



GlobalHealthBeat

A Newsletter for Medicare Advantage Members

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Member Outreach

At GlobalHealth, our mission is to provide you with genuine care and to help you reach your optimal health! GlobalHealth reaches out to our members throughout the year to support their health! We may reach out for any of the following reasons:

Recent Hospital Stay

If you had a recent hospital stay, we want to ensure you continue the care path best for you and your recovery. GlobalHealth may reach out to you to:

- ✓ Discuss home health services
- ✓ Discuss Durable Medical Equipment (DME)
- ✓ Assist with scheduling follow-up appointments
- ✓ Identify and remove barriers in receiving care
- ✓ Identify helpful resources as needed

Preventive Screenings & Chronic Care Management

Staying up to date with your preventive screenings and receiving the care management assistance you may need is key! GlobalHealth may contact you to help coordinate the following:

- ✓ Annual Wellness Visit
- ✓ Mammogram
- ✓ Colonoscopy
- ✓ Bone density test
- ✓ Diabetes care

Prescription Drugs

Taking your medications as prescribed can significantly help control long-term chronic conditions and improve your overall health and well-being. GlobalHealth may contact you to ensure you are receiving and taking your prescription drugs as prescribed by your physician if you are currently taking or have recently been prescribed one or more prescription drugs. We may discuss:

- ✓ Preferred pharmacies
- ✓ Mail-order pharmacies
- ✓ \$0 copay for 100-day supply on multiple medications in Tiers 1 and 2*
- ✓ Assisting with prescription drug refills



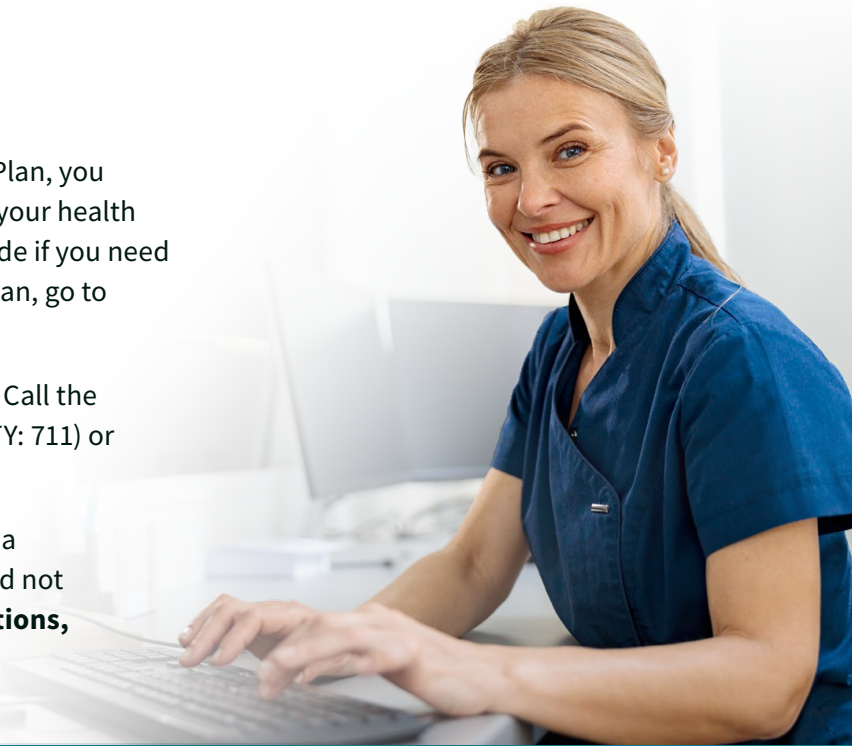
We are committed to building a strong partnership with you by providing you with personalized, engaging, and responsive services.

24/7 Nurse Line

As a member of any GlobalHealth Medicare Advantage Plan, you can talk to a skilled, registered nurse to assist you with your health concerns at no cost to you. The nurse can help you decide if you need to make an appointment with your primary care physician, go to urgent care, or seek emergency care.

You do not need a referral or prior authorization to call. Call the CareNet 24/7 Nurse Line: Oklahoma 1-800-554-9371 (TTY: 711) or Texas 1-877-281-5127 (TTY: 711)

Please remember that calling the 24/7 Nurse Line is not a replacement for primary care physician visits and should not be used in an emergency. **Call 911 in emergency situations**, including when experiencing chest pain.



After the Hospital:

Follow up after Emergency Department or Hospital Visits

Transitioning from hospital care to home care can be complicated and could result in re-hospitalization. Contact your primary care provider after you have had a visit to the emergency department or a hospital stay.

Your Primary Care Physician can:

- ✓ Review discharge instructions to address any questions that you may have
- ✓ Review new medications or medication changes
- ✓ Review all test results to determine if further work-up or referrals are needed
- ✓ Discuss the cause of the visit and create a plan to prevent another visit
- ✓ Ensure there are not any complications or barriers in your care

As a GlobalHealth member, you have access to:

- ✓ Meal Delivery* to your home following discharge from an inpatient hospital or a skilled nursing facility. A GlobalHealth Case Manager will arrange your meal delivery through Independent Living Systems. Meal benefits vary by plan, to learn more check your Evidence of Coverage (EOC) for benefit allowance maximums or visit www.GlobalHealth.com to access your EOC.
- ✓ Transportation* assistance to your doctor or other plan-approved locations. Contact RoundTrip for Oklahoma at 1-877-565-1612 (TTY:711) or for Texas at 1-877-565-1637 to schedule transportation. A 48-hour notice is required.

*Benefits may vary by plan.

Did You Hear?

Hearing is an important part of your overall health, so be sure to use your benefits this year.

Your GlobalHealth Medicare Advantage plan includes one routine hearing exam each year at no cost to you! You also receive a no cost hearing aid evaluation and an annual hearing aid allowance.* You can go to any GlobalHealth hearing specialist for your routine hearing exam.

You must go to a NationsHearing audiologist for your hearing aid evaluation and to get hearing aids if you need them.



Your hearing aid benefit includes:

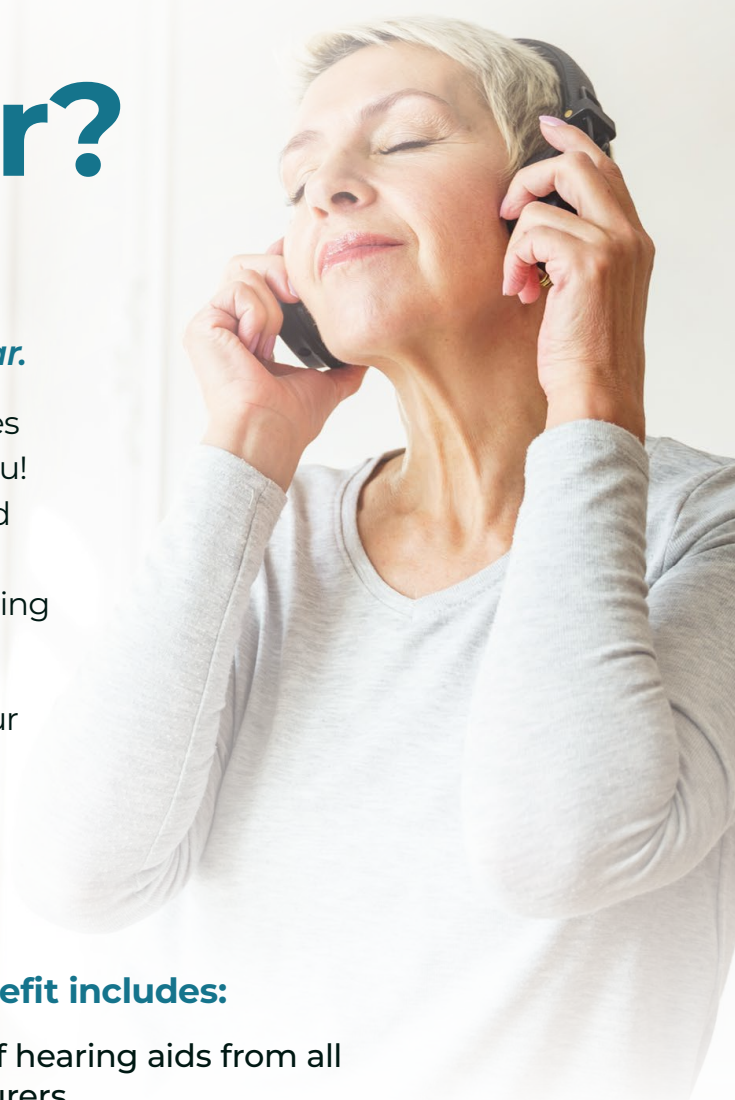
- ✓ Wide selection of hearing aids from all major manufacturers
- ✓ 60-day trial period from date of fitting
- ✓ 60 batteries per year per aid
- ✓ 3-year manufacturer repair warranty

To schedule an appointment with a NationsHearing audiologist call:

Oklahoma 1-877-241-4736 (TTY: 711) or Texas 1-877-202-4718 (TTY: 711)

Monday – Friday, 7 am to 7 pm CST

*See your Evidence of Coverage for your hearing aid allowance amount.



Helpful Information for Using Smart Wallet*

GlobalHealth is pleased to offer the Smart Wallet, a Prepaid Benefits Card, through our partnership with NationsBenefits.

Depending on your plan, the Smart Wallet offers allowances to cover Dental, Vision and/or Hearing services as well as allowances for Over the Counter (OTC) items, Groceries and/or Utilities. You must activate the Smart Wallet card before use. Once activated, you can use your Smart Wallet card just like a credit card. Swipe your card at the end of your purchase and select the CREDIT option. *Please note, your transaction will be DECLINED if you select debit.*

For plans offering an annual Dental, Vision and/or Hearing Allowance, use your Smart Wallet card for payments at your provider's office, like a flex spending account. Not all plans offer this additional allowance.

For plans offering either monthly or quarterly allowances for Over-the-Counter Items and/or Groceries Allowances, use your Smart Wallet card at any in-store Walmart® retail location to buy eligible OTC and/or food and produce items. You may also visit [GlobalHealth.NationsBenefits.com](https://www.GlobalHealth.NationsBenefits.com) to buy eligible OTC items. Purchases at Walmart.com are not covered. Not all plans offer an additional grocery allowance.

For plans offering a monthly Utility Assistance Allowance, use your Smart Wallet card to pay your electric, gas, sanitary, water utilities, landline telephone service, cable TV service, and/or certain petroleum service providers directly. Not all plans offer this additional allowance.

Your Smart Wallet cannot be used as a debit card for cash withdrawals or to purchase prescription drugs, alcohol, tobacco, and/or gift cards. To find a list of eligible product categories, please visit www.GlobalHealth.com. You may also visit GlobalHealth.NationsBenefits.com to search for items eligible for in-store purchase. Smart Wallet allowances vary by plan.

Please note, funds may be spent in a single transaction or over multiple transactions, up to your benefit allowance. You will be responsible to pay any amount over your benefit allowance. Any leftover balance does NOT roll over to the next month, quarter, and/or year.

If you do not receive your card within two weeks of your effective date or have issues using your Smart Wallet card, please contact NationsBenefits at 1-877-241-4736 (OK) 1-877-202-4718 (TX) (TTY: 711).



**The grocery and utility allowances offered through the Smart Wallet are part of a special supplemental benefits program. Not all members will qualify for these benefits. Limitations and exclusions apply.*

Distracted Driving Awareness

Have you ever gotten into a car and gone into auto pilot?

At 25 mph, you can travel the length of more than one football field in 10 seconds... What could you miss during this time?

According to the National Safety Council, on a typical day more than 700 people are injured in distracted driving crashes. This could be from texting or talking on a cell phone, even hands free, or programming an in-vehicle infotainment system, eating, drinking, applying makeup, reading a newspaper or book, and/or watching a video. They all take attention away from driving.

Three types of distractions categories are visual, manual (taking one's hands off the wheel), and cognitive (taking your mind off driving). All of these can increase safety risks for drivers and for those sharing the road around

them. The brain cannot manage two thinking tasks at the same time. It switches quickly between tasks, slowing response times causing crashes. Technology and vehicle safety features work with us, but do not work without us.

Your life is worth more than a call, text, or playlist. Hands-free is not risk-free. Before you start driving, set up your phone and other electronics, and do not use them while you are driving. Drive without distractions to help keep our roads and each other safe.



“Where do I go for Care?”

When you aren't feeling well or are having an acute health episode it can be confusing where you should seek care, especially if you are needing care quickly.

If you need assistance deciding where to go, call the **CareNet 24/7 Nurse Line** for Oklahoma 1-800-554-9371 (TTY: 711) or Texas 1-877-281-5127 (TTY: 711) with questions about which level of care would be appropriate for you. We have also provided a summary to help understand where it is best to go when you aren't feeling your best.

Primary Care Provider's (PCP) Office

If you can get an appointment, **your primary care provider's (PCP) office is the better choice over an urgent care or walk-in clinic.** *Why?* Your PCP knows your health history, knows what medications you're taking and should have a more complete picture of your overall health. They are your partner in health, assisting you in navigating the healthcare system. You have unlimited visits for sick or well visits at a **\$0 copay** when visiting your PCP.

Urgent Care (or Walk-in Clinic)

Urgent Care can conveniently treat urgent minor medical issues, but they do not know your health history like your primary care provider does. It is usually staffed by physician extenders, Nurse Practitioners and Physician Assistants, and Urgent Care copays are higher than your primary care copay. **Examples of minor acute needs when your PCP is unable to see you are:**

- ✓ Minor burns, wound care or small cuts that may require stitches
- ✓ Flu, cold, or mild asthma attacks
- ✓ Nausea, vomiting, diarrhea, or dehydration
- ✓ Fever, earache, headache, abdominal pain, or skin rashes
- ✓ Sprains, muscle pulls, back pain, or minor fractures

Emergency Department

The ER can treat the most severe symptoms when emergent care is needed and 911 should be called. It is also the most expensive option where co-pays and uncovered expenses can quickly add up. **Examples of when you should seek emergency care:**

- ✓ Choking, having breathing difficulties, or has stopped breathing
- ✓ Suffering from a head injury, particularly if it's causing fainting or confusion
- ✓ Having severe chest pain or pressure lasting more than two minutes
- ✓ Having a seizure(s) that lasts between three and five seconds
- ✓ Stroke symptoms (slurred speech or sudden numbness/weakness in any area of your body, facial droop, loss of balance or vision, changes in mental status)
- ✓ Suffering from a neck or spine injury, especially it's accompanied by loss of feeling
- ✓ Severe allergic reaction (swelling lips, difficulty swallowing or breathing)
- ✓ Severe burns

To ensure you are getting the most out of your health plan benefits, consider researching the medical facilities in your local area to determine which locations are preferred by your health plan to ensure your highest benefit coverage. Visit www.GlobalHealth.com to “Search Doctors, Hospitals and Pharmacies in our Network” or reference the latest provider directory that lists providers and in-network facilities by county. *For other questions regarding GlobalHealth call Oklahoma: 1-844-280-5555 (TTY: 711) or Texas: at 1-844-200-8167 (TTY: 711)*



Referrals *and* Prior Authorizations

While members can self-refer for any in-network specialist office visit, certain tests and treatments do require prior authorization and may require one or multiple copays, even when provided in the specialist office.

Definitions:

REFERRAL:

A referral is a written order from your primary care physician or specialist for a specific medical service or test. Referrals are required to ensure that patients are seeing the correct providers for the correct problems.

PRIOR AUTHORIZATION:

Prior authorization is a decision by your health plan that a service, treatment plan, prescription drug or medical equipment is medically necessary.

Things to consider when you are referred for a service, treatment, prescription drug or medical equipment that needs to be preauthorized:

- ✓ Make sure your health care providers have your current GlobalHealth information because each plan has its own unique set of conditions for referrals.
- ✓ The preauthorization process may take up to 14 days. In some cases, your provider may want to schedule the appointment sooner and ask for an expedited review, these are completed within 72 hours. This timeline is quicker for prescription drug determinations. Review your member benefit package for more information.
- ✓ Keep in mind that specialists often have a process of their own that may impact the timeframe you are scheduled for the needed service. They may screen referrals for clinical appropriateness by reviewing your complete medical record, such as visit notes, lab, and x-ray results. A signed medical record release may need to be obtained.

If your provider told you a referral would be made and it has been at least two weeks with no updates, please call your provider's office to check the status of your referral.

Please note that failure to obtain the necessary referral and/or prior authorization before having certain tests or medical services can result in coverage not being applied to a visit, test, or service, resulting in costs being passed directly to the patient. If you have questions about your benefits, please call GlobalHealth Oklahoma at 1-844-280-5555 (TTY: 711) or Texas at 1-844-200-8167 (TTY: 711).

What is a Coverage Gap or “Donut Hole”?

Many Medicare drug plans have a coverage gap, also called the “donut hole,” that temporarily limits the amount your insurance will pay for prescription drugs. The coverage gap starts after the initial plan coverage threshold has been reached and before Catastrophic Coverage begins. Threshold amounts may change each year.



When Medicare Part D was first implemented, plan members who fell in this gap had to pay full cost of their covered drugs until their cost qualified them for Catastrophic Coverage. The phrase “Medicare donut hole” was commonly used to describe the hole in the middle of your drug coverage during the year.

Medicare sets the annual coverage phases of Medicare Part D plans that start every January 1st. The phase that you are in will be indicated on your explanation of benefits (EOB).

- ✓ **Deductible** – The amount you must pay before your plan pays for your prescription drugs. GlobalHealth plans do not have a deductible.
- ✓ **Initial Coverage** – Where you pay your share of prescription cost through copayments or coinsurance.
- ✓ **Coverage Gap / “Donut Hole”** – All GlobalHealth Medicare Advantage plans have additional coverage or “gap coverage,” where the copay for certain medications in certain tiers will remain the same during the gap phase. Please refer to your EOC for more information on additional tier coverages during this state.

Items that count towards the coverage gap:

- ✓ Your coinsurance and copayments that you may pay
- ✓ The discount you get on brand-name drugs in the coverage gap What you pay in the coverage gap
- ✓ Payments made by others on member’s behalf such as assistance programs

Items that don’t count towards the coverage gap:

- ✓ The drug plan premium Pharmacy dispensing fee
- ✓ What you pay for drugs that aren’t covered in the gap Plan payments

- ✓ **Catastrophic Coverage** – Where you’ll only pay a small copayment or coinsurance for covered drugs for the remainder of the year.

If you have questions about your benefits, please call GlobalHealth Oklahoma at 1-844-280-5555 (TTY: 711) or Texas at 1-844-200-8167 (TTY: 711).



What is a Late Enrollment Penalty for Part D?

According to CMS, the late enrollment penalty (also called the “LEP” or “penalty”) is an amount that may be added to a person’s monthly premium for Medicare drug coverage (Part D).

A person enrolled in a Medicare Advantage plan may owe a late enrollment penalty if they go without Part D or other creditable prescription drug coverage for any continuous period of 63 days or more after the end of their Initial Enrollment Period for Part D coverage.

The late enrollment penalty is added to the person’s monthly Part D premium for as long as they have Medicare drug coverage, even if the person changes their Medicare plan. The late enrollment penalty amount changes each year. The cost of the late enrollment penalty depends on how long the person went without Part D or other creditable prescription drug coverage. You will have to pay this penalty for as long as you have a Medicare drug plan.

To avoid the late enrollment penalty:

- ✓ Enroll in Medicare drug coverage when you are first eligible.
- ✓ Enroll in Medicare drug coverage if you lose other creditable coverage, such as a drug plan from a current or former employer, or individual health insurance coverage.
- ✓ Keep records showing you had creditable drug coverage and tell your plan when they ask.

If you have questions about your benefits, please call GlobalHealth Oklahoma at 1-844-280-5555 (TTY: 711) or Texas at 1-844-200-8167 (TTY: 711).

Osteoporosis: Prevention is Key

According to the National Osteoporosis Foundation, *osteoporosis is often called a “silent disease” because you can’t feel bones weakening.* A broken bone is often the first sign of the disease, and the resulting fractures can be devastating. The good news is that osteoporosis can be prevented or treated.

A screening bone density test measures how strong your bones are and can alert you to problems with your bones before you have a fracture. *Here are some facts from the US Preventive Services Task Force, a panel of experts in disease prevention, about osteoporosis and getting screened:*



Who should be screened?

- ✓ Women 65 and older.
- ✓ Postmenopausal women who are younger than 65 but at an increased risk for osteoporosis.
- ✓ Men over age 70

How often should I be screened?

- ✓ Every two years, or within 6 months of a bone fracture if one has not been completed in the past 2 years.

Bone Health Tips

- ✓ Maintain an exercise program
- ✓ Eat foods with plenty of calcium
- ✓ Discuss calcium and vitamin D supplements with your PCP
- ✓ Stop smoking and limit alcohol consumption

What kind of test is it?

- ✓ A bone mineral density test — known as a central DXA scan — is the most used method to check for osteoporosis. It’s like an x-ray of your hip and/or spine and does not hurt.

What happens if I have osteoporosis?

- ✓ Your doctor will talk to you about treatment, including medication and other steps to reduce the risk of future osteoporosis related fractures. Fractures caused by osteoporosis, particularly hip fractures, are linked to restricted mobility, chronic pain, disability, and loss of independence, as well as a lower quality of life. Nearly one-third of patients who experience a hip fracture die within a year.

With the risks that a bone break comes with, it’s better to play it safe and get screened so you can stay healthy. A bone density test is one of the front-line methods for screening against osteoporosis and is a covered benefit with a **\$0 copay** for GlobalHealth members. You can find the Fracture Risk Calculator [here](#), and bring the results to your doctor to discuss.

Read more at: [U.S. Preventive Services Task Force](#) and www.bonehealthandosteoporosis.org.

Stroke Awareness

A stroke occurs when something blocks blood supply to part of the brain or when a blood vessel in the brain bursts. In either case, parts of the brain become damaged or die. A stroke can cause lasting brain damage, long-term disability, or even death.

Stroke is the fifth leading cause of death in the United States and is the leading cause of serious long-term disability, reducing mobility in more than half of stroke survivors aged 65 and over. While stroke risk increases with age, strokes can occur at any age. About 1/3 of people hospitalized for stroke were less than 65 years old.

Preventing stroke:

- ✓ Choosing healthy meal and snack options can help you prevent stroke. Be sure to eat plenty of fresh fruits and vegetables.
- ✓ Physical activity can help you stay at a healthy weight and lower your cholesterol and blood pressure levels. For adults, the Surgeon General recommends 2 hours and 30 minutes of moderate-intensity aerobic physical activity, such as a brisk walk, each week.
- ✓ Cigarette smoking increases your chances of having a stroke. If you don't smoke, don't start. If you do smoke, quitting will lower your risk for stroke. Your doctor can suggest ways to help you quit. For more information about tobacco use and quitting, see [CDC's Smoking & Tobacco Use website](#).
- ✓ Avoid drinking too much alcohol, which can raise your blood pressure. Men should have no more than two drinks per day, and women only one. For more information, visit [CDC's Alcohol and Public Health website](#).

Signs of Stroke

- ✓ Sudden numbness or weakness in the face, arm, or leg, especially on one side of the body
- ✓ Sudden confusion, trouble speaking, or difficulty understanding speech
- ✓ Sudden trouble seeing in one or both eyes
- ✓ Sudden trouble walking, dizziness, loss of balance, or lack of coordination
- ✓ Sudden severe headache with no known cause.

Act F.A.S.T.

*If you think someone may be having a stroke, act **F.A.S.T.** to help stroke patients get the treatments they desperately need.*

F **FACE:** Ask the person to smile. Does one side of the face droop?

A **ARMS:** Ask the person to raise both arms. Does one arm drift downward?

S **SPEECH:** Ask the person to repeat a simple phrase. Is the speech slurred or strange?

T **TIME:** If you see any of these signs, call 9-1-1 right away. Note the time when the symptoms first appeared to help health care providers determine the best treatment options.

As a GlobalHealth member, you have access to a personal emergency response system where you can contact first responders with the push of a button.

Call NationsBenefits at 1-877-241-4736 (TTY: 711) for Oklahoma or 1-877-202-4718 (TTY: 711) for Texas to set up your 24/7 monitoring service.

Read more at: [Centers for Disease Control and Prevention – What is Stroke?](#)

June is Men's Health Month

The average man pays less attention to his health than the average woman. Compared to women, men are more likely to make risky choices and not see a doctor for regular checkups. According to the CDC, men in the United States, on average die 5 years earlier than women and die at higher rates from the three leading causes of death, heart disease, cancer, and unintentional injuries.

Anyone can be affected by heart disease, stroke, diabetes, cancer, and depression but men can have a higher risk of certain disease, like stroke. Stroke occurs 1.5 times more frequently in men than in women. Men also have unique issues such as prostate cancer and benign prostate enlargement.

Many of the major health risks that men face can be prevented with a healthy lifestyle:

- ✓ **Regular physical activity** helps control your weight, reduce your risk of heart diseases and some cancers, and can improve your mental health and mood. Adults need 2.5 hours of physical activity a week.
- ✓ **Eat healthy** and include a variety of fruits and vegetables every day.
- ✓ **Limit** foods and drinks high in calories, sugar, salt, fat, and alcohol.
- ✓ **Choose not to smoke.** Quitting smoking has immediate and long-term benefits. You lower your risk for several types of cancer, and don't expose others to secondhand smoke.
- ✓ **Recognize and reduce stress.**
- ✓ **Use sunscreen,** try to avoid the sun during peak hours, and wear a hat and sunglasses. Up to 50% of Americans who live to age 65 will have at least one type of skin cancer.

Understand your family health history of diseases and health conditions that are or were present in your family. Get regular checkups and screening tests that can spot disease early when it is easiest to treat.

Common screenings include:

- ✓ Blood pressure
- ✓ Cholesterol
- ✓ Diabetes
- ✓ Prostate
- ✓ Colon cancer

Consult with your doctor about what screenings you should have and how often.





Mental Health Awareness



In the United States, mental illnesses are among the most common health conditions. More than 50% of people will be diagnosed with a mental illness or disorder at some point in their lifetime since a person's mental health can change over time. When a person's resources and coping abilities are stretched beyond their limits, their mental health may suffer.

Our emotional, psychological, and social well-being are all part of our mental health. It has an impact on the way we think, feel, and act. It also influences how we deal with stress, interact with people, and make good decisions. Mental health is crucial at every stage of life, with older persons having the highest prevalence. It is linked to anguish and suffering, and it can cause impairments in physical, mental, and social functioning, as well as impacting the course and complications of other chronic diseases' treatment.

The most common mental health conditions include anxiety, severe cognitive impairment, and mood disorders (such as depression or bipolar disorder). Depression is not a normal part of growing older, even though the rate of older adults with depressed symptoms tends to rise with age. It is estimated that 20% of adults aged 55 and up have some type of mental health concern.

Both mental and physical health are essential components of complete well-being. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes, and heart disease.

Mental health issues are often implicated as a factor in cases of suicide. The suicide rate among older males is the greatest of any age group. Men aged 85 and up have a suicide rate of 45.23 per 100,000, compared to 11.01 per 100,000 for people of all ages.

Mental illnesses can develop over a short period of time, come, and go with clear beginnings and ends, or be chronic or long-term. Aside from anxiety disorders and depression, there are over 200 classified types of mental illness, including seasonal affective disorder, eating disorders, personality disorders, posttraumatic stress disorder, and drug use disorders.

Healthy ways to manage stress:

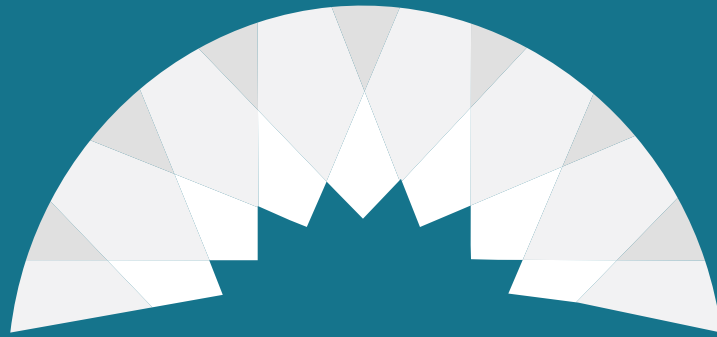
- ✓ Eating healthy, well-balanced meals
- ✓ Exercising frequently
- ✓ Getting plenty of sleep
- ✓ Avoiding excessive alcohol and drug use
- ✓ Making time to interact with people
- ✓ Unwinding and taking a deep breath

When you are experiencing life changes or are feeling down, it is important to speak with your primary care provider or a qualified mental health professional to help determine what treatment is best for you.

GlobalHealth covers mental health and substance use disorder office visits as well as services in other settings such as inpatient and partial hospitalization. If you have questions about your mental health benefits, please call Carelon Behavioral Health (formerly known as Beacon Health) at 1-888-434-9202 (TTY: 711) Monday through Friday 7 am – 5 pm CST

Sources: <https://www.cdc.gov/mentalhealth/learn/index.htm> https://www.cdc.gov/aging/pdf/mental_health.pdf <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html> <https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response> <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>

Kessler RC, Angermeyer M, Anthony JC, et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*. 2007;6(3):168-176. // Chapman DP, Perry GS, Strine TW (2005). The vital link between chronic disease and depressive disorders. *Prev Chronic Dis*; 2(1): A14.



GlobalHealth

MEDICARE ADVANTAGE PLANS

Customer Care:

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

Texas - 1-844-200-8167 (TTY: 711)

8:00AM to 8:00PM,

Seven days a week (Oct 1 - Mar 31)

Monday through Friday (Apr 1 - Sept 30)

www.GlobalHealth.com

GlobalHealth is an HMO/SNP HMO with a Medicare contract and a state Medicaid contract for D-SNP. Enrollment in GlobalHealth depends on contract renewal. GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) in 2023. This approval is based on a review of Global-Health's Model of Care. GlobalHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. GlobalHealth tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

H3706_Q2NEWSLETTER_2023_M