



**GlobalHealth**

MEDICARE ADVANTAGE PLANS

# 2024 **Benefit Overview**

OKLAHOMA



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# Generations Medicare Advantage Plan Options:

**H3706-001 Generations Classic Rewards (HMO)**

**H3706-023 Generations Classic Plus (HMO)**

**H3706-024 Generations Chronic Care (HMO C-SNP)**

**H3706-025 Generations Chronic Care Savings (HMO C-SNP)**

**H3706-028 Generations Dual Support (HMO D-SNP)**

**H3706-029 Generations Dual Premier (HMO D-SNP)**

**H3706-009 Generations Valor (HMO-POS)**

**Call now to speak to a licensed agent!**

**1-855-766-7881 (TTY: 711)**

8:00 AM-8:00 PM

7 days a week (October 1-March 31)

Monday-Friday (April 1-September 30)



# Why choose GlobalHealth?

## About GlobalHealth

- Local, Oklahoma-Based Health Maintenance Organization (HMO)
- Available in 26 counties for 2024
- 7 Medicare Advantage Plans
- Local Customer Care, Case Management, and Pharmacy Teams
- Thousands of Quality Providers, Pharmacies and Many Major Hospitals



## What Makes GlobalHealth Unique?

### We are High-Touch

Our local customer care, case management and pharmacy teams provide you with personal assistance to help you move through the increasingly complex world of Medicare. We are approachable, easy to reach and go above and beyond to help you.

### We are Affordable

We offer a number of money-saving benefits designed to keep more money in your pocket and extend your dollars on your medical expenses.

### We are your Health Partner

Not only will we help enroll you in the right plan, but you'll also have ongoing access to tireless health advocates who support your best health, even between doctor visits.

# Medicare Advantage Plans (MA) – Medicare Part C

## Are you eligible for Generations Medicare Advantage Plans?

- Must be a permanent resident in our service area
- Must have both Medicare Part A and Part B

## What is a Medicare Advantage Plan? (Medicare Part C)

A Medicare Advantage plan is an all-in-one alternative to Original Medicare to enhance your health coverage. Medicare Part C, such as a plan from GlobalHealth, combines Part A and Part B and often Part D prescription drugs. Medicare Part C usually offers more benefits for services such as dental, vision, hearing and low to no copays on physician visits. You must have Medicare Parts A and B to enroll in a Medicare Advantage plan.



**Part A**  
Hospital Insurance



**Part B**  
Medical Insurance



**Part C**  
Medicare Advantage\*



**Part D**  
Prescription Drug Coverage

\*Includes Part A, Part B, and sometimes Part D Coverage

# What do you need to know about Medicare?

## Medicare Advantage Enrollment Dates

### October 1-October 14

Medicare plan information is released. This is an opportunity for you to review and compare different Medicare plans that meet your needs and budget.

### Annual Enrollment October 15-December 7

This short window of time is when Medicare eligibles can join, switch or drop a Medicare Advantage plan.

### Open Enrollment January 1-March 31

Medicare Advantage plan enrollees may enroll in another MA plan or disenroll from their MA plan and return to Original Medicare. Members only have one opportunity to make one plan change or disenroll to return to Original Medicare.

### Special Enrollment Period Dates may vary

Medicare Advantage plan members cannot make changes to their current plan unless they qualify for a special enrollment period.

# What are the Types of Enrollment Periods?

During the Initial Enrollment Period (IEP), you can enroll in a Medicare Advantage plan **during a 7-month window around your 65th birthday:**

- 3 months before you turn 65
- The month you turn 65
- 3 months after your birthday month

During the Open Enrollment Period for Institutionalized Individuals, you can enroll in a MA plan starting the day you enter the facility and ending two months after your discharge.

## Special Enrollment Period

Certain qualifying events may allow a Medicare eligible person to make plan changes throughout the year.

**If you answer yes, you may qualify for Special Enrollment Period:**

- Do you have both Medicare and Medicaid?
- Do you qualify for Extra Help paying for your prescriptions?
- Have you recently moved and your current plan is not offered in your service area?
- Are you leaving your employer or union coverage?
- Do you qualify for a special needs plan for diabetes, chronic heart failure or cardiovascular disease?

*This is not a full list of scenarios that may qualify for an SEP.*



# What are Chronic Special Needs Plans? (C-SNP)

## What is a C-SNP plan?

C-SNPs are types of Medicare Advantage plans designed for Medicare beneficiaries with chronic conditions. Plans may offer C-SNP plans for only one condition or a group of conditions.

## What conditions qualify?

The Centers for Medicare and Medicaid defines which condition or conditions a Medicare Advantage plan may cover through a C-SNP plan. GlobalHealth's C-SNP plans are for enrollees with:

- Chronic heart failure
- Diabetes
- Cardiovascular disease including cardiac arrhythmias, coronary artery disease, peripheral vascular disease, and chronic venous thromboembolic disorder

## Who is eligible?

GlobalHealth C-SNP plans are offered to all service area counties in 2024. To be eligible to enroll, you must live in our service area, have Medicare Part A and Part B and have one or more of the above qualifying conditions.

## How do C-SNPs help?

Members enrolled in a C-SNP plan receive additional proactive case management services to help manage chronic conditions. Members receive a tailored health care action plan tied directly to help them reach their optimal health.

### GlobalHealth C-SNP Features and Benefits:

- ✓ Quarterly allowance for over-the-counter<sup>1</sup> items, groceries<sup>1</sup> and/or gasoline<sup>1</sup>
- ✓ Standard Diabetic Testing Supplies and CGM Covered at No Cost
- ✓ Free pair of Therapeutic Custom-Molded Shoes and Inserts\*
- ✓ \$35 Copay for Insulins
- ✓ Additional Coverage for Tier 3 Oral Antidiabetics through the Gap Coverage Stage

# What are Dual Special Needs Plans? (D-SNP)

GlobalHealth also offers Dual Special Needs Plans that **provide additional benefits** for persons who qualify. To be eligible, you must live in our service area, have Medicare Part A and Part B and qualify for Medicaid.

## GlobalHealth D-SNP Features and Benefits

Some of the enhanced benefits you get with a GlobalHealth Dual Special Needs plan are:

- **Monthly Allowance<sup>2</sup>** for utility assistance, gasoline, groceries, and/or over-the-counter items
- **Annual Allowance** for dental, vision, and/or hearing expenses
- **42 post-discharge meals** and 28 additional FREE meals per year<sup>2</sup>
- **60 hours** per year of In-Home Support Services
- **36** one-way transportation trips
- **\$0 copay** on ALL formulary drugs
- *and more!*

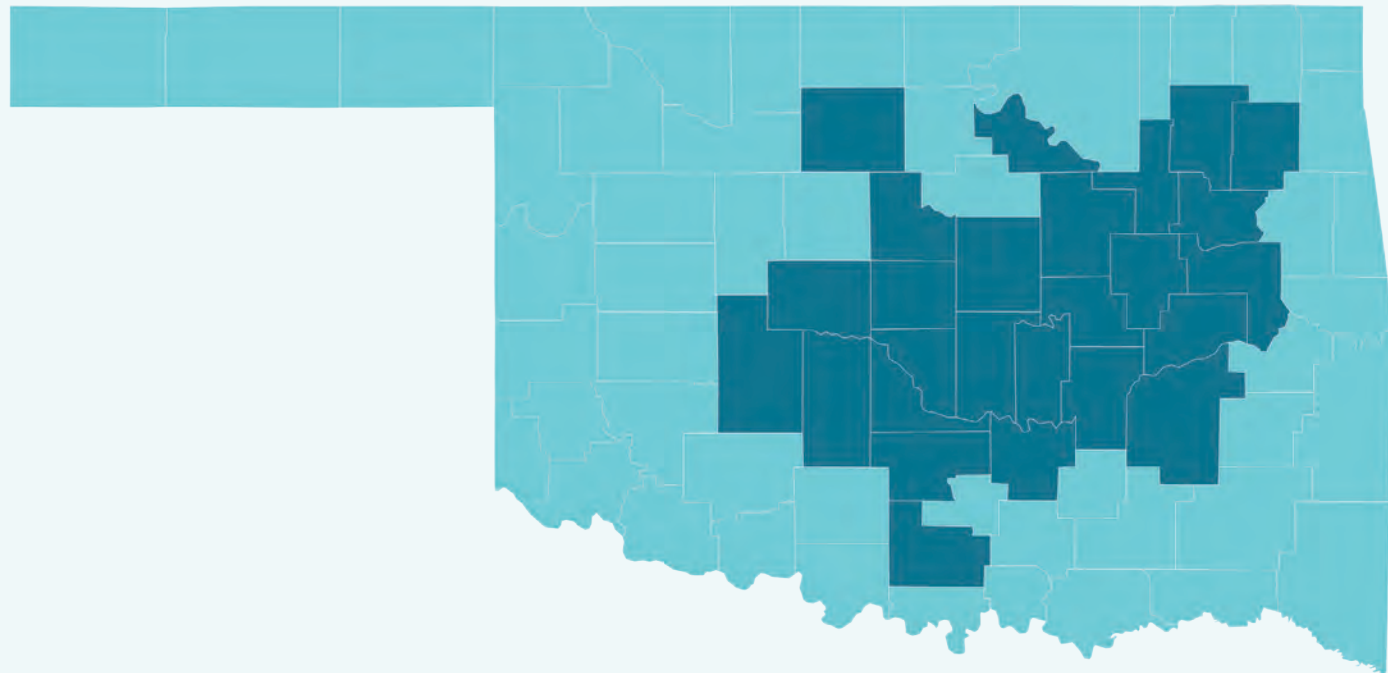
**Call to speak to one of our licensed agents to see if you qualify or to get help applying for Medicaid.**

<sup>2</sup>Amounts may vary per coverage. If you have questions, need materials on a standing basis in alternative formats and/or languages, or need oral interpretation services, you can call us at 1-844-280-5555 (TTY: 711).

<sup>8</sup> *\*Prior authorization may be required. For a complete list of benefits and limitations, please reference the plan's Evidence of Coverage. <sup>1</sup>The benefits mentioned are part of a special supplemental program for members with chronic diseases. Members must meet all the benefit's eligibility criteria.*



# GlobalHealth Generations Medicare Advantage Plans 2024 Service Area



- 
- |           |          |           |              |
|-----------|----------|-----------|--------------|
| Caddo     | Grady    | Muskogee  | Pottawatomie |
| Canadian  | Hughes   | Okfuskee  | Rogers       |
| Carter    | Lincoln  | Oklahoma  | Seminole     |
| Cleveland | Logan    | Okmulgee  | Tulsa        |
| Creek     | Mayes    | Pawnee    | Wagoner      |
| Garfield  | McClain  | Pittsburg |              |
| Garvin    | McIntosh | Pontotoc  |              |

# Generations Medicare Advantage Plan Offerings 2024



# GlobalHealth Generations Medicare Advantage Plans Benefits Review

	H3706-001 Generations Classic Rewards (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Chronic Care (HMO C-SNP)	H3706-025 Generations Chronic Care Savings (HMO C-SNP)
Monthly Premium	\$0	\$0	\$0	\$0
Deductible	\$0	\$0	\$0	\$0
Medicare Part B Premium Buydown	\$75/month	N/A	N/A	\$100/month
Maximum Out-of-Pocket (MOOP) Annually	\$3,900	\$3,900	\$3,450	\$3,900
INPATIENT CARE				
Inpatient Hospital Coverage	\$295/day copay (Days 1-7); \$0/day copay (Days 8-90)	\$245/day copay (Days 1-7); \$0/day copay (Days 8-90)	\$195/day copay (Days 1-7); \$0/day copay (Days 8-90)	\$275/day copay (Days 1-7); \$0/day copay (Days 8-90)
Inpatient Mental Health Care	\$295/day copay (Days 1-7); \$0/day copay (Days 8-90)	\$245/day copay (Days 1-7); \$0/day copay (Days 8-90)	\$195/day copay (Days 1-7); \$0/day copay (Days 8-90)	\$275/day copay (Days 1-7); \$0/day copay (Days 8-90)
Skilled Nursing Facility (SNF)	\$0/day copay (Days 1-20); \$184/day copay (Days 21-100)	\$0/day copay (Days 1-20); \$184/day copay (Days 21-100)	\$0/day copay (Days 1-20); \$184/day copay (Days 21-100)	\$0/day copay (Days 1-20); \$184/day copay (Days 21-100)
OUTPATIENT CARE				
PCP	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist	\$40 copay	\$30 copay	\$20 copay	\$35 copay
Chiropractic Services	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Podiatry Services	\$40 copay	\$30 copay	\$20 copay	\$35 copay
Home Health Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay

	H3706-001 Generations Classic Rewards (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Chronic Care (HMO C-SNP)	H3706-025 Generations Chronic Care Savings (HMO C-SNP)
Ambulatory Surgery Center (ASC)	\$250 copay	\$225 copay	\$175 copay	\$225 copay
Outpatient Hospital Surgery	\$320 copay	\$275 copay	\$225 copay	\$275 copay
Ambulance Ground Service <i>(one-way trip)</i>	\$250 copay	\$250 copay	\$240 copay	\$240 copay
Emergency Care <i>Waived if admitted to acute inpatient care or outpatient surgery.</i>	\$90 copay	\$90 copay	\$90 copay	\$90 copay
Worldwide Urgent Care and Worldwide Emergency Care (does not accumulate to MOOP)	\$90 copay; Limited to \$50,000 combined	\$90 copay; Limited to \$50,000 combined	\$90 copay; Limited to \$50,000 combined	\$90 copay; Limited to \$50,000 combined
Urgently Needed Services	\$30 copay	\$30 copay	\$20 copay	\$20 copay
Outpatient Labs and X-Rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic Radiology - Free Standing Facility (MRI, CT, PET, etc.)	\$180 copay	\$180 copay	\$175 copay	\$180 copay
Outpatient Therapeutic Radiology	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Physical, Occupational or Speech Therapy	\$20 copay	\$30 copay	\$20 copay	\$35 copay
PREVENTIVE CARE				
Preventive Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
OUTPATIENT MEDICAL SUPPLIES				
Durable Medical Equipment (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

	H3706-001 Generations Classic Rewards (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Chronic Care (HMO C-SNP)	H3706-025 Generations Chronic Care Savings (HMO C-SNP)
Standard Diabetic Testing Supplies and CGM	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Prosthetics and Related Supplies (braces, artificial limbs, etc.)	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
PART B DRUGS				
Medicare Part B Drugs (includes chemotherapy)	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
PART D DRUGS				
Deductible	\$0	\$0	\$0	\$0
Initial Coverage Limit (ICL)	\$5,030	\$5,030	\$5,030	\$5,030
Tier 1: Preferred Retail 30-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Preferred Retail 30-Day Supply	\$10 copay	\$10 copay	\$5 copay	\$5 copay
Tier 3: Preferred Retail 30-Day Supply	\$42 copay; \$35 copay for insulin	\$42 copay; \$35 copay for insulin	\$42 copay; \$35 copay for insulin	\$42 copay; \$35 copay for insulin
Tier 4: Preferred Retail 30-Day Supply	\$90 copay; \$35 copay for insulin	\$90 copay; \$35 copay for insulin	\$90 copay; \$35 copay for insulin	\$90 copay; \$35 copay for insulin
Tier 5: Preferred Retail 30-Day Supply	33% coinsurance; \$35 copay for insulin	33% coinsurance; \$35 copay for insulin	33% coinsurance; \$35 copay for insulin	33% coinsurance; \$35 copay for insulin
Tier 1: Preferred Retail 100-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Preferred Retail 100-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Retail 100-Day Supply	\$84 copay; \$84 copay for insulins	\$84 copay; \$84 copay for insulins	\$84 copay; \$84 copay for insulins	\$84 copay; \$84 copay for insulins
Tier 4: Preferred Retail 100-Day Supply	\$270 copay; \$105 copay for insulins	\$270 copay; \$105 copay for insulins	\$270 copay; \$105 copay for insulins	\$270 copay; \$105 copay for insulins
GAP Coverage	Yes	Yes	Yes	Yes
SUPPLEMENTAL BENEFITS				
Comprehensive Dental Benefit	\$1,500/year	\$2,000/year	\$2,000/year	\$2,000/year
Vision (Eyewear) Benefit	\$200/year	\$200/year	\$200/year	\$200/2 years
Hearing Aid Benefit	\$1,000/year	\$1,000/year	\$1,000/year	\$1,000/year

	H3706-001 Generations Classic Rewards (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Chronic Care (HMO C-SNP)	H3706-025 Generations Chronic Care Savings (HMO C-SNP)
Smart Wallet	\$500/year Dental, Vision and/or Hearing; \$115/quarter OTC	\$500/year Dental, Vision and/or Hearing; \$115/quarter OTC	\$1,000/year Dental, Vision and/or Hearing; \$150/quarter OTC, Groceries, and/or Gasoline	\$1,000/year Dental, Vision and/or Hearing; \$150/quarter OTC, Groceries, and/or Gasoline
Transportation	12 one-way trips/year	12 one-way trips/year	30 one-way trips/year	30 one-way trips/year
Fitness	\$0	\$0	\$0	\$0
24/7 Nurse Line	\$0	\$0	\$0	\$0
Post-Discharge Meal Delivery	10 meals/year	10 meals/year	14 meals/year	14 meals/year
In-Home Support Services	30 hours/year	30 hours/year	60 hours/year	60 hours/year
Personal Emergency Response System	\$0	\$0	\$0	\$0
Advanced Care Planning Services	\$0	\$0	\$0	\$0
H3706-028 Generations Dual Support (HMO D-SNP) H3706-029 Generations Dual Premier (HMO D-SNP) H3706-009 Generations Valor (HMO-POS)				
	H3706-028 Generations Dual Support (HMO D-SNP)	H3706-029 Generations Dual Premier (HMO D-SNP)	H3706-009 Generations Valor (HMO-POS)	
Monthly Premium	\$0	\$0	\$0	
Deductible	\$0	\$0	\$0	
Medicare Part B Premium Buydown	N/A	N/A	\$75/month	
Maximum Out-of-Pocket (MOOP) Annually	\$8,850	\$8,850	\$3,900 in-network; \$4,900 out-of-network	
INPATIENT CARE				
Inpatient Hospital Coverage	\$0/day copay	\$0/day copay	\$295/day copay (Days 1-7), \$0/day copay (Days 8-90) in-network; \$345/day copay (Days 1-7), \$0/day copay (Days 8-90) out-of-network	



	H3706-028 Generations Dual Support (HMO D-SNP)	H3706-029 Generations Dual Premier (HMO D-SNP)	H3706-009 Generations Valor (HMO-POS)
<b>Inpatient Mental Health Care</b>	\$0/day copay	\$0/day copay	\$295/day (Days 1-7), \$0/day copay (Days 8-90) in- network; \$345/day (Days 1-7), \$0/day copay (Days 8-90) out-of- network
<b>Skilled Nursing Facility (SNF)</b>	\$0/day copay	\$0/day copay	\$0/day (Days 1-20), \$184/day (Days 21-100) in- network; \$225/day (Days 1-25), \$0/day (Days 26-100) out-of- network
OUTPATIENT CARE			
<b>PCP</b>	\$0 copay	\$0 copay	\$0 copay in-network
<b>Specialist</b>	\$0 copay	\$0 copay	\$35 copay in-network; \$55 copay out-of-network
<b>Chiropractic Services</b>	\$0 copay	\$0 copay	\$20 copay in-network
<b>Podiatry Services</b>	\$0 copay	\$0 copay	\$35 copay in-network
<b>Home Health Services</b>	\$0 copay	\$0 copay	\$0 copay in-network
<b>Ambulatory Surgery Center (ASC)</b>	\$0 copay	\$0 copay	\$250 copay in-network
<b>Outpatient Hospital Surgery</b>	\$0 copay	\$0 copay	\$320 copay in-network
<b>Ambulance Ground Service</b> <i>(one-way trip)</i>	\$0 copay	\$0 copay	\$240 in and out-of-network
<b>Emergency Care</b> <i>Waived if admitted to acute inpatient care or outpatient surgery.</i>	\$0 copay	\$0 copay	\$90 in and out-of-network
<b>Worldwide Urgent Care and Worldwide Emergency Care (does not accumulate to MOOP)</b>	\$90 copay; Limited to \$50,000 combined	\$90 copay; Limited to \$50,000 combined	\$90 copay; Limited to \$50,000 combined
<b>Urgently Needed Services</b>	\$0 copay	\$0 copay	\$15 in and out-of-network
<b>Outpatient Labs and X-Rays</b>	\$0 copay	\$0 copay	\$5 labs/\$0 x-rays in-network
<b>Diagnostic Radiology - Free Standing Facility (MRI, CT, PET, etc.)</b>	\$0 copay	\$0 copay	\$180 in-network
<b>Therapeutic Radiology</b>	\$0 copay	\$0 copay	\$50 in-network

	H3706-028 Generations Dual Support (HMO D-SNP)	H3706-029 Generations Dual Premier (HMO D-SNP)	H3706-009 Generations Valor (HMO-POS)
<b>Physical, Occupational or Speech Therapy</b>	\$0 copay	\$0 copay	\$20 copay in-network
PREVENTIVE CARE			
<b>Preventive Services</b>	\$0 copay	\$0 copay	\$0 copay
OUTPATIENT MEDICAL SUPPLIES			
<b>Durable Medical Equipment (wheelchairs, oxygen, etc.)</b>	\$0 copay	\$0 copay	20% coinsurance
<b>Diabetic Testing Supplies</b>	\$0 copay	\$0 copay	\$0
<b>Prosthetics and Related Supplies (braces, artificial limbs, etc.)</b>	\$0 copay	\$0 copay	0%-20% coinsurance
PART B DRUGS			
<b>Medicare Part B Drugs (includes chemotherapy)</b>	\$0 copay	\$0 copay	0%-20% coinsurance
PART D DRUGS			
<b>Deductible</b>	\$0	\$0	Not Covered
<b>Initial Coverage Limit (ICL)</b>	\$5,030	\$5,030	
<b>Tier 1-5: 30-Day Supply Tier 1-4: 100-Day Supply</b>	\$0 copay; \$0 copay for insulins	\$0 copay; \$0 copay for insulins	
<b>GAP Coverage</b>	Yes	Yes	
SUPPLEMENTAL BENEFITS			
<b>Comprehensive Dental Benefit</b>	\$2,000/year	\$6,000/year	\$1,500/year
<b>Vision (Eyewear) Benefit</b>	\$100/year	\$400/year	\$300/year
<b>Hearing Aid Benefit</b>	\$1,000/year	\$2,000/year	\$1,000/year
<b>Smart Wallet</b>	\$500/year Dental, Vision and/or Hearing; \$250/month OTC, Groceries, Gasoline and/or Utilities	\$1,250/year Dental, Vision and/or Hearing; \$215/month OTC, Groceries, Gasoline and/or Utilities	\$500/year Dental, Vision and/or Hearing; \$100/quarter OTC
<b>Transportation</b>	36 one-way trips/year	36 one-way trips/year	24 one-way trips/year
<b>Fitness</b>	\$0	\$0	\$0

	H3706-028 Generations Dual Support (HMO D-SNP)	H3706-029 Generations Dual Premier (HMO D-SNP)	H3706-009 Generations Valor (HMO-POS)
24/7 Nurse Line	\$0	\$0	\$0
Post-Discharge Meal Delivery	42/year	42/year	10/year
Meals Support	28/year	28/year	N/A
In-Home Support Services	60 hours/year	60 hours/year	30 hours/year
Personal Emergency Response System	\$0	\$0	\$0
Advanced Care Planning Services	\$0	\$0	\$0

# Enroll in a GlobalHealth Generations Medicare Advantage Plan

4 easy ways to submit your enrollment:

## Call us:

To enroll by phone, please call us at **1-855-766-7881 (TTY: 711)\***

## Enroll Online:

Go to [<https://globalhealth1.destinationrx.com/PC/2024>] to enroll.

Medicare beneficiaries may also enroll in a GlobalHealth Medicare Advantage Plan through the CMS Online Enrollment Center located at: [www.Medicare.gov](http://www.Medicare.gov).

To avoid delays with your enrollment, please do not submit your enrollment information more than once.

If you need assistance in filling out your enrollment form or have any questions, please call us at **1-855-766-7881 (TTY: 711)\***.

## Local Sales Agent:

Contact your local sales agent to help you choose the right plan and to complete your enrollment.

## By Mail:

Follow these easy steps to enroll in a GlobalHealth Generations Medicare Advantage Plan:

1. Each applicant must complete a separate enrollment form.
2. Have your Medicare card ready. You will need to fill in the requested information **EXACTLY** as it appears on your Medicare card to avoid delays with your enrollment.
3. **Sign and date** the enrollment form. Your enrollment form is not complete without a signature.
4. **Mail it**, along with any other required documentation, to:

GlobalHealth  
Attn: Eligibility and Enrollment  
P.O. Box 1678  
Oklahoma City, OK 73101-1678

## FOR AGENT USE ONLY: Agent Online Enrollment

You have the option to enroll a member on our website: [<https://globalhealth3.destinationrx.com/PC/Agent>]

# What's Next? What to expect after enrolling

## Welcome to the GlobalHealth family!

After you enroll in your Generations Medicare Advantage Plan, use the step-by-step guide below to know what to expect next. Be sure to check your mail for these communications!

### Step 1:

Enrollment Verification Letter

**Why you receive this:** To assure you that we received your completed enrollment form. (Please note: Medicare still must approve your enrollment.)

### Step 2:

Notice to Confirm your Enrollment

**Why you receive this:** To confirm your enrollment was approved by Medicare.

### Step 3:

Welcome Kit

**Why you receive this:** To provide you with a Welcome Kit that has plan information, including information about where to find your Evidence of Coverage.

### Step 4:

Member ID Card

**Why you receive this:** To provide you with a Member ID card. You need to show this card every time you visit the physician, hospital or pharmacy (if applicable).

### Step 5:

Health Risk Assessment (HRA)

**Why you receive this:** To provide information that will allow GlobalHealth to coordinate with your health care providers in a way that best serves your preventive health care needs.

### Questions?

You can call our friendly Customer Care team for answers to your questions!

**1-844-280-5555 (TTY: 711)**

8:00 AM-8:00 PM

7 days a week (October 1-March 31)

Monday-Friday (April 1-September 30)



# What is the Smart Wallet?

GlobalHealth partners with NationsBenefits to give members the Smart Wallet. The Smart Wallet will hold a member's annual Dental, Vision and/or Hearing allowance and a member's monthly/quarterly OTC, Groceries, Gasoline and/or Utilities allowances, if applicable. Please note all plans do not offer each category.

## Using the Smart Wallet is Simple!

Swipe your Smart Wallet and select the credit option. Please note, if the member selects debit, their transaction will be declined.

### 1. Dental, Vision and/or Hearing Allowances:

Use your Smart Wallet for payments at your provider's office, like a flex spending account.

### 2. Over-the-Counter Items and/or Groceries<sup>1,2</sup> Allowances:

Use your Smart Wallet at Walmart® Retail Stores\* or online at [GlobalHealth.NationsBenefits.com](https://GlobalHealth.NationsBenefits.com).

### 3. Gasoline<sup>1,2</sup> Allowances:

Use your Smart Wallet to purchase gasoline at any gas station! Please note, you must use your Smart Wallet to pay at the pump, not inside the store.

### 4. Utility<sup>2</sup> Allowances:

Use your Smart Wallet to pay your electric, gas, sanitary, water, landline utility service, Cable TV service and/or petroleum service provider(s) directly.













### Things to Remember

You can't use the Smart Wallet for cash withdrawals or to purchase prescription drugs, alcohol, tobacco, and/or gift cards. To find a full list of eligible items, please visit [www.GlobalHealth.com](https://www.GlobalHealth.com). You can use your monthly, quarterly and/or annual balance in multiple transactions, up to your benefit allowance. Your left-over balance does NOT roll over to the next month, quarter and/or year, except on Generations Classic Rewards (HMO).

\*Not available for use on Walmart.com. <sup>1</sup>The benefits mentioned are a part of a special supplemental program for members with chronic diseases. Members must meet all the benefit's eligibility criteria. <sup>2</sup>Amounts may vary per coverage. If you have questions, need materials on a standing basis in alternative formats and/or languages, or need oral interpretation services, you can call us at 1-844-280-5555 (TTY: 711).

# GlobalHealth Supplemental Benefits

GlobalHealth partners with great companies to provide extra benefits, including dental, vision, hearing, in-home support services, transportation, fitness, meal delivery, 24/7 nurse line, advance care planning, and personal emergency response system. When using these benefits, you must stay in the network of providers and take your GlobalHealth ID card to the participating network facility on your first visit or have it ready when you call. Check your plan's EOC to verify coverage for the services below.

	<b>Dental:</b>	<b>DentaQuest</b> [1-833-955-3423 (TTY: 800-466-7666)]	[8:00 AM-8:00 PM CST, 7 days a week (Oct 1-March 31), Monday-Friday (April 1-Sept 30)]
	<b>Vision:</b>	<b>EyeMed</b> [1-800-884-6321 (TTY: 711)]	[7:00 AM-1:00 AM CST Monday-Saturday; 10:00 AM-7:00PM CST Sunday (Oct 1-Mar 31) 7:00 AM-10:00 PM CST Monday-Saturday; 10:00 AM-7:00 PM CST Sunday (April 1-Sept 30)]
	<b>Hearing:</b>	<b>NationsHearing</b> [1-877-241-4736 (TTY: 711)]	[8:00 AM-8:00 PM CST 7 days a week]
	<b>In-Home Support Services:</b>	<b>Papa Pals</b> [1-855-485-9692 (TTY: 711) ]	[7:00 AM-10:00 PM CST 7 days a week]
	<b>Transportation:</b>	<b>RoundTrip</b> [1-877-565-1612]	[24/7]
	<b>Fitness:</b>	<b>Silver&amp;Fit</b> [1-877-427-4788]	[7:00 AM-8:00 PM CST Monday-Friday]
	<b>Meal Delivery:</b>	<b>Independent Living Systems</b> Arranged by GlobalHealth Case Managers [1-844-280-5555 (TTY: 711)]	[8:00 AM-8:00 PM CST 7 days a week (Oct 1-March 31) Monday-Friday (April 1-Sept 30)]
	<b>24/7 Nurse Line:</b>	<b>CareNet 24/7 Nurse Line</b> [1-800-554-9371 (TTY: 711)]	[24/7]
	<b>Advanced Care Planning:</b>	<b>Vital Decisions</b> [www.globalhealth.mylivingvoice.com]	
	<b>Personal Emergency Response System:</b>	<b>NationsBenefits</b> [1-877-241-4736 (TTY: 711)]	[8:00 AM-8:00 PM CST 7 days a week]

# Medicare Part D

Prescription Drug Coverage (three stages)

1

Initial Coverage Stage

The plan pays its share of the cost, and you pay your share (copayment/coinsurance) until your total drug costs reach **\$5,030**.

Example:

Drug = \$50  
Plan Pays = \$40  
You Pay = \$10

2

Coverage Gap Stage

You will pay **no more than 25%** for covered generics or **25% on all other drugs** plus a portion of the dispensing fee until you reach **\$8,000**.

Generic Example:

Drug = \$50  
Plan Pays = 75% (\$37.50)  
You Pay = 25% (\$12.50)

Gap Coverage for the following:

- ✓ All Tier 1 drugs
- ✓ Tier 3: Insulin and antidiabetics\*

3

Catastrophic Coverage Stage

You will pay **\$0** for all drugs.

Generic Example:

Drug = \$50  
Medicare Pays = \$40  
Plan Pays = \$10  
You Pay = \$0

GlobalHealth Medicare Advantage plans **do not have a deductible stage**. Members pay a maximum copay of up to **\$35** for a month's supply of insulin in the initial coverage and the coverage gap payment stages. D-SNP members pay **\$0** during all payment stages.



## Need Extra Help? You May Qualify!

You may be able to get extra help with your prescription drug costs. To find out if you qualify, call:

GlobalHealth: [1-855-766-7881 (TTY: 711)],  
[8:00 AM-8:00 PM CST, 7 days a week (Oct 1-March 31)  
Monday-Friday (April 1-Sept 30)]

Medicare: [1-800-MEDICARE (1-800-633-4227)],  
24 hours a day, 7 days a week (TTY: 1-877-486-2048)

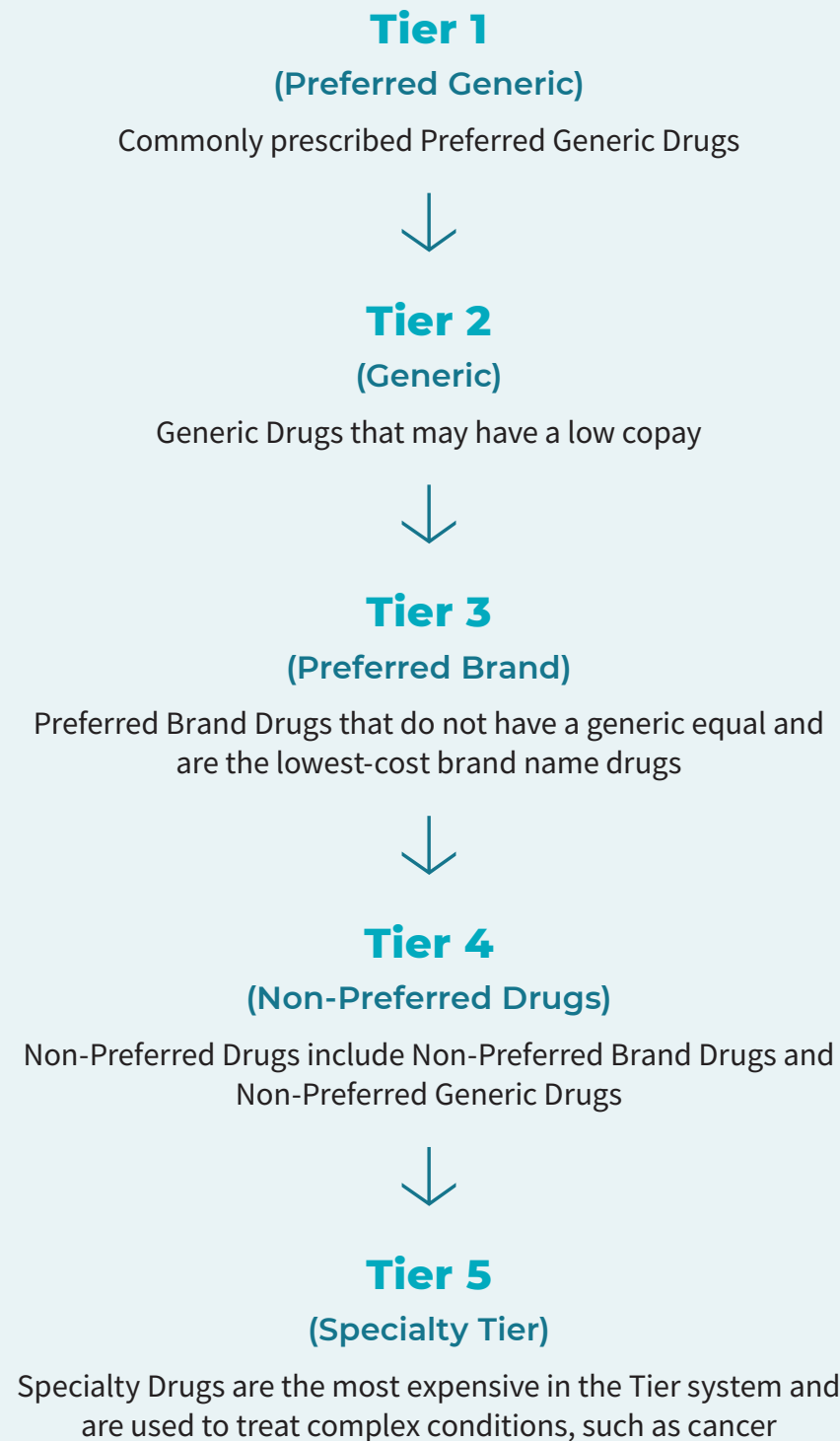
Social Security Office: [1-800-772-1213],  
[7:00 AM-7:00 PM (TTY: 1-800-325-0778) ]

State Medicaid (SoonerCare Helpline): [1-800-987-7767]  
[8:00 AM-5:00 PM, Monday-Friday]

\*Benefits may vary by plan.

# 5-Tier Formulary

You'll notice in the prescription drug formulary that drugs are divided into a tier system. Simply put, **the more expensive the drug, the higher the tier**. Each tier will have a defined out-of-pocket cost that you must pay before receiving the prescription medication. Please note, D-SNP plans only have a single tier for covered prescription drugs. The Tier system is as follows:



# What does **MOOP** mean?

The Maximum Out-of-Pocket (MOOP) is the limit of how much you pay when you share the cost of your care through deductibles, coinsurance and copays. What you pay toward Medicare Part A and Part B services, including your plan's deductible, coinsurance and copays apply to your MOOP. What you pay toward supplemental benefits coinsurance and copays do not apply to your MOOP. Once you reach your MOOP, the plan pays 100% of the following services. Our Generations Medicare Advantage Plans protect you with a LOW maximum out-of-pocket.

## Inpatient Services:

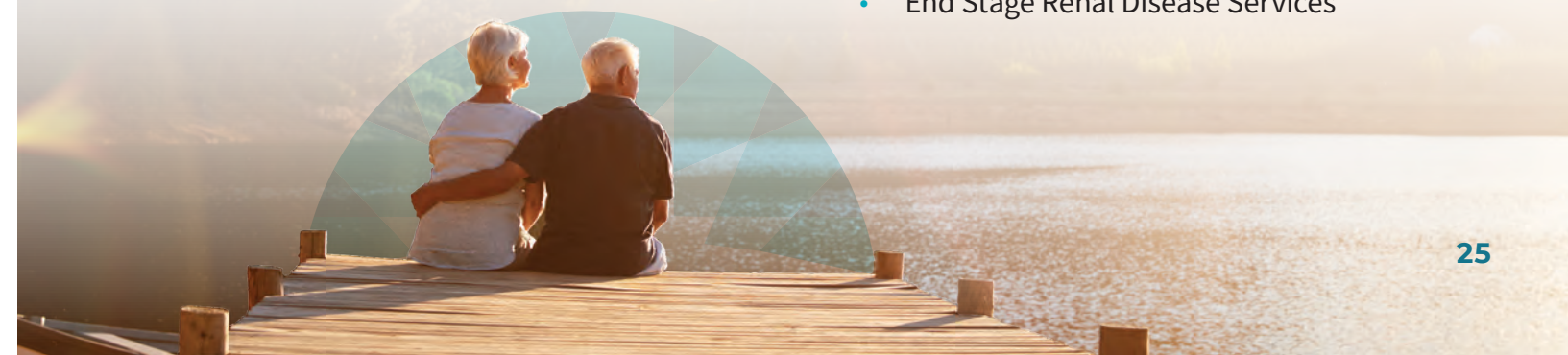
- Inpatient Hospital Care
- Inpatient Mental Health
- Skilled Nursing Facility

## Outpatient Services:

- Doctor Visits
- Chiropractic Services
- Podiatry Services
- Home Health Services
- Outpatient Mental Health
- Outpatient Substance Abuse
- Outpatient Surgery
- Medically Necessary Ambulance Services
- Emergency Care
- Urgent Care
- Outpatient Rehabilitation Services (OT, PT & ST)

## Outpatient Medical Services & Supplies:

- Annual Wellness Visit
- Durable Medical Equipment
- Prosthetic Devices
- Diabetes Self Monitoring & Training
- Diabetic Monitoring Supplies
- Nutrition Therapy & Supplies
- Diagnostic Tests
- X-Rays
- Lab Services
- Radiology Services
- Bone Mass Measurement
- Colorectal Screening Exams
- Immunizations (Flu, Hepatitis B, Pneumonia)
- Mammograms
- Pap Smears
- Prostate Cancer Screening Exams
- End Stage Renal Disease Services



# Important Phone Numbers

**Do you have questions about your plan benefits?** You can call Customer Care for answers to your questions. If you suspect Medicare fraud, waste or abuse, call our hotline. Keep this list handy, so you always know who to call.

## Customer Care: 1-844-280-5555 (TTY: 711)

8:00 AM-8:00 PM  
7 days a week (Oct 1-Mar 31)  
Monday-Friday (Apr 1-Sept 30)

### Why call?

Speak to a Member Advocate:

- If you've lost important plan documents, like your Member ID card or your Summary of Benefits.
- If you need to obtain authorization for a service or procedure.
- If you need to know if a specific procedure or service is covered.
- If you have benefit or coverage questions.
- If you need help locating a network provider or pharmacy.
- If you need to verify if a prescription is on the drug formulary.

## 24 Hour Nurse Line: 1-800-554-9371

## Fraud, Waste, and Abuse Hotline:

**1-877-627-0004**

*All communications are confidential and anonymous*

### Why call?

Report any health care fraud, such as:

- Provider bills you for medical services, supplies or items that were not provided.
- Provider performs medically unnecessary services to obtain the insurance payment.
- Someone steals your personal information to submit false claims to obtain the insurance benefit.
- Someone pretends to represent Medicare, the Social Security Administration or an insurance plan for the purpose of obtaining personal information.

Visit [www.GlobalHealthMedicare.com](http://www.GlobalHealthMedicare.com) to find plan information and helpful resources.

# Still have Questions?

Get easy-to-understand answers to your Medicare questions. Compare GlobalHealth's Generations Medicare Advantage plans to your current plan.

**Speak to a licensed agent:**

**1-855-766-7881 | TTY: 711**

[8:00 AM-8:00 PM CST, 7 days a week (Oct 1-March 31)

Monday-Friday (April 1-Sept 30)]

*\*By calling the listed number you may be speaking with a licensed sales representative.*



# Key Terms

**Coinsurance:** An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).

**Copayment (copay):** An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit or a prescription drug. A copayment is a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

**Cost Share:** Refers to amounts that a member has to pay when services or drugs are received (for example, your copayment or coinsurance).

**C-SNP (Chronic Condition Special Needs Plan):** A Medicare Advantage plan designed for Medicare beneficiaries with chronic conditions such as heart disease. Plans may offer C-SNP plans for only one condition or a group of conditions.

**Deductible:** The amount you must pay for health care or prescriptions before the plan begins to pay.

**Drug Formulary:** A list of prescription drugs covered by the plan. The drugs on this list are selected by the plan with the help of doctors and pharmacists. The list includes both brand name and generic drugs.

**Health Maintenance Organization – Point of Service (HMO-POS):** A Medicare Advantage Plan that is a Health Maintenance Organization with a more flexible network allowing Plan Members to seek care outside of the traditional HMO network under certain situations or for certain treatment.

**Maximum Out-of-Pocket (MOOP):** The most that you pay out-of-pocket during the calendar year for covered services.

**Network:** Group of contracted providers, facilities and pharmacies for the plan.

**Premium:** The periodic payment to Medicare, an insurance company, or a health plan for health or prescription drug coverage.

**Prior Authorization:** For certain services or prescription drugs, you will need to get approval in advance from your insurance provider before obtaining the services or drugs. Your Primary Care Physician (PCP) or specialist may submit prior authorization to your insurance for the prior authorization.

**THE FOLLOWING PAGES  
ARE FOR AGENT USE ONLY**





**IMPORTANT: Read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in GlobalHealth.
- By joining this Medicare Advantage Plan, I acknowledge that GlobalHealth will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that when my GlobalHealth coverage begins, I must get all of my medical and prescription drug benefits from GlobalHealth. Benefits and services provided by GlobalHealth and contained in my GlobalHealth "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor GlobalHealth will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:  
1) This person is authorized under State law to complete this enrollment, and  
2) Documentation of this authority is available upon request by Medicare.

Signature: \_\_\_\_\_ Today's date: 

M	M	D	D	Y	Y	Y	Y

**If you're the authorized representative, sign above and fill out these fields:**

LAST name: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] FIRST name: [ ] [ ] [ ] [ ] [ ] [ ] [ ] (Optional) MI: [ ]  
Permanent Residence Street Address: [ ]  
Street Number Street Name Lot/Apartment  
City: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] State: [ ] [ ] Zip Code: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Phone Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Relationship to Enrollee: [ ]

**Section 2 - All fields below are optional**

**Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

Select one if you want us to send you information in a language other than English.  
 Spanish  
Select one if you want us to send you information in an accessible format.  
 Large print  Audio CD  Braille  
Please contact GlobalHealth at 1-844-280-5555 if you need information in an accessible format other than what's listed above. Our office hours are from October 1st to March 31st from 8 a.m. to 8 p.m. 7 days a week and from April 1st to September 30th from 8 a.m. to 8 p.m. Monday through Friday. TTY users can call 711.  
Do you work?  Yes  No Does your spouse work?  Yes  No  
Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.  
 No, Not of Hispanic, Latino/a or Spanish Origin  Yes, Cuban  Yes, Mexican, Mexican American, Chicano/a  
 Yes, Puerto Rican  Yes, another Hispanic, Latino or Spanish Origin  I choose not to answer  
What's your race? Select all that apply.  
 White  Black or African American  American Indian or Alaska Native  Native Hawaiian  Samoan  Other Pacific Islander  
 Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian  Guamanian or Chamorro  
 I choose not to answer

**Paying your plan premiums**

**You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you don't select a payment option, you will get a bill each month.  
Please select a premium payment option:  
 Get a bill.  
Automatic deduction from your monthly:  
 Social Security benefit check, or  
 Railroad Retirement Board (RRB) benefit check  
If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay GlobalHealth the Part D-IRMAA.

**OFFICE/AGENT USE ONLY:**

Name of staff member/agent/broker (if assisted in enrollment): \_\_\_\_\_  
Effective Date: (MM/DD/YYYY) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Agent Signature: \_\_\_\_\_ Agent Received Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Election Type:  ICEP/IEP  AEP  MA OEP  SEP(type) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  Not Eligible  
Agency of Agent: \_\_\_\_\_  
Agent Name: (First) [ ] [ ] [ ] [ ] [ ] [ ] (Last) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Agent ID#: [ ]  
TR K-1  Referral by Provider  Referred by Member  Company Website  Direct Mail  Self  
 Local Community Event  Media (TV, News Ad, Mag)  Seminar  Seminar Follow-up  
TR K-2  Personal Appt; Benefit Reply Card (SOA/BRC)  Walk-in (SOA)  Formal Event (Submit) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Application Mailed by Beneficiary  Informal Event (SOA)  
Online/Telephonic Application Confirmation #: [ ]  
Date Received: [ ] Member ID # [ ]

**PRIVACY ACT STATEMENT**  
The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



**Attestation of Eligibility for an Enrollment Period**

**Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year.**

There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

I am new to Medicare.

I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on:

I was recently released from incarceration. I was released on:

I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on:

I recently obtained lawful presence status in the United States. I got this status on:

I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on:

I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on:

I have both Medicare and Medicaid (or my state helps me pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on:

I recently left a PACE program on:

I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on:

I am leaving employer or union coverage on:

I belong to a pharmacy assistance program provided by my state.

My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on:

I was enrolled in a Special Needs Plan (SNP) , but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on:

I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

Other

If none of these statements applies to you or you're not sure, please contact GlobalHealth at 1-844-280-5555 (TTY users should call 711) to see if you are eligible to enroll. We are open 8:00 a.m. to 8:00 p.m., 7 days a week (October 1 - March 31) and 8:00 a.m. to 8:00 p.m., Monday - Friday (April 1- September 30).

**AGENT/OFFICE USE ONLY**

**Last Name:**  **First Name:**  **(Optional) MI:**

**Medicare Beneficiary Identifier (MBI):**



**Pre-Enrollment Qualification Assessment Tool**

Chronic Special Needs Plan (C-SNP) is a type of Medicare Advantage coordinated plan focused on individuals with chronic special needs. GlobalHealth offers chronic special needs plans designed for people with certain chronic or disabling conditions.

You may be eligible to join one of GlobalHealth's C-SNPs if you can answer YES to any of the questions below. GlobalHealth will need to obtain verification of the chronic condition from your doctor within the first month of enrollment. If we are unable to verify your chronic condition, we must disenroll you from this chronic special needs plan. It is very important that you let your doctor know that we will require their verification and that you provide us with accurate contact information for your doctor at the bottom of this form.

**CLINICAL QUESTIONS TO PRE-QUALIFY YOUR ELIGIBILITY IN A C-SNP**

Has your doctor or other licensed health care professional diagnosed you with any of the following medical conditions?  
(Check all that apply)

**Chronic Heart Failure (CHF)**  Yes  No      **Cardiovascular Disorder**  Yes  No  
**Diabetes Mellitus**  Yes  No

**Chronic Heart Failure**

Do you have fluid in your lungs?  
 Yes  No  
Do you have swelling in your feet and legs almost every day because of too much fluid in your body?  
 Yes  No  
Do you take medicine for the fluid in your lungs or to help your heart beat stronger?  
 Yes  No

**Cardiovascular Disorder**

Have you had a heart attack or been told by your doctor you are at risk to have one?  
 Yes  No  
Do you have heart pain (angina) or leg pain (claudication) brought on when you are active?  
 Yes  No  
Do you take medicine for your heart or circulation?  
 Yes  No

**Diabetes Mellitus**

Do you check your blood sugar at home?  
 Yes  No  
Do you have high blood sugar?  
 Yes  No  
Do you take medicine to control your blood sugar?  
 Yes  No

Beneficiary Information		
<b>Beneficiary Name:</b>		
Last Name: <input type="text"/>	First Name: <input type="text"/>	(Optional) MI: <input type="text"/>
<b>Birth Date:</b> M M / D D / Y Y Y Y <input type="text"/>	<b>Medicare ID Number (HICN):</b> <input type="text"/>	
<p>I authorize the providers listed below to share my health information with GlobalHealth to verify that I have a chronic condition that qualifies me for enrollment in GlobalHealth's chronic special needs plan. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated on the first page. Note: GlobalHealth will protect information disclosed as a result of this authorization in accordance with any state and federal laws and requirements that apply. Call us if you have questions or need help with this form. You can reach us at 1-844-280-5555 (TTY: 711). Hours of operation are 8 a.m. to 8 p.m., seven days a week, (October 1 - March 31), and 8 a.m. to 8 p.m., Monday through Friday, (April 1 - September 30). Visit us at anytime at <a href="http://www.globalhealth.com">www.globalhealth.com</a>.</p>		
<b>Enrollee Signature:</b>	<b>Today's Date:</b> M M / D D / Y Y Y Y <input type="text"/>	
<b>Name of your Doctor or Health Care Provider:</b>		
Last Name: <input type="text"/>	First Name: <input type="text"/>	(Optional) MI: <input type="text"/>
Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
<b>(Optional) Name of your Doctor or Health Care Provider:</b>		
Last Name: <input type="text"/>	First Name: <input type="text"/>	(Optional) MI: <input type="text"/>
Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	



## Scope of Sales Appointment Confirmation

The Centers for Medicare and Medicaid Services (CMS) requires Sales Agents and Brokers to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by the Medicare beneficiary or his/her authorized representative.

Please initial beside the type of product(s) you want to discuss.

- HMO-POS Medicare Advantage Plan (Part C only)
- HMO Medicare Advantage and Prescription Drug Plan (Part C and D)
- HMO SNP Medicare Advantage and Prescription Drug Plan (Parts C and D)

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.**

Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:		
Signature:	Signature Date:	Date of Birth:
If you are the authorized representative, please sign above and print below:		
Representative's Name:	Your Relationship to the Beneficiary:	
To be completed by Agent/Broker:		
Agent/Broker Name:	Agent/Broker Phone:	
Beneficiary Name:	Beneficiary Phone:	
Beneficiary Address:		
Initial Method of Contact:	<input type="checkbox"/> Sales Event	<input type="checkbox"/> Walk-In
Agent/Broker Signature:		
If the form was signed by the beneficiary at the time of appointment, please provide an explanation why the SOA was not documented prior to the meeting.		
Plan(s) the agent represented during this meeting:	Date Appointment Completed:	

The term of this SOA is 12 months from the date of the beneficiary's signature.

Confidentiality Notice: This communication is privileged and confidential, and/or (electronic) protected health information (PHI/ePHI), and may be subject to protection under the law, including HIPAA. This communication is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, be advised that any use, disclosure, distribution, copying, or action taken in reliance on the contents of this communication is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for its return.

H3706\_036\_SOA2024\_C



## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-844-280-5555 (TTY: 711), 8:00 AM-8:00 PM, 7 days a week (October 1-March 31) and 8:00 AM-8:00, PM Monday-Friday (April 1-September 30).

### Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [www.GlobalHealth.com](http://www.GlobalHealth.com) or call 1-844-280-5555 (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. Not applicable for GlobalHealth Generations Valor (HMO-POS).
- Review the formulary to make sure your drugs are covered. Not applicable for GlobalHealth Generations Valor (HMO-POS).

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. If the plan in discussion includes a Part B buy-down or is a D-SNP, your Medicare Part B premium may be less than the standard premium.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Our Generations Valor (HMO-POS) Plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. You will pay a higher copayment for services received by a non-contracted provider. Except in an emergency or urgent situations, non-contracted providers may deny care.
- Generations Chronic Care (HMO C-SNP) and Generations Chronic Care Savings (HMO C-SNP) are chronic condition special needs plans (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- Generations Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP) are dual eligible special needs plans (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Based on a Model of Care review, GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2024. H3706\_037\_PREENROLLCHECKLIST2024\_C



**Health Survey**

Please complete this survey. The goal of this survey is to help us understand your health and specific health care needs so we can work together to help provide you the services to reach your health goal(s). Your answers **WILL NOT** affect your benefits. We may share your information with your primary care provider. If you have any questions regarding this please contact Customer Care - 1-844-280-5555 (TTY: 711) 8:00 AM-8:00 PM, 7 days a week, (Oct 1-Mar 31), 8:00 AM-8:00 PM, Monday-Friday (April 1-Sept 30).

**Date:** \_\_\_\_\_ **Agent name and ID (if agent assisted):** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Gender:**  Male  Female

**DOB:** \_\_\_\_\_ **Marital Status:**  Single  Married  Separated  Divorced  Widow

**Phone number:** \_\_\_\_\_ **Application/Member ID:** \_\_\_\_\_

**1. What is your race?**  
 White  Black or African American  Native Hawaiian  Samoan  Other Pacific Islander  
 Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian  
 Guamanian or Chamorro  I choose not to answer

**2. What is your Ethnicity?**  
 Not Hispanic, Latino/a or Spanish Origin  Cuban  Mexican, Mexican American, Chicano/a  
 Puerto Rican  Another Hispanic, Latino or Spanish Origin  I choose not to answer

**3. What is your primary language?**  
 English  Spanish  Other: \_\_\_\_\_  I choose not to answer

**4. Please check whether you have ever had or have been treated for any of the following Chronic Conditions.**  
 Alzheimer's Disease/Dementia  Autoimmune Disease (Multiple Sclerosis/Myasthenia Gravis)  
 Asthma  Arthritis or Pain in Joints  Cancer  Congestive Heart Failure  COVID-19  Diabetes  
 Cardiovascular Disease/Coronary Artery Disease/Peripheral Vascular Disease  Depression/Mental Illness  
 Epilepsy/Seizures  Heart Problems/Heart Disease/Heart Attack  High Blood Pressure  
 High Cholesterol/Triglycerides  Kidney Disease/Failure  Immune Disorder (HIV or AIDS)  
 Lung Disease (Emphysema, Chronic Obstructive Pulmonary Disease-COPD)  
 Neurodegenerative Disease (Parkinson's/Huntington's Disease)  Organ Transplant (Liver, Kidney, etc.)  
 Stroke

**5. Please check the following conditions you are currently experiencing or receiving medical treatment for:**  
 Foot/Ankle/Leg Swelling  Sudden Increase in Weight  Renal Dialysis  Open Sores, Wounds, or Ulcers on Your Skin

**6. Health Care Access and Treatment**  
 c0In the past 12 months, has lack of reliable transportation ngr vlyou from medical appointments, meetings, work or from getting things needed for daily living?  Yes  No  
 d0Have you had a face-to-face (in-person or virtual) visit with your doctor for an Annual Physical Exam or Wellness Visit in the past 12 months?  Yes  No  
 c. Are you currently enrolled in hospice?  Yes  No  
 d. How many times have you been to the emergency room in the past 12 months?  None  1-3 times  More than 3  
 e. How many times have you been admitted to the hospital in the past 12 months?  None  1-3 times  More than 3  
 f. When was your last complete dilated eye exam?  Never  Less than 12 months ago  More than 12 months ago  
 g. Do you feel your healthcare has been impacted by your age, income, education, race, gender or ethnicity?  Yes  No

**7. Activities of Daily Living**  
 a. Do you need help with bathing, dressing yourself, preparing meals, feeding yourself, or using the bathroom?  Yes  No  
 b. Do you need help walking, getting up from a chair or getting out of bed?  Yes  No  
 c. Do you need help taking your medications as prescribed?  Yes  No  
 d. Do you currently use assistive devices and/or durable equipment to walk, bathe, shower, or use the bathroom, i.e., a wheelchair, walker, cane, raised toilet seat, etc.?  Yes  No  
 e. Do you have a caregiver to assist with your needs?  Yes  No  
 f. In the past 12 months, how many times have you fallen:  Never  Once  More than once  
 g. If you are currently bothered with pain, please tell us how bad the pain is. (1-3 being very little pain, 4-6 being moderate pain, and 7-10 being severe pain)  I have no pain  1-3  4-6  7-10

**8. Behavioral and Social**  
 a. In the past 3 months, have you felt sad, blue or depressed?  Yes  No  
 b. In the past 3 months, have you experienced changes in thinking, remembering or decision making?  Yes  No  
 c. Does forgetfulness (such as forgetting to pay bills or take your medications) cause problems in your daily life?  Yes  No  
 d. Do you smoke?  Yes  No  
 e. If you answered yes to the Question D, would you like to receive information to help you quit smoking?  Yes  No  
 f. Do you drink more than two alcoholic beverages each day?  Yes  No  
 g. In the last 12 months, have you used illegal drugs or substances?  Yes  No  
 h. If you answered yes to Question G, would you like to receive information about controlling this problem?  Yes  No  
 i. Do you socialize with others regularly?  Yes  No  
 j. Do you exercise regularly?  Yes  No  
 k. Do you currently feel threatened or that you are being physically, mentally, or sexually abused?  Yes  No  
 l. Do you experience feelings of stress related to your health, finances, family or social relationships, work, etc.?  Yes  No  
 m. In general, how would you rate your overall health?  Excellent/Very Good  Good  Fair  Poor  
 n. In the past 3 months, have you had difficulty meeting your living expenses?  Yes  No  
 o. Within the past 12 months, you worried that your food would run out before you got money to buy more?  
 Often true  Sometimes true  Never true  
 p. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.  
 Often true  Sometimes true  Never true  
 q. What is your living situation today?  
 I have a steady place to live  I have a place to live today, but I am worried about losing it in the future  
 I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park.)  
 r. Are you able to afford your medications?  Yes  No  
 s. Would you like to receive information regarding advanced directives or living wills?  Yes  No  
 t. What is the highest level of education you completed?  
 Grade School  High School  Vocational School  College  
 u. How well can you read?  Very Well  Well  Not Well  I cannot read  
 v. Are you able to access and understand your health information electronically?  Yes  No

**9. Medical Treatment/Vaccinations**

- a. How many different medications do you take every day?       1-3    4-6    More than 6    None
- b. When was your last flu shot?       Never    Within the last 12 months    More than 12 months ago
- c. When was your last pneumonia shot?       Never    Less than 10 years ago    More than 10 years ago
- d. Have you received the COVID-19 vaccinations?       Yes  No
- e. If you have received the COVID-19 vaccinations, have you received the booster vaccinations?  Yes  No

**Multi-Language Insert**

**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-280-5555 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-280-5555 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-280-5555 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-280-5555 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-280-5555 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-280-5555 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-280-5555 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-280-5555 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-280-5555 (TTY: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-280-5555 (TTY: 711) Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-280-5555 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी परश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया पराप्त करने के लिए, बस हमें 1-844-280-5555 (TTY: 711) र फोन करें कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-280-5555 (TTY: 711) Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-280-5555 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-280-5555 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-280-5555 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-280-5555 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



**For questions or to enroll:  
1-855-766-7881 (TTY: 711)**

8:00 AM-8:00 PM CST

7 days a week (Oct 1-March 31)

Monday-Friday (April 1-Sept 30)

[www.GlobalHealthMedicare.com](http://www.GlobalHealthMedicare.com)

GlobalHealth is a HMO/SNP HMO with a Medicare contract and a state Medicaid contract for D-SNP. Enrollment in GlobalHealth depends on contract renewal. You must continue to pay your Medicare Part B premium. By calling the listed number you may be speaking with a licensed sales representative. Based on a Model of Care review, GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2024. Out-of-network/non-contracted providers are under no obligation to treat Generations Valor (HMO-POS) Plan members, except in emergency situations. Please call our customer care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Fraud, Waste and Abuse: GlobalHealth is committed to fighting health care fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-627-0004. Contact the plan for more information.