

2026 BENEFIT OVERVIEW

OKLAHOMA



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GlobalHealth Medicare Advantage Plan Options:

H3706-001 Generations Classic Rewards (HMO)

H3706-023 Generations Classic Plus (HMO)

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

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

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

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

H3706-009 Generations Valor (HMO)

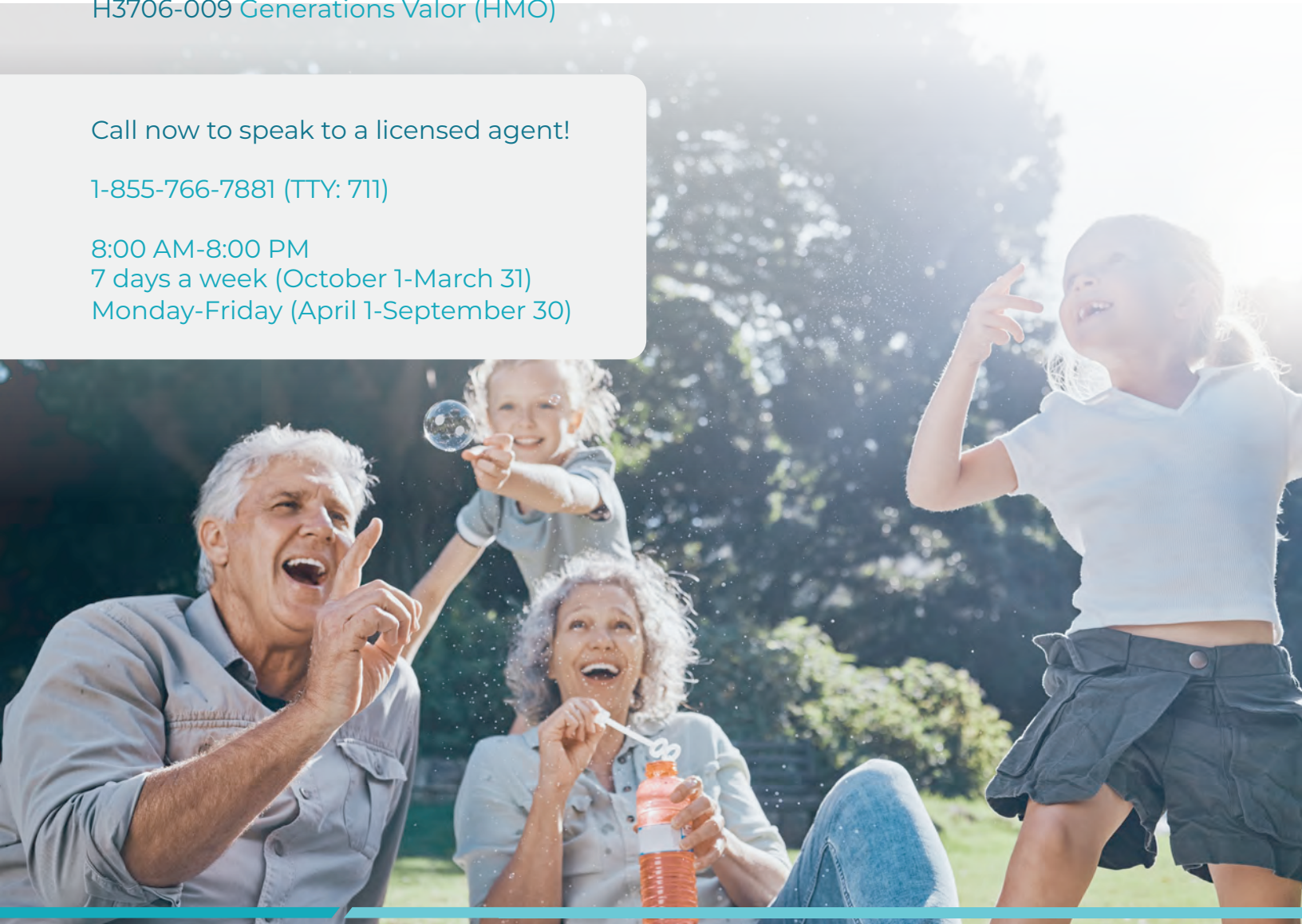
Call now to speak to a licensed agent!

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

8:00 AM-8:00 PM

7 days a week (October 1-March 31)

Monday-Friday (April 1-September 30)



WHY CHOOSE GLOBALHEALTH?

About GlobalHealth

- Local, Oklahoma-Based Health Maintenance Organization (HMO) Available in 26 counties for 2026
- 7 Medicare Advantage Plans
- Local Customer Care, Case Management, and Pharmacy Teams, Thousands of Quality Providers, Pharmacies and Many Major Hospitals



What Makes GlobalHealth Unique?

We are High-Touch

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

We are Affordable

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

We are your Health Partner

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

MEDICARE ADVANTAGE PLANS (MA) – MEDICARE PART C

Are you eligible for GlobalHealth Medicare Advantage?

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

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

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

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

Part A
Hospital Insurance



Part B
Medical Insurance



Part C
Medicare Advantage*



Part D
Prescription Drug Coverage



WHAT DO YOU NEED TO KNOW ABOUT MEDICARE?

Medicare Advantage Enrollment Dates

OCTOBER 1 - OCTOBER 14

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

ANNUAL ENROLLMENT OCTOBER 15-DECEMBER 7

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

OPEN ENROLLMENT JANUARY 1-MARCH 31

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

SPECIAL ENROLLMENT PERIOD DATES MAY VARY

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

WHAT ARE THE TYPES OF ENROLLMENT PERIODS?

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

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

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

Special Enrollment Period

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

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

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



WHAT ARE CHRONIC SPECIAL NEEDS PLANS? (C-SNP)

WHAT IS A C-SNP PLAN?

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

WHAT CONDITIONS QUALIFY?

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

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

WHO IS ELIGIBLE?

GlobalHealth C-SNP plans are offered to all service area counties in 2026. To be eligible to enroll, you must live in our service area, have Medicare Part A and Part B and have one or more of the above qualifying conditions.

HOW DO C-SNPS HELP?

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

GLOBALHEALTH C-SNP FEATURES AND BENEFITS:

- Monthly benefit for over-the-counter items¹, groceries¹, gasoline¹, utility assistance¹ and additional dental, vision/and or hearing expenses.
- Standard diabetic testing supplies and CGMs Covered at No cost.
- Pair of therapeutic custom-molded shoes and Inserts at no cost.*
- \$35 Copay for Insulins.

*Prior authorization may be required. Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions. ¹The Smart Wallet Benefit allowance includes your monthly dental, hearing, and vision allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the card to obtain dental, hearing, and vision services, and purchase additional eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Chronic Heart Failure, Cardiovascular Disorders, Autoimmune Disorders, Chronic and disabling mental health conditions and other conditions not listed are eligible for the SSBCI program. Eligibility for the benefits described is not guaranteed solely based on the presence of a listed chronic condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

WHAT ARE DUAL SPECIAL NEEDS PLANS? (D-SNP)

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

GlobalHealth D-SNP Features and Benefits

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

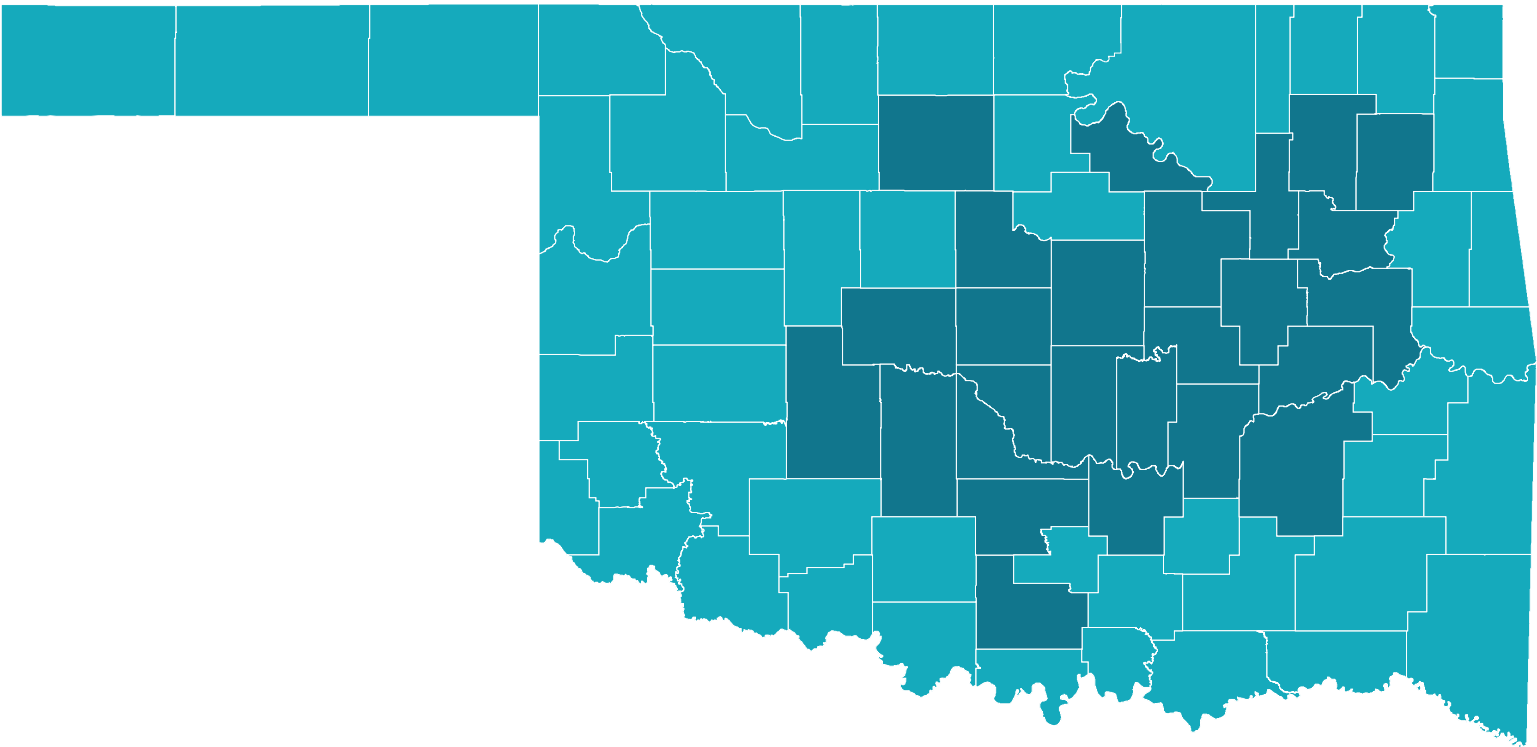
- **Monthly Benefit¹** for utility assistance, gasoline, groceries, and/or over-the-counter items. Unused amounts do not rollover to the next month. Funds are not available until accrued.
- **42 post-discharge meals**
- **45 hours** per year of Home Support Services
- **36** one-way transportation trips
- You pay your low-income subsidy copay amounts
- **and more!**



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

¹The Smart Wallet allowance includes your monthly OTC allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the card to purchase both OTC items and additional eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Chronic Heart Failure, Cardiovascular Disorders, Autoimmune Disorders, Chronic and disabling mental health conditions and other conditions not listed are eligible for the SSBCI program. Eligibility for the benefits described is not guaranteed solely based on the presence of a listed chronic condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us. Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions.

GLOBALHEALTH MEDICARE ADVANTAGE PLANS 2026 SERVICE AREA



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

GLOBALHEALTH MEDICARE ADVANTAGE PLAN OFFERINGS 2026

GLOBALHEALTH MEDICARE ADVANTAGE

PLANS BENEFITS REVIEW

Benefits	H3706-001 Generations Classic Rewards (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Chronic Care (HMO C-SNP)	H3706-025 Generations Chronic Care Savings (HMO C-SNP)
Monthly Plan Premium	\$0	\$0	\$0	\$0
Deductible	\$0	\$0	\$0	\$0
Medicare Part B Premium Reduction	\$45/month	N/A	N/A	\$55/month
Maximum Out-of-Pocket (MOOP) Annually	\$3,900	\$3,900	\$3,450	\$3,900
Inpatient Care				
Inpatient Hospital Coverage	\$325 per day (Days 1-7) \$0 copay (Days 8-90)	\$245 per day (Days 1-7) \$0 copay (Days 8-90)	\$195 per day (Days 1-7) \$0 copay (Days 8-90)	\$275 per day (Days 1-7) \$0 copay (Days 8-90)
Inpatient Mental Health Care	\$325 per day (Days 1-7) \$0 copay (Days 8-90)	\$245 per day (Days 1-7) \$0 copay (Days 8-90)	\$195 per day (Days 1-7) \$0 copay (Days 8-90)	\$275 per day (Days 1-7) \$0 copay (Days 8-90)
Skilled Nursing Facility (SNF)	\$0 per day (Days 1-20) \$218 copay (Days 21-100)	\$0 per day (Days 1-20) \$218 copay (Days 21-100)	\$0 per day (Days 1-20) \$218 copay (Days 21-100)	\$0 per day (Days 1-20) \$218 copay (Days 21-100)
Outpatient Care				
PCP	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist	\$40 copay	\$30 copay	\$20 copay	\$35 copay
Chiropractic Services	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Podiatry Services	\$40 copay	\$30 copay	\$20 copay	\$35 copay
Home Health Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Ambulatory Surgery Center (ASC)	\$250 copay	\$225 copay	\$175 copay	\$225 copay
Outpatient Hospital Surgery	\$320 copay	\$275 copay	\$225 copay	\$275 copay
Ambulance Ground Service (<i>one-way trip</i>)	\$250 copay	\$250 copay	\$240 copay	\$240 copay
Emergency Care (<i>Waived if admitted to acute inpatient care or outpatient surgery</i>)	\$90 copay	\$90 copay	\$90 copay	\$90 copay
Worldwide Urgent Care and Worldwide Emergency Care (<i>does not accumulate to MOOP</i>)	\$90 copay; Limited to \$50,000 combined	\$90 copay; Limited to \$50,000 combined	\$90 copay; Limited to \$50,000 combined	\$90 copay; Limited to \$50,000 combined
Urgently Needed Services	\$25 copay	\$25 copay	\$15 copay	\$15 copay
Outpatient Labs and X-Rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay

See the plan Evidence of Coverage for referral and prior authorization requirements and limitations.

Benefits	H3706-001 Generations Classic Rewards (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Chronic Care (HMO C-SNP)	H3706-025 Generations Chronic Care Savings (HMO C-SNP)
Diagnostic Radiology - Free Standing Facility (MRI, CT, PET, etc.)	\$180 copay	\$180 copay	\$175 copay	\$180 copay
Outpatient Therapeutic Radiology	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Physical, Occupational or Speech Therapy	\$20 copay	\$30 copay	\$20 copay	\$35 copay
Preventive Care				
Preventive Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient Medical Supplies				
Durable Medical Equipment (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Standard Diabetic Testing Supplies and CGM	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Prosthetics and Related Supplies (braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Part B Drugs				
Medicare Part B Drugs (includes chemotherapy)	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
Part D Drugs				
Deductible	\$0	\$0	\$0	\$0
Total out-of-pocket limit	\$2,100	\$2,100	\$2,100	\$2,100
Tier 1: Preferred Retail 30-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Preferred Retail 30-Day Supply	\$8 copay	\$10 copay	\$5 copay	\$5 copay
Tier 3: Preferred Retail 30-Day Supply	\$41 copay \$35 maximum copay for insulin	\$41 copay \$35 maximum copay for insulin	\$41 copay \$35 maximum copay for insulin	\$41 coinsurance \$35 maximum copay for insulin
Tier 4: Preferred Retail 30-Day Supply	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Tier 5: Preferred Retail 30-Day Supply	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 1: Preferred Retail 100-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Preferred Retail 100-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Retail 100-Day Supply	\$82 copay; \$82 copay for insulin	\$82 copay; \$82 copay for insulin	\$82 copay; \$82 copay for insulin	\$82 copay; \$82 copay for insulin

See the plan Evidence of Coverage for referral and prior authorization requirements and limitations.

Benefits	H3706-001 Generations Classic Rewards (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Chronic Care (HMO C-SNP)	H3706-025 Generations Chronic Care Savings (HMO C-SNP)
Tier 4: Preferred Retail 100-Day Supply	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Supplemental Benefits				
Comprehensive Dental Benefit	\$1,500/year	\$2,000/year	\$2,000/year	\$2,000/year
Vision (Eyewear) Benefit	\$200/year	\$200/year	\$200/year	\$200/year
Hearing Aid Benefit (both ears combined)	\$1,000/year	\$1,000/year	\$1,000/year	\$1,000/year
Smart Wallet Benefit or Hearing	\$140/quarter OTC Dental, Vision and/or Hearing	\$140/quarter OTC Dental, Vision and/or Hearing	\$60/month OTC, Groceries, Gasoline, Dental, Utilities, Vision and/or Hearing	\$60/month OTC, Groceries, Gasoline, Dental, Utilities, Vision and/or Hearing
Transportation (limited to 50 miles per one-way trip)	24 one-way trips/year	24 one-way trips/year	36 one-way trips/year	36 one-way trips/year
Fitness	\$0	\$0	\$0	\$0
24/7 Nurse Line	\$0	\$0	\$0	\$0
Post-Discharge Meal Delivery	2 meals per day for 5 days, up to 4 times (discharges) per year	2 meals per day for 5 days, up to 4 times (discharges) per year	Limited to 2 meals per day for 7 days, up to 4 times (discharges) per year	Limited to 2 meals per day for 7 days, up to 4 times (discharges) per year
Home Support Services	30 hours/year	30 hours/year	65 hours/year	65 hours/year
Personal Emergency Response System	\$0	\$0	\$0	\$0

Benefits	H3706-028 Generations Dual Support (HMO D-SNP)	H3706-029 Generations Dual Premier (HMO D-SNP)	H3706-009 Generations Valor (HMO)
Monthly Plan Premium	\$0	\$0	\$0
Deductible	\$0	\$0	\$0
Medicare Part B Premium Reduction	N/A	N/A	\$50/month
Maximum Out-of-Pocket (MOOP) Annually	\$9,250	\$9,250	\$3,900
Inpatient Care			
Inpatient Hospital Coverage	\$0/day copay	\$0/day copay	\$295/day copay (Days 1-7), \$0/day copay (Days 8-90)

See the plan Evidence of Coverage for referral and prior authorization requirements and limitations.

Benefits	H3706-028 Generations Dual Support (HMO D-SNP)	H3706-029 Generations Dual Premier (HMO D-SNP)	H3706-009 Generations Valor (HMO)
Inpatient Mental Health Care	\$0/day copay	\$0/day copay	\$295/day copay (Days 1-7), \$0/day copay (Days 8-90)
Skilled Nursing Facility (SNF)	\$0/day copay	\$0/day copay	\$0/day (Days 1-20), \$218/day (Days 21-100)
Outpatient Care			
PCP	\$0 copay	\$0 copay	\$0 copay
Specialist	\$0 copay	\$0 copay	\$35 copay
Chiropractic Services	\$0 copay	\$0 copay	\$20 copay
Podiatry Services	\$0 copay	\$0 copay	\$35 copay
Home Health Services	\$0 copay	\$0 copay	\$0 copay
Ambulatory Surgery Center (ASC)	\$0 copay	\$0 copay	\$250 copay
Outpatient Hospital Surgery	\$0 copay	\$0 copay	\$320 copay
Ambulance Ground Service (one-way trip)	\$0 copay	\$0 copay	\$240 copay
Emergency Care (Waived if admitted to acute inpatient care or outpatient surgery)	\$0 copay	\$0 copay	\$90 copay
Worldwide Urgent Care and Worldwide Emergency Care (does not accumulate to MOOP)	\$110 copay; Limited to \$50,000 combined	\$110 copay; Limited to \$50,000 combined	\$90 copay; Limited to \$50,000 combined
Urgently Needed Services	\$0 copay	\$0 copay	\$15 copay
Outpatient Labs and X-Rays	\$0 copay	\$0 copay	\$5 labs/\$0 x-ray
Diagnostic Radiology - Free Standing Facility (MRI, CT, PET, etc.)	\$0 copay	\$0 copay	\$180 copay
Outpatient Therapeutic Radiology	\$0 copay	\$0 copay	\$50 copay
Physical, Occupational or Speech Therapy	\$0 copay	\$0 copay	\$20 copay
Preventive Care			
Preventive Services	\$0 copay	\$0 copay	\$0 copay

See the plan Evidence of Coverage for referral and prior authorization requirements and limitations.

Benefits	H3706-028 Generations Dual Support (HMO D-SNP)	H3706-029 Generations Dual Premier (HMO D-SNP)	H3706-009 Generations Valor (HMO)
Outpatient Medical Supplies			
Durable Medical Equipment (wheelchairs, oxygen, etc.)	\$0 copay	\$0 copay	20% insurance
Standard Diabetic Testing Supplies and CGM	\$0 copay	\$0 copay	\$0 copay
Prosthetics and Related Supplies (braces, artificial limbs, etc.)	\$0 copay	\$0 copay	20% coinsurance
Part B Drugs			
Medicare Part B Drugs (includes chemotherapy)	\$0 copay	\$0 copay	0%-20% coinsurance
Part D Drugs			
Deductible	\$0	\$0	Not Covered
Total out-of-pocket limit	\$2,100	\$2,100	
Tier 1: 30-Day Supply and 100-Day Supply	LIS Level 1 - \$5.10 (generic), \$12.65 (brand) LIS Level 2 - \$1.60 (generic), \$4.90 (brand) LIS Level 3 - \$0	LIS Level 1 - \$5.10 (generic), \$12.65 (brand) LIS Level 2 - \$1.60 (generic), \$4.90 (brand) LIS Level 3 - \$0	
Supplemental Benefits			
Comprehensive Dental Benefit	\$2,000/year	\$4,000/year	\$1,500/year
Vision (Eyewear) Benefit	\$100/year	\$400/year	\$300/year
Hearing Aid Benefit (both ears combined)	\$1,000/year	\$2,000/year	\$1,000/year
Smart Wallet Benefit	\$250/month OTC, Groceries, Gasoline, and/or Utilities	\$215/month OTC, Groceries, Gasoline, and/or Utilities	\$100/quarter OTC, Dental, Vision and/or Hearing
Transportation (limited to 50 miles per one-way trip)	36 one-way trips/year	36 one-way trips/year	24 one-way trips/year
Fitness	\$0	\$0	\$0
24/7 Nurse Line	\$0	\$0	\$0
Post-Discharge Meal Delivery	Limited to 3 meals per day for 14 days, up to 4 times (discharges) per year	Limited to 3 meals per day for 14 days, up to 4 times (discharges) per year	Limited to 2 meals per day for 5 days, up to 4 times (discharges) per year
Home Support Services	45 hours/year	45 hours/year	30 hours/year
Personal Emergency Response System	\$0	\$0	\$0

ENROLL IN A GLOBALHEALTH MEDICARE ADVANTAGE PLAN

4 EASY WAYS TO SUBMIT YOUR ENROLLMENT:



CALL US:

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



ENROLL ONLINE:

Go to globalhealth1.destinationrx.com/PC/2025 to enroll.

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

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

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



LOCAL SALES AGENT:

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



BY MAIL:

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

1. Each applicant must complete a separate enrollment form.
2. Have your Medicare card ready. You will need to fill in the requested information **EXACTLY** as it appears on your Medicare card to avoid delays with your enrollment.
3. **Sign and date** the enrollment form. Your enrollment form is not complete without a signature.
4. **Mail it** along with any other required documentation, to:
GlobalHealth
Attn: Eligibility and Enrollment
P.O. Box 1678
Oklahoma City, OK 73101-1678



*By calling this number you will be able to communicate with an Authorized Sales Representative.

WHAT'S NEXT?

WHAT TO EXPECT AFTER ENROLLING

Welcome to the GlobalHealth family!

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

STEP 1

Enrollment Verification Letter

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

STEP 2

Notice to Confirm your Enrollment

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

STEP 3

Welcome Kit

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

STEP 4

Member ID Card

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

STEP 5

Health Risk Assessment (HRA)

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

QUESTIONS?

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

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

8:00 AM-8:00 PM

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

WHAT IS THE SMART WALLET BENEFIT?

The Smart Wallet Benefit is a Benefits Mastercard® Prepaid Benefits Card, through our partnership with NationsBenefit. Please note all plans do not offer all categories.

USING THE SMART WALLET BENEFIT IS SIMPLE!

Swipe your Smart Wallet Benefit and select the credit option. Please note, if you select debit, your transaction will be declined.

1. **Dental, Vision and/or Hearing Benefits:**

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

2. **Over-the-Counter Items and/or**

Groceries¹ Benefits: Use your Smart Wallet Benefit at certain retail stores or online at GlobalHealth.NationsBenefits.com.

3. **Gasoline¹ Benefits:** Use your Smart Wallet Benefit to purchase gasoline at any gas station! Please note, you must use your Smart Wallet to pay at the pump, not inside the store.

4. **Utility Benefits:** Use your Smart Wallet Benefit to pay your electric, gas, sanitary, water, landline utility service, and/or petroleum service provider(s) directly.



Things to Remember

The benefit cannot be used for cash withdrawal nor purchase the following services or products: cosmetic procedures, hospital indemnity insurance, funeral planning and expenses, life insurance, alcohol, tobacco, cannabis products, broad membership programs inclusive of multiple unrelated services and discounts, and non-healthy food. To find a full list of eligible items and available locations, please visit www.GlobalHealth.com. You can use your monthly or quarterly annual balance in multiple transactions, up to your maximum benefit. Unused amounts do not rollover to the next month on Generations Dual Support (HMO D-SNP) or Generations Dual Premier (HMO D-SNP) or to the next quarter on Generations Classic Rewards (HMO) and Generations Valor (HMO). You cannot use funds before they are accrued.

Generations Chronic Care (HMO C-SNP); Generations Chronic Care Savings (HMO C-SNP - The Smart Wallet Benefit allowance includes your monthly dental, hearing, and vision allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the card to obtain dental, hearing, and vision services, and purchase additional eligible items and services. Generations Dual Premier (HMO D-SNP); and Generations Dual Support (HMO D-SNP): Cannot be used for dental, hearing, and vision. The Smart Wallet Benefit allowance includes your monthly OTC allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the card to purchase both OTC items and additional eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Chronic Heart Failure, Cardiovascular Disorders, Autoimmune Disorders, Chronic and disabling mental health conditions and other conditions not listed are eligible for the SSBCI program. Eligibility for the benefits described is not guaranteed solely based on the presence of a listed chronic condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

GLOBALHEALTH SUPPLEMENTAL BENEFITS

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

Dental:	DentaQuest 1-833-955-3423 (TTY: 800-466-7666)	8:00 AM-8:00 PM CST, 7 days a week (Oct 1-March 31), Monday-Friday (April 1-Sept 30)
Vision:	EyeMed 1-800-884-6321 (TTY: 711)	[7:00 AM-1:00 AM CST Monday-Saturday; 10:00 AM-7:00PM CST Sunday (Oct 1-Mar 31) 7:00 AM-10:00 PM CST Monday-Saturday; 10:00 AM-7:00 PM CST Sunday (April 1-Sept 30)
Hearing:	NationsHearing 1-877-241-4736 (TTY: 711)	8:00 AM-8:00 PM CST 7 days a week
Home Support Services:	Papa Pals 1-855-485-9692 (TTY: 711)	8:00 AM - 8:00 PM CST 7 days a week (Closed on Thanksgiving, Christmas Day, and New Years Day)
Transportation:	RoundTrip 1-877-565-1612	24/7
Fitness:	Silver&Fit 1-877-427-4788	7:00 AM-8:00 PM CST Monday-Friday
Meal Delivery:	Independent Living Systems Arranged by GlobalHealth Case Managers 1-844-280-5555 (TTY: 711)	8:00 AM-8:00 PM CST 7 days a week (Oct 1-March 31) Monday-Friday (April 1-Sept 30)
24/7 Nurse Line:	CareNet 24/7 Nurse Line 1-800-554-9371 (TTY: 711)	24/7
Personal Emergency Response System:	NationsBenefits 1-877-241-4736 (TTY: 711)	8:00 AM-8:00 PM CST 7 days a week

Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions. Other pharmacies, physicians and providers are available in our network. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations.

MEDICARE PART D PRESCRIPTION DRUG COVERAGE (TWO STAGES)

1

Initial Coverage Stage

The plan pays its share of the cost, and you pay your share (copayment/coinsurance) until your total drug costs reach **\$2,100**.

Example:

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

2

Catastrophic Coverage Stage

You will pay \$0 for all drugs.

Generic Example:

Drug = \$50	Plan Pays = \$30
Medicare Pays = \$20	You Pay = \$0

GlobalHealth Medicare Advantage plans **do not have a deductible stage**. Members pay a maximum copay of up to **\$35** for a month's supply of insulin in the Initial Coverage Stage. D-SNP members pay their low-income subsidy copays during the Initial Coverage Stage.



Need Extra Help? You May Qualify!

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

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

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

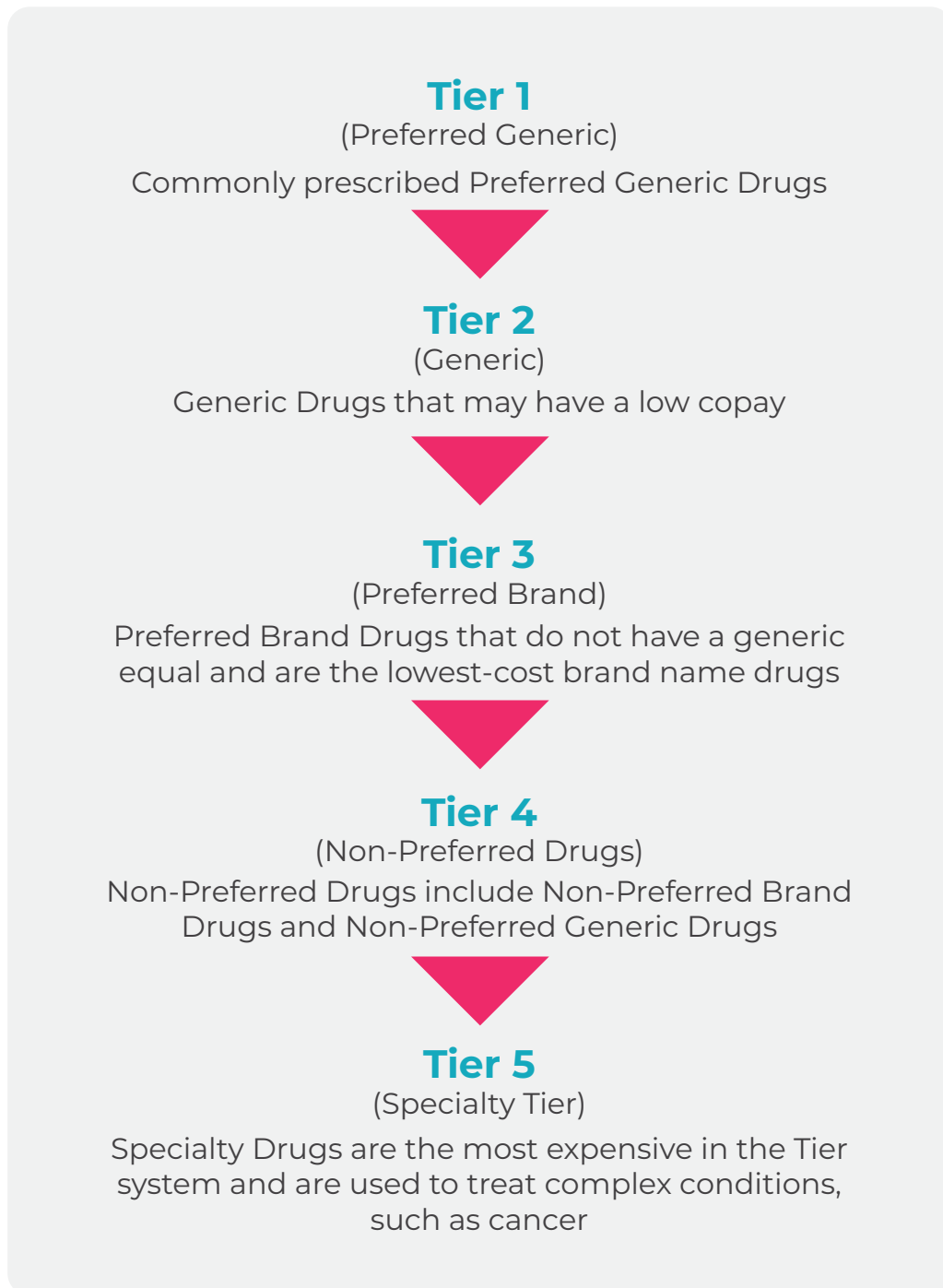
Social Security Office: 1-800-772-1213, 7:00 AM-7:00 PM (TTY: 1-800-325-0778)

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

Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions.

5-TIER FORMULARY

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



WHAT DOES MOOP MEAN?

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

Inpatient Services:

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

Preventive services covered at \$0, even if you haven't met your MOOP level, like:

- Annual Wellness Visit
- Part B Immunizations (Flu, Hepatitis B, Pneumonia, COVID)
- Cancer Screenings (for example, Breast Cancer, Prostate Cancer, and Lung Cancer)
- Counseling (for example, Nutrition Therapy and Smoking Cessation)
- Other Screenings (for example, Bone Mass Measurement and Depression)
- Welcome to Medicare Visit

Outpatient Medical Services & Supplies:

- Doctor Visits
- Home Health Services
- Outpatient Mental Health Outpatient Substance Abuse
- Outpatient Surgery
- Medically Necessary Ambulance Services
- Emergency Care
- Urgent Care
- Outpatient Rehabilitation Services (OT, PT & ST)
- Cardiac and pulmonary rehabilitation
- Supervised exercise therapy
- Opioid treatment program
- Outpatient diagnostic tests
- Durable Medical Equipment
- Prosthetic Devices
- Diabetes Self-Monitoring & Training
- Diabetic Monitoring Supplies
- Diagnostic Tests
- X-Rays
- Lab Services
- Radiology Services
- End Stage Renal Disease Services

IMPORTANT PHONE NUMBERS

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

Customer Care:

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

8:00 AM-8:00 PM

7 days a week (Oct 1-Mar 31)

Monday-Friday (Apr 1-Sept 30)

Why call?

Speak to a Customer Care Representative:

- If you've lost important plan documents, like your Member ID card or your Summary of Benefits.
- If you need to obtain authorization for a service or procedure.
- If you need to know if a specific procedure or service is covered.
- If you have benefit or coverage questions.
- If you need help locating a network provider.
- See the back of your member ID card for other important plan information and numbers.

Fraud, Waste, and Abuse Hotline:

1-877-627-0004

All communications are confidential and anonymous

Why call?

Report any health care fraud, such as:

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

24 Hour Nurse Line:

1-800-554-9371

Visit www.GlobalHealth.com to find plan information and helpful resources.

STILL HAVE QUESTIONS?

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

Speak to a licensed agent:

1-855-766-7881 | TTY: 711

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

Monday-Friday (April 1-Sept 30)

By calling this number you will be able to communicate with an Authorized Sales Representative.



KEY TERMS

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

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

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

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

D-SNP (Dual Special Needs Plan): A Medicare Advantage plan designed for beneficiaries who are eligible for both Medicare and Medicaid.

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 covered services.

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

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

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

NOTES

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GlobalHealth

MEDICARE ADVANTAGE PLANS

GlobalHealth is a plan offered by GlobalHealth, Inc. Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions. GlobalHealth is an HMO plan with Medicare and Oklahoma Medicaid program contracts. Enrollment in GlobalHealth depends on contract renewal. You must continue to pay your Medicare Part B premium. By calling this number you will be able to communicate with an Authorized Sales Representative. Based on a Model of Care review, GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2026. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Fraud, Waste and Abuse: GlobalHealth is committed to fighting health care fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-627-0004. Contact the plan for more information. H3706_5930825_M