



2019 All-In-One Guide

Premiums starting as
low as \$0 a month



GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

Medicare Advantage Plan Options:

- Generations Value (HMO)
- Generations Classic (HMO)
- Generations Select (HMO)

Table of Contents

Medicare Advantage Plans	03
What Do You Know about Medicare?	04
What Makes Us Different?	08
Where Is GlobalHealth?	09
Star Ratings	10
Benefits at a Glance	12
Summary of Benefits	15
 Enrollment Information	 35
Enrolling in a GlobalHealth Medicare Advantage Plan	36
Attestation of Eligibility for an Enrollment Period	39
Pre-Enrollment Checklist	41
Enrollment Form	43
 After Enrollment, What Happens Next?	 49
How to Easily Access Your Benefit Information	50
Important Phone Numbers	51
Non-Discrimination Notice	52
Transition of Care Request Form	55
 Forms For Agent Use Only	 57
Receipt of Enrollment	59
Agent Enrollment Attestation	61
Scope of Sales Appointment Confirmation Form	63

Medicare Advantage Plans



About GlobalHealth

- Local, Oklahoma-based health maintenance organization (HMO)
- Available in 44 counties
- 3 Medicare Advantage plans
- Local Customer Care, Care Management and Pharmacy teams
- Thousands of quality providers, hospitals and pharmacies



What is a Medicare Advantage plan? (Medicare Part C)

Medicare Advantage plans cover the same inpatient and outpatient services as original Medicare, including preventive care. Medicare Advantage plans may also offer additional coverage that Medicare does not have, such as prescription drug coverage. Medicare Advantage plans include Medicare Part A, Part B and sometimes Part D.

Are You Eligible for Our Medicare Advantage Plans?

- **Must** be a permanent resident in our service area
- **Must** have both Medicare Part A and Part B
- **Must not** have End Stage Renal Disease (ESRD)

What Do You Know About Medicare?

The Four Parts of Medicare



PART A

Hospital
Insurance



PART B

Medical
Insurance



PART C

**Medicare
Advantage Plan**
Includes Part A, Part
B and sometimes
Part D Coverage



PART D

Medicare
Prescription Drug
Coverage



Medicare Advantage (MA) Enrollment Dates

Pre-enrollment

Oct. 1 – Oct. 14

Compare plans so you are ready to enroll beginning Oct. 15th.

Annual Enrollment

Oct. 15 – Dec. 7

If you're eligible, you can join, switch or drop a Medicare Advantage plan.

Open Enrollment

Jan 1 – Mar. 31

MA plan enrollees may enroll in another MA plan or disenroll from their MA plan and return to Original Medicare

Apr. 1 – Oct. 14

No plan changes unless special circumstances arise.

What Do You Know About Medicare?



Drug Payment Stages

DEDUCTIBLE STAGE	INITIAL COVERAGE STAGE	COVERAGE GAP STAGE	CATASTROPHIC COVERAGE STAGE
You pay the full cost of your drugs until you hit your deductible.*	The plan pays its share of the cost, and you pay your share (copayment/coinsurance) until your total drug costs reach \$3,820.	You will pay no more than 37% for covered generics or 25% on all other drugs until you reach \$5,100.	You will pay the greater of 5% of the cost or \$3.40 for generics and \$8.50 for all other drugs.
Example: Drug = \$50 You pay = \$50	Example: Drug = \$50 Plan pays = \$40 You pay = \$10	Example: Drug = \$50 Plan pays = 75% (\$37.50) You pay = 25% (\$12.50)	Example: Drug = \$50 Plan pays = \$46.60 You pay = \$3.40
\$50 towards deductible*	\$50 towards initial coverage limit	\$12.50 towards coverage gap	

*No deductible on our plans.

What Do You Know About Medicare?



Need Extra Help? You May Qualify!

You may be able to get Extra Help, otherwise known as Low Income Subsidy (LIS), with your Medicare prescription drug plan premium and copay.

To find out if you qualify, call:

- GlobalHealth*: 1-844-322-8322 (TTY: 711)
 - 8:00AM to 8:00PM Central, Monday through Sunday (Oct 1 – Mar 31)
 - 8:00AM to 8:00PM Central, Monday through Friday (Apr 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 to 7:00 PM (TTY: 1-800-325-0778)
- State Medicaid (SoonerCare Helpline): 1-800-987-7767

2019 Premium Subsidy Tables for Those Who Qualify for Extra Help

The premiums listed in the table below include coverage for both medical and prescription drug coverage (if applicable).

Your Extra Level of Help	Your Monthly Premium**	
	Generations Classic	Generations Select
100%	\$0	\$0
75%	\$0	\$7.50
50%	\$0	\$15.00
25%	\$0	\$22.50

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

**You must continue to pay your Medicare Part B premium.

What Do You Know About Medicare?



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:** Cost-sharing refers to amounts that a member has to pay when services or drugs are received (for example, your copayment or coinsurance).
- **Deductible:** The amount you must pay for health care or prescriptions before our 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.
- **Maximum out-of-pocket (MOOP):** The most that you pay out-of-pocket during the calendar year for in-network 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 care plan for health or prescription drug coverage.
- **Prior Authorization (Referral):** On certain services or drugs, you will need to get approval in advance from GlobalHealth before obtaining the services or drugs. Your Primary Care Physician (PCP) may submit a referral to GlobalHealth for the prior authorization. If you do not get prior authorization, GlobalHealth may not cover the services.

What Makes Us Different?

Being a Member Has Its Perks

GlobalHealth Medicare Advantage plans allow you to enjoy the benefits you currently receive from Original Medicare plus, vision and dental services, peace of mind emergency coverage and many more money-saving benefits! In fact, most of our plans include Part D prescription drug coverage.

We make it simple for you to get more out of Medicare.



\$0* MONTHLY PREMIUM



UNLIMITED \$0 PRIMARY CARE PHYSICIAN VISITS



NO MEDICAL OR DRUG DEDUCTIBLES



\$0 COPAY ON MEDICARE COVERED PREVENTIVE SERVICES



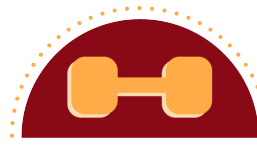
3 MONTH SUPPLY OF PRESCRIPTION DRUGS FOR AS LOW AS A \$0 COPAY¹



OVER THE COUNTER DRUG ALLOWANCE²



SUPPLEMENTAL EYEWEAR & DENTAL BENEFITS



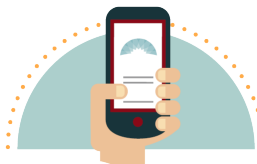
FITNESS BENEFIT*



OKLAHOMA-BASED



STRONG NETWORK



MOBILE APP



LOCAL CUSTOMER CARE

*Not applicable to all plans

¹Cost-share/copay dependent on Tier status of drug and type of pharmacy being utilized. Not applicable to all Tiers. Only applicable to plans with prescription drug coverage.

²Limitations apply. Plan allowances vary.

Where is GlobalHealth?



Service Area

GlobalHealth Medicare Advantage plans are available in **44** Oklahoma counties. (see back cover of guide for complete service area)

Provider Network*

as of September 2018



GlobalHealth Medicare Advantage plans have a strong network of providers and facilities including:

TULSA

- Harvard Family Physicians
- Utica Park Clinic Physician Group
- Hillcrest Medical Center
- Hillcrest South Hospital
- Hillcrest Hospital Claremore
- Tulsa Spine & Specialty Hospital
- Oklahoma Heart Institute
- Oklahoma Surgical Hospital
- OSU Medical Center
- OSU Physicians
- Bailey Medical Center, Owasso
- Oklahoma Spine and Brain Institute
- McAlester Regional Health Center
- Morton Comprehensive Health Services

OKLAHOMA CITY

- Centennial Health
- Mercy Hospital
- Mercy Primary Care Clinics
- Integris Baptist Medical Center
- Integris Health Edmond
- Integris Southwest Medical Center
- Integris Primary and Specialty Care Clinics
- Oklahoma Heart Hospitals
- Bone and Joint Hospital at St. Anthony
- St. Anthony Hospital
- Variety Care Clinic
- Mary Mahoney Health Center

*This is not a full list of providers. Other providers are available in our network. The provider network may change at any time. You will receive notice when necessary. To see if your local provider or hospital is in network, visit www.GlobalHealth.com/search or call Customer Care at 1-844-280-5555 (TTY: 711)

Medicare Star Ratings

What are Star Ratings?

Medicare uses information from member satisfaction surveys, plans, and health care providers to give overall performance star ratings to Medicare health and prescription drug plans.

Why are Star Ratings important to me?

These ratings help you compare plans based on quality and performance. A plan can get a rating from one to five stars. A 5-star rating is considered excellent. The overall plan rating gives you a single summary score that makes it easy for you to compare plans based on quality and performance.

What do the plan ratings measure?

For plans covering health services, the overall score for quality of those services cover several different topics in five categories:

- Staying healthy
- Managing chronic (long-term) conditions
- Ratings of health plan responsiveness and care
- Health plan member complaints and appeals
- Health plan telephone customer service

For plans covering drug services, the overall score for quality of those services cover several different topics in four categories:

- Drug plan customer service
- Drug plan member complaints and Medicare audit findings
- Member experience with drug plan
- Drug pricing and patient safety

Learn More About Plan Ratings

Visit the Medicare Plan Finder Tool on www.medicare.gov to learn more about plans and see their ratings. You can find a plan's overall rating on the Plan Results page or view a complete summary of all plan's quality and performance ratings by clicking "Plan Ratings" on the Plan Results page.

GlobalHealth Star Ratings

GlobalHealth - H3706

2019 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, GlobalHealth received the following Overall Star Rating from Medicare.

★★★★
3.5 Stars

We received the following Summary Star Rating for GlobalHealth's health/drug plan services:

Health Plan Services: ★★★★★
3.5 Stars

Drug Plan Services: ★★★★★
3.5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 877-671-2930 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

Current members please call 844-280-5555 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

GlobalHealth is an HMO with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal. GlobalHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-280-5555 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-280-5555 (TTY: 711).

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2019 Benefits at a Glance

GlobalHealth Medicare Advantage Plans

Effective January 1, 2019 – December 31, 2019

	MA-ONLY	MAPD	
	GENERATIONS VALUE (HMO)	GENERATIONS CLASSIC (HMO)	GENERATIONS SELECT (HMO)
BENEFIT	YOU PAY		
Premium	\$0	\$0	\$30
Deductible	\$0	\$0	\$0
MOOP	\$3,000	\$3,400	\$3,400
Primary Care Physician	\$0	\$0	\$0
Specialist	\$40 copay	\$40 copay	\$25 copay
Preventive Care	You pay nothing	You pay nothing	You pay nothing
Inpatient Hospital Care	\$250 copay per day (Days 1–5) You pay nothing per day (Days 6–190)	\$365 copay per day (Days 1–5) You pay nothing per day (Days 6–190)	\$325 copay per day (Days 1–5) You pay nothing per day (Days 6–190)
Outpatient Surgery and Hospital Services	\$250 copay – Ambulatory Surgery Center \$320 – Hospital	\$250 copay – Ambulatory Surgery Center \$320 – Hospital	\$250 copay – Ambulatory Surgery Center \$320 – Hospital
Diagnostic Tests, X-rays, Lab Services and Radiology	You pay nothing for labs and x-rays; \$50 copay for therapeutic radiology; \$100 copay for sleep studies in outpatient facility	You pay nothing for labs and x-rays; \$50 copay for therapeutic radiology; \$100 copay for sleep studies in outpatient facility	You pay nothing for labs and x-rays; \$40 copay for therapeutic radiology; \$100 copay for sleep studies in outpatient facility
MRI, PET, CT Scans	\$150 copay	\$150 copay	\$100 copay
Ambulance Services	\$100 copay	\$100 copay	\$100 copay
Emergency Room	\$75 copay	\$100 copay	\$85 copay
Urgent Care	\$10 copay	\$35 copay	\$25 copay
Chiropractic	\$20 copay	\$20 copay	\$20 copay
Home Health	You pay nothing	You pay nothing	You pay nothing
Diabetes Supplies	You pay nothing	You pay nothing	You pay nothing

2019 Benefits at a Glance

Prescription Drug Coverage

Effective January 1, 2019 – December 31, 2019

Generations Classic & Generations Select

Deductible: \$0

Note: Generations Value does not include Prescription Drug Coverage

30-DAY PREFERRED RETAIL		
DRUG TYPE	GENERATIONS CLASSIC	GENERATIONS SELECT
Tier 1 - Preferred Generics	\$5	\$5
Tier 2 - Generics	\$15	\$15
Tier 3 - Preferred Brand Name	\$42	\$42
Tier 4 - Non-Preferred	40%	40%
Tier 5 - Specialty	33%	33%
Tier 6 - Select Care Drugs	\$5	N/A

90-DAY PREFERRED MAIL ORDER		
DRUG TYPE	GENERATIONS CLASSIC	GENERATIONS SELECT
Tier 1 - Preferred Generics	\$15	\$0
Tier 2 - Generics	\$45	\$30
Tier 3 - Preferred Brand Name	\$126	\$84
Tier 4 - Non-Preferred	40%	30%
Tier 6 - Select Care Drugs	\$0	N/A

PLEASE NOTE: Generations Classic and Generations Select have different drug formularies. Please visit our website for the most up-to-date drug formularies. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Costs for 90-day supply are higher at Standard Retail Pharmacy

2019 Benefits at a Glance

Additional Benefits Not Covered Under Original Medicare

Effective January 1, 2019 - December 31, 2019

GENERATIONS VALUE	
Podiatry Services – Foot Care	\$20 copay (covered under Original Medicare)
Routine Vision Exam	You pay nothing for up to 1 visit per year
Routine Eyewear Benefit	Plan pays up to a \$200 calendar year maximum
Dental	You pay nothing for preventive services
Over-the-Counter Benefit	\$50 quarterly benefit for over-the-counter (OTC) health and wellness products available through our mail order service. If \$50 is not used in a quarter, the balance does not carry over. Prices include shipping, handling, and sales tax.
GENERATIONS CLASSIC	
Podiatry Services – Foot Care	\$20 copay (covered under Original Medicare)
Routine Vision Exam	You pay nothing for up to 1 visit per year
Routine Eyewear Benefit	Plan pays up to a \$200 calendar year maximum
Dental	You pay nothing for preventive services You pay nothing for dentures; plan pays up to \$750 calendar year maximum
Over-the-Counter Benefit	\$30 quarterly benefit for over-the-counter (OTC) health and wellness products available through our mail order service. If \$30 is not used in a quarter, the balance does not carry over. Prices include shipping, handling, and sales tax.
GENERATIONS SELECT	
Podiatry Services – Foot Care	\$15 copay (covered under Original Medicare)
Routine Vision Exam	You pay nothing for up to 1 visit per year
Routine Eyewear Benefit	Plan pays up to a \$200 calendar year maximum
Dental	You pay nothing for preventive services You pay nothing for comprehensive dental services; plan pays up to \$250 calendar year maximum for comprehensive dental services including: <ul style="list-style-type: none"> Non-routine services, Diagnostic services, Restorative services, Endodontics, Periodontics, Extractions
Over-the-Counter Benefit	\$30 quarterly benefit for over-the-counter (OTC) health and wellness products available through our mail order service. If \$30 is not used in a quarter, the balance does not carry over. Prices include shipping, handling, and sales tax.
Fitness Benefit	You pay nothing at an in-network fitness facility

For a full listing of benefits, please reference the plan's Evidence of Coverage at:
www.GlobalHealth.com/medicare-advantage



2019 Summary of Benefits

January 1 –
December 31, 2019



Generations Value (HMO)
Generations Classic (HMO)
Generations Select (HMO)

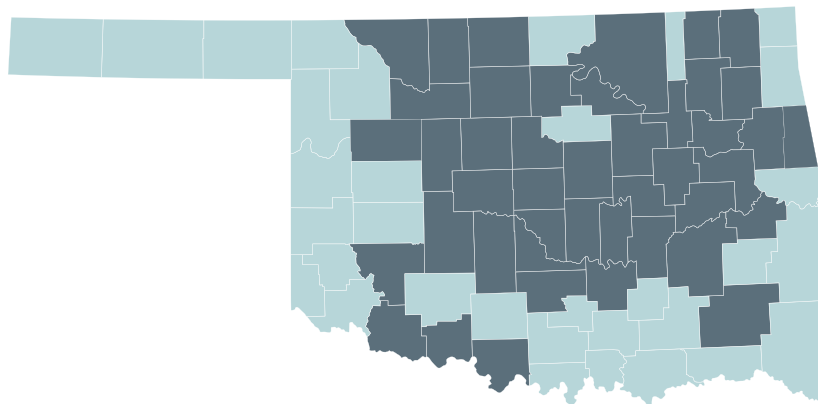
1-844-280-5555 (TTY: 711)
8 a.m. to 8 p.m.
7 days a week (October 1 - March 31)
Monday - Friday (April 1 - September 30)
www.GlobalHealth.com/medicare

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GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the “Evidence of Coverage.” The Evidence of Coverage can be found online at www.GlobalHealth.com, or you can request a copy from Customer Care at 1-844-280-5555 (TTY users should call 711).

To join **GlobalHealth**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Oklahoma:



Adair	Garfield	Major	Pawnee
Alfalfa	Garvin	Mayes	Pittsburg
Blaine	Grady	McClain	Pontotoc
Caddo	Grant	McIntosh	Pottawatomie
Canadian	Haskell	Muskogee	Pushmataha
Cherokee	Hughes	Noble	Rogers
Cleveland	Jefferson	Nowata	Seminole
Cotton	Kingfisher	Okfuskee	Tillman
Craig	Kiowa	Oklahoma	Tulsa
Creek	Lincoln	Okmulgee	Wagoner
Dewey	Logan	Osage	Woods

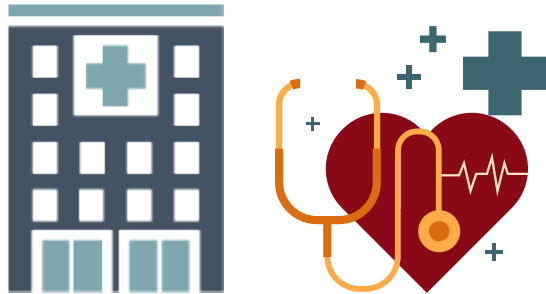
Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as large print.

For more information, please call us at 1-844-280-5555 (TTY users should call 711), or visit us at www.GlobalHealth.com.

2019 Medicare Advantage (MA-Only) Plan (No Medicare Part D)



Generations Value (HMO)

Summary of Benefits

PREMIUMS AND BENEFITS	GENERATIONS VALUE	WHAT YOU SHOULD KNOW
Monthly Plan Premium	You pay \$0	You must continue to pay your Medicare Part B premium.
Deductible	You pay nothing	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$3,000 annually	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage ^{1,2}	<ul style="list-style-type: none"> You pay \$250 copay per day (Days 1-5) You pay nothing per day (Days 6-190) 	
Outpatient Hospital Services ^{1,2} <ul style="list-style-type: none"> Chemotherapy administration Observation services Surgery 	<ul style="list-style-type: none"> You pay 20% of the cost per visit You pay \$300 copay per visit You pay \$320 copay per visit 	If you are admitted to the hospital as an inpatient after outpatient surgery or outpatient observation, the outpatient cost-share is waived and the inpatient cost-share applies.
Doctor Visits <ul style="list-style-type: none"> Primary Specialists^{1,2} 	<ul style="list-style-type: none"> You pay nothing You pay \$40 copay per visit 	There is no prior authorization for routine OB/GYN care.

1 = Prior Authorization Required

2 = Referral Required

PREMIUMS AND BENEFITS	GENERATIONS VALUE	WHAT YOU SHOULD KNOW
Preventive Care	You pay nothing for Medicare-covered preventive services.	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay \$75 copay per visit	If you are admitted to the hospital within 24 hours or outpatient surgical services are needed within 24 hours, you do not have to pay your copay for emergency care.
Urgently Needed Services	You pay \$10 copay per visit	
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI)^{1,2} • Lab services • Diagnostic tests and procedures • Therapeutic Radiology^{1,2} • Outpatient x-rays 	<ul style="list-style-type: none"> • You pay \$150 copay per visit • You pay nothing • You pay \$100 for sleep studies in an outpatient facility; all other diagnostic tests and procedures, you pay nothing • You pay \$50 copay per visit • You pay nothing 	<p>Prior authorization is required for some services.</p> <p>Your share of the cost for therapeutic radiology is waived if received during an office visit.</p>
Hearing Services <ul style="list-style-type: none"> • PCP diagnostic evaluation • Specialist exam^{1,2} 	<ul style="list-style-type: none"> • You pay nothing • You pay \$40 copay per visit 	
Dental Services <ul style="list-style-type: none"> • Oral exam (2 per year) • X-rays (2 sets per year) • Cleaning (2 per year) • Medicare-covered exams^{1,2} 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing • You pay based on setting (doctor's office, emergency room, etc.) 	

1 = Prior Authorization Required

2 = Referral Required

PREMIUMS AND BENEFITS	GENERATIONS VALUE	WHAT YOU SHOULD KNOW
Vision Services <ul style="list-style-type: none"> • Medicare-covered eye exam • Supplemental eye exam (1 per year) • Supplemental eyeglasses (frames and lenses) • Eyeglasses or contact lenses after cataract surgery 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing • You pay nothing 	<p>Supplemental eye exam limited to 1 per year.</p> <p>Choice of 1 supplemental eyeglasses or contacts, limited to 1 per year.</p> <p>Our plan pays up to a total of \$200 for all supplemental eyewear per year.</p>
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit ^{1,2} • Outpatient mental health visit • Outpatient psychiatric visit 	<ul style="list-style-type: none"> • You pay \$275 copay per day (Days 1-6); You pay nothing per day (Days 7-90) • You pay nothing • You pay \$25 copay per visit 	
Skilled Nursing Facility ^{1,2}	<ul style="list-style-type: none"> • You pay nothing per day (Days 1-20); You pay \$160 copay per day (Days 21-100) 	<p>Our plan covers up to 100 days in a SNF.</p> <p>Prior hospital stay is not required.</p>
Rehabilitation Services ^{1,2} <ul style="list-style-type: none"> • Occupational therapy visit • Physical therapy and speech and language therapy visit 	<ul style="list-style-type: none"> • You pay \$20 copay per visit • You pay \$20 copay per visit 	<p>Prior authorization is required. If these services are provided in your home, then the home health cost-sharing applies instead.</p>
Ambulance	<p>You pay \$100 copay per occurrence</p>	<p>One-way trip.</p> <p>If you are admitted to the hospital, you do not have to pay your share of the cost for ambulance services.</p>

1 = Prior Authorization Required

2 = Referral Required

PREMIUMS AND BENEFITS	GENERATIONS VALUE	WHAT YOU SHOULD KNOW
Transportation	Not covered	See "Help with Certain Chronic Conditions" in the Evidence of Coverage for transportation services provided for beneficiaries with certain chronic illnesses.
Medicare Part B Drugs ^{1,2}	<ul style="list-style-type: none"> You pay 20% of the cost 	This plan does not cover Part D prescription drugs.
Home Health Services ^{1,2}	You pay nothing	You pay regular cost-sharing for services or equipment not provided through a home health agency.
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹ Prosthetics and related supplies (e.g., braces, artificial limbs) ¹ Diabetes supplies ^{1,2} 	<ul style="list-style-type: none"> You pay 20% of the cost You pay nothing for surgically implanted devices & medical supplies. You pay 20% of the cost for external devices and medical supplies. You pay nothing 	
Chiropractic Services	You pay \$20 copay	
Foot Care (podiatry services) ^{1,2} <ul style="list-style-type: none"> Foot exams and treatment Routine foot care 	<ul style="list-style-type: none"> You pay \$20 copay per visit You pay \$20 copay per visit 	Routine foot care is limited to members with certain medical conditions affecting the lower limbs.

1 = Prior Authorization Required

2 = Referral Required

2019 Medicare Advantage Prescription Drug (MA-PD) Plans



Generations Classic (HMO)

Summary of Benefits

PREMIUMS AND BENEFITS	GENERATIONS CLASSIC	WHAT YOU SHOULD KNOW
Monthly Plan Premium, including Part C and Part D premium	You pay \$0	You must continue to pay your Medicare Part B premium.
Deductible	You pay nothing	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay \$3,400 annually	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage ^{1,2}	<ul style="list-style-type: none"> You pay \$365 copay per day (Days 1-5) You pay nothing per day (Days 6-190) 	
Outpatient Hospital Services ^{1,2} <ul style="list-style-type: none"> Chemotherapy administration Observation services Surgery 	<ul style="list-style-type: none"> You pay 20% of the cost per visit You pay \$300 You pay \$320 copay 	If you are admitted to the hospital as an inpatient after outpatient surgery or outpatient observation, the outpatient cost-share is waived and the inpatient cost-share applies.
Doctor Visits <ul style="list-style-type: none"> Primary Specialists^{1,2} 	<ul style="list-style-type: none"> You pay nothing You pay \$40 copay per visit 	There is no prior authorization for routine OB/GYN care.

1 = Prior Authorization Required

2 = Referral Required

PREMIUMS AND BENEFITS	GENERATIONS CLASSIC	WHAT YOU SHOULD KNOW
Preventive Care	You pay nothing for Medicare-covered preventive services	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay \$100 copay per visit	If you are admitted to the hospital within 24 hours or outpatient surgical services are needed within 24 hours, you do not have to pay your copay for emergency care.
Urgently Needed Services	You pay \$35 copay per visit	
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> Diagnostic radiology service (e.g., MRI)^{1,2} Lab services Diagnostic tests and procedures Therapeutic Radiology^{1,2} Outpatient x-rays 	<ul style="list-style-type: none"> You pay \$150 copay per visit You pay nothing You pay \$100 for sleep studies in an outpatient facility; all other diagnostic tests and procedures, you pay nothing You pay \$50 copay per visit You pay nothing 	<p>Prior authorization is required for some services.</p> <p>Your share of the cost for therapeutic radiology is waived if received during an office visit.</p>
Hearing Services <ul style="list-style-type: none"> PCP diagnostic evaluation Specialist exam^{1,2} 	<ul style="list-style-type: none"> You pay nothing You pay \$40 copay per visit 	
Dental Services <ul style="list-style-type: none"> Oral exam (2 per year) X-rays (2 sets per year) Cleaning (2 per year) Medicare-covered exams^{1,2} Dentures 	<ul style="list-style-type: none"> You pay nothing You pay nothing You pay nothing You pay based on setting (doctor's office, emergency room, etc.) You pay nothing 	Prosthodontics only covers dentures up to a maximum benefit of \$750 per year.

1 = Prior Authorization Required
2 = Referral Required

PREMIUMS AND BENEFITS	GENERATIONS CLASSIC	WHAT YOU SHOULD KNOW
Vision Services <ul style="list-style-type: none"> • Medicare-covered eye exam • Supplemental eye exam • Supplemental eyeglasses (frames and lenses) • Eyeglasses or contact lenses after cataract surgery 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing • You pay nothing 	<p>Supplemental eye exam limited to 1 per year.</p> <p>Choice of 1 supplemental eyeglasses or contacts, limited to 1 per year.</p> <p>Our plan pays up to a total of \$200 for all supplemental eyewear per year.</p>
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit ^{1,2} • Outpatient mental health visit • Outpatient psychiatric visit 	<ul style="list-style-type: none"> • You pay \$275 copay per day (Days 1-6); You pay nothing per day (Days 7-90) • You pay nothing • You pay \$25 copay per visit 	
Skilled Nursing Facility ^{1,2}	<ul style="list-style-type: none"> • You pay nothing per day (Days 1-20); You pay \$160 copay per day (Days 21-100) 	<p>Our plan covers up to 100 days in a SNF.</p> <p>Prior hospital stay is not required.</p>
Rehabilitation Services ^{1,2} <ul style="list-style-type: none"> • Occupational therapy visit • Physical therapy and speech and language therapy visit 	<ul style="list-style-type: none"> • You pay \$20 copay per visit • You pay \$20 copay per visit 	<p>Prior authorization is required. If these services are provided in your home, then the home health cost-sharing applies instead.</p>
Ambulance	<p>You pay \$100 copay per occurrence</p>	<p>One-way trip.</p> <p>If you are admitted to the hospital, you do not have to pay your share of the cost for ambulance services.</p>

1 = Prior Authorization Required

2 = Referral Required

PREMIUMS AND BENEFITS	GENERATIONS CLASSIC	WHAT YOU SHOULD KNOW
Transportation	Not covered	See “Help with Certain Chronic Conditions” in the Evidence of Coverage for transportation services provided for beneficiaries with certain chronic illnesses.
Medicare Part B Drugs ^{1,2}	<ul style="list-style-type: none"> You pay 20% of the cost 	
Home Health Services ^{1,2}	You pay nothing	You pay regular cost-sharing for services or equipment not provided through a home health agency.
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹ Prosthetics and related supplies (e.g., braces, artificial limbs) ¹ Diabetes supplies ^{1,2} 	<ul style="list-style-type: none"> You pay 20% of the cost You pay nothing for surgically implanted devices & medical supplies. You pay 20% of the cost for external devices and medical supplies. You pay nothing 	
Chiropractic Services	You pay \$20 copay	
Foot Care (podiatry services) ^{1,2} <ul style="list-style-type: none"> Foot exams and treatment Routine foot care 	<ul style="list-style-type: none"> You pay \$20 copay per visit You pay \$20 copay per visit 	Routine foot care is limited to members with certain medical conditions affecting the lower limbs.

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2 = Referral Required

PREMIUMS AND BENEFITS	GENERATIONS CLASSIC			WHAT YOU SHOULD KNOW
OUTPATIENT PRESCRIPTION DRUGS				
Phase 2: Initial Coverage (You don't have a deductible)	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Preferred Mail Order 90-day supply*	
Tier 1: Preferred Generic	You pay \$5 copay per fill	You pay \$10 copay per fill	You pay \$15 copay per fill	Cost-sharing may differ depending on the pharmacy's status (e.g., preferred, non-preferred, mail-order, Long Term Care (LTC), or home infusion) or the supply (e.g., 30 or 90 days supply). For more information on the additional pharmacies specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
Tier 2: Generic	You pay \$15 copay per fill	You pay \$20 copay per fill	You pay \$45 copay per fill	
Tier 3: Preferred Brand	You pay \$42 copay per fill	You pay \$47 copay per fill	You pay \$126 copay per fill	
Tier 4: Non-Preferred Drug	You pay 40% of the cost per fill	You pay 50% of the cost per fill	You pay 40% of the cost per fill	
Tier 5: Specialty Tier	You pay 33% of the cost per fill	You pay 33% of the cost per fill	N/A	
Tier 6: Select Care Drugs	You pay \$5 copay per fill	You pay \$10 copay per fill	You pay nothing per fill	
Phase 3: Coverage Gap Stage After your prescription costs reach \$3,820		Your costs will be no more than 37% of the cost for generic drugs. You pay 25% of the cost of brand name drugs.		
Gap Coverage		You pay the same cost sharing for Tier 6 drugs that you paid in the Initial Coverage Stage, whichever is less, and the plan pays the rest.		
Phase 4: Catastrophic Coverage Stage After you have paid \$5,100 out-of-pocket		You pay the greater of 5% of the cost of the drug or \$3.40 for generics/\$8.50 for brand names.		

PLEASE NOTE: Generations Classic and Generations Select have different drug formularies. Please visit our website for the most up-to-date drug formularies. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

*Costs for 90-day supply are higher at Standard Retail Pharmacy

Generations Select (HMO)

Summary of Benefits

PREMIUMS AND BENEFITS	GENERATIONS SELECT	WHAT YOU SHOULD KNOW
Monthly Plan Premium, including Part C and Part D premium	You pay \$30	You must continue to pay your Medicare Part B premium.
Deductible	You pay nothing	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$3,400 annually	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage ^{1,2}	<ul style="list-style-type: none"> You pay \$325 copay per day (Days 1-5) You pay nothing per day (Days 6-190) 	
Outpatient Hospital Services ^{1,2} <ul style="list-style-type: none"> Chemotherapy administration Observation services Surgery 	<ul style="list-style-type: none"> You pay 20% of the cost per visit You pay \$150 You pay \$320 copay 	If you are admitted to the hospital as an inpatient after outpatient surgery or outpatient observation, the outpatient cost-share is waived and the inpatient cost-share applies.
Doctor Visits <ul style="list-style-type: none"> Primary Specialists^{1,2} 	<ul style="list-style-type: none"> You pay nothing You pay \$25 copay per visit 	There is no prior authorization for routine OB/GYN care.

1 = Prior Authorization Required

2 = Referral Required

PREMIUMS AND BENEFITS	GENERATIONS SELECT	WHAT YOU SHOULD KNOW
Preventive Care	You pay nothing for all Medicare-covered preventive services.	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay \$85 copay per visit	If you are admitted to the hospital within 24 hours or outpatient surgical services are needed within 24 hours, you do not have to pay your copay for emergency care.
Urgently Needed Services	You pay \$25 copay per visit	
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI)^{1,2} • Lab services • Diagnostic tests and procedures • Therapeutic Radiology^{1,2} • Outpatient x-rays 	<ul style="list-style-type: none"> • You pay \$100 copay per visit • You pay nothing • You pay \$100 for sleep studies in an outpatient facility; all other diagnostic tests and procedures, you pay nothing • You pay \$40 copay • You pay nothing 	<p>Prior authorization is required for some services.</p> <p>Your share of the cost for therapeutic radiology is waived if received during an office visit.</p>
Hearing Services <ul style="list-style-type: none"> • PCP diagnostic evaluation • Specialist exam^{1,2} 	<ul style="list-style-type: none"> • You pay nothing • You pay \$25 copay per visit 	
Preventive Dental Services <ul style="list-style-type: none"> • Oral exam (2 per year) • X-rays (2 sets per year) • Cleaning (2 per year) • Medicare-covered exams^{1,2} 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing • You pay based on setting (doctor's office, emergency room, etc.) 	

1 = Prior Authorization Required

2 = Referral Required

PREMIUMS AND BENEFITS	GENERATIONS SELECT	WHAT YOU SHOULD KNOW
Comprehensive Dental Services <ul style="list-style-type: none"> • Non-routine services • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions 	<ul style="list-style-type: none"> • You pay nothing 	<p>Our plan pays up to a total of \$250 for comprehensive dental services per year.</p>
Vision Services <ul style="list-style-type: none"> • Medicare-covered eye exam • Supplemental eye exam • Supplemental eyeglasses (frames and lenses) • Eyeglasses or contact lenses after cataract surgery 	<ul style="list-style-type: none"> • You pay nothing • You pay nothing • You pay nothing • You pay nothing 	<p>Supplemental eye exam limited to 1 per year.</p> <p>Choice of 1 supplemental eyeglasses or contacts, limited to 1 per year.</p> <p>Our plan pays up to a total of \$200 for all supplemental eyewear per year.</p>
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit ^{1,2} • Outpatient mental health visit • Outpatient psychiatric visit 	<ul style="list-style-type: none"> • You pay \$250 copay per day (Days 1-6); You pay nothing per day (Days 7-90) • You pay nothing • You pay \$25 copay per visit 	
Skilled Nursing Facility ^{1,2}	<ul style="list-style-type: none"> • You pay nothing per day (Days 1-20); You pay \$160 copay per day (Days 21-100) 	<p>Our plan covers up to 100 days in a SNF.</p> <p>Prior hospital stay is not required.</p>
Rehabilitation Services ^{1,2} <ul style="list-style-type: none"> • Occupational therapy visit • Physical therapy and speech and language therapy visit 	<ul style="list-style-type: none"> • You pay \$10 copay per visit • You pay \$10 copay per visit 	<p>Prior authorization is required. If these services are provided in your home, then the home health cost-sharing applies instead.</p>

1 = Prior Authorization Required

2 = Referral Required

PREMIUMS AND BENEFITS	GENERATIONS SELECT	WHAT YOU SHOULD KNOW
Ambulance	You pay \$100 copay per occurrence	One-way trip. If you are admitted to the hospital, you do not have to pay your share of the cost for ambulance services.
Transportation	Not covered	See “Help with Certain Chronic Conditions” in the Evidence of Coverage for transportation services provided for beneficiaries with certain chronic illnesses.
Medicare Part B Drugs ^{1,2}	<ul style="list-style-type: none"> You pay 20% 	
Home Health Services ^{1,2}	You pay nothing	You pay regular cost-sharing for services or equipment not provided through a home health agency.
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹ Prosthetics (e.g., braces, artificial limbs) ¹ Diabetes supplies ^{1,2} 	<ul style="list-style-type: none"> You pay 20% of the cost You pay nothing for surgically implanted devices & medical supplies. You pay 20% of the cost for external devices and medical supplies. You pay nothing 	
Chiropractic Services	You pay \$20 copay	
Foot Care (podiatry services) <ul style="list-style-type: none"> Foot exams and treatment Routine foot care 	<ul style="list-style-type: none"> You pay \$15 copay per visit You pay \$15 copay per visit 	Routine foot care is limited to members with certain medical conditions affecting the lower limbs.

1 = Prior Authorization Required

2 = Referral Required

PREMIUMS AND BENEFITS		GENERATIONS SELECT		WHAT YOU SHOULD KNOW
OUTPATIENT PRESCRIPTION DRUGS				
Phase 2: Initial Coverage (You don't have a deductible)	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Preferred Mail Order 90-day supply*	
Tier 1: Preferred Generic	You pay \$5 copay per fill	You pay \$10 copay per fill	You pay nothing per fill	Cost-sharing may differ depending on the pharmacy's status (e.g., preferred, non-preferred, mail-order, Long Term Care (LTC), or home infusion) or the supply (e.g., 30 or 90 days supply). For more information on the additional pharmacies specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
Tier 2: Generic	You pay \$15 copay per fill	You pay \$20 copay per fill	You pay \$30 copay per fill	
Tier 3: Preferred Brand	You pay \$42 copay per fill	You pay \$47 copay per fill	You pay \$84 copay per fill	
Tier 4: Non-Preferred Drug	You pay 40% of the cost per fill	You pay 50% of the cost per fill	You pay 30% of the cost per fill	
Tier 5: Specialty Tier	You pay 33% of the cost per fill	You pay 33% of the cost per fill	N/A	
Phase 3: Coverage Gap Stage After your prescription costs reach \$3,820		Your costs will be no more than 37% of the cost for generic drugs. You pay 25% of the cost of brand name drugs.		
Gap Coverage		You pay the same cost sharing for Tier 1 drugs that you paid in the Initial Coverage Stage, whichever is less, and the plan pays the rest.		
Phase 4: Catastrophic Coverage Stage After you have paid \$5,100 out-of-pocket		You pay the greater of 5% of the cost of the drug or \$3.40 for generics/\$8.50 for brand names.		

PLEASE NOTE: Generations Classic and Generations Select have different drug formularies. Please visit our website for the most up-to-date drug formularies. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

*Costs for 90-day supply are higher at Standard Retail Pharmacy



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

8 a.m. to 8 p.m.

7 days a week (October 1 - March 31)

Monday - Friday (April 1 - September 30)

www.GlobalHealth.com/medicare

Provider & Pharmacy Directory:

www.GlobalHealth.com/search

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.GlobalHealth.com/medicare.

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal. You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. Call Customer Care at 1-844-280-5555 for more information.

Fraud, Waste and Abuse: GlobalHealth is committed to fighting healthcare fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-280-5852.

GlobalHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-280-5555 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-280-5555 (TTY: 711).



ENROLL

**GLOBALHEALTH MEDICARE
ADVANTAGE PLANS**

Enrolling in a GlobalHealth Medicare Advantage Plan

Follow these easy steps to enroll in a GlobalHealth 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.

There are four easy ways to submit your enrollment:



Local sales agent:

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



Call us:

To enroll by phone, please call us at 1-844-322-8322 (TTY: 711)*.
8 a.m. to 8 p.m.

7 days a week (October 1 - March 31)
Monday - Friday (April 1 - September 30)



Enroll online:

You have the option to enroll online on our website:
www.GlobalHealth.com/medicare

Medicare beneficiaries may also enroll in a GlobalHealth Medicare Advantage plan through the CMS Online Enrollment Center located at: www.Medicare.gov.

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

Enrolling in a GlobalHealth Medicare Advantage Plan



Mail:

Fill out the paper enrollment form on the following pages and mail it, along with any other required documentation to:

GlobalHealth
Attn: Eligibility and Enrollment
P.O. Box 1747
Oklahoma City, OK 73101-1747

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 1-844-322-8322 (TTY: 711)*.

8 a.m. to 8 p.m.

7 days a week (October 1 - March 31)

Monday - Friday (April 1 - September 30)

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

FOR AGENT USE ONLY:



Agent Online Enrollment:

You have the option to enroll a member on our website:
<https://globalhealth.destinationrx.com/plancompare/2019/Professional/type1/>

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GlobalHealth Medicare Advantage Plans

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: MM/DD/YYYY
- ☐ I recently was released from incarceration. I was released on: MM/DD/YYYY
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on: MM/DD/YYYY
- ☐ I recently obtained lawful presence status in the United States. I got this status on: MM/DD/YYYY
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on: MM/DD/YYYY
- ☐ 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: MM/DD/YYYY
- ☐ 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: MM/DD/YYYY
- ☐ I recently left a PACE program on: MM/DD/YYYY

GlobalHealth Medicare Advantage Plans

Attestation of Eligibility for an Enrollment Period (cont.)

- ☐ I recently involuntarily lost my credible prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on: MM/DD/YYYY
- ☐ I am leaving employer or union coverage on: MM/DD/YYYY
- ☐ 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: MM/DD/YYYY
- ☐ 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: MM/DD/YYYY
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact GlobalHealth at 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 Monday - Friday (April 1-September 30).

GlobalHealth Medicare Advantage Plans

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 844-280-5555 (TTY: 711), 8:00 a.m. to 8:00 p.m., 7 days a week (October 1 – March 31) and Monday – Friday (April 1– September 30).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.GlobalHealth.com or call 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

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.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- ☐ 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).

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GlobalHealth Medicare Advantage Plans

Individual Enrollment Request Form

Please contact GlobalHealth if you need information in another language or format.

To Enroll in a GlobalHealth Medicare Advantage Plan, Please Provide the Following Information:

Please check which plan you want to enroll in:

☐ Generations Value (MA-Only) \$0 per month

☐ Generations Classic (MA-PD) \$0 per month ☐ Generations Select (MA-PD) \$30 per month

Last Name:

First Name:

MI:

☐ Mr.
☐ Mrs.
☐ Ms.

Birth Date:

/ /

Sex:

☐ M
☐ F

Home Phone Number:

- -

Alternate Phone Number:

- -

Permanent Residence Street Address (P.O. Box is not allowed):

City:

County:

State:

ZIP Code:

Mailing Address (only if different from your Permanent Residence Address):

Street Address:

City:

State:

ZIP Code:

Email (optional):

SECTION 2

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

-OR-

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare Number:

Is Entitled To:

Effective Date:

HOSPITAL (Part A)

/ /

MEDICAL (Part B)

/ /

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

For Generations Classic:

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay GlobalHealth the Part D-IRMAA.

For Generations Select:

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay GlobalHealth the Part D-IRMAA.

For Generations Classic & Generations Select:

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at: www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare only pays a portion of this premium, we will bill you for the amount Medicare doesn't cover.

Paying Your Plan Premium

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

- ☐ Get a Bill
- ☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account Holder Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: ☐ Checking ☐ Saving

Name _____	2008
Address _____	
City, State Zip _____	Date _____
Pay to the order of _____	\$ _____
	_____ Dollars
Memo _____	
<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 <input type="checkbox"/>	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 <input type="checkbox"/> 2 0 0 8
Routing Number	Account Number

- ☐ Credit Card. Please provide the following information:

Type of Card: _____

Name of Account Holder as it appears on card: _____

Account Number: _____

Expiration Date: / (MM/YYYY)

- ☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please Read and Answer These Important Questions:

1. Do you have End-Stage Renal Disease (ESRD)? ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you do not need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

Please complete this section if you have selected a MA-PD plan.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to a GlobalHealth plan?

☐ Yes ☐ No

If 'yes,' please list your other coverage and your identification (ID) number(s) for this coverage:

Name of Other Coverage: _____

ID # for This Coverage: _____

Group # for This Coverage: _____

3. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If 'yes,' please provide the following information:

Name of Institution: _____

Address of Institution (number and street): _____

City: _____ State: _____ ZIP Code: _____

Phone Number: - -

4. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No

If 'yes,' please provide your Medicaid number: _____

5. Do you or your spouse work? ☐ Yes ☐ No

6. Please choose the name of a Primary Care Physician (PCP), clinic or health center:

7. Please check the box below if you would prefer us to send you information in an accessible format: ☐ Large Print

Please contact GlobalHealth at 1-844-280-5555 (TTY users should call 711) if you need information in another format or language than what is listed above. Our office hours are 8 a.m. to 8 p.m., 7 days a week (October 1 - March 31) and Monday - Friday (April 1 - September 30).

STOP

Please Read This Important Information

STOP

If you currently have health coverage from an employer or union, joining GlobalHealth could affect your employer or union health benefits. You could lose your employer or union health coverage if you join GlobalHealth. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

By completing this enrollment application, I agree to the following:

GlobalHealth is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. **(For Generations Value Plan Only:** I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.) Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available. (Example: October 15 - December 7 of every year), or under certain special circumstances.

GlobalHealth serves a specific service area. If I move out of the area that GlobalHealth serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of GlobalHealth, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from GlobalHealth when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date GlobalHealth coverage begins, I must get all of my healthcare from GlobalHealth, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by GlobalHealth and other services contained in my GlobalHealth Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR GLOBALHEALTH WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with GlobalHealth, he/she may be paid based on my enrollment in GlobalHealth.

Release of Information: By joining this Medicare health plan, I acknowledge that GlobalHealth will release my information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. I also acknowledge that GlobalHealth will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (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 from Medicare.

Please Read and Sign Below

Signature: _____

Today's Date: _____

		/			/				
--	--	---	--	--	---	--	--	--	--

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ - _____ - _____

Relationship to Enrollee: _____

Office Use Only

Name of staff member/agent/broker (if assisted in enrollment): _____

Plan ID Number: _____ Effective Date of Coverage: _____

Agent Signature: _____

ICEP/IEP: ☐

AEP: ☐

SEP: ☐

Not Eligible: ☐

(Type): _____

Office Use Only, Plan ID Numbers






Generations Value: 1020160

Generations Classic: 1020161

Generations Select: 1020167

After Enrollment What Happens Next?

Welcome to the GlobalHealth family! After you enroll in your Medicare Advantage plan, use the checklist below to know what to expect next.

STEP	HOW YOU RECEIVE THIS	WHY YOU RECEIVE THIS
1 Enrollment Verification Letter	 Mail	To assure you that we received your completed enrollment form. (Please note: Medicare still must approve your enrollment.)
2 Welcome Kit	 Mail	To provide you with a Welcome Kit that has plan information, including information about where to find your Evidence of Coverage.
3 Member ID Card	 Mail	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).
4 Notice to confirm your enrollment	 Mail	To confirm your enrollment was approved by Medicare.
5 Health Risk Assessment (HRA)	 Mail	This information will allow GlobalHealth to coordinate with your healthcare providers in a way that best serves your preventive healthcare needs.

QUESTIONS? You can call our friendly Customer Care for answers to your questions at 1-844-280-5555 (TTY: 711).

How to Easily Access Your Benefit Information

Looking for other ways to view our plan cost shares, network providers and other information included in a GlobalHealth Medicare Advantage plan? Below are additional ways to view our plan benefits.



Download the GlobalHealth Mobile App

The GlobalHealth app provides quick access to plan benefit information and resources such as the provider and pharmacy search tool. The app also provides healthy living tips, enrollment reminders and news updates from GlobalHealth.

Visit your app store today to download the GlobalHealth mobile app or visit www.GlobalHealth.com/mobileapp.



Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Android, Google Play, and the Google Play logo are trademarks of Google Inc.

Visit the GlobalHealth Website

Our website includes the below information for quick and easy access. Visit www.GlobalHealth.com/medicare-advantage today.

- Find a provider or pharmacy
- Cost shares (copayments/coinsurance)
- Dental benefits
- Enroll in prescription drug mail order
- View Evidence of Coverage (EOC)
- Summary of Benefits
- Prescription drug forms

Find us on 

GlobalHealth's Facebook Page also provides information and updates to members. Visit our page today: www.facebook.com/GlobalHealthInc

Important Phone Numbers

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.

IMPORTANT PHONE NUMBERS:	WHY CALL?
Customer Care 1-844-280-5555 (TTY: 711) 8 am - 8 pm 7 days a week (Oct 1 - Mar 31) Monday - Friday (Apr 1 - Sept 30)	Speak to a Member Advocate: <ul style="list-style-type: none">• 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.• When you are going to be or have been admitted to the hospital.• When you have had an emergency and went to the emergency room.• When you are being discharged from a hospital stay.• If you have questions about:<ul style="list-style-type: none">– Home healthcare– Durable Medical Equipment– Behavioral Health Services
Fraud, Waste, and Abuse Hotline 1-877-280-5852 All communications are confidential and anonymous.	Report any healthcare fraud, such as: <ul style="list-style-type: none">• 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.

Non-Discrimination Notice

GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

GlobalHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact GlobalHealth's Customer Care at 1 (844) 280-5555 (toll-free).

If you believe that GlobalHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **ATTN: Director, Compliance & Legal Services, 210 Park Ave., Suite 2800, Oklahoma City, OK 73102-5621, Fax: (405) 280-5894, or Email: compliance@globalhealth.com**. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Care is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-280-5555 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-280-5555 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-280-5555 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-280-5555 (TTY: 711)번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-280-5555 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-280-5555 (رقم هاتف الصم والبكم: 117).

သတိပြုရန် - အကယုၣ် သဠည ဂုမ္မာစကား ကို ဝေပျာပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံကို စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-844-280-5555 (TTY: 711) သို့မူ ဝေငှဆိုပါ။

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-280-5555 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-280-5555 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-280-5555 (ATS: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-280-5555 (TTY: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-844-280-5555 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-844-280-5555 (TTY: 711).

Hagesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-844-280-5555 (TTY: 711).

امش یارب ناگیار تروصب ینابز تالی هست، دینک یم وگتفگ یسراف نابز هب رگا: هجوت

دی ریگب سامت اب. دشاب یم م هارف 1-844-280-5555 (TTY: 711)

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GlobalHealth Transition of Care Request Form

This form must be completed if you are currently under a different health insurance plan even if your current health care provider is also a GlobalHealth provider. Some specialists and facilities that you currently use may not be in the GlobalHealth network.

INSTRUCTIONS FOR COMPLETING TRANSITION OF CARE REQUEST FORM

A separate Transition of Care Request Form must be completed for each condition for which you are seeking Transition of Care benefits. Photocopies of this form are acceptable. Please make sure all questions are answered completely. Attach additional information if necessary. When the form has been completed, the patient for whom Transition of Care benefits have been requested, should sign it.

To help ensure timely review, please mail this form as soon as possible to the address shown on the back.

Patient's Name	Date of Birth (mm/dd/yyyy)	Social Security #
Date of Enrollment in GlobalHealth (mm/dd/yyyy)	Policy #	Home Phone #
Home Address	City	State Zip
		Alternate Phone #

1. Is the patient pregnant and in the second or third trimester of pregnancy? ☐ Yes ☐ No
If yes, when is the due date? (mm/dd/yyyy) _____
2. Is the patient currently receiving treatment for any acute conditions or trauma? ☐ Yes ☐ No
3. Is the patient scheduled for surgery or hospitalization after the effective date with GlobalHealth? ☐ Yes ☐ No
4. Is the patient involved in a course of Chemotherapy, Radiation Therapy, Cancer Therapy or a candidate for Organ Transplant? ☐ Yes ☐ No
5. Is the patient receiving treatment as a result of a recent major surgery? ☐ Yes ☐ No
6. Is the patient receiving mental health/substance abuse care? ☐ Yes ☐ No
7. If you did **not** answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care in the space provided below.

Treating Physician's Group Practice Name (if known)	
Physician's Name	Physician's Phone #

GlobalHealth Transition of Care Request Form (cont.)

Physician's Specialty		
Address of Physician		
Name of Hospital at Which the Physician Practices	Hospital's Phone #	
Address of Hospital		
Reason/Diagnosis		
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

8. Is the patient expected to be in the hospital when coverage with GlobalHealth begins or within the next 60 days?

☐ Yes ☐ No

9. GlobalHealth Primary Care Physician's Name

Describe conditions from question #7 requiring transition of care:

I hereby authorize the above named physician(s) to provide GlobalHealth with any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care Benefits under GlobalHealth. The authorization will expire 24 months from the date signed. I understand I may revoke this authorization at any time by writing to the address listed at the bottom of this form. I understand that I cannot restrict information that may have already been shared based on this authorization. I understand I am entitled to a copy of this authorization form.

Signature of Patient	Date (mm/dd/yyyy)
----------------------	-------------------

PLEASE SEND THIS FORM TO:

GlobalHealth
Utilization Management
P.O. Box 2328
Oklahoma City, OK 73101-2328

**FORMS
FOR
AGENT
USE ONLY**

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GlobalHealth Medicare Advantage Plans

Receipt of Enrollment

To be filled out by Agent.

Confirmation # (Connecture Enrollments Only):

Application Date:

Proposed Effective Date:

Plan Name:

Agent Name:

Agent Phone Number:

Agent ID (Optional):

This document verifies you met with an agent and completed an Enrollment Request Form for a GlobalHealth Medicare Advantage plan. Upon confirmation of your enrollment, you will receive important plan information such as your Member ID Card and a Welcome Kit that will include a notice of how you can receive your Evidence of Coverage.

Please tear out to keep for your records.

If you have any questions regarding your plan benefits, contact **Customer Care**:

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

8 a.m. to 8 p.m.

7 days a week (October 1 - March 31)

Monday - Friday (April 1 - September 30)

Beneficiary Signature: _____ Date: _____

Agent Signature: _____ Date: _____

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AGENT ENROLLMENT ATTESTATION

Instructions: Agent, complete and retain this with the SOA.

By initialing the boxes below and signing this form, I attest to each of the following.

1. ☐ Enrollment form is complete and accurate; correct plan selected.
2. ☐ Reviewed Summary of Benefits with enrollee including premium, covered benefits, and applicable deductibles, coinsurance, and copays.
3. ☐ Reviewed Formulary and drug tiers and Coverage Gap.
4. ☐ Enrollee voices understanding of benefits, including Prescription Drug Coverage.
5. ☐ Reviewed Provider/Pharmacy Directory with enrollee and "in-network" requirements.
6. ☐ Beneficiary voices understanding that plan requires prior authorization and does not cover out-of-network services except in emergency situations.
7. ☐ Reviewed Primary Care Physician (PCP) requirements and referral process.
8. ☐ Enrollee voices understanding that he/she must continue to pay the Part B Premium.
9. ☐ Enrollee voices understanding of how he/she will make monthly premium payments, if applicable.
10. ☐ Notified enrollee to expect an enrollment confirmation letter from the plan.
11. ☐ Advised enrollee to use the new ID card from GlobalHealth rather than the Medicare red, white, and blue card beginning with enrollment effective date.
12. ☐ Reviewed late enrollment penalty (LEP), if applicable.
13. ☐ Answered enrollee's questions and advised him/her to review plan materials carefully.

Enrollee Name _____

Agent Name _____

Agent Signature _____ Date _____

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Scope of Sales Appointment Confirmation Form

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.

_____ Medicare Advantage Plan (Part C only)

_____ Medicare Advantage and Prescription Drug Plan (Part 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 GlobalHealth. He/she does **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 enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature	Signature Date
If you are the authorized representative, please sign above and print clearly and legibly below:	
Name (Last, First, MI)	Relationship to Beneficiary
If scope of appointment was not signed PRIOR to appointment: Reason:	

Scope of Sales Appointment Confirmation Form (cont.)

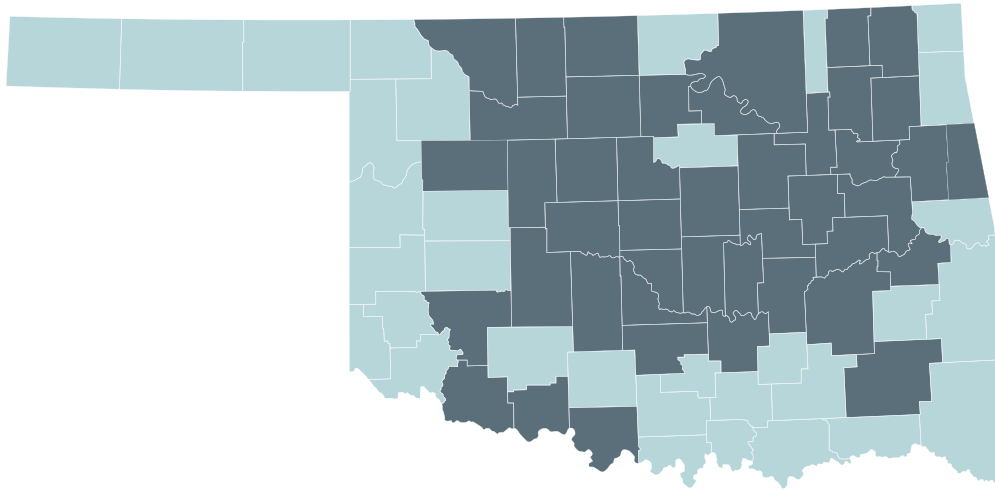
Agent Certification: By signing this form, I attest that during this appointment, I discussed only those products requested by the above beneficiary or authorized representative. This Scope of Appointment ("SOA") form is subject to CMS record retention requirements.

To be completed by Agent (please print clearly and legibly)		
Agent Name (First, MI, Last)	Agent Phone	Agent ID
Beneficiary Name (Last, First, MI)	Beneficiary Phone (optional)	Date Appointment Completed
Beneficiary Address (optional)		
Initial Method of Contact (e.g., walk-in, call-in, event)	Plan(s) the agent represented during the meeting	
Agent's Signature		

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

H3706_SOA_2019_C

2019 Service Area



Adair
Alfalfa
Blaine
Caddo
Canadian
Cherokee
Cleveland
Cotton
Craig
Creek
Dewey

Garfield
Garvin
Grady
Grant
Haskell
Hughes
Jefferson
Kingfisher
Kiowa
Lincoln
Logan

Major
Mayes
McClain
McIntosh
Muskogee
Noble
Nowata
Okfuskee
Oklahoma
Okmulgee
Osage

Pawnee
Pittsburg
Pontotoc
Pottawatomie
Pushmataha
Rogers
Seminole
Tillman
Tulsa
Wagoner
Woods



For questions or to enroll:

1-844-322-8322 (TTY: 711)

8 a.m. to 8 p.m.

7 days a week (October 1 - March 31)

Monday - Friday (April 1 - September 30)

www.GlobalHealth.com/medicare

Fraud, Waste and Abuse: GlobalHealth is committed to fighting healthcare fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-280-5852.

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal. By calling the listed number you may be speaking with a licensed sales representative. You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.