-day supply Preferred Tobacco Cessation (Tier 5) Drugs \$0 copay</p> <p>Once you reach the \$5,000 out-of-pocket maximum, you pay 0% for covered prescription drugs at network pharmacies for the remainder of the calendar year.</p>

Pharmacy Copay Structure for Part D Network Benefits

<p style="text-align: center;">General Information</p>	<p style="text-align: center;">HealthChoice SilverScript Low Option</p>
<p>This plan uses a formulary</p> <p>Mandatory generic and brand medications you get at a network pharmacy</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Only copays for covered drugs purchased at network pharmacies count toward the out-of-pocket maximums</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003</p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p>Pharmacy Deductible You pay the first \$405 in medication costs.</p> <p>Initial Coverage Limit After the deductible, you and HealthChoice share prescription drug costs. You pay 25% (\$836.25) and HealthChoice pays 75% (\$2,508.75) until total drug spending reaches \$3,750.</p> <p>Coverage Gap You pay 100% of your prescription drug costs at discounted rates – 44% of the cost of generic drugs and 35% of the cost of brand-name drugs. What you pay for brand-name drugs plus the manufacturer discount applies to your out-of-pocket to get out of the Coverage Gap. For generic drugs, only what you pay applies.</p> <p>Catastrophic Coverage Once you reach the \$5,000 out-of-pocket maximum, you pay \$0 for covered prescription drugs purchased at network pharmacies for the remainder of the calendar year.</p>

Benefits for the Medicare Advantage Prescription Drug Plans

MA-PD PPO Plan

All Benefits are Based on Medicare-Covered Services

Services	Aetna Medicare
<p>Hospitalization Semiprivate room (private room if medically necessary)</p> <p>Nursing services, medications and all meals Laboratory tests, X-rays and other radiology services</p> <p>Inpatient physician and surgical services, including anesthesia</p> <p>Necessary medical supplies and appliances</p> <p>Blood and its administration</p> <p>Operating room, special care units and rehabilitation services</p>	<p>You pay \$0 per stay after \$150 plan deductible</p>
<p>Organ Transplants Must be performed in a Medicare-approved transplant facility</p>	<p>You pay \$0 per stay after \$150 plan deductible</p>
<p>Skilled Nursing Facility (Inpatient Services) Semi-private room, regular nursing services and all meals</p> <p>Physical, occupational and speech therapy</p> <p>Drugs and necessary medical equipment and supplies furnished by the facility</p> <p>Blood and its administration</p> <p>Inpatient radiology and pathology</p> <p>Use of appliances such as wheelchairs</p>	<p>You pay \$0 per stay after \$150 plan deductible</p>

Services	Aetna Medicare
Outpatient Hospital Services Outpatient surgical services in an ambulatory surgical center or outpatient hospital facility	You pay \$0 after \$150 plan deductible
Urgent Care Services Urgently needed services worldwide	You pay \$0
Emergency Services Emergency services needed worldwide	You pay \$0
Ambulance Services When medically necessary	You pay \$0
Professional Services Office visit Consultation, diagnosis and treatment by a specialist Medical and surgical care Allergy tests and treatment (serum) Diagnostic tests and treatment Medical supplies including casts, dressings and splints	You pay \$0 after \$150 plan deductible
Physical, Occupational and Speech Therapy Services	You pay \$0 after \$150 plan deductible
Laboratory Services	You pay \$0 after \$150 plan deductible
X-Ray/Diagnostic Radiology	You pay \$0 after \$150 plan deductible
Hearing Examinations	You pay \$0
Chiropractic Limited to manual manipulation of the spine as medically necessary	You pay \$0

Services	Aetna Medicare
<p>Part-Time or Intermittent Skilled Nursing Care Home health aide in conjunction with skilled care</p> <p>Physical, speech and occupational therapy</p> <p>Medical supplies and equipment (excluding medications) provided by the agency</p>	<p>You pay \$0 after \$150 plan deductible</p>
<p>Durable Medical Equipment Durable medical equipment (DME) and supplies</p> <p>Prosthetic devices</p> <p>Therapeutic shoes/inserts for severe diabetes</p>	<p>You pay \$0 after \$150 plan deductible</p>

Medicare Preventive Services

Aetna Medicare covers many Part B preventive services, such as your annual flu vaccination, wellness visit or screening mammogram, at 100 percent when you use a doctor or other health care provider who is a Medicare eligible provider.

For Aetna Medicare 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 www.cms.gov or www.medicare.gov. You can also refer to the 2018 *Medicare & You* handbook.

Pharmacy Copay Structure for Part D Network Benefits

<p style="text-align: center;">General Information</p>	<p style="text-align: center;">Aetna Medicare</p>
<p>This plan uses a formulary</p> <p>Mandatory generic and brand medications you get at a network pharmacy</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003</p> <p>You will be notified before changes are made to your plan's formulary</p>	<p>30-Day Supply Up to \$9 copay – Tier 1 Up to \$45 copay – Tier 2 Up to \$75 copay – Tier 3 33% coinsurance – Tier 4 \$0 copay smoking cessation drugs on any tier</p> <p>31- to 90-day supply Up to \$9 copay – Tier 1 Up to \$90 copay – Tier 2 Up to \$150 copay – Tier 3 Specialty drugs are limited to a 30-day supply \$0 copay smoking cessation drugs on any tier</p> <p>Once you reach the \$5,000 out-of-pocket maximum, you pay 0% for covered prescription drugs at network pharmacies for the remainder of the year.</p> <p>Retail and mail order are available for up to a 90-day supply.</p>

MA-PD HMO Plans

All Benefits are Based on Medicare-Covered Services

Services	CommunityCare Senior Health Plan	Generations by GlobalHealth
<p>Hospitalization Semiprivate room (private room if medically necessary)</p> <p>Nursing services and medications Laboratory tests, X-rays and other radiology services</p> <p>Inpatient physician and surgical services, including anesthesia</p> <p>Necessary medical supplies and appliances</p> <p>Blood and its administration Operating room, special care units and rehabilitation services</p>	<p>\$50 copay each day for days 1-5 \$0 copay each day for days 6-90 for a Medicare-covered stay in a network hospital Prior authorization required, except in an emergency.</p> <p>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. You must pay the inpatient hospital copay for each benefit period.</p>	<p>\$250 copay per admission You are covered for unlimited days each benefit period. Prior authorization required, except in an emergency.</p>
<p>Organ Transplants Cornea, heart, heart-lung, kidney, liver, lung, bone marrow, intestinal and multivisceral, pancreas and stem cell Must be performed in a Medicare-approved transplant facility</p>	<p>\$50 copay each day for days 1-5 \$0 copay each day for days 6-90</p>	<p>\$250 copay per admission You are covered for unlimited days each benefit period. Prior authorization required except in the case of an emergency.</p>
<p>Outpatient Hospital Services Outpatient surgical services in an ambulatory surgical center or outpatient hospital facility.</p> <p>Radiation therapy Blood</p>	<p>\$0 copay for each visit Prior authorization required</p> <p>\$0 copay \$0 copay for blood services</p>	<p>\$0 copay per surgery in an ambulatory surgery center or preferred outpatient hospital; \$200 copay per surgery in a non-preferred outpatient hospital. \$40 copay \$0 per pint, 3 pint deductible waived.</p>

Services	CommunityCare Senior Health Plan	Generations by GlobalHealth
In-Area Urgent Care Services	\$20 copay for each Medicare-covered visit	\$20 copay for each visit
Out-of-Area Urgent Care Services During a temporary absence from service area	\$20 copay for each Medicare-covered visit worldwide	\$20 copay for each visit nationwide
Emergency Services	\$75 copay for each Medicare-covered visit worldwide Waived if admitted inpatient to hospital within 48 hours for same condition	\$75 copay for each visit nationwide; all inclusive Waived if admitted inpatient to hospital or for outpatient surgery within 24 hours for same condition
Ambulance Services Medically necessary services as covered by Medicare	\$50 copay Waived if admitted inpatient to hospital	\$50 copay Waived if admitted inpatient to hospital
Skilled Nursing Facility (Inpatient Services) Semi-private room and regular nursing services Physical, occupational and speech therapy Drugs and necessary medical equipment and supplies furnished by the facility Blood and its administration Inpatient radiology and pathology Use of appliances such as wheelchairs	\$0 copay for days 1-20 \$50 copay for days 21-100 for each benefit period No prior hospital stay required; prior authorization required. All services listed at left are inclusively covered under the skilled nursing facility copayment.	\$0 copay per day for days 1-20 \$160 copay per day for days 21-100 No prior hospital stay required; prior authorization required. All services listed at left are inclusively covered under the skilled nursing facility copayment.

Services	CommunityCare Senior Health Plan	Generations by GlobalHealth
<p>Professional Services</p> <p>Office visit</p> <p>Consultation, diagnosis and treatment by a specialist</p> <p>Medical and surgical care</p> <p>Allergy tests and treatment (serum)</p> <p>Diagnostic tests and treatment</p> <p>Medical supplies including casts, dressings and splints</p>	<p>\$10 copay for each PCP visit</p> <p>\$20 copay for each specialist visit</p>	<p>\$0 copay for each PCP visit</p> <p>\$20 copay for each specialist visit</p> <p>Prior authorization required, except for OB/GYN.</p>
<p>X-Ray/Diagnostic Radiology Services</p>	<p>\$0 copay</p>	<p>\$0 copay</p>
<p>Laboratory Services</p>	<p>\$0 copay for each diagnostic procedure and test. Prior authorization may apply.</p>	<p>\$0 copay</p>
<p>Physical, Occupational and Speech Therapy Services</p>	<p>\$40 copay for each visit</p> <p>Prior authorization required</p>	<p>\$20 copay for each visit</p> <p>Prior authorization required</p>
<p>Hearing Examinations</p>	<p>\$10 copay for routine hearing tests</p> <p>\$20 copay for diagnostic hearing exams</p> <p>You pay 100% for hearing aids</p>	<p>\$0 copay for each PCP diagnostic evaluation</p> <p>\$20 copay for each specialist exam to diagnose and treat hearing and balance issues</p>
<p>Chiropractic</p> <p>Limited to manual manipulation of the spine as medically necessary</p>	<p>\$15 copay each visit</p> <p>Prior authorization required</p>	<p>\$20 copay each visit</p>

Services	CommunityCare Senior Health Plan	Generations by GlobalHealth
<p>Part-Time or Intermittent Skilled Nursing Care Home health aide in conjunction with skilled care</p> <p>Physical, speech and occupational therapy</p> <p>Medical supplies and equipment (excluding medications) provided by the agency</p>	<p>\$35 copay for Medicare-covered home health visits Prior authorization required</p>	<p>\$0 copay for home health visits Prior authorization required</p>
<p>Durable Medical Equipment Durable medical equipment and supplies</p> <p>Prosthetic devices</p> <p>Therapeutic shoes/inserts for severe diabetes</p>	<p>\$0 to \$50 copay or 20% coinsurance for each item Prior authorization required</p> <p>\$0 copay for each device Prior authorization is required</p> <p>\$0 for each orthotic</p>	<p>20% coinsurance for each item Prior authorization required</p> <p>\$0 if surgically implanted 20% coinsurance per external device Prior authorization required</p> <p>\$0 for each orthotic Prior authorization is required</p>

Medicare Preventive Services

The MA-PD HMO plans cover many Part B preventive services, such as your annual flu vaccination, wellness visit or screening mammogram, at 100 percent 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 www.cms.gov or www.medicare.gov. You can also refer to the 2018 *Medicare & You* handbook.

Pharmacy Copay Structure for Part D Network Benefits

General Information	CommunityCare Senior Health Plan	Generations by GlobalHealth
<p>These plans use a formulary</p> <p>Mandatory generic and brand medications you get at a network pharmacy</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the <i>Medicare Modernization Act of 2003</i></p> <p>You will be notified before changes are made to your plan's formulary</p>	<p>30-day supply \$0 copay – Tier 1 preferred generic drugs Up to \$10 copay – Tier 2 generic drugs Up to \$30 copay – Tier 3 preferred brand drugs Up to \$60 copay – Tier 4 non-preferred drugs (including tobacco cessation) 33% coinsurance for specialty drugs and certain injectables</p> <p>90-day supply \$0 copay – Tier 1 preferred generic drugs Up to \$20 copay – Tier 2 generic drugs Up to \$60 copay – Tier 3 preferred brand drugs Up to \$120 copay – Tier 4 non-preferred drugs (including tobacco cessation) 33% coinsurance for specialty drugs and certain injectables</p> <p>Mail order is available for up to a 90-day supply.</p> <p>Once you reach the \$5,000 out-of-pocket maximum, you pay the greater of 5% of the cost or \$3.35 for generic drugs and preferred multi-source brand drugs or \$8.35 for all other drugs for the remainder of the calendar year.</p>	<p>Preferred Retail</p> <p>30-day supply \$5 copay – Tier 1 \$15 copay – Tier 2 \$42 copay – Tier 3 40% coinsurance – Tier 4 33% coinsurance – Tier 5</p> <p>31- to 90-day supply \$15 copay – Tier 1 \$45 copay – Tier 2 \$126 copay – Tier 3 40% coinsurance – Tier 4</p> <p>Preferred Mail Order</p> <p>30-day supply \$5 copay – Tier 1 \$15 copay – Tier 2 \$42 copay – Tier 3 30% coinsurance – Tier 4 33% coinsurance – Tier 5</p> <p>31- to 90-day supply \$10 copay – Tier 1 \$30 copay – Tier 2 \$84 copay – Tier 3 30% coinsurance – Tier 4</p> <p>Once you reach the \$5,000 out-of-pocket maximum, you pay Medicare-defined amounts for covered generic and brand prescription drugs purchased at network pharmacies for the remainder of the year.</p> <p>Gap coverage for Tiers 1 and 2 and insulin and syringes in Tier 3.</p>

ZIP Code Service Areas for MA-PD Plans

County	Aetna Medicare
Adair	74457, 74931,74960,74964,74965
Alfalfa	73716, 73719, 73722, 73726, 73728, 73739, 73741, 73749
Atoka	74525, 74533, 74540, 74542, 74555, 74569
Beaver	73844, 73931, 73932, 73938, 73950
Beckham	73627, 73644, 73645, 73648, 73662, 73668
Blaine	73040, 73043, 73724, 73744, 73755, 73763, 73770, 73772
Bryan	73449, 74701, 74702, 74720, 74721, 74723, 74726, 74729, 74730, 74731, 74733, 74741, 74747, 74753
Caddo	73001, 73005, 73006, 73009, 73015, 73017, 73029, 73033, 73038, 73042, 73047, 73048, 73053
Canadian	73014, 73022, 73036, 73064, 73078, 73085, 73090, 73099
Carter	73401, 73402, 73403, 73435, 73436, 73437, 73438, 73443, 73444, 73458, 73463, 73481, 73487, 73488
Cherokee	74427, 74441, 74444, 74451, 74452, 74464, 74465, 74471
Choctaw	74727, 74735, 74738, 74743, 74756, 74759, 74760, 74761
Cimarron	73933, 73937, 73946, 73947
Cleveland	73019, 73026, 73051, 73068, 73069, 73070, 73071, 73072, 73153, 73160, 73165, 73170, 73189, 74857
Coal	74534, 74535, 74538, 74556, 74572
Comanche	73501, 73502, 73503, 73505, 73506, 73507, 73527, 73528, 73538, 73540, 73541, 73543, 73552, 73557, 73558, 73567
Cotton	73531, 73562, 73568, 73572
Craig	74301, 74332, 74333, 74369
Creek	74010, 74028, 74030, 74039, 74041, 74044, 74046, 74047, 74052, 74066, 74067, 74068, 74071, 74131
Custer	73096, 73601, 73620, 73625, 73639, 73669
Delaware	74338, 74342, 74344, 74345, 74346, 74347, 74359, 74368
Dewey	73646, 73654, 73658, 73659, 73663, 73667, 73835, 73859
Ellis	73832, 73840, 73843, 73858
Garfield	73701, 73702, 73703, 73705, 73706, 73720, 73727, 73730, 73733, 73735, 73736, 73738, 73743, 73753, 73754, 73773, 74640
Garvin	73052, 73057, 73074, 73075, 73098, 73433, 74872
Grady	73002, 73004, 73011, 73018, 73023, 73059, 73067, 73079, 73082, 73089, 73092
Grant	73758, 73759, 73761, 73766, 73771, 74636, 74643
Greer	73547, 73554, 73673
Harmon	73544, 73550, 73571
Harper	73834, 73848, 73851, 73855

ZIP Code Service Areas for MA-PD Plans

County	Aetna Medicare
Haskell	74440, 74462, 74472, 74552, 74941, 74943, 74944
Hughes	74531, 74570, 74827, 74839, 74848, 74850, 74883
Jackson	73521, 73522, 73523, 73526, 73532, 73537, 73539, 73549, 73556, 73560
Jefferson	73456, 73520, 73548, 73561, 73565, 73569, 73573
Johnston	73432, 73447, 73450, 73455, 73460, 73461, 74530, 74748, 74836, 74856
Kay	74601, 74602, 74604, 74631, 74632, 74641, 74646, 74647, 74653
Kingfisher	73016, 73734, 73742, 73750, 73756, 73762, 73764
Kiowa	73041, 73062, 73559, 73564, 73566, 73651, 73655
Latimer	74545, 74559, 74563, 74571, 74578
Le Flore	74549, 74577, 74901, 74902, 74930, 74932, 74935, 74937, 74939, 74940, 74942, 74947, 74949, 74951, 74953, 74956, 74959, 74966
Lincoln	74026, 74079, 74824, 74832, 74834, 74855, 74864, 74869, 74875, 74881
Logan	73027, 73028, 73044, 73050, 73056, 73058, 73063, 73073
Love	73430, 73441, 73448, 73453, 73459
Major	73718, 73729, 73737, 73747, 73760, 73768, 73838
Marshall	73439, 73440, 73446
Mayes	74330, 74337, 74340, 74349, 74350, 74352, 74361, 74362, 74364, 74365, 74366, 74367
McClain	73010, 73031, 73065, 73080, 73093, 73095, 74831
McCurtain	74722, 74724, 74728, 74734, 74736, 74737, 74740, 74745, 74750, 74752, 74754, 74755, 74764, 74766, 74957, 74963
McIntosh	74426, 74432, 74438, 74459, 74461, 74845
Murray	73030, 73032, 73039, 73086
Muskogee	74401, 74402, 74403, 74422, 74423, 74428, 74434, 74436, 74439, 74450, 74455, 74463, 74468, 74469, 74470
Noble	73061, 73077, 73757, 74630, 74644, 74651
Nowata	74027, 74042, 74048, 74072, 74083
Okfuskee	74829, 74833, 74859, 74860, 74880
Oklahoma	73003, 73007, 73008, 73012, 73013, 73020, 73025, 73034, 73045, 73049, 73054, 73066, 73083, 73084, 73097, 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, 73154, 73155, 73156, 73157, 73159, 73162, 73163, 73164, 73167, 73169, 73172, 73173, 73178, 73179, 73184, 73185, 73190, 73194, 73195, 73196, 73198
Okmulgee	74421, 74431, 74437, 74445, 74447, 74456, 74460
Osage	74001, 74002, 74035, 74054, 74056, 74060, 74084, 74633, 74637, 74652

ZIP Code Service Areas for MA-PD Plans

County	Aetna Medicare
Ottawa	74331, 74335, 74339, 74343, 74354, 74355, 74358, 74360, 74363, 74370
Pawnee	74020, 74034, 74038, 74045, 74058, 74081, 74650
Payne	74023, 74032, 74059, 74062, 74074, 74075, 74076, 74077, 74078, 74085
Pittsburg	74425, 74430, 74442, 74501, 74502, 74522, 74528, 74529, 74546, 74547, 74553, 74554, 74560, 74561, 74565, 74576
Pontotoc	74820, 74821, 74825, 74842, 74843, 74844, 74865, 74871
Pottawatomie	74801, 74802, 74804, 74826, 74840, 74851, 74852, 74854, 74866, 74873, 74878
Pushmataha	74521, 74523, 74536, 74543, 74557, 74558, 74562, 74567, 74574
Roger Mills	73628, 73638, 73642, 73650, 73660, 73666
Rogers	74015, 74016, 74017, 74018, 74019, 74031, 74036, 74053, 74080
Seminole	74818, 74830, 74837, 74849, 74867, 74868, 74884
Sequoyah	74435, 74936, 74945, 74946, 74948, 74954, 74955, 74962
Stephens	73055, 73425, 73434, 73442, 73491, 73529, 73533, 73534, 73536
Texas	73901, 73939, 73942, 73944, 73945, 73949, 73951
Tillman	73530, 73542, 73546, 73551, 73553, 73555, 73570
Tulsa	74008, 74011, 74012, 74013, 74021, 74033, 74037, 74043, 74050, 74055, 74063, 74070, 74073, 74101, 74102, 74103, 74104, 74105, 74106, 74107, 74108, 74110, 74112, 74114, 74115, 74116, 74117, 74119, 74120, 74121, 74126, 74127, 74128, 74129, 74130, 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, 74192, 74193, 74194
Wagoner	74014, 74429, 74446, 74454, 74458, 74467, 74477
Washington	74003, 74004, 74005, 74006, 74022, 74029, 74051, 74061, 74082
Washita	73021, 73024, 73622, 73624, 73626, 73632, 73641, 73647, 73661, 73664
Woods	73717, 73731, 73746, 73842, 73860
Woodward	73801, 73802, 73841, 73852, 73853, 73857

You must live within the ZIP code listed for your county to be eligible for Aetna Medicare.

However, you can receive services anywhere within the United States as long as the provider is a Medicare eligible provider. The Aetna Medicare plan has an extended service area network beyond the network within their ZIP code service area.

ZIP Code Service Areas for MA-PD Plans

County	CommunityCare Senior Health Plan
Creek	74010, 74028, 74030, 74033, 74037, 74038, 74039, 74041, 74044, 74046, 74047, 74052, 74063, 74066, 74067, 74068, 74071, 74079, 74131, 74132
Osage	74002, 74035, 74054, 74060, 74063, 74070, 74084, 74126, 74127
Tulsa	74008, 74011, 74012, 74013, 74014, 74015, 74021, 74033, 74037, 74043, 74047, 74050, 74055, 74063, 74066, 74070, 74073, 74100, 74101, 74102, 74103, 74104, 74105, 74106, 74107, 74108, 74110, 74112, 74114, 74115, 74116, 74117, 74119, 74120, 74121, 74126, 74127, 74128, 74129, 74130, 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
Wagoner	74008, 74014, 74015, 74036, 74108, 74337, 74352, 74403, 74429, 74434, 74436, 74446, 74454, 74458, 74466, 74467, 74477
Washington	74003, 74005, 74006, 74029, 74051, 74061, 74070

ZIP Code Service Areas for MA-PD Plans

County	Generations by GlobalHealth
Adair	74457, 74931, 74960, 74964, 74965
Alfalfa	73716, 73719, 73722, 73726, 73728, 73739, 73741, 73749
Blaine	73040, 73043, 73724, 73744, 73755, 73763, 73770, 73772
Caddo	73001, 73005, 73006, 73009, 73015, 73017, 73029, 73033, 73038, 73042, 73047, 73048, 73053, 73094
Canadian	73014, 73022, 73036, 73040, 73047, 73064, 73078, 73085, 73090, 73099, 73127, 73128, 73179, 73762
Cherokee	74427, 74434, 74441, 74444, 74451, 74452, 74464, 74465, 74471, 74931
Cleveland	73019, 73020, 73026, 73051, 73068, 73069, 73070, 73071, 73072, 73139, 73149, 73153, 73159, 73160, 73165, 73169, 73170, 73173, 73189, 74851, 74852, 74857, 74878
Cotton	73528, 73531, 73533, 73540, 73543, 73548, 73562, 73568, 73572
Craig	74016, 74072, 74301, 74331, 74332, 74333, 74349, 74354, 74369
Creek	74010, 74028, 74030, 74038, 74039, 74041, 74044, 74046, 74047, 74050, 74052, 74063, 74066, 74067, 74068, 74071, 74079, 74081, 74085, 74131, 74132
Dewey	73646, 73654, 73658, 73659, 73663, 73667, 73724, 73755, 73835, 73859
Garfield	73056, 73701, 73702, 73703, 73705, 73706, 73718, 73720, 73727, 73730, 73733, 73735, 73736, 73738, 73739, 73743, 73753, 73754, 73757, 73761, 73773, 74630, 74640
Garvin	73030, 73052, 73057, 73074, 73075, 73098, 73425, 73433, 73434, 74831, 74865, 74872
Grady	73002, 73004, 73010, 73011, 73017, 73018, 73023, 73052, 73055, 73059, 73067, 73079, 73082, 73089, 73092
Grant	73758, 73759, 73761, 73766, 73771, 74636, 74643, 74646
Haskell	74440, 74462, 74472, 74552, 74561, 74941, 74943, 74944
Hughes	74531, 74570, 74825, 74827, 74839, 74848, 74850, 74867, 74883
Jefferson	73442, 73456, 73520, 73529, 73548, 73561, 73565, 73569, 73573
Kingfisher	73016, 73028, 73056, 73734, 73742, 73750, 73756, 73762, 73763, 73764
Kiowa	73015, 73041, 73062, 73559, 73564, 73566, 73651, 73655
Lincoln	73045, 73054, 74023, 74026, 74059, 74079, 74824, 74832, 74834, 74851, 74855, 74864, 74869, 74875, 74881
Logan	73007, 73016, 73025, 73027, 73028, 73034, 73044, 73050, 73054, 73056, 73058, 73063, 73073, 74059, 74881
Major	73718, 73729, 73737, 73747, 73754, 73755, 73760, 73763, 73768, 73838
Mayes	74016, 74330, 74332, 74337, 74340, 74349, 74350, 74352, 74361, 74362, 74364, 74365, 74366, 74367, 74452
McClain	73010, 73011, 73031, 73052, 73057, 73065, 73072, 73074, 73080, 73093, 73095, 74831, 74872
McIntosh	74426, 74428, 74432, 74437, 74438, 74455, 74459, 74461, 74839, 74845

ZIP Code Service Areas for MA-PD Plans

County	Generations by GlobalHealth
Muskogee	74401, 74402, 74403, 74422, 74423, 74428, 74434, 74435, 74436, 74439, 74450, 74455, 74463, 74468, 74469, 74470
Noble	73061, 73073, 73077, 73757, 74032, 74075, 74630, 74644, 74651
Nowata	74016, 74027, 74042, 74048, 74072, 74083, 74301
Okfuskee	74431, 74829, 74833, 74839, 74859, 74860, 74880, 74883
Oklahoma	73003, 73007, 73008, 73012, 73013, 73020, 73025, 73034, 73045, 73049, 73054, 73066, 73083, 73084, 73097, 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, 73154, 73155, 73156, 73157, 73159, 73162, 73163, 73164, 73167, 73169, 73172, 73173, 73178, 73179, 73184, 73185, 73190, 73193, 73194, 73195, 73196, 73197, 73198, 73199, 74857
Okmulgee	74047, 74421, 74422, 74431, 74436, 74437, 74445, 74447, 74456, 74460, 74880
Osage	74001, 74002, 74003, 74022, 74035, 74051, 74054, 74056, 74060, 74063, 74070, 74073, 74084, 74126, 74127, 74604, 74633, 74637, 74650, 74652
Pawnee	73061, 74020, 74032, 74034, 74038, 74044, 74045, 74058, 74081, 74085, 74650, 74651
Pittsburg	74425, 74430, 74432, 74442, 74472, 74501, 74502, 74522, 74528, 74529, 74546, 74547, 74553, 74554, 74560, 74561, 74565, 74570, 74576
Pontotoc	74572, 74820, 74821, 74825, 74831, 74842, 74843, 74844, 74865, 74871, 74872
Pottawatomie	73045, 74801, 74802, 74804, 74826, 74840, 74849, 74851, 74852, 74854, 74855, 74864, 74866, 74873, 74878
Pushmataha	74521, 74523, 74536, 74540, 74543, 74549, 74557, 74558, 74562, 74567, 74571, 74574, 74735, 74760
Rogers	74015, 74016, 74017, 74018, 74019, 74021, 74031, 74036, 74053, 74055, 74080, 74116, 74332
Seminole	74818, 74830, 74837, 74840, 74848, 74849, 74854, 74859, 74867, 74868, 74884
Tillman	73528, 73530, 73542, 73546, 73551, 73553, 73555, 73566, 73570
Tulsa	74008, 74011, 74012, 74013, 74014, 74021, 74033, 74037, 74043, 74047, 74050, 74055, 74063, 74066, 74070, 74073, 74101, 74102, 74103, 74104, 74105, 74106, 74107, 74108, 74110, 74112, 74114, 74115, 74116, 74117, 74119, 74120, 74121, 74126, 74127, 74128, 74129, 74130, 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
Wagoner	74008, 74014, 74015, 74036, 74108, 74337, 74352, 74403, 74429, 74434, 74436, 74446, 74454, 74458, 74467, 74477
Woods	73716, 73717, 73726, 73729, 73731, 73746, 73842, 73860

