



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 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 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.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- 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 (noncontracted providers). However, while we will pay for certain covered services provided by a noncontracted provider, the provider must agree to treat you. 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.