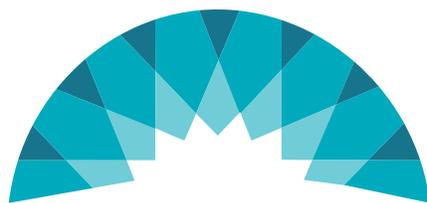


# 2025 BENEFIT OVERVIEW

OKLAHOMA



**GlobalHealth**  
MEDICARE ADVANTAGE PLANS

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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-POS)

Call now to speak to a licensed agent!  
1-855-766-7881 (TTY: 711)  
8:00 AM-8:00 PM  
7 days a week (October 1-March 31)  
Monday-Friday (April 1-September 30)



# WHY CHOOSE GLOBALHEALTH?

## About GlobalHealth

- Local, Oklahoma-Based Health Maintenance Organization (HMO) Available in 26 counties for 2025
- 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

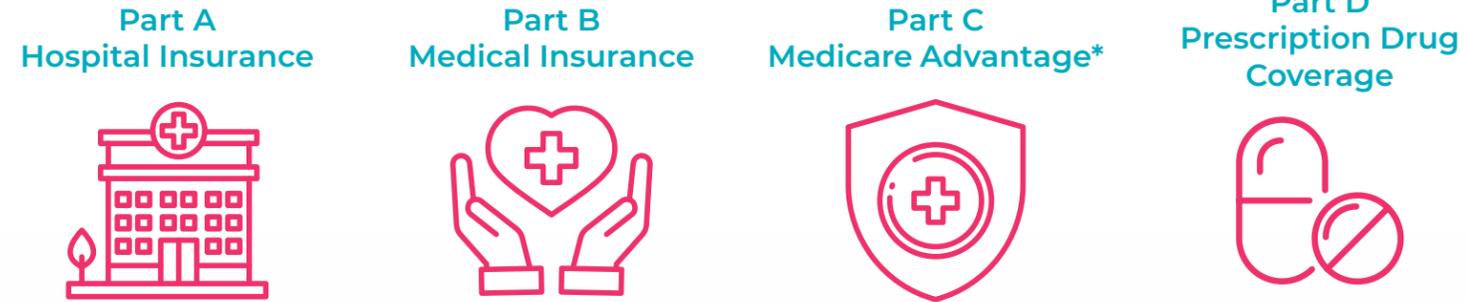
## Are you eligible for GlobalHealth Medicare Advantage?

- 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



# 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.

### 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.

### ANNUAL ENROLLMENT OCTOBER 15-DECEMBER 7

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

### 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 2025. To be eligible to enroll, you must live in our service area, have Medicare Part A and Part B and have one or more of the above qualifying conditions.

## HOW DO C-SNPS HELP?

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

\*Prior authorization may be required. For a complete list of benefits and limitations, please reference the plan's Evidence of Coverage. <sup>1</sup>The benefits mentioned are a part of special supplemental program for members with chronic diseases, such as: Cardiovascular disorders, Chronic heart failure and Diabetes. Eligibility cannot be guaranteed based solely on your 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 Benefit<sup>2</sup>** for utility assistance, gasoline, groceries, and/or over-the-counter items
- **Annual Benefit** for dental, vision, and/or hearing expenses
- **42 post-discharge meals** and 28 additional meals per year at no cost.<sup>2</sup>
- **60 hours** per year of In-Home Support Services
- **36** one-way transportation trips
- **\$0 copay** on ALL formulary drugs
- **and more!**

## GLOBALHEALTH C-SNP FEATURES AND BENEFITS:

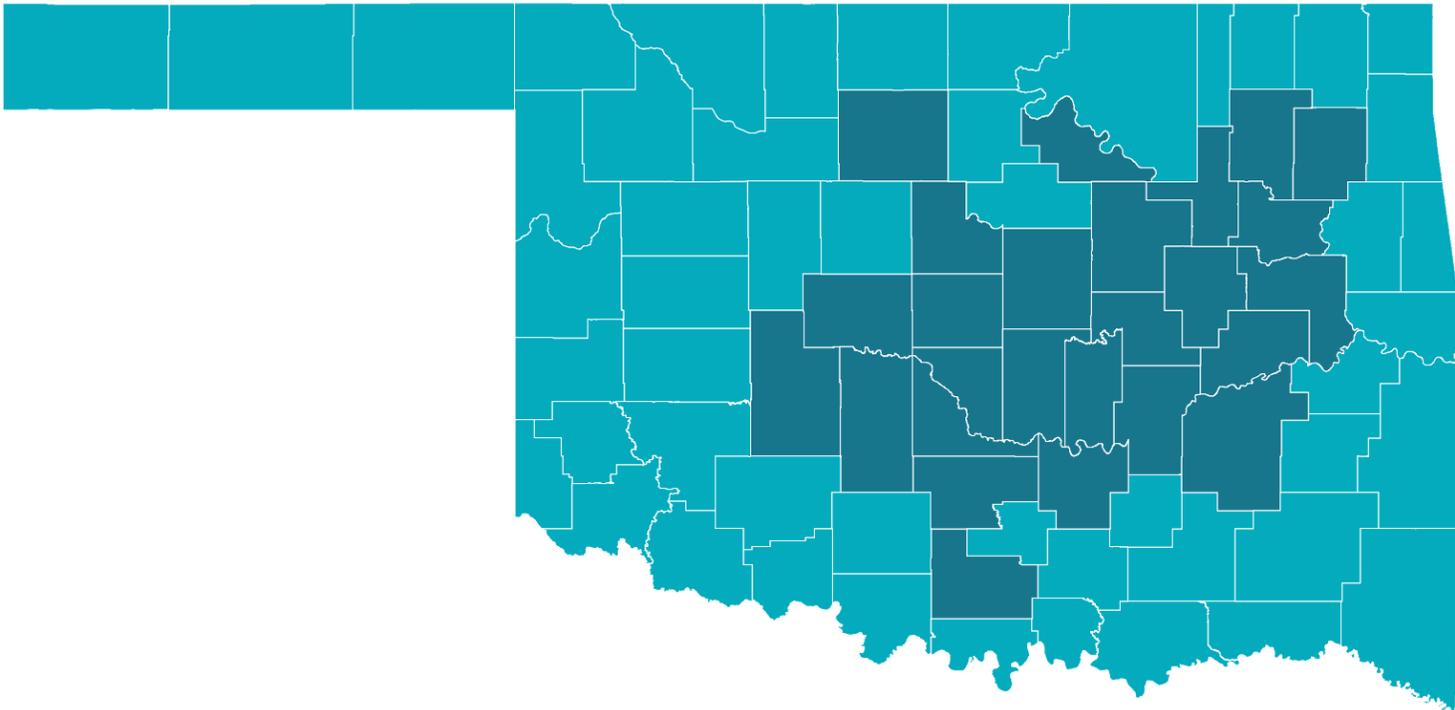
- Monthly benefit for over-the-counter items<sup>1</sup>, groceries<sup>1</sup>, gasoline<sup>1</sup>, dental, vision, and/or hearing.
- Standard Diabetic Testing Supplies and CGMs Covered at No Cost
- Pair of Therapeutic Custom-Molded Shoes and Inserts\* at no cost.\*
- \$35 Copay for Insulins



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

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

**GLOBALHEALTH MEDICARE  
ADVANTAGE PLANS 2025 SERVICE AREA**



**GLOBALHEALTH  
MEDICARE ADVANTAGE  
PLAN OFFERINGS 2025**

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 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	\$75/month	N/A	N/A	\$90/month
Maximum Out-of-Pocket (MOOP) Annually	\$3,900	\$3,900	\$3,450	\$3,900
Inpatient Care				
Inpatient Hospital Coverage	\$295 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	\$295 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) \$184 copay (Days 21-100)	\$0 per day (Days 1-20) \$184 copay (Days 21-100)	\$0 per day (Days 1-20) \$184 copay (Days 21-100)	\$0 per day (Days 1-20) \$184 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			
Urgently Needed Services	\$30 copay	\$30 copay	\$20 copay	\$20 copay
Outpatient Labs and X-Rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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.)	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
Part B Drugs				
Medicare Part B Drugs (includes chemotherapy)	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
Part D Drugs				
Deductible	\$0	\$0	\$0	\$0
Initial Coverage Limit (ICL)	\$2,000	\$2,000	\$2,000	\$2,000
Tier 1: Preferred Retail 30-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Preferred Retail 30-Day Supply	\$10 copay	\$10 copay	\$5 copay	\$5 copay
Tier 3: Preferred Retail 30-Day Supply	\$42 copay; \$35 maximum copay for insulin			
Tier 4: Preferred Retail 30-Day Supply	\$90 copay; \$35 maximum copay for insulin			
Tier 5: Preferred Retail 30-Day Supply	33% coinsurance; \$35 maximum copay for insulin			
Tier 1: Preferred Retail 100-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Preferred Retail 100-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Retail 100-Day Supply	\$84 copay; \$84 copay for insulin			

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	\$270 copay; \$105 copay for insulin	\$270 copay; \$105 copay for insulin	\$270 copay; \$105 copay for insulin	\$270 copay; \$105 copay for insulin
<b>Supplemental Benefits</b>				
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	\$1,000/year	\$1,000/year	\$1,000/year	\$1,000/year
Smart Wallet Benefit	\$135/quarter OTC Dental, Vision and/or Hearing	\$135/quarter OTC Dental, Vision and/or Hearing	\$55/month OTC, Groceries, Gasoline, Dental, Vision and/or Hearing	\$55/month OTC, Groceries, Gasoline, Dental, Vision and/or Hearing
Transportation	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	10 meals up to 4 times per year	10 meals up to 4 times per year	14 meals up to 4 times per year	14 meals up to 4 times per year
In-Home Support Services	45 hours/year	45 hours/year	60 hours/year	60 hours/year
Personal Emergency Response System	\$0	\$0	\$0	\$0
Advanced Care Planning Services	\$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-POS)
Monthly Plan Premium	\$0	\$0	\$0
Deductible	\$0	\$0	\$0
Medicare Part B Premium Reduction	N/A	N/A	\$75/month
Maximum Out-of-Pocket (MOOP) Annually	\$9,350	\$9,350	\$3,900 in-network \$4,900 combined in-and out-of-network
<b>Inpatient Care</b>			
Inpatient Hospital Coverage	\$0/day copay	\$0/day copay	\$295/day copay (Days 1-7), \$0/day copay (Days 8-90) in-network; \$345/day copay (Days 1-7), \$0/day copay (Days 8-90) out-of-network

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

Benefits	H3706-028 Generations Dual Support (HMO D-SNP)	H3706-029 Generations Dual Premier (HMO D-SNP)	H3706-009 Generations Valor (HMO-POS)
<b>Preventive Care</b>			
Preventive Services	\$0 copay	\$0 copay	\$0 copay
<b>Outpatient Medical Supplies</b>			
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	0%-20% coinsurance
<b>Part B Drugs</b>			
Medicare Part B Drugs (includes chemotherapy)	\$0 copay	\$0 copay	0%-20% coinsurance
<b>Part D Drugs</b>			
Deductible	\$0	\$0	Not Covered
Initial Coverage Limit (ICL)	\$2,000	\$2,000	
Tier 1: 30-Day Supply and 100-Day Supply	\$0 copay	\$0 copay	
<b>Supplemental Benefits</b>			
Comprehensive Dental Benefit	\$2,000/year	\$5,000/year	\$1,500/year
Vision (Eyewear) Benefit	\$100/year	\$400/year	\$300/year
Hearing Aid Benefit	\$1,000/year	\$2,000/year	\$1,000/year
Smart Wallet Benefit	\$500/year Dental, Vision and/or Hearing; \$260/month OTC, Groceries, Gasoline, and/or Utilities	\$1,250/year Dental, Vision and/or Hearing; \$225/month OTC, Groceries, Gasoline, and/or Utilities	\$100/quarter OTC Dental, Vision and/or Hearing
Transportation	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	42 meals up to 4 times per year	42 meals up to 4 times per year	10 meals up to 4 times per year
In-Home Support Services	60 hours/year	60 hours/year	30 hours/year
Personal Emergency Response System	\$0	\$0	\$0
Advance Care Planning Services	\$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](https://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](https://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.

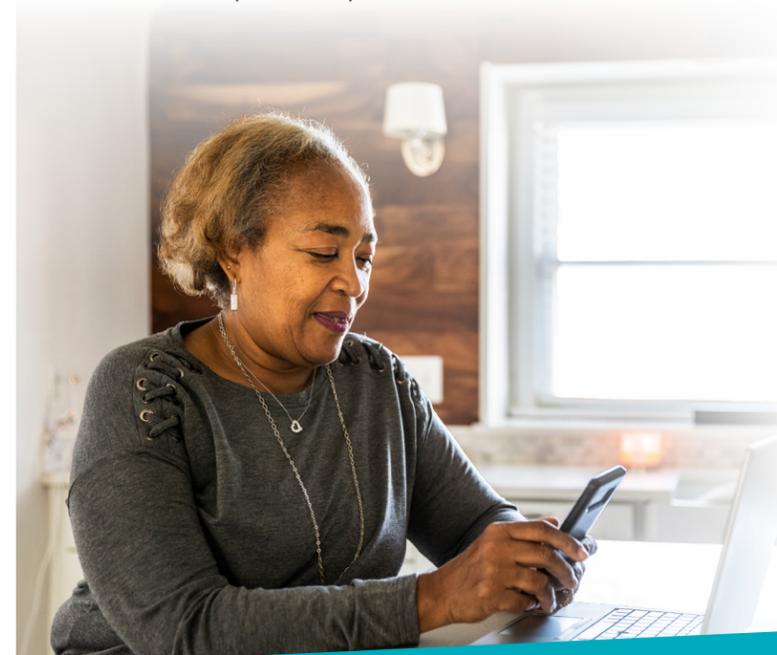


#### BY MAIL:

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 the listed number you may be speaking with a licensed 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?

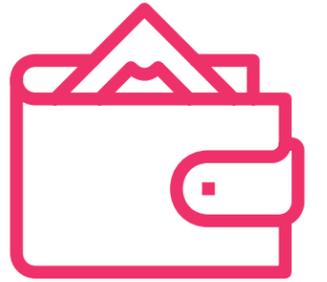
You can call our friendly Customer Care team for answers to your questions!

**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?



GlobalHealth partners with NationsBenefits to give members the Smart Wallet Benefit. Please note all plans do not offer each category.

## USING THE SMART WALLET BENEFIT IS SIMPLE!

Swipe your Smart Wallet Benefit and select the credit option. Please note, if the member selects debit, their 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 Groceries<sup>1,2</sup> Benefits:

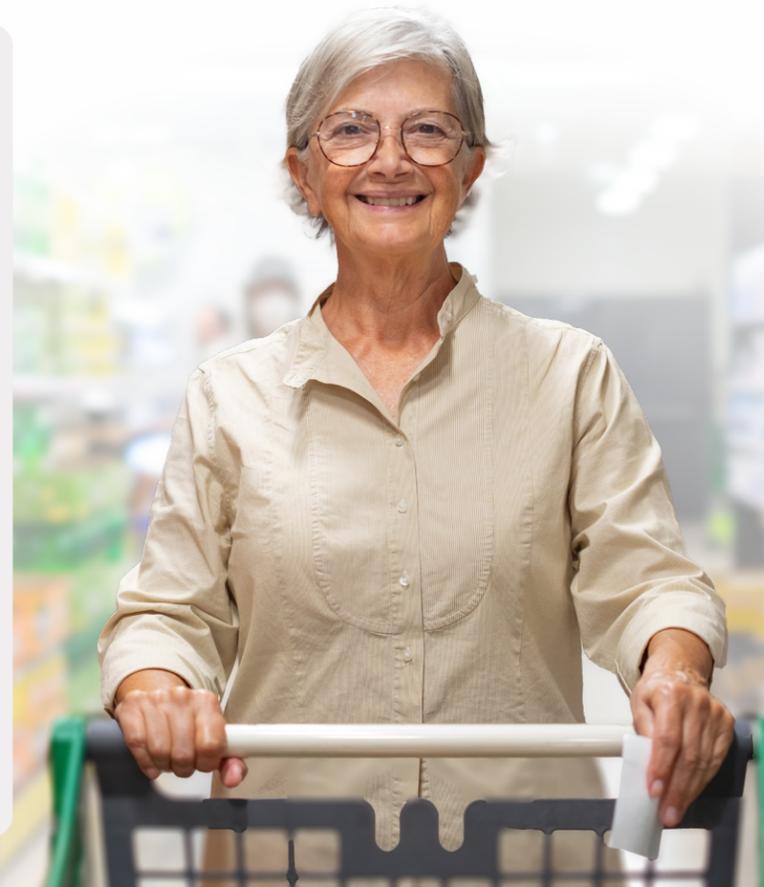
Use your Smart Wallet Benefit at certain retail stores or online at [GlobalHealth.NationsBenefits.com](http://GlobalHealth.NationsBenefits.com).

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

You can't use the Smart Wallet Benefit for cash withdrawals or to purchase prescription drugs, alcohol, tobacco, and/or gift cards. To find a full list of eligible items, please visit [www.GlobalHealth.com](http://www.GlobalHealth.com). You can use your monthly, quarterly and/or annual balance in multiple transactions, up to your maximum benefit. Your left-over balance does roll over to the next month or quarter on some plans and expires at the end of the year.

<sup>1</sup>The benefits mentioned are a part of special supplemental program for members with chronic diseases, such as: Cardiovascular disorders, Chronic heart failure and Diabetes. Eligibility cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.<sup>2</sup>Amounts may vary per coverage. If you have questions, need materials on a standing basis in alternative formats and/or languages, or need oral interpretation services, you can call us at 1-844-280-5555 (TTY: 711).

# GLOBALHEALTH SUPPLEMENTAL BENEFITS

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

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

# MEDICARE PART D PRESCRIPTION DRUG COVERAGE (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 **\$2,000**.

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      You Pay = \$0  
Pays = \$20

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 payment stage. D-SNP members pay **\$0** during all payment stages.



## Need Extra Help? You May Qualify!

You may be able to get extra help with your prescription 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)

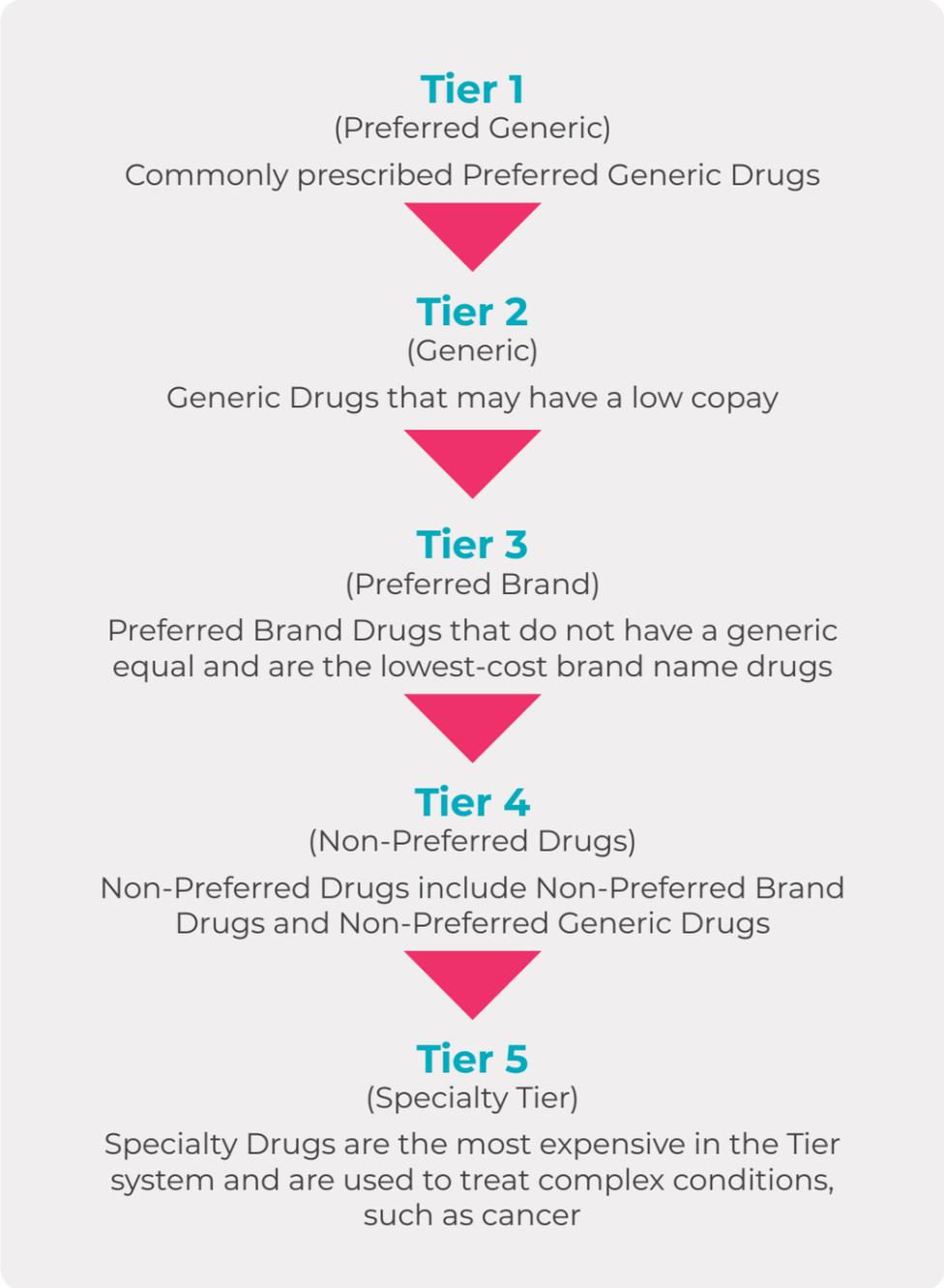
**Social Security Office:** 1-800-772-1213, 7:00 AM-7:00 PM (TTY: 1-800-325-0778)

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

\*Benefits may vary by plan.

# 5-TIER FORMULARY

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



# WHAT DOES MOOP MEAN?

The Maximum Out-of-Pocket (MOOP) is the limit of how much you pay when you share the cost of your care through 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.

<p><b>Inpatient Services:</b></p> <ul style="list-style-type: none"> <li>• Inpatient Hospital Care</li> <li>• Inpatient Mental Health</li> <li>• Skilled Nursing Facility</li> </ul> <p><b>Outpatient Services:</b></p> <ul style="list-style-type: none"> <li>• Doctor Visits</li> <li>• Chiropractic Services</li> <li>• Podiatry Services</li> <li>• Home Health Services</li> <li>• Outpatient Mental Health</li> <li>• Outpatient Substance Abuse</li> <li>• Outpatient Surgery</li> <li>• Medically Necessary Ambulance Services</li> <li>• Emergency Care</li> <li>• Urgent Care</li> <li>• Outpatient Rehabilitation Services (OT, PT &amp; ST)</li> </ul>	<p><b>Outpatient Medical Services &amp; Supplies:</b></p> <ul style="list-style-type: none"> <li>• Annual Wellness Visit</li> <li>• Durable Medical Equipment</li> <li>• Prosthetic Devices</li> <li>• Diabetes Self Monitoring &amp; Training</li> <li>• Diabetic Monitoring Supplies</li> <li>• Nutrition Therapy &amp; Supplies</li> <li>• Diagnostic Tests</li> <li>• X-Rays</li> <li>• Lab Services</li> <li>• Radiology Services</li> <li>• Bone Mass Measurement</li> <li>• Colorectal Screening Exams</li> <li>• Immunizations (Flu, Hepatitis B, Pneumonia)</li> <li>• Mammograms</li> <li>• Pap Smears</li> <li>• Prostate Cancer Screening Exams</li> <li>• End Stage Renal Disease Services</li> </ul>
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## 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](http://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 the listed number you may be speaking with a licensed sales representative.







# GlobalHealth

MEDICARE ADVANTAGE PLANS

GlobalHealth is a HMO/SNP with a Medicare contract and a state Medicaid contract for D-SNP. Enrollment in GlobalHealth depends on contract renewal. You must continue to pay your Medicare Part B premium. By calling the listed number you may be speaking with a licensed sales representative. Based on a Model of Care review, GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2025. Out-of-network/non-contracted providers are under no obligation to treat Generations Valor (HMO-POS) Plan members, except in emergency situations. Please call our customer care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Fraud, Waste and Abuse: GlobalHealth is committed to fighting health care fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-627-0004. Contact the plan for more information. H3706\_5140824\_M